··· 990

Department of the Treasury Internal Revenue Service

#### **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.

OMB No 1545-0047

2012
Open to Public

| ခွ             | ĀF                          | or the               | 2012 calendar year, or tax year beginning and ending  | na                      | <u> </u>                               | No.   > 3% mapeodon &            |
|----------------|-----------------------------|----------------------|---|-------------------------|--|----------------------------------|
| statufe        |                             | heck if              | C Name of organization  |                         | ) Employer iden                        | tification number                |
| S              | a                           | pplicable            | o Namo or organization  | - Linployer iden        | tinoacioti mamboi                      |                                  |
| Ş              |                             | Address<br>change    | SOUTH SOUND YOUNG MEN'S CHRISTIAN ASSN.   |                         |  |                                  |
|                |                             | Name<br>change       | Doing Business As   |                         | 91-                                    | -0586473                         |
| <u>∞</u>       | $\vdash$                    | Initial<br>return    | * "   | n/suite E               | Telephone num                          |                                  |
| ·<br>1         |                             | Termin-              | 1530 YELM HIGHWAY SE  | i/Suite                 | (36                                    |                                  |
|                | $\vdash$                    | Jated<br>∏Amende     |   |                         | Gross receipts \$                      | 6,733,691.                       |
| A              | $\vdash$                    | ⊒return<br>∏Applica- |   |                         |  |                                  |
|                | 1                           | ⊒tion<br>pending     | F Name and address of principal officer:MICHAEL WEST  | '                       | (a) Is this a group                    | Yes X No                         |
| C              |                             |                      | SAME AS C ABOVE   | ı.                      | for affiliates?                        |                                  |
| 1 4            |                             |                      |   | 527                     |  | included? Yes No                 |
| o <sup>'</sup> |                             |                      | npt status:   |                         |  | n a list. (see instructions)     |
| •              |                             |                      |   |                         | (c) Group exemp                        | M State of legal domicile: WA    |
| <b>&gt;</b>    |                             |                      | Summary   | L fear or               | iornialion. 1032                       | M State of legal doffliche, WA   |
| <b>5</b>       | ╙                           |                      | riefly describe the organization's mission or most significant activities: TO PROV  | TDE                     | VOITH AND                              | COMMINITY                        |
| 3              | Activities & Governance     | 1 D                  | N AFFORDABLE AND ACCESSIBLE RESOURCE FOR T  | TDE D                   | OSTUTVE C                              | POWTH AND                        |
| ₹ <u>α</u>     | ₽ē∣                         |                      |   |                         |  |                                  |
| Ξ              | Ş                           | 2 C                  | heck this box I if the organization discontinued its operations or disposed of umber of voting members of the governing body (Part VI, line 1a) |                         |  | 18 assets.                       |
| <b>6</b> 3     | <b>.</b> 8                  | 3 N                  | umber of voting members of the governing body (Part VI, line Ta)  | Transaction of the last |  | 10                               |
| -              | જ                           | 4 N                  | umber of independent voting members of the governing body (Part VI, line 11)  | MAA                     |  | <u> </u>                         |
| ~              | Ę                           |                      | otal number of individuals employed in calendar year 2012 (Part V, line 2a)   | N 02                    | 2018                                   | 4000                             |
| JAN            | [                           |                      | otal number of volunteers (estimate if necessary)   |                         | ו אחז                                  | <del></del>                      |
| ے              | ₹                           |                      | otal unrelated business revenue from Part VIII, column (C), line 12   | DEN                     | LHT                                    |                                  |
|                | $\dashv$                    | ΒN                   | et unrelated business taxable income, ornabilir gepti. Ine 14   | 1                       | 1                                      |                                  |
| ANNED          |                             | •                    | RECEIVED  | <u></u>                 | Prior Year 525, 433                    | Current Year                     |
| ş              | e l                         |                      | ontributions and grants (Part VIII, line 1h)  | -                       | $\frac{525,433}{6,159,438}$            |                                  |
| ₹              | Revenue                     | 9 P                  | rogram service revenue (Part VIII, line 2g)  JAN 0.9 2018   |                         |  |                                  |
| ပ္က            | å                           | 10 in                | ivestment income (Part VIII, column (A), lines 3, 4, and 7d)  |                         | 36,134                                 |                                  |
| Ų J            |                             | 11 0                 | ther revenue (Part VIII, Column (A), lines base and be indicated the  |                         | 118,845                                |                                  |
| 3              | -                           |                      | otal revenue - add lines 8 through 11 (must equi, A at ) till column (A), line 12)  |                         | 6,839,850                              | <del></del>                      |
| 010            |                             |                      | rants and similar amounts paid (Part IX, column (A), lines 1-3)   |                         | 0                                      | <u> </u>                         |
| 0              |                             |                      | enefits paid to or for members (Part IX, column (A), line 4)  |                         |  | 0.                               |
| 22             | es                          |                      | alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  |                         | 4,389,822                              |                                  |
| グ              | Expenses                    |                      | rofessional fundraising fees (Part IX, column (A), line 11e)  |                         |  | 0.                               |
|                | ×                           |                      | otal fundraising expenses (Part IX, column (D), line 25)  |                         | ^ \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |                                  |
|                |                             | 17 0                 | ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)   |                         | 2,489,577                              | l                                |
|                |                             | 18 T                 | otal expenses Add lines 13-17 (must equal Part IX, column (A), line 25)   |                         | 6,879,399                              |                                  |
|                |                             |                      | evenue less expenses Subtract line 18 from line 12  |                         | -39,549                                |                                  |
|                | Net Assets or Fund Balances |                      |   |                         | ning of Current Yea                    |                                  |
|                | Sset                        | 20 T                 | otal assets (Part X, line 16)   |                         | 4,664,301                              |                                  |
|                | 凝                           | 21 T                 | otal liabilities (Part X, line 26)  |                         | 4,452,433                              |                                  |
|                |                             |                      | et assets or fund balances. Subtract line 21 from line 20   | 1                       | 0,211,868                              | 10,375,329.                      |
|                |                             |                      | Signature Block   |                         |  |                                  |
|                |                             |                      | es of perjury, I declare that I have examined this return, including accompanying schedules and s   |                         |  | f my knowledge and belief, it is |
|                | true,                       | correct,             | and complete. Declaration of preparer (other than officer) is based on all information of which pr  | reparer ha              | s any knowledge.                       |                                  |
|                |                             |                      | No. 1 of Francisco  |                         |  |                                  |
|                | Sigr                        | י                    | Signature of officer  |                         | Date                                   |                                  |
|                | Here                        | e                    | MICHAEL WEST, CEO   |                         |  | <del> </del>                     |
|                |                             |                      | Type or print name and title  |                         |  | FYIN SYIN                        |
|                |                             |                      | Print/Type preparer's name Preparer's signature   | Date                    | e Check                                | PTIN                             |
|                | Paid                        |                      | ORMAN R SMITH, CPA  | l                       | self-em                                |                                  |
|                | Prep                        |                      | mr's name NR SMITH AND ASSOCIATES, PS   |                         | Firm's EIN                             | 91-0959909                       |
|                | Use                         | UNIY   F             | irm's address 2120 CATON WAY SW   |                         | <b> </b>                               | (200) 754 0475                   |
|                |                             |                      | OLYMPIA, WA 98502-1106  |                         | Phone no.                              | (360) 754-9475                   |
|                | _                           |                      | 6 discuss this return with the preparer shown above? (see instructions)   |                         |  | X Yes No                         |
|                | 23200                       | 11 12-10-            | 12 LHA For Paperwork Reduction Act Notice, see the separate instructions.   |                         |  | Form <b>990</b> (2012)           |

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

ATTACHMENT AS CRICKLE DO NOT PROCESS

| Form | 990 (2012) SOUTH SOUND YOUNG MEN'S CHRISTIAN ASSN.  | 91-0586473         | Page 2         |
|------|---|--------------------|----------------|
| Pai  | rt III Statement of Program Service Accomplishments   |                    |                |
|      | Check if Schedule O contains a response to any question in this Part III  |                    | X              |
| 1    | Briefly describe the organization's mission.  TO PROVIDE YOUTH AND COMMUNITY AN AFFORDABLE AND ACCESSIFOR THE POSITIVE DEVELOPMENT OF SPIRIT, MIND AND BODY TRECREATIONAL HEALTH AND LEADERSHIP PROGRAMS.                         |                    | E              |
|      | Did the executation undertake any significant program convices during the view which were not letted on   |                    |                |
| 2    | Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  | Yes                | X No           |
| 3    | If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program services?  | Vos                | X No           |
| •    | If "Yes," describe these changes on Schedule O  | 163                | L22 110        |
| 4    | Describe the organization's program service accomplishments for each of its three largest program services, as Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other |                    |                |
| 4-   | revenue, if any, for each program service reported  (Code) (Expenses \$ 2,271,985 . including grants of \$  | ne\$ 2,277,        | 269            |
| 4a   | (Code ) (Expenses \$ 2,2/1,985 including grants of \$) (Revenu  | es 2,277,          | <u> 203.</u> ) |
|      | CHILDCARE: SEE ATTACHED   |                    |                |
|      |   |                    |                |
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|      |   | <del></del>        |                |
| 4b   | (Code ) (Expenses \$ 1,734,685. including grants of \$ ) (Revenu  | e\$ 2,749,         | <b>4</b> 75.)  |
|      | MEMBERSHIP: SEE ATTACHED  |                    |                |
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|      | C1C 0C0   |                    | 100            |
| 4c   | (Code) (Expenses \$ 616,068. Including grants of \$) (Revenu  | 38 <b>4</b> ,      | 109.           |
|      | TOUTH: SEE ATTACHED   |                    | <del></del>    |
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| 4d   | Other program services (Describe in Schedule O)   |                    |                |
|      |   | 532,606 <u>.</u> ) |                |
| 4e   | Total program service expenses ► 5,583,388.   |                    |                |
|      |   | Form 9             | 90 (2012)      |

232002 12-10-12

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|--------|--------|------------|-----------|---------|

| 1 le the organization described in section 501(c)(S) or 4947(a)(1) (other than a private foundation)?  1  |      |   |      | Yes        | No            |
|---|------|---|------|------------|---------------|
| 2 Is the organization required to complete Schedule 6, Schedule of Continutors Did the organization engage in direct or indirect profiled campaign activities on behalf of or in opposition to candidates for public office? If "Piss," complete Schedule C, Part II  Section 501(3) organizations. Did the organization engage in liobbying activities, or have a section 501(f) election in effect during the tax year? If "Yes," complete Schedule C, Part II  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 Review Proceedings 49.79 If "Yes," complete Schedule C, Part II  Did the organization in amount and avised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part II  Did the organization mantain any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part II  Did the organization mantain collections of works of art, historical treasures, or other similar assess? If "Yes," complete Schedule D, Part II  Did the organization mantain collections of works of art, historical treasures, or other similar assess? If "Yes," complete Schedule D, Part II  Did the organization and the Part X, line 21, for secrious or custodial account liability, serve as a custodian for amounts in such titled organization and the organization and the part X, line 21, for secrious organization and the organization, directly or through a related organization that research organization and the organization and the part X, line 21, for secrious organization and the organization and the part X, line 21, for secrious assets applicable D, Part X II  Did the organization and the part X, line 16 If "Yes," complete Schedule D, Part X II  Did the organization and the part X, line 16 If "Yes," complete Schedule D, Part X II  Did the organization and part X, line 16 If "Yes," complete Schedule D, Part X II  Did the organization and part X, line 17 If yes, complete Schedule D, Part X II  Did the organization  | 1    | · · · · · · · · · · · · · · · · · · ·   | 1    | x          |               |
| 3 L Marchael of the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public officer if "Yes," complete Schedule C, Part II  4 Section \$01(c)(3) organizations. Did the organization engage in lobbying activities, or have a section \$01(c)(4) electron in effect during the tax year? If "Yes," complete Schedule C, Part II  5 Is the organization a section \$01(c)(6), \$01(c)(6), or \$01 | 2    | ·   | 2    | X          |               |
| public office? If "Yes," complete Schedule C, Part I  Section SD1(R) arganizations. Did the organization engage in lobbying activities, or have a section S01(R) electron in effect during the tax year? If "Yes," complete Schedule C, Part II  I be the organization as eaction 501(R) S01(R) S01(R) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advised on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advised on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advised on the distribution of amounts in such funds or accounts for which donors have the right to provide advised to provide advised to provide a schedule D, Part II of the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II of the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts in the first X, in provide conditions of the responsibility of the account and itself of in Part X, line 121, for escrow or custodial account liability; serve as a custodian for amounts in the Part X, line 191 for Part X, l  |      |   |      |            |               |
| duming the tax year? If "Yes," complete Schedule C, Part II If the organization is section 501 (c)(4), 501 (c)(6), or 501 (c)(6) (c) or 501 (c)(6)  |      |   | 3    |            | Х             |
| s the organization a section \$01(c)(4), 501(c)(5), or \$01(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 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 for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investments in the right of the comparization selections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III Schedule D, Part IX IV III III IX IX III III III III III   | 4    | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect  |      |            |               |
| smilar amounts as defined in Revenue Procedure 88-19? If "Yes," complete Schedule C, Part III  Did the organization maintain any donor advised funds or any smilar 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  Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, histonic land areas, or histonic structures II" I "Yes," complete Schedule D, Part III  Did the organization maintain collections of works of art, histonical treasures, or other smilar assets? If "Yes," complete Schedule D, Part III  Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or dibt negotiation services? If "Yes," complete Schedule D, Part IV  Did the organization (which) or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quase-indowments? If "Yes," complete Schedule D, Part V  If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII  Did the organization report an amount for investments - program related in Part X, line 10 If "Yes," complete Schedule D, Part VIII  Did the organization report an amount for other assets in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XIII  Did the organization report an amount for other assets in Part X, line 19 If Yes," complete Schedule D, Part X  Did the organization report an amount for other assets in Part X, line 19 If Yes," complete Schedule D, Part X  Did the organization shalphility for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  Did the organization shalphility for uncertain tax positions unde  |      | during the tax year? If "Yes," complete Schedule C, Part II   | 4    |            | X             |
| bd the organization maintain any donor advised funds or any similar funds or accounts (if "Yes," complete Schedule D, Part I Did the organization reserve or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II B Did the organization report an amount for Part X, ine 21, for escrivo or custodial account liability serves as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or dobt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization areaset on Part X, ine 197 the "Yes," complete Schedule D, Part V II If the organization is report an amount for land, buildings, and equipment in Part X, line 107 If "Yes," complete Schedule D, Part V II Did the organization report an amount for land, buildings, and equipment in Part X, line 107 If "Yes," complete Schedule D, Part V II Did the organization report an amount for investments - other securities in Part X, line 107 If "Yes," complete Schedule D, Part VIII Did the organization report an amount for investments - other securities in Part X, line 107 If "Yes," complete Schedule D, Part VIII 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 157 If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other liabilities in Part X, line 107 If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other liabilities in Part X, line 157 If "Yes," complete Schedule D, Part XII Did the organization state part and amount for other liabilities in Part X, line 157 If "Yes," complete Schedule D, Part XII Did the organization state part and program sent part A, line 107 If "Yes," complete Schedule D, Part XII Did the organization state part and program sent part A, line 107 If "Yes," complete Schedule D, Part XII Did the organization  | 5    |   |      |            |               |
| provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I To Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, histonic land areas, or histone structures? If "Yes," complete Schedule D, Part II To Did the organization maintain collections of works of art, histoneal treasures, or other similar assets? If "Yes," complete Schedule D, Part II To Did the organization report an amount in Part X, line 21, for escrow or outstodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV To Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quase-indowments? If "Yes," complete Schedule D, Part VI The organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI The organization report an amount for investments - program related in Part X, line 10? If "Yes," complete Schedule D, Part VII The organization report an amount for other liabilities 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 VII The organization report an amount for other liabilities 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 X The Obd the organization report an amount for other liabilities 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 X The Obd the organization is liability for uncertant axpositions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X The ATT X The Obd the organization is liability for uncertant axpositions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Th  |      | ·   | _5   |            | _ <u>X</u> _  |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III Did the organization maniferial collections of Works of art, historical treasures, or other similar seases? If "Yes," complete Schedule D, Part III Did the organization or port an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization or any of the following questions, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V II If the organization is answer to any of the following questions is "Yes," then complete Schedule D, Part VI, II If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VIII 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 XIII Did the organization report an amount for other assets 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 XIII 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 XIII Did the organization 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 XIII Did the organization separate, independent audided financial statemen  | 6    | · · · · · · · · · · · · · · · · · · ·   | _    |            |               |
| the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III  8 Did the organization maintain collections of works of ari, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III  9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV  10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quase-redowments? If "Yes," complete Schedule D, Part VI 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part SVI 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 12 Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI 12 Did the organization report an amount for other liabilities 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 VI 12 Did the organization sibability for uncertain tax positions under Fire A (8, CS 740)" If "Yes," complete Schedule D, Part X 12 Did the organization obtain separate, independent audited financial statements for the tax year relude a todorice that addresses the organization is liability for uncertain tax positions under Fire A (8, CS 740)" If "Yes," complete Schedule D, Part X 11 If X 12 Did the organization have aggregate revenues or expanses of more than \$15,000 to more grantation in port and the organization report a total of more than \$15,000 to aggregate foreign investments valued at \$100,000 or newl? If "Yes," complete Schedule G, Part II II III X III III X I   | _    |   | _6_  |            | _≏_           |
| B Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporanly restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V If the organization, directly or through a related organization, hold assets in temporanly restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V If the organization, directly or through a related organization, hold assets in temporanly restricted endowments, permanent endowments, or quasi-endowments, permanents or permanents, or quasi-endowments, permanents or permanents, or quasi-endowments, permanents applications, and sequent in Part X, line 102 if "Yes," complete Schedule D, Part X in 102 if "Yes," complete Schedule D, Part X in 102 if "Yes," complete Schedule D, Part X in 102 if "Yes," complete Schedule D, Part X in 102 if "Yes," complete Schedule D, Part X in 102 if "Yes," complete Schedule D, Part X in 102 if "Yes," complete Schedule D, Part X in 102 if "Yes," complete Schedule D, Part X in 102 if "Yes," complete Schedule D, Part X in 102 if "Yes," complete Schedule D, Part X in 102   | 7    |   | -    |            | v             |
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| 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit courseling, debt management, credit repair, or debt negotiation services? If Yes, complete Schedule D, Part V 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 11 If the organization is answer to any of the following questions is Yes, "then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If Yes, "complete Schedule D, Part VII Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If Yes, "complete Schedule D, Part VII Did the organization report an amount for other assets 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 VII Did the organization report an amount for other assets 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 X III III X  | ٥    |   | R    |            | x             |
| amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?  If "Yes," complete Schedule D, Part IV  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  If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part VI, VII, VIII, IX, or X as applicable  a Did the organization report an amount for rivest ments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VII  b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  Did the organization report an amount for investments - other securities 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  Did the organization report an amount for other labilities 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 VIII  Did the organization report an amount for other labilities in Part X, line 25? If "Yes," complete Schedule D, Part X  110 Did the organization obtain separate or consolidated financial statements for the tax year? If "Yes," complete Schedule D, Part X  1110 X  112a Did the organization assertate or consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X and XIII is optional  112b X  112c X  112c X  112c X  112d X  112d X  113 X  114 X  115 X  116 X  117 X  118 Did the organization neon one of IV "Yes," complete Schedule D, Part X and XIII is optional  119 X  120 Did the organization assertate or consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X and XIII is optional  119 X  120 Did th  | 9    |   |      |            | ==            |
| ## 17 *Yes," complete Schedule D, Part IV  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  11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable  10 Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI  11 Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  11 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 XII  11 Did the organization or part a 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 XIII  11 Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's islability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  12 Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional is the organization as school described in section 170(b)(1)(A)(i) if "Yes," complete Schedule D, Parts XI and XII is optional is the organization as chool described in section 170(b)(1)(A)(ii) if "Yes," complete Schedule D, Parts XI and XII is optional is the organization maintain an office, employees, or agents outside of the United States?  12 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of garies or assistance to i   | •    |   |      |            | •             |
| endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V  11 if the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IVII, IX, or X as applicable  a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI  b Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VII  c Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  d Did the organization report an amount for other assets in Part X, line 15? If "Yes," complete Schedule D, Part VIII  d Did the organization report an amount for other habitities in Part X, line 15? If "Yes," complete Schedule D, Part VIII  11c  |      |   | 9    |            | Х             |
| If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI  Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  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 VII  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 VIII  Did the organization 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 VIII  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 X  To 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 X  To Did the organization of a manual for other liabilities in Part X, line 15? If "Yes," complete Schedule D, Part X  To Did the organization of a school described in section 170(b)(I)(A)(I) If "Yes," complete Schedule D, Part X  To Did the organization one and consolidated, inaccial statements for the tax year? If "Yes," and If the organization report on Part IX, column (A), line 3, more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts III and   | 10   | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent     |      |            |               |
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| b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 187 if "Yes," complete Schedule D, Part Viii  c 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 187 if "Yes," complete Schedule D, Part Viii  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 187 if "Yes," complete Schedule D, Part Viii  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 187 if "Yes," complete Schedule D, Part X  11d  | а    |   |      | 7,         |               |
| assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  11b X  12c 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 VII  13d 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  13d Did the organization report an amount for other habitines 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 X  13d Did the organization spend a manount for other habitines in Part X, line 25? If "Yes," complete Schedule D, Part X  14a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X  15d Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional as the organization as school described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E  13d Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States?  15d 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  15d Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts II and IV  15d Did the organization report more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistanc   | _    |   | 11a  | X          |               |
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| 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  e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part 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  112 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII  b Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  12b X  13 Is the organization aschool described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  14a Did the organization maintain an office, employees, or agents outside of the United States?  b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV  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 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts II and IV  16 Did the organization report more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), line 6, Part II  17 Did the organization report more than \$15,000  | C    |   | 110  |            | x             |
| Part X, line 16? If "Yes," complete Schedule D, Part IX  Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  11e X  12b Ut 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  12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII  b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  12b X  13 Is the organization as school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  14a Did the organization maintain an office, employees, or agents outside of the United States?  b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV  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 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts II and IV  16 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 F, Parts II and IV  17 Did the organization repor  | d    |   | 1.10 |            |               |
| the organization report an amount for other liabilities in Part X, line 25° If "Yes," complete Schedule D, Part 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  Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X I and XII  b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII  b Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV  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  16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV  17 Did the organization report and total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A) in the organization report more than \$15,000 of expenses for professional fundraising services on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II  18 Did the organization report   | _    | = '   | 11d  | х          |               |
| the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII  b Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII 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  14a Did the organization maintain an office, employees, or agents outside of the United States?  14b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV  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 III and IV  16 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 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1 to and 8a? If "Yes," complete Schedule G, Part II  19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  20a Did the organization attach a copy of its audited financial sta   | е    |   | 11e  | X          |               |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII  b Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  12b X  13 Is the organization as school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  13 X  14a Did the organization maintain an office, employees, or agents outside of the United States?  14b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV  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 III and IV  16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV  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 II  18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1 to and 8a? If "Yes," complete Schedule G, Part II  19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  20a X  b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?   | f    | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses           |      |            |               |
| Schedule D, Parts XI and XII  b Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  12b X  13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  13   |      | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X            | 11f  |            | X             |
| b Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  13 Is the organization a school described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E  14a Did the organization maintain an office, employees, or agents outside of the United States?  b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV  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 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV  16 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 II  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  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  20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  | 12a  | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete               |      |            |               |
| If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII 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  14a Did the organization maintain an office, employees, or agents outside of the United States?  14a X  15 Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV  16 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  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  18 Did the organization report more than \$15,000 of gross income and contributions on Part VIII, lines 1 cand 8a? If "Yes," complete Schedule G, Part II  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  20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  20a X  20a Did the organization attach a copy of its audited financial statements to this return?   |      | ·   | 12a  | X          |               |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  14 Did the organization maintain an office, employees, or agents outside of the United States?  14 Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV  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  16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV  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  18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines to and 8a? If "Yes," complete Schedule G, Part II  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 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  20a X  20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  20a IX   | b    |   |      |            | v             |
| 14a Did the organization maintain an office, employees, or agents outside of the United States?  b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV  14b X  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 III and IV  16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV  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  18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines to and 8a? If "Yes," complete Schedule G, Part II  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 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  20a X  b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  | 40   |   |      |            |               |
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| 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  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  16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV  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  18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1 to and 8a? If "Yes," complete Schedule G, Part II  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  20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?   |      |   | 144  |            |               |
| or more? If "Yes," complete Schedule F, Parts I and IV  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  16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV  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  18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1 to and 8a? If "Yes," complete Schedule G, Part II  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 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  20 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  20 If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  | •    |   |      |            |               |
| 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  16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV  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  18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 12 and 8a? If "Yes," complete Schedule G, Part II  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  20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  20a X  20b Located outside the United States? If "Yes," complete Schedule H  20b Located outside the United States? If "Yes," complete Schedule H  20a X  |      |   | 14b  |            | X             |
| or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV  16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV  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  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  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  20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  20a X  20b Located outside the United States? If "Yes," complete Schedule F, Parts II and IV  215 X  226 Located Outside the United States? If "Yes," complete Schedule H  227 Located Outside G, Part III  228 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  228 Located Outside G, Part III  238 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  249 Located Outside G, Part III  250 Did the organization attach a copy of its audited financial statements to this return?   | 15   |   |      |            |               |
| located outside the United States? If "Yes," complete Schedule F, Parts III and IV  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  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  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  20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  20a X  20b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?   |      | or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV                                       | 15   |            | X             |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I  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  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  20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  20a X  20b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?   | 16   | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals    |      |            |               |
| column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I  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  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  20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  20a X  20b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  |      |   | 16   |            | <u> X</u>     |
| 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  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  20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20a If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  20b  | 17   |   |      |            | -             |
| 1c and 8a? If "Yes," complete Schedule G, Part II  1p 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  20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  20a X  20b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  |      | · <i>''</i>   | 17_  | <b></b> i  | 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  20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  20b  | 18   |   |      | <b></b>    |               |
| complete Schedule G, Part III  20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  20b   | 40   | ·   | 18_  |            |               |
| 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  20b  | 19   |   | 40   |            | x             |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  | 20-2 | · ·   |      |            |               |
|   |      | - '   |      |            | <del></del> - |
|   |      | 1. 150 to mile body one tillo organization, account a copy of the addition interioral statements to this feeting                  |      | 990        | (2012)        |

Part V Checklist of Required Schedules (continued)

| 21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX counting (A), lies 12 If "Yes," complete Schedule, I Parts I and III 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, 22 Did the Organization have a tax-exempt bond is sue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24 th through 24d and complete Schedule K. If "No", of to line 25 Did the organization mantain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  1 Did the organization mantain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  2 Did the organization mantain an escrow account other than a refunding escrow at any time during the year?  2 Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person organization and the temporary period of the organization engage in an excess benefit transaction with a disqualified person or outstanding as of the end of the organization is prore Forms 990 or 990-E27 If "Yes," complete Schedule L, Part II Did to organization provide a grant for other assistance to an officer, director, trustee, because the provided Schedule L, Part II Did as organization p |     |   | Γ             | Yes  | No        |
|---|-----|---|---------------|------|-----------|
| United States on Part IX, column (A), line 17 // "Yes," complete Schedule I, Parts I and III  21 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 27 // "Yes," complete Schedule I, Parts I and III  22 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, flustees, key employees, and highest compensated employees? If "Yes," complete Schedule I and the organization have a tax-exempt bond seue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule II. If "Yes," to line 25  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  Did the organization and the paged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I is is the organization active the engage 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 of 2012 if "Yes," complete Schedule L, Part IV is a standard to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's prior former officer, director, trustee, or key employee? If "Yes," complete Schedul      | 21  | Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the           |               |      |           |
| column (A), line 2? If "Yes," complete Schedule (, Parts I and III  22  |     | · · · · · · · · · · · · · · · · · · ·   | 21            | ]. ] | X         |
| 23 Dd the organization answer "Yes" to Part VII, Section A, Ine 3.4, or 5 about compensation of the organization's current and former officers, directors, insistees, key employees, and highest compensated employees? If "Yes," complete Schedule J 23 X 24 Dd the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25 Dd the organization minest any proceeds of tax exempt bonds beyond a temporary penid exception?  1 Did the organization minest any proceeds of tax exempt bonds beyond a temporary penid exception?  2 Did the organization minest any proceeds of tax exempt bonds beyond a temporary penid exception?  2 Did the organization minest any proceeds of tax exempt bonds beyond a temporary penid exception?  2 Did the organization minest any proceeds of tax exempt bonds beyond a temporary penid exception?  2 Did the organization minest any proceeds of tax exempt bonds beyond a temporary penid exception?  2 Did the organization minest any proceeds of tax exempt bonds exemption?  2 Did the organization minest any proceeds of tax exempt bonds outstanding at any time during the year?  2 Did the organization and so the year? If "Yes," complete Schedule L, Part I I as the organization with a disqualified person unit provide a grant or the organization is prior Forms 990 or 980-E27 If "Yes," complete Schedule L, Part II as the organization plant of the organization is provided entity or family member of any of these persons? If "Yes," complete Schedule L, Part II as the organization plant of other assistance to an officer, director, trustee, key employee or a family member of any of these persons? If "Yes," complete Schedule L, Part IV as the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions of a particular plant of the organization of the or       | 22  |   |               |      | Х         |
| and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If 'No', 'go to him 25  b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  c Did the organization maintain an escrive account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  Section 501(k3) and 501(k3) and 501(k3) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I is the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I is the organization as not been reported on any of the organization's prior Forms 990 or 990-827 If "Yes," complete Schedule L, Part I is 25b is the organization as not been reported on any of the organization is prior Forms 990 or 990-827 If "Yes," complete Schedule L, Part IV is 35b is described. The prior Forms 990 or 990-827 If "Yes," complete Schedule L, Part IV is 35b is described. The prior Forms 990 or 990-827 If "Yes," complete Schedule L, Part IV is 35b is a struction or mittee member, or to a 35% controlled entity or fainity member of any of these persons? If "Yes," complete Schedule L, Part IV is 35b is a struction or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV is 35b is a struction or former officer, director, trustee, or key employee (or a family member thereof) was an        | ~~  |   | 22_           |      |           |
| Schedule J  24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d Did the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I I  Is the organization has not been reported on any of the organization's prior Forms 990 or 900-E27 If "Yes," complete Schedule L, Part I II  25b Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part IV  27d Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV  28d Was the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV  28d A current of former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  28d A current of former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  28d A current of former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  29d Did the organization experience on this bit ons       | 23  |   | 1             | 1    | ı         |
| 24a Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to him 25  b Did the organization manual an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds?  c Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24c 24d 25 Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I b Is the organization during the year? If "Yes," complete Schedule L, Part I b Is the organization 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 II b Is the Organization as of the end of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part II b Id the organization provide a grant or other assistance to an officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II b Id the organization provide a grant or other assistance to an officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization and that the transaction with or of the organization provide a grant or other assistance to an officer, director, trustee, key employee or a family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV and the organization receive more than 255,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV and Part IV "Yes," complete Schedule M, Part II and the organization receive contributions of art, histonical trassures, or o       |     |   | 22            | x    |           |
| alsat 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  b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  c Did the organization maintain an ascrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d  25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part 1  b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part 1  25b Schedule L, Part 1  26 Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II  27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee therefor, a grant selection committee member, or to a 39% contributor or employee therefor, a grant selection committee member, or to a 39% contributor or employee the Yes," complete Schedule L, Part IV  27 Did the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV  28 A current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, dire        | 240 |   | 23_           |      |           |
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| disqualified person during the year? If "Yes," complete Schedule L, Part I I 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 I 25b 25b 27b 28 Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year" If "Yes," complete Schedule L, Part II 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 II 27 and the transaction at party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions).  a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b 28a 28b 28b 28c 29c 29c 29c 29c 29c 29c 29c 29c 29c 29  |     | · · · · · · · · · · · · · · · · · · ·   |               |      |           |
| 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 II  25b  26 Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II  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  28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions).  A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  28 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  30 Did the organization liquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part I  31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule R, Part II  31 Did the organization or with a controlled entity within the meaning of section 512(b)(13)?  32 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Ine 1  33 Did the organization have a controlled entity within the       |     |   | 25a           |      | X         |
| Schedule L, Part I  Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II  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  Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions).  a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  28a  b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  30 Did the organization liquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part I  31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  31 Did the organization osell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1  32 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, Iine 2  33 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete S      | b   | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and      |               |      |           |
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| 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 instructions for applicable filing thresholds, conditions, and exceptions).  a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions).  a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a 28b  | 26  | Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified |               |      |           |
| 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  28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions).  a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  28b  27  28b  28c  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  29  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I  31 Did the organization liquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part I  31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-3 If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  33 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  34 Section 501(c)(3)       |     | person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II                         | 26            |      | X         |
| of any of these persons? If "Yes," complete Schedule L, Part III  Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions).  A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  c 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 key employee? (or a family member thereof) was an officer, director, trustee, or key employee? (or a family member thereof) was an officer, director, trustee, or key employee? (or a family member thereof) was an officer, director, trustee, or key employee? (or a family member thereof) was an officer, director, trustee, or key employee? (or a family member thereof) was an officer, director, trustee, or key employee? (or a family member thereof) was an officer, director, trustee, or key employee? (or a family member thereof) was an officer, director, trustee, or key employee? (or a family member thereof) was an officer, director, trustee, or key employee? (or a family member thereof) was an officer, director, trustee, or key employee? (or a family member thereof) was an officer, director, trustee, or key employee? (or a family member thereof) was an officer, director, trustee, or key employee? (or a family member thereof) was an officer, director, trustee, or key employee? (or a family member thereof) was an officer, director, trustee, or key employee? (or a family member thereof) was an officer, director, trustee, or key employee? (or a family member thereof) was an officer, director, trustee, or ormplete Schedule M. Part IV  28b  29  30 Did the organization receive any fires, "complete Schedule R. Part II.  31 Did the organization place of the organization receive any payment from o        | 27  | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial            | 1 1           |      |           |
| Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions).  a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  c 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 key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  28b  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  30 Did the organization liquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part I  31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I    32 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  33 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  34 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization?  If "Yes," complete Schedule R, Part V, li       |     |   | 1 1           |      |           |
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| Part V, line 1  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization? If "Yes," complete Schedule R, Part V, line 2  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  38 39 30 30 30 30 30 30 30 30 30 30 30 30 30  |     | sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I   | 33            |      | X         |
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| and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  |     |   | 36            |      | X         |
| <u> </u>  | 37  | · · · · · · · · · · · · · · · · · · ·   |               |      | v         |
|   | 20  |   | 37            |      | <u> X</u> |
| 1 1 - 1   | 38  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?                  | 3             | v    |           |
| Note. All Form 990 filers are required to complete Schedule O   |     | More: With our 330 mais are reduited to comblete Schedille O  |               |      | 2012      |

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| Part V | Statements Regarding Other IRS Filings and Tax Compliance |  |
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|        | Check in Schedule O Contains a response to any question in this Part V  |          |           |               |                  |   | <u></u>      |
|--------|---|----------|-----------|---------------|------------------|---|--------------|
|        |   |          |           |               | V 8. V           | Yes                                     | No           |
| 1a     | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable  | 1a       |           | 11            | 3,000            | 5 X                                     | * "          |
|        | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable   | 1b       | L         | 0             |                  |   |              |
| C      | Did the organization comply with backup withholding rules for reportable payments to vendors and r  | eporta   | ıble gan  | ning          |                  |   |              |
|        | (gambling) winnings to prize winners?   | 1        | 1         |               | 1c               | X                                       |              |
| 2a     | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,   | l        | l         | E 4 5         | , *              | \$ 1                                    | ăs Š         |
|        | filed for the calendar year ending with or within the year covered by this return   | 2a       | L         | 547           | ŝ.,              | , www.                                  |              |
| b      | If at least one is reported on line 2a, did the organization file all required federal employment tax retu  |          |           |               | 2b               | X                                       | 20.00        |
|        | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction   | s)       |           |               | á. U             |   | , % X        |
|        | Did the organization have unrelated business gross income of \$1,000 or more during the year?   |          |           |               | 3a               |   | X            |
|        | 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   |          | •         | r,a           |                  |   |              |
|        | financial account in a foreign country (such as a bank account, securities account, or other financial  | accou    | nt)?      |               | <u>4a</u><br>∞ • | *                                       | X            |
| b      | If "Yes," enter the name of the foreign country: ▶  |          |           |               | 3                | 8.                                      |              |
|        | See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial $$   | Accou    | nts.      |               |                  |   | <b>]</b>     |
|        | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?   |          |           |               | <u>5a</u>        |   | X            |
|        | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transfer  | action?  | 7         |               | 5b               |   | Х            |
|        | 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 t  | he org   | anızatıc  | n solicit     |                  |   | ١,,          |
|        | any contributions that were not tax deductible as charitable contributions?   |          |           |               | <u>6</u> a       |   | X            |
| b      | If "Yes," did the organization include with every solicitation an express statement that such contribu  | tions c  | r gifts   |               |                  |   |              |
|        | were not tax deductible?  |          |           |               | 6b               | ,                                       | ika.         |
| 7      | Organizations that may receive deductible contributions under section 170(c).   |          |           |               | _                | ž<br>X                                  |              |
| a      | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se  | rvices ( | oroviaea  | to the payor? | 7a               | X                                       |              |
|        | 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 w  | as rec   | luirea    | İ             | 7.               |   | х            |
|        | to file Form 8282?  | ۱        | ı         |               | 7c               |   |              |
|        | If "Yes," indicate the number of Forms 8282 filed during the year   | 7d       |           |               | et a             | 2.00                                    | $\mathbf{x}$ |
| e      | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of  |          | GLY       |               | 7e<br>7f         |   | X            |
| f      | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont If the organization received a contribution of qualified intellectual property, did the organization file F |          | 200 00 1  | ····          | 7g               |   | X            |
| g      | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization  |          |           | •             | 7 <u>9</u><br>7h |   | X            |
| ь<br>8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. D  |          |           |               | X.               | *************************************** |              |
| 0      | organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at   |          |           | _             | 8                | -3                                      | X            |
| 9      | Sponsoring organizations maintaining donor advised funds.   | uny un   | io dariii | g tilo your   | - 3              |   | ¥à           |
| а      | Did the organization make any taxable distributions under section 4966?   |          |           |               | 9a               | ^ ~                                     | X            |
|        | Did the organization make a distribution to a donor, donor advisor, or related person?  |          |           |               | 9b               |   | Х            |
| 10     | Section 501(c)(7) organizations. Enter:   |          |           |               |                  | · 49                                    | 1            |
|        | Initiation fees and capital contributions included on Part VIII, line 12  | 10a      |           |               | 200 S. S.        |   |              |
|        | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities   | 10b      | i —       |               |                  | }2.4°-                                  |              |
| 11     | Section 501(c)(12) organizations. Enter:  |          |           |               | *,               | ¥.7%.                                   | `s\$         |
| а      | Gross income from members or shareholders   | 11a      |           |               | <b>&amp;</b>     | 5                                       | . (6.4)      |
| b      | Gross income from other sources (Do not net amounts due or paid to other sources against  |          |           |               | *                | `.<br>%                                 | ]            |
|        | amounts due or received from them )   | 11b      |           |               | \$ P             | *, <                                    | . 1          |
| 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   | 12b      |           | _             | ` .              |   |              |
| 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  | 13b      |           |               |                  |   |              |
| С      | Enter the amount of reserves on hand  | 13c      | L         |               |                  |   |              |
|        | Did the organization receive any payments for indoor tanning services during the tax year?  |          |           |               | 14a              |   | Х            |
| b      | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul  | le O     |           |               | 14b              |   |              |
|        |   |          |           |               | Form             | 990                                     | (2012)       |

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91-0586473

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

|     | Check if Schedule O contains a response to any question in this Part VI   |            |               | X        |  |  |  |  |  |  |
|-----|---|------------|---------------|----------|--|--|--|--|--|--|
| Sec | tion A. Governing Body and Management   |            |               |          |  |  |  |  |  |  |
|     |   |            | Yes           | No       |  |  |  |  |  |  |
| 1a  | Enter the number of voting members of the governing body at the end of the tax year 18  | 7. K.      | Kere          | · 🕸 .    |  |  |  |  |  |  |
|     | If there are material differences in voting rights among members of the governing body, or if the governing   | ¥ 3        |               | . ≱.<br> |  |  |  |  |  |  |
|     | body delegated broad authority to an executive committee or similar committee, explain in Schedule O.   | 4          |               |          |  |  |  |  |  |  |
| b   |   |            |               |          |  |  |  |  |  |  |
| 2   | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other  |            |               |          |  |  |  |  |  |  |
|     | officer, director, trustee, or key employee?  |            |               |          |  |  |  |  |  |  |
| 3   | Did the organization delegate control over management duties customarily performed by or under the direct supervision   |            |               |          |  |  |  |  |  |  |
|     | of officers, directors, or trustees, or key employees to a management company or other person?  | 3          |               | <u>X</u> |  |  |  |  |  |  |
| 4   | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  | 4          |               | X        |  |  |  |  |  |  |
| 5   | Did the organization become aware during the year of a significant diversion of the organization's assets?  | _5         |               | X        |  |  |  |  |  |  |
| 6   | Did the organization have members or stockholders?  | 6          |               | X        |  |  |  |  |  |  |
| 7a  | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or  | _          | ļ             | v        |  |  |  |  |  |  |
|     | more members of the governing body?   | 7a         |               | <u>X</u> |  |  |  |  |  |  |
| b   | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or  |            | 1             | X        |  |  |  |  |  |  |
| _   | persons other than the governing body?  | 7b         | <del></del>   |          |  |  |  |  |  |  |
| 8   | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:   | `          | x             | Ų À      |  |  |  |  |  |  |
| a   | The governing body?   | 8a<br>8b   | X             |          |  |  |  |  |  |  |
| b   | Each committee with authority to act on behalf of the governing body?  Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | 80         |               |          |  |  |  |  |  |  |
| 9   | organization's mailing address? If "Yes," provide the names and addresses in Schedule O   | 9          |               | х        |  |  |  |  |  |  |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)  |            |               |          |  |  |  |  |  |  |
|     |   |            | Yes           | No       |  |  |  |  |  |  |
| 10a | Did the organization have local chapters, branches, or affiliates?  | 10a        | X             |          |  |  |  |  |  |  |
|     | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,  |            |               |          |  |  |  |  |  |  |
|     | and branches to ensure their operations are consistent with the organization's exempt purposes?   | 10b        | X             |          |  |  |  |  |  |  |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?   | 11a        | Х             |          |  |  |  |  |  |  |
| b   | Describe in Schedule O the process, if any, used by the organization to review this Form 990.   | Š,         | . 2           | á.       |  |  |  |  |  |  |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13   | 12a        | X             |          |  |  |  |  |  |  |
| b   | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?   | 12b        | X             |          |  |  |  |  |  |  |
| C   | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe  | j          | .,            |          |  |  |  |  |  |  |
|     | ın Schedule O how this was done   | 12c        | X             |          |  |  |  |  |  |  |
| 13  | Did the organization have a written whistleblower policy?   | 13         | X             |          |  |  |  |  |  |  |
| 14  | Did the organization have a written document retention and destruction policy?  | 14         | <u>^</u>      | `x .53   |  |  |  |  |  |  |
| 15  | Did the process for determining compensation of the following persons include a review and approval by independent  |            | ď             | * *      |  |  |  |  |  |  |
| _   | persons, comparability data, and contemporaneous substantiation of the deliberation and decision?   |            | X             | * ·      |  |  |  |  |  |  |
|     | The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization   | 15a<br>15b | $\frac{x}{x}$ |          |  |  |  |  |  |  |
| Ü   | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).   | **         | , %           |          |  |  |  |  |  |  |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a   | <          | ς.            |          |  |  |  |  |  |  |
| -   | taxable entity during the year?   | 16a        | Ster Sin      | X        |  |  |  |  |  |  |
| b   | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation  |            |               | ş .      |  |  |  |  |  |  |
|     | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's  |            |               |          |  |  |  |  |  |  |
|     | exempt status with respect to such arrangements?  | 16b        |               |          |  |  |  |  |  |  |
| 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 (Section 501(c)(3)s only) a  | availab    | le            |          |  |  |  |  |  |  |
|     | for public inspection. Indicate how you made these available. Check all that apply.   |            |               |          |  |  |  |  |  |  |
|     | Own website Another's website X Upon request Other (explain in Schedule O)  |            |               |          |  |  |  |  |  |  |
| 19  | Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an   | d finan    | cial          |          |  |  |  |  |  |  |
| 00  | statements available to the public during the tax year.   | ki a m i 🏲 |               |          |  |  |  |  |  |  |
| 20  | State the name, physical address, and telephone number of the person who possesses the books and records of the organiza COLLEEN OCZKEWICZ - 360-753-6576                                   | uon: 🗩     |               |          |  |  |  |  |  |  |
|     | 1530 YELM HIGHWAY SE OLYMPIA WA 98501-4684  |            |               |          |  |  |  |  |  |  |

232006 12-10-12 Form **990** (2012)

232007 12-10-12

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

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

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

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

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

| (A)                                 | (B)  |                                |  | <u>pc</u>    | 104          | (D)                          | (E)                          | (F)  |                                  |  |
|-------------------------------------|--|--------------------------------|--|--------------|--------------|------------------------------|------------------------------|--|----------------------------------|--|
| Name and Title                      | Average<br>hours per<br>week   | box                            | Position<br>(do not check more<br>box, unless person<br>officer and a direct |              | than         | h an                         | Reportable compensation from | Reportable compensation from related             | Estimated<br>amount of<br>other  |  |
|                                     | (list any<br>hours for<br>related<br>organizations<br>below<br>line) | Individual trustee or director | Institutional frustee  | Officer      | Key employee | Highest compensated employee | Former                       | the<br>organization<br>(W-2/1099-MISC)           | organizations<br>(W-2/1099-MISC) | compensation<br>from the<br>organization<br>and related<br>organizations |
| (1) LYNN WOFFORD<br>CHAIR           | 0.00   | x                              |  | x            |              |                              |                              | 0.   | 0.                               | 0.   |
| (2) STEVE HATTON                    | 0.00   | ^                              |  | ^            | <u> </u>     | ├─                           | -                            | <del> </del>                                     |                                  | <u> </u>   |
| VICE CHAIR                          | 0.00   | x                              | •  | x            |              | 1                            | ١                            | 0.   | 0.                               | 0.   |
| (3) LAURIE BERRYMAN                 | 0.00   | F                              | $\vdash$   | <del> </del> | -            | -                            | ┝                            | <del>                                     </del> |                                  |  |
| SECRETARY                           |  | $\mathbf{x}$                   | }  | x            |              |                              | 1                            | 0.   | 0.                               | 0.   |
| (4) NEIL WOODY                      | 0.00   | -                              |  |              | $\vdash$     | ÌТ                           | ┝                            |  |                                  |  |
| TREASURER                           |  | x                              |  | Х            | 1            |                              | 1                            | 0.   | 0.                               | 0.   |
| (5) KIM PUTNAM                      | 0.00   |                                |  |              |              |                              |                              |  |                                  |  |
| VICE CHAIR                          |  | X                              |  | X            |              |                              |                              | 0.   | 0.                               | 0.   |
| (6) KIMBERLY ELLWANGER              | 0.00   |                                |  |              |              |                              |                              |  |                                  |  |
| BOARD MEMBER                        |  | X                              | L  |              |              | L_:                          | _                            | 0.   | 0.                               | 0.   |
| (7) DICK WADLEY                     | 0.00   |                                |  |              | 1            |                              |                              |  |                                  |  |
| BOARD MEMBER                        |  | X                              |  |              | L.,          |                              | L                            | 0.   | 0.                               | 0.   |
| (8) JACE MUNSON                     | 0.00   |                                |  |              | 1            |                              |                              | }  |                                  | _  |
| BOARD MEMBER                        |  | X                              | _  |              | L_           |                              | L_                           | 0.   | 0.                               | 0.   |
| (9) JOHN PARRY                      | 0.00   |                                |  | <u> </u>     | l            |                              |                              |  |                                  |  |
| BOARD MEMBER                        |  | X                              | <u> </u>   | <u> </u>     | <u> </u>     |                              | <u> </u>                     | 0.   | 0.                               | 0.   |
| (10) CHRISTINE FLEMING              | 0.00   | ,,                             |  |              |              |                              |                              | 1  |                                  |  |
| BOARD MEMBER                        | -0-00  | Х                              |  | <u> </u>     | <u> </u>     | ļi                           | <u> </u>                     | 0.   | 0.                               | 0.   |
| (11) PAT BERSCHAUER<br>BOARD MEMBER | 0.00   | x                              |  |              | [            |                              |                              | 0.   | 0.                               | •  |
| (12) MARY FURMAN                    | 0.00   | ^                              | -  | -            |              | -                            | ├                            | U .  | <u></u>                          | 0.   |
| BOARD MEMBER                        | 0.00   | x                              | }  |              |              |                              |                              | 0.   | 0.                               | 0.   |
| (13) WENDY HOLDEN                   | 0.00   | <del> </del>                   | $\vdash$   | ┢╌           | ┝╌           | -                            | ┢╾                           | <del> </del>                                     | <u>~</u>                         |  |
| BOARD MEMBER                        |  | x                              |  |              | •            | İ                            |                              | 0.   | 0.                               | 0.   |
| (14) JON JONES                      | 0.00   |                                | $\vdash$   | $\vdash$     | ┢            |                              | ┢╌                           | <del> </del>                                     |                                  |  |
| BOARD MEMBER                        |  | Х                              |  |              | 1            |                              | l                            | 0.   | 0.                               | 0.   |
| (15) ALLEN T MILLER, JR             | 0.00   |                                |  |              |              |                              | Г                            |  |                                  |  |
| BOARD MEMBER                        |  | X                              | <u> </u>   |              |              |                              |                              | 0.   | 0.                               | 0.   |
| (16) JERRY SHAW                     | 0.00   |                                |  |              |              |                              |                              |  |                                  |  |
| BOARD MEMBER                        |  | X                              |  | _            |              |                              | L                            | 0.   | 0.                               | 0.   |
| (17) BILL MCGREGOR                  | 0.00   |                                |  |              |              |                              | _                            |  |                                  |  |
| BOARD MEMBER                        | L  | X                              |  |              | L            | L                            | <u> </u>                     | 0.   | 0.                               | 0.   |

Form **990** (2012)





| Part VII Section A. Officers, Directors, Trus  | tees, Key Em           | ploy  | ees/                  | , an    | d Hi         | ighe                         | st C          | ompensated Employe                            | es (continued)      |                                       |
|--|------------------------|---|-----------------------|---------|--------------|------------------------------|---------------|---|---------------------|---------------------------------------|
| (A) (B) (C) (D) (E)  |                        |   |                       |         |              |                              |               | t   | (F)                 |                                       |
| Name and title   | Average                | rage Position (do not check more than one   |                       |         |              |                              |               | Reportable                                    | Reportable          | Estimated                             |
|  | hours per              |   | , unle                | ss pe   | rson         | is bot                       | h an          | compensation                                  | compensation        | amount of                             |
|  | week                   | ⊢   | cer ar                | la a c  | Irect        | or/trus                      | ice)          | from  | from related        | other                                 |
|  | (list any<br>hours for | 1 ge   1 de   1 |                       | }       | 1            | the                          | organizations | compensation                                  |                     |                                       |
|  | related                | e or d  | 章                     |         |              | sated                        |               | organization<br>(W-2/1099-MISC)               | (W-2/1099-MISC)     | from the<br>organization              |
|  | organizations          | Individual trustee or director  | Institutional trustee | 1       | 98           | li bei                       | 1             | (***2/1033*********************************** |                     | and related                           |
|  | below                  | lanpı   | upp                   |         | e e          | est co                       | <u>_</u>      |   |                     | organizations                         |
|  | line)                  | lag.  | Instit                | Officer | Key employee | Highest compensated employee | Former        |   |                     |                                       |
| (18) RUTH WEIGELT  | 0.00                   |   |                       |         |              |                              |               |   |                     |                                       |
| BOARD MEMBER   |                        | X   |                       | L       |              |                              |               | 0.  | 0                   | 0.                                    |
| (19) MICHAEL WEST  | 40.00                  | ]   |                       |         |              |                              |               |   |                     |                                       |
| PRESIDENT/CEO  | <u> </u>               | L   | L                     | X       | _            |                              | _             | 185,858.                                      | 0                   | 20,437.                               |
| (20) COLLEEN OCZKEWICZ   | 40.00                  |   |                       | l       |              |                              | l             |   |                     |                                       |
| CHIEF FINANCIAL OFFICER  | <u> </u>               |   | _                     | X       |              | <u> </u>                     |               | 39,435.                                       | 0                   | 1,404.                                |
| (21) HARRY SUMMERS   | 40.00                  |   |                       |         |              |                              |               |   | _                   | 1                                     |
| FORMER CHIEF FINANCIAL OFFICER   | <u> </u>               | _   | L                     | X       |              | L                            | _             | 46,391.                                       | 0                   | 4,890.                                |
|  |                        | ļ   |                       | l       |              | 1                            |               |   |                     |                                       |
|  | ļ                      |   | <u>L</u> _            |         |              | <u> </u>                     | L             | <u> </u>                                      |                     |                                       |
|  |                        |   |                       | l       |              |                              |               |   |                     |                                       |
|  |                        | L.  | L                     | _       |              |                              |               |   |                     |                                       |
|  |                        |   |                       |         | ĺ            | İ                            |               |   |                     |                                       |
|  | ļ                      | $ldsymbol{ldsymbol{ldsymbol{eta}}}$   | L                     | _       | _            | $oxed{igspace}$              |               |   |                     |                                       |
|  |                        |   |                       |         |              | 1                            |               |   |                     |                                       |
|  |                        | <u> </u>  | L                     | L_      | L_           | ↓_                           | _             |   |                     | ļ                                     |
|  |                        |   |                       |         |              |                              |               |   |                     |                                       |
|  | <u> </u>               |   | <u> </u>              |         |              | <u>L.</u>                    |               |   |                     | <del> </del>                          |
| 1b Sub-total   |                        |   |                       |         |              |                              |               | 271,684.                                      | 0                   |                                       |
| c Total from continuation sheets to Part V   | II, Section A          |   |                       |         |              |                              |               | 0.  | 0                   |                                       |
| d Total (add lines 1b and 1c)  |                        |   |                       |         |              | <u> </u>                     |               | 271,684.                                      | 0                   | 26,731.                               |
| 2 Total number of individuals (including but r   | not limited to th      | ose   | liste                 | ed a    | bov          | e) wl                        | ho re         | eceived more than \$100                       | 0,000 of reportable |                                       |
| compensation from the organization   |                        |   |                       |         |              |                              |               |   |                     | 1                                     |
|  |                        |   |                       |         |              |                              |               |   |                     | Yes No                                |
| 3 Did the organization list any former officer,  |                        |   | e, ke                 | ey er   | nple         | oyee                         | , or          | highest compensated e                         | mployee on          | 3 X                                   |
| line 1a? If "Yes," complete Schedule J for s   |                        |   |                       |         |              |                              |               |   |                     |                                       |
| 4 For any individual listed on line 1a, is the si  | •                      |   |                       |         |              |                              |               | •   | the organization    |                                       |
| and related organizations greater than \$15  |                        |   |                       |         |              |                              |               |   |                     | 4 X                                   |
| 5 Did any person listed on line 1a receive or  |                        |   |                       |         |              | -                            | relat         | ed organization or indiv                      | idual for services  | -   -   -   -   -   -   -   -   -   - |
| rendered to the organization? If "Yes," com<br>Section B. Independent Contractors                              | ipiete Scheaul         | e J i   | or s                  | ucn     | pers         | son                          |               |   | ····                | 5 X                                   |
|  |                        |   |                       |         |              |                              | 4             |   | ¢100,000 -          |                                       |
| <ol> <li>Complete this table for your five highest co<br/>the organization. Report compensation for</li> </ol> | •                      | -   |                       |         |              |                              |               |   | •                   | sation from                           |
|  | the calendar y         | cai   | eriui                 | ng v    | AILLI        | OI W                         | ALC III       |   | year.               | (0)                                   |
| (A)<br>Name and business   | address                | N   | INC                   | F.      |              |                              | ł             | (B) Description of s                          | services            | (C)<br>Compensation                   |
|  | ·                      |   | 3211                  |         |              |                              | $\dashv$      |   | <del></del>         |                                       |
|  |                        |   |                       |         |              |                              | ļ             |   | ľ                   |                                       |
|  |                        |   |                       |         |              |                              | 一             |   |                     |                                       |
|  |                        |   |                       |         |              |                              | ı             |   |                     |                                       |
|  |                        |   |                       |         |              |                              | $\dashv$      |   |                     |                                       |
|  |                        |   |                       |         |              |                              |               |   |                     |                                       |
|  |                        |   |                       |         |              | _                            | $\dashv$      |   | <del></del>         |                                       |
|  |                        |   |                       |         |              |                              | J             |   |                     |                                       |
|  |                        |   | _                     |         |              |                              | 7             |   |                     |                                       |
|  |                        |   |                       |         |              |                              |               |   |                     |                                       |
| 2 Total number of independent contractors (  | ıncludina but n        | ot li   | mite                  | d to    | tho          | se li                        | sted          | above) who received n                         | nore than           |                                       |
| \$100,000 of compensation from the organi  |                        | - ••  |                       | , ,     |              | 0                            |               |   |                     |                                       |
|  |                        | _   |                       |         |              |                              |               | <del></del>                                   |                     | Form <b>990</b> (2012)                |
| 232008<br>12-10-12   |                        |   |                       |         |              |                              |               |   |                     | (2012)                                |

Part VIII Statement of Revenue Check if Schedule O contains a response to any question in this Part VIII Revenue excluded from tax under sections 512, 513, or 514 Related or Total revenue Unrelated exempt function business revenue revenue Gifts, Grants ilar Amounts 24,629 1 a Federated campaigns 1a 1b b Membership dues 352,039 Fundraising events 1c Related organizations 1d 143,804 Contributions, and Other Simi Government grants (contributions) 1e All other contributions, gifts, grants, and 114,956 similar amounts not included above Q Noncash contributions included in lines 1a-1f \$ 635.428 h Total. Add lines 1a-1f Business Code 2 a MEMBERSHIP DUES 900099 771,492. Program Service Revenue CHILDCARE 900099 324,937. ,324,937. YOUTH 900099 384,109. 384,109. AQUATICS 320,617. 900099 320,617. PHYSICAL EDUCATION 900099 142,304. 142,304. 900099 f All other program service revenue 943,459. Total. Add lines 2a-2f 3 investment income (including dividends, interest, and 24,131 other similar amounts) 24,131. Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (II) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other 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 352,039. of including \$ contributions reported on line 1c) See Part IV, line 18 30,012 b Less: direct expenses 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 c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** SPECIAL EVENTS 900099 78,949. 78,949. 11 a MISCELLANEOUS INCOME 51,724 900099 51,724. All other revenue 130,673. Total. Add lines 11a-11d Total revenue. See instructions. ,703,679.5,943, 124,792. Form 990 (2012)

#### Part X Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response to any question in this Part IX (B)
Program service expenses ומז 7A) Do not include amounts reported on lines 6b. Total expenses Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to governments and 1 \$ organizations in the United States. See Part IV, line 21 Grants and other assistance to individuals in the United States. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 114,249. 144,425 271,684. 13,010. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 3,203,869. 2,098,905. 1,104,885. 79. 7 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 202,739. 390,409. 187,670. Other employee benefits 258,772. 384,072. 125,067. 233. 10 Payroll taxes Fees for services (non-employees). a Management 26,176. 26,176. **b** Legal 15,188. 15,188. c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 ,¥ \*\* Investment management fees Other (If line 11g amount exceeds 10% of line 25, -1,569,874. 980,131, 2,552,652. -2,647. column (A) amount, list line 11g expenses on Sch O.) 56,457. 29,613. 26,332. Advertising and promotion Office expenses 13 14 Information technology 15 Royalties 642,751. 245,904. 396,847. 16 Occupancy 33,857. 17,418. 16,439. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 22,100. 7.112.12,015. 2,973. Conferences, conventions, and meetings 19 231,814. 231,814. 20 interest 21 Payments to affiliates 22,045. 389,466. 367,421 Depreciation, depletion, and amortization 22 138,559. 33.979. 104.580. 23 Insurance Other expenses Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) а b d e All other expenses 6,786,533. 5,583,388. 1,188,985. 14,160. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

| Par           | T A         | balance Sheet  |  |          | <del></del>                                      |
|---------------|-------------|--|--|----------|--|
|               |             | Check if Schedule O contains a response to any question in this Part X                                       |  |          |  |
|               |             |  | (A)<br>Beginning of year               |          | ( <b>B)</b><br>End of year                       |
|               | 1           | Cash · non-interest-bearing  |  | 1        |  |
|               | 2           | Savings and temporary cash investments   | 632,178.                               | 2        | 563,324.   |
|               | 3           | Pledges and grants receivable, net   |  | 3        |  |
|               | 4           | Accounts receivable, net   | 87,911.                                | 4        | 88,880.  |
|               | 5           | Loans and other receivables from current and former officers, directors,                                     | 7 à 'X                                 | %<br>*** |  |
|               |             | trustees, key employees, and highest compensated employees Complete  |  |          |  |
|               |             | Part II of Schedule L  | 4                                      | 5        | . Salkarian . Lander, or especialists            |
|               | 6           | Loans and other receivables from other disqualified persons (as defined under                                |  | 28       |  |
|               |             | section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing                            |  | ,        |  |
|               |             | employers and sponsoring organizations of section 501(c)(9) voluntary  |  | ,<br>*4. |  |
|               |             | employees' beneficiary organizations (see instr). Complete Part II of Sch L                                  | N ************************************ | 6        | ** * * * * * * * * * * * * * * * * * *           |
| ets           | 7           | Notes and loans receivable, net  |  | 7        |  |
| Assets        | 8           | Inventories for sale or use  | 2,886.                                 | 8        | 2,627.   |
|               | 9           | Prepaid expenses and deferred charges  | 208,706.                               | 9        | 143,597.   |
|               | 10a         | Land, buildings, and equipment: cost or other  |  | ^*       |  |
|               |             | basis. Complete Part VI of Schedule D 10a 15,824,426.  |  | ă.       |  |
|               | ь           | Less accumulated depreciation 10b 3,715,626.   | 12,262,848.                            | 10c      | 12,108,800.                                      |
|               | 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   | 1,469,772.                             | 15       | 1,648,372.                                       |
|               | 16          | Total assets. Add lines 1 through 15 (must equal line 34)  | 14,664,301.                            | 16       | 14,555,600.                                      |
|               | 17          | Accounts payable and accrued expenses  | 604,532.                               | 17       | 658,917.   |
|               | 18          | Grants payable   |  | 18       |  |
|               | 19          | Deferred revenue   |  | 19       |  |
|               | 20          | Tax-exempt bond liabilities  |  | 20       |  |
| es            | 21          | Escrow or custodial account liability. Complete Part IV of Schedule D  |  | 21       | <del></del>                                      |
| ≣             | 22          | Loans and other payables to current and former officers, directors, trustees,                                |  | 3        |  |
| Liabilities   | }           | key employees, highest compensated employees, and disqualified persons                                       |  | . ž      | V V Li   |
| _             |             | Complete Part II of Schedule L   | 2 021 550                              | 22       | 2 406 146  |
|               | 23          | Secured mortgages and notes payable to unrelated third parties   | 3,821,550.                             | 23       | 3,496,146.                                       |
|               | 24          | Unsecured notes and loans payable to unrelated third parties   |  | 24       | <del></del>                                      |
|               | 25          | Other liabilities (including federal income tax, payables to related third                                   | ļ                                      |          |  |
|               |             | parties, and other liabilities not included on lines 17-24). Complete Part X of                              | 26,351.                                |          | 25,208.  |
|               |             | Schedule D   |  | 25       | 4,180,271.                                       |
| _             | 26          | Total liabilities. Add lines 17 through 25  Organizations that follow SFAS 117 (ASC 958), check here ► X and | 4,452,433.                             | 26       | × × × × × × × × × × × × × × × × × × ×            |
| <b>,</b>      |             |  |  | ***      |  |
| ces           |             | complete lines 27 through 29, and lines 33 and 34.   | 10,211,868.                            | 27       | 10,375,329.                                      |
| llan          | 27          | Unrestricted net assets  | 10,211,000.                            | 28       | 10,373,323.                                      |
| Ba            | 28          | Temporarily restricted net assets  | ļ                                      | 29       | <del> </del>                                     |
| Fund Balances | 29          | Permanently restricted net assets  Organizations that do not follow SFAS 117 (ASC 958), check here           |  | 23       |  |
| Ē             |             | and complete lines 30 through 34.  |  |          | ļ  |
| Net Assets or | 30          | Capital stock or trust principal, or current funds   |  | 30       | - MARKES   |
| sse           | 31          | Paid-in or capital surplus, or land, building, or equipment fund   | <del></del>                            | 31       | <del> </del>                                     |
| t À           | 32          | Retained earnings, endowment, accumulated income, or other funds   |  | 32       | <del>                                     </del> |
| Š             | 33          | Total net assets or fund balances  | 10,211,868.                            | 33       | 10,375,329.                                      |
|               | 34          | Total liabilities and net assets/fund balances   | 14,664,301.                            | 34       | 14,555,600.                                      |
|               | <del></del> | rotarnaomines and net assets/fully balances  | ,                                      |          |  |

Form 990 (2012)

219 19 1

review, or compilation of its financial statements and selection of an independent accountant?

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Act and OMB Circular A-133?

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

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

Form **990** (2012)

**2**c

За

#### 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

Open to Public

Name of the organization

Employer identification number

| _   |  |                              | OUND YOUNG M   |                 |                   |                   |                     |                     | 9                | 1-0586473              |      |     |
|---|--|------------------------------|--|-----------------|-------------------|-------------------|---------------------|---------------------|------------------|------------------------|------|-----|
| Part I  | Reason   | for Public Char              | <b>ity Status</b> (All organiz                           | ations mu       | st complet        | te this part      | .) See inst         | ructions.           |                  |                        |      |     |
| The organ   | ization is not a   | private foundation           | because it is: (For lines 1                              | through         | 11, check         | only one b        | ox.)                |                     |                  |                        |      |     |
| 1 🖳   | A church, cor  | nvention of churches         | s, or association of chur                                | ches desc       | nbed in <b>se</b> | ction 170         | (b)(1)(A)(i)        |                     |                  |                        |      |     |
| 2   | A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) |                              |  |                 |                   |                   |                     |                     |                  |                        |      |     |
| з 🔛   | A hospital or  | a cooperative hospi          | tal service organization o                               | described       | ın section        | 170(b)(1)         | (A)(iii).           |                     |                  |                        |      |     |
| 4   | A medical res  | earch organization           | operated in conjunction                                  | with a hos      | pital desc        | nbed in <b>se</b> | ction 170           | (b)(1)(A)(ii        | i). Enter        | the hospital's name    | ,    |     |
|   | city, and state  | e <sup>,</sup>               |  |                 |                   |                   |                     |                     |                  |                        |      |     |
| 5   | An organizati  | on operated for the          | benefit of a college or ur                               | niversity ov    | wned or o         | perated by        | a governi           | mental uni          | t describ        | ed ın                  |      |     |
| 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 🗀 |
|   | section 170(   | <b>b)(1)(A)(vi).</b> (Comple | te Part II)  |                 |                   |                   |                     |                     |                  |                        |      |     |
| 8 🖳   | A community  | trust described in s         | ection 170(b)(1)(A)(vi).                                 | (Complete       | Part II.)         |                   |                     |                     |                  |                        |      |     |
| 9 X   | An organizati  | on that normally rec         | eives: (1) more than 33 1                                | 1/3% of its     | support f         | rom contri        | butions, n          | nembershi           | p fees, a        | nd gross receipts fr   | om   |     |
|   | activities rela  | ted to its exempt fur        | nctions - subject to certa                               | ıın exceptı     | ons, and (        | 2) no more        | than 33 1           | 1/3% of its         | support          | from gross investm     | nent |     |
|   |  |                              | axable income (less sect                                 | tion 511 ta     | x) from bu        | sinesses a        | acquired b          | y the orga          | ınızatıon        | after June 30, 1975    | •    |     |
|   |  | <b>509(a)(2).</b> (Complete  | •  |                 |                   |                   |                     |                     |                  |                        |      |     |
| 10  | J  |                              | perated exclusively to te                                | •               | •                 |                   |                     | •                   |                  |                        |      |     |
| 11 📖  | •  | -                            | perated exclusively for the                              |                 |                   |                   |                     |                     | •                | • •                    | •    |     |
|   |  |                              | ations described in section                              |                 | •                 |                   | ?). See <b>se</b> o | tion 509(a          | <b>a)(3).</b> Ch | eck the box that       |      |     |
|   |  |                              | organization and compl                                   |                 | •                 |                   |                     | .—-                 |                  |                        |      |     |
|   | a ☐ Type I   |                              | •  | ype III - Fui   | •                 | -                 |                     | • •                 |                  | n-functionally integra |      |     |
| e   | -  | =                            | it the organization is not                               |                 | -                 | -                 | •                   |                     | •                | -                      |      |     |
|   |  | <del>-</del>                 | han one or more publicly                                 |                 | -                 |                   |                     |                     | ∂(a)(1) or       | section 509(a)(2)      |      |     |
| f   | _  |                              | ten determination from t                                 | ine ins tha     | atitisa iy        | рет, туре         | ii, or type         | 9 III               |                  |                        |      |     |
| _   |  | ganization, check th         |  | wat or o        | antribuition      | from one          | of the fell         | 0144D@ DOF          |                  |                        |      |     |
| g   | -  |                              | organization accepted ar<br>Irrectly controls, either al |                 |                   | •                 |                     | • •                 |                  | Yes                    | No   |     |
|   |  |                              | upported organization?                                   | one or tog      | CUIEI WIUI        | persons c         | iescribed :         | iri (ii) ariu (     | iii) Delow,      | 11g(i)                 | 140  |     |
|   | •  |                              | n described in (i) above?                                |                 |                   |                   |                     |                     |                  | 11g(ii)                |      |     |
|   |  | •                            | person described in (i) o                                |                 | a2                |                   |                     |                     |                  | 11g(iii)               |      |     |
| h   |  |                              | about the supported or                                   |                 |                   |                   |                     |                     |                  | 1 19(11)               | —    |     |
| ••  | T TOVIGO LITE IN   | onowing imprination          | about the supported by                                   | garnzanorn      | (3)               |                   |                     |                     |                  |                        |      |     |
| (i) Namo  | of supported   | (ii) EIN                     | (iii) Type of organization                               | (iv) Is the o   | rganization       | (v) Did you       | notify the          | (vi) ls             | the              | (vii) Amount of mone   | tanı |     |
|   | anization  | (II) EIN                     |  | in col. (i) lis |                   | organizat         |                     | lorganizatio        | on in col. (     | support                | ıaıy |     |
| 3   |  |                              |  | governing (     | document?         | (i) of you        | support?            | (i) organız<br>U.S. | .7               |                        |      |     |
|   |  |                              | (see instructions))                                      | Yes             | No                | Yes               | No                  | Yes                 | No               |                        |      |     |
|   |  |                              |  |                 |                   |                   |                     |                     |                  |                        | _    |     |
|   |  |                              |  |                 |                   |                   |                     |                     | <u> </u>         |                        |      |     |
|   |  |                              |  |                 |                   |                   |                     | [                   |                  |                        |      |     |
|   |  |                              |  | _               |                   |                   |                     |                     |                  |                        |      |     |
|   |  |                              |  |                 | _                 |                   |                     |                     |                  |                        |      |     |
|   |  |                              |  | L               |                   |                   |                     | <u> </u>            | $oxed{oxed}$     | <del></del>            |      |     |
|   |  | 1                            |  | <u>'</u>        | 1                 |                   | l                   | i                   | 1                |                        |      |     |
|   |  |                              |  | <u> </u>        |                   |                   |                     |                     | $oxed{oxed}$     |                        |      |     |
|   |  | _                            | ]  |                 |                   |                   |                     |                     |                  |                        | _    |     |
|   |  |                              | <u> </u>   |                 |                   |                   |                     |                     |                  |                        |      |     |
|   |  |                              |  |                 |                   |                   |                     |                     |                  | <del>-</del>           | _    |     |
| Total   |  |                              | L  | <u> </u>        |                   |                   |                     | <u> </u>            |                  |                        |      |     |
| LHA For F   | Paperwork Re   | duction Act Notice           | , see the Instructions f                                 | or              |                   | _                 |                     | Schedul             | e A (For         | n 990 or 990-EZ) 2     | 012  |     |

232021 12-04-12

Form 990 or 990-EZ.

ATTACHMENT DO NOT PROCESS

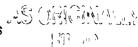
**™** - VS ORIGIN W

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

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

| Se   | ction A. Public Support  |  | <u>-</u> -                              |                                  |                                       |                      |                 |
|------|--|--|---|----------------------------------|---------------------------------------|----------------------|-----------------|
| Cale | ndar year (or fiscal year beginning in)                            | (a) 2008                               | (b) 2009                                | (c) 2010                         | (d) 2011                              | (e) 2012             | (f) Total       |
| 1    | Gifts, grants, contributions, and                                  |  |   |                                  |                                       |                      |                 |
|      | membership fees received. (Do not                                  |  |   |                                  |                                       |                      |                 |
|      | include any "unusual grants ")                                     |  |   |                                  | !                                     |                      |                 |
| 2    | Tax revenues levied for the organ-                                 |  |   |                                  |                                       |                      |                 |
|      | ızatıon's benefit and either paid to                               |  |   |                                  |                                       |                      |                 |
|      | or expended on its behalf  |  |   |                                  |                                       |                      |                 |
| 3    | The value of services or facilities                                |  |   |                                  |                                       |                      |                 |
|      | furnished by a governmental unit to                                |  |   |                                  |                                       |                      |                 |
|      | the organization without charge                                    |  |   |                                  |                                       |                      |                 |
|      | Total. Add lines 1 through 3                                       |  |   |                                  |                                       |                      |                 |
| 5    | The portion of total contributions                                 | · ************************************ |   | <b>%</b> '' <u>;</u>             | ****                                  | MA VA                |                 |
|      | by each person (other than a                                       | <b>***</b>                             | * |                                  |                                       | ži si                |                 |
|      | governmental unit or publicly                                      |  |   |                                  |                                       |                      |                 |
|      | supported organization) included                                   | <b>1</b>                               |   |                                  | ,                                     |                      |                 |
|      | on line 1 that exceeds 2% of the                                   | ***********                            |   | * _ *                            |                                       |                      |                 |
|      | amount shown on line 11,   |  | * 🗽                                     |                                  |                                       |                      |                 |
| _    | column (f)   | 3. Vin 6.                              |   | 7                                | \$                                    | ¥, ,48, ,5           |                 |
|      | Public support. Subtract line 5 from line 4 ction B. Total Support | *                                      | <b>**</b>                               | ₹ <u>`</u>                       | · · · · · · · · · · · · · · · · · · · | ***                  |                 |
|      |  | (-).0000                               | #1.0000                                 |                                  |                                       |                      |                 |
|      | ndar year (or fiscal year beginning in)                            | (a) 2008                               | <b>(b)</b> 2009                         | (c) 2010                         | (d) 2011                              | <b>(e)</b> 2012      | (f) Total       |
| _    |  |  |   |                                  |                                       |                      |                 |
| 8    | Gross income from interest,  |  |   |                                  |                                       |                      |                 |
|      | dividends, payments received on securities loans, rents, royalties |  |   |                                  |                                       |                      |                 |
|      | and income from similar sources                                    |  |   |                                  |                                       |                      |                 |
| 9    | Net income from unrelated business                                 |  |   |                                  |                                       |                      |                 |
| ٠    | activities, whether or not the                                     |  |   |                                  |                                       |                      |                 |
|      | business is regularly carried on                                   |  |   |                                  |                                       |                      |                 |
| 10   | Other income. Do not include gain                                  |  |   |                                  |                                       |                      |                 |
|      | or loss from the sale of capital                                   |  |   |                                  |                                       |                      |                 |
|      | assets (Explain in Part IV)  | ]                                      |   |                                  |                                       |                      |                 |
| 11   | Total support. Add lines 7 through 10                              | :,                                     | <b>%</b> 5 c • • • • •                  | %                                | * ; }                                 | Wi Yale              |                 |
|      | Gross receipts from related activities,                            |  |   | 25.0 425.00                      | ***                                   | 12                   |                 |
| 13   | First five years. If the Form 990 is for                           | r the organization's                   | first, second, thir                     | d, fourth, or fifth ta           | ا<br>ax vear as a section             |                      |                 |
|      | organization, check this box and stop                              | here                                   |   |                                  |                                       |                      | ightharpoons    |
| Sec  | tion C. Computation of Publ  | ic Support Pe                          | rcentage                                |                                  |                                       |                      |                 |
| 14   | Public support percentage for 2012 (I                              | line 6, column (f) di                  | vided by line 11, c                     | olumn (f))                       |                                       | 14                   | %               |
|      | Public support percentage from 2011                                | •                                      | •                                       |                                  |                                       | 15                   | %               |
| 16a  | 33 1/3% support test - 2012. If the o                              | organization did no                    | t check the box or                      | n line 13, and line <sup>-</sup> | 14 is 33 1/3% or m                    | nore, check this box | and             |
|      | stop here. The organization qualifies                              |  | Ū                                       |                                  |                                       |                      |                 |
| b    | 33 1/3% support test - 2011. If the c                              |  |   |                                  | line 15 is 33 1/3%                    | or more, check thi   | s box           |
|      | and stop here. The organization qual                               | •                                      |   |                                  |                                       |                      | ▶□              |
| 1/a  | 10% -facts-and-circumstances tes                                   |  |   |                                  |                                       |                      |                 |
|      | and if the organization meets the "fac                             |  |   |                                  |                                       | t IV how the organi  | zation          |
|      | meets the "facts-and-circumstances"                                |  |   |                                  |                                       | _ •                  |                 |
| b    | 10% -facts-and-circumstances test                                  |  |   |                                  |                                       |                      | 0% or           |
|      | more, and if the organization meets the                            |  |   |                                  |                                       |                      | . —             |
| 10   | organization meets the "facts-and-circ                             |  |   |                                  |                                       |                      | ▶⊨              |
| ıo   | Private foundation. If the organization                            | in did not check a l                   | oox on line 13, 16a                     | a, 16b, 1/a, or 17b              |                                       |                      |                 |
|      |  |  |   |                                  | Sche                                  | dule A (Form 990 d   | or 990-EZ) 2012 |

232022 12-04-12



# Schedule A (Form 990 or 990 EZ) 2012 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 better A. Public Support  | elow, please comp  | Diete Part II )  |  |  |  |   |
|---|--|--|--|--|--|--|---|
| _   | indar year (or fiscal year beginning in)   | (a) 2009   | (5) 2000   | (=) 0010   | (4) 2011   | (=) 2012   | (O Total  |
|   | Gifts, grants, contributions, and  | (a) 2008   | <b>(b)</b> 2009  | (c) 2010   | (d) 2011   | (e) 2012   | (f) Total   |
| •   | membership fees received (Do not   |  |  |  |  |  |   |
|   | include any "unusual grants.")   | 6,863,945.   | 7,547,312.   | 7,057,843.   | 6,684,871.   | 6,592,830.   | 34,746,801.   |
| 2   | Gross receipts from admissions,  | , ,  | , , ,  |  | , ,  |  |   |
| _   | merchandise sold or services per-  |  |  |  |  |  |   |
|   | formed, or facilities furnished in any activity that is related to the   |  |  |  |  |  |   |
|   | organization's tax-exempt purpose  | 96,444.  | 63,368.  | 119,625.   | 118,845.   | 72,558.  | 470,840.  |
| 3   | Gross receipts from activities that  | -  | -  |  |  |  |   |
|   | are not an unrelated trade or bus-   |  |  |  |  |  |   |
|   | iness under section 513  |  |  |  |  |  |   |
| 4   | Tax revenues levied for the organ-   |  |  |  |  |  |   |
|   | ızatıon'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  |  |  |  |  |  |   |
|   | Total. Add lines 1 through 5   | 6,960,389.   | 7,610,680.   | 7,177,468.   | 6,803,716.   | 6,665,388.   | 35,217,641.   |
| 7a  | Amounts included on lines 1, 2, and  |  |  |  |  |  | •   |
|   | 3 received from disqualified persons   |  |  |  |  |  | 0.  |
| D   | Amounts included on lines 2 and 3 received from other than disqualified persons that   |  |  | '  |  |  |   |
|   | exceed the greater of \$5,000 or 1% of the   |  |  |  |  |  | 0   |
|   | amount on line 13 for the year   |  |  |  |  |  | 0.  |
|   | Add lines 7a and 7b  | / <b>\ 4</b>   |  | ***  | 'YA 'YA :  |  | 35,217,641.   |
|   | Public support (Subtractione 7c from line 6 )  |  | "Liber 1   | /%. &  | <u> </u>   |  | 33,217,041.   |
| Cale  | ndar year (or fiscal year beginning in)  | (a) 2008   | (b) 2009   | (c) 2010   | (d) 2011   | (e) 2012   | (f) Total   |
| 9   | Amounts from line 6  | 6,960,389.   | 7,610,680.   | 7,177,468.   | 6,803,716.   | 6,665,388.   | 35,217,641.   |
| 10a   | Gross income from interest,  |  |  |  |  |  |   |
|   | dividends, payments received on securities loans, rents, royalties   |  |  |  |  |  |   |
|   | and income from similar sources  | 74,296.  | 38,410.  | 26,280.  | 36,134.  | 24,131.  | 199,251.  |
| b   | Unrelated business taxable income  |  |  | _  |  |  |   |
|   |  |  |  |  |  |  |   |
|   | (less section 511 taxes) from businesses   |  |  |  |  | ;  |   |
|   | (less section 511 taxes) from businesses acquired after June 30, 1975  |  |  |  |  |  |   |
|   | acquired after June 30, 1975<br>Add lines 10a and 10b  | 74,296.  | 38,410.  | 26,280.  | 36,134.  | 24,131.  | 199,251.  |
| 11  | acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business  | 74,296.  | 38,410.  | 26,280.  | 36,134.  | 24,131.  | 199,251.  |
|   | acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is  | 74,296.  | 38,410.  | 26,280.  | 36,134.  | 24,131.  | 199,251.  |
| 11  | acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on   | 74,296.  | 38,410.  | 26,280.  | 36,134.  | 24,131.  | 199,251.  |
| 11  | acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is  | 74,296.  | 38,410.  | 26,280.  | 36,134.  | 24,131.  | 199,251.  |
| 11  | acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  |  |  |  |  |  |   |
| 11<br>12<br>13  | acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support. (Add lines 9, 10c, 11, and 12)   | 7,034,685.   | 7,649,090.   | 7,203,748.   | 6,839,850.   | 6,689,519.   | 35,416,892.   |
| 11<br>12<br>13  | acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for  | 7,034,685.   | 7,649,090.   | 7,203,748.   | 6,839,850.   | 6,689,519.   | 35,416,892.   |
| 11<br>12<br>13<br>14  | acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for check this box and stop here   | 7 , 034 , 685 .<br>the organization's  | 7,649,090.<br>s first, second, thir  | 7,203,748.   | 6,839,850.   | 6,689,519.   | 35,416,892.   |
| 11<br>12<br>13<br>14<br>Sec                                       | acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support. (Add lines 9, 10c, 11, and 12)  First five years. If the Form 990 is for check this box and stop here  | 7,034,685.<br>the organization's<br>ic Support Pe  | 7,649,090.<br>s first, second, thir<br>rcentage  | 7,203,748.<br>d, fourth, or fifth ta   | 6,839,850.   | 6 , 689 , 519 .<br>1 501(c)(3) organiz   | 35,416,892.<br>ation,   |
| 11 12 13 14 Sec 15  | acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for check this box and stop here  ction C. Computation of Publi  Public support percentage for 2012 (I   | 7,034,685. the organization's ic Support Pe ine 8, column (f) d  | 7,649,090. s first, second, thir rcentage vided by line 13, c  | 7,203,748.<br>d, fourth, or fifth ta   | 6,839,850.   | 6 , 689 , 519 .<br>n 501(c)(3) organiz   | 35,416,892.<br>ation,<br>99.44 %                              |
| 11<br>12<br>13<br>14<br>Sec<br>15<br>16                           | acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for check this box and stop here  etion C. Computation of Public support percentage for 2012 (I  | 7,034,685. the organization's ic Support Pe ine 8, column (f) d Schedule A, Part   | 7,649,090. s first, second, thir rcentage vided by line 13, c  | 7,203,748.<br>d, fourth, or fifth ta   | 6,839,850.   | 6 , 689 , 519 .<br>1 501(c)(3) organiz   | 35,416,892.<br>ation,   |
| 11<br>12<br>13<br>14<br>Sec<br>15<br>16<br>Sec                    | acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for check this box and stop here  Ction C. Computation of Public support percentage for 2012 (In Public support percentage from 2011)  | 7,034,685. the organization's ic Support Pe ine 8, column (f) di Schedule A, Part stment Incom   | 7,649,090. s first, second, thir rcentage livided by line 13, c III, line 15 e Percentage  | 7,203,748.<br>d, fourth, or fifth ta   | 6,839,850.   | 6 , 689 , 519 .<br>n 501(c)(3) organiz   | 35,416,892.<br>ation,<br>99.44 %<br>99.24 %                   |
| 11<br>12<br>13<br>14<br>Sec<br>15<br>16<br>Sec                    | acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for check this box and stop here  action C. Computation of Public support percentage for 2012 (I Public support percentage from 2011 action D. Computation of Investinvestment income percentage for 20  | 7,034,685. the organization's ic Support Pe ine 8, column (f) di Schedule A, Part stment Incom 12 (line 10c, colum   | 7,649,090. s first, second, thir rcentage livided by line 13, of the Percentage nn (f) divided by lir  | 7,203,748.<br>d, fourth, or fifth ta   | 6,839,850.   | 6,689,519.<br>n 501(c)(3) organiz<br>15<br>16                                      | 35,416,892.<br>ation,<br>99.44 %<br>99.24 %                   |
| 11<br>12<br>13<br>14<br>Sec<br>15<br>16<br>Sec<br>17<br>18        | acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for check this box and stop here  tion C. Computation of Public support percentage for 2012 (in Public support percentage from 2011)  tion D. Computation of Investinvestment income percentage from 2011  | 7,034,685. the organization's ic Support Pe ine 8, column (f) di Schedule A, Part stment Incom 12 (line 10c, colun 2011 Schedule A,  | 7,649,090. s first, second, thin rcentage vided by line 13, c Ill, line 15 e Percentage nn (f) divided by line Part III, line 17   | 7,203,748.<br>d, fourth, or fifth ta<br>column (f))<br>ne 13, column (f))  | 6,839,850.   | 6,689,519.<br>n 501(c)(3) organiz<br>15<br>16                                      | 35,416,892.<br>ation,<br>99.44 %<br>99.24 %<br>.56 %<br>.76 % |
| 11<br>12<br>13<br>14<br>Sec<br>15<br>16<br>Sec<br>17<br>18        | acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for check this box and stop here  action C. Computation of Public support percentage for 2012 (I Public support percentage from 2011 action D. Computation of Investinvestment income percentage for 20  | 7,034,685. the organization's ic Support Pe ine 8, column (f) d Schedule A, Part stment Incom 12 (line 10c, colum 2011 Schedule A, organization did n  | 7,649,090. s first, second, thin rcentage livided by line 13, of Ill, line 15 e Percentage nn (f) divided by line Part III, line 17 lot check the box of   | 7,203,748. d, fourth, or fifth ta column (f)) le 13, column (f)) on line 14, and line  | 6,839,850.  IX year as a section   15 is more than 3   | 6,689,519.<br>n 501(c)(3) organiz<br>15<br>16<br>17<br>18<br>3 1/3%, and line 1    | 35,416,892.<br>ation,<br>99.44 %<br>99.24 %<br>.56 %<br>.76 % |
| 11<br>12<br>13<br>14<br>Sec<br>15<br>16<br>Sec<br>17<br>18<br>19a | acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for check this box and stop here  ction C. Computation of Public support percentage for 2012 (In Public support percentage from 2011)  tion D. Computation of Investing 133 1/3% support tests - 2012. If the  | 7,034,685. The organization's The organization's The Support Pe Th | 7,649,090. s first, second, thir rcentage vided by line 13, of the second secon | 7,203,748. d, fourth, or fifth ta column (f)) ne 13, column (f)) on line 14, and line fies as a publicly s                     | 6,839,850.  Ix year as a section  15 is more than 33 supported organiza                      | 6,689,519.<br>1501(c)(3) organiz<br>1516<br>1718<br>31/3%, and line 1              | 35,416,892. ation,  99.44 % 99.24 %  .56 % .76 % 7 is not     |
| 11<br>12<br>13<br>14<br>Sec<br>15<br>16<br>Sec<br>17<br>18<br>19a | acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for check this box and stop here  ction C. Computation of Public support percentage for 2012 (I Public support percentage from 2011)  tion D. Computation of Investinvestment income percentage from 2011  Investment income percentage from 2013  133 1/3% support tests - 2012. If the more than 33 1/3%, check this box and stop here | 7,034,685. The organization's The organization's The Support Pe The Support Pe The Support Pe The Support Pe The Support Pe The Support Pe The Support Pe The Support Pe The Organization did not stop here. The Organization did not support Pe The Organization did not support Pe The Organization did not support Pe The Organization did not support Pe   | 7,649,090. s first, second, thir rcentage vided by line 13, of the second secon | 7,203,748. d, fourth, or fifth ta column (f)) ne 13, column (f)) on line 14, and line fies as a publicly s line 14 or line 19a | 6,839,850.  Ix year as a section  15 is more than 33 supported organiza, and line 16 is more | 6,689,519. 1501(c)(3) organiz 1516 1718 3 1/3%, and line 1 tion re than 33 1/3%, a | 35,416,892. ation,  99.44 % 99.24 %  .56 % .76 % 7 is not     |

ATTACHMENT DO NOT PROCESS

Schedule A (Form 990 or 990-EZ) 2012

#### **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

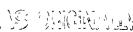
Name of the organization

Employer identification number

|      | SOUTH SOUND YOUNG MI   | EN'S CHRISTIAN ASSN.   | 91-0586473                                    |
|------|--|--|---|
| Pai  | t I Organizations Maintaining Donor Advised  | Funds or Other Similar Funds   | or Accounts.Complete if the                   |
|      | organization answered "Yes" to Form 990, Part IV, line 6                                       | 1  |   |
|      |  | (a) Donor advised funds  | (b) Funds and other accounts                  |
| 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 wri                               | ting that the assets held in donor advise  | ed funds                                      |
|      | are the organization's property, subject to the organization's ex                              | clusive legal control?   | ☐ Yes ☐ No                                    |
| 6    | Did the organization inform all grantees, donors, and donor adv                                | isors in writing that grant funds can be t   | used only                                     |
|      | for charitable purposes and not for the benefit of the donor or c                              | lonor advisor, or for any other purpose o  | conferring                                    |
|      | impermissible private benefit?   |  | Yes No  |
| ुPai | t II Conservation Easements. Complete if the organ   |  | art IV, line 7                                |
| 1    | Purpose(s) of conservation easements held by the organization                                  | · ' ' ' '  |   |
|      | Preservation of land for public use (e.g , recreation or edu                                   |  | orically important land area                  |
|      | Protection of natural habitat  | Preservation of a certif   | fied historic structure                       |
|      | Preservation of open space   |  |   |
| 2    | Complete lines 2a through 2d if the organization held a qualified                              | d conservation contribution in the form of   | of a conservation easement on the last        |
|      | day of the tax year  |  | * 1 1 1 7 1 1 1 7 1                           |
|      | T. I   |  | Held at the End of the Tax Year               |
| а    | Total number of conservation easements   |  | 2a  |
| b    | Total acreage restricted by conservation easements   | Average of the desired of the second   | 2b  |
| C    | Number of conservation easements on a certified historic struct                                | ` ,  | 2c  |
| d    | Number of conservation easements included in (c) acquired after                                | er 8/17/06, and not on a historic structu  | · •   |
| 3    | listed in the National Register  Number of conservation easements modified, transferred, relea | ead extinguished or terminated by the  | 2d  |
| 3    | year   | isea, extinguished, or terminated by the   | organization during the tax                   |
| 4    | Number of states where property subject to conservation ease                                   | ment is located  |   |
| 5    | Does the organization have a written policy regarding the period                               |  |   |
|      | violations, and enforcement of the conservation easements it he                                | • •  | ☐ Yes ☐ No                                    |
| 6    | Staff and volunteer hours devoted to monitoring, inspecting, an                                |  |   |
| 7    | Amount of expenses incurred in monitoring, inspecting, and en                                  | · · · · · · · · · · · · · · · · · · ·  |   |
| 8    | Does each conservation easement reported on line 2(d) above                                    | satisfy the requirements of section 170(   | h)(4)(B)(i)                                   |
|      | and section 170(h)(4)(B)(ii)?  |  | Yes No  |
| 9    | In Part XIII, describe how the organization reports conservation                               | easements in its revenue and expense   | statement, and balance sheet, and             |
|      | include, if applicable, the text of the footnote to the organization                           | n's financial statements that describes t  | he organization's accounting for              |
|      | conservation easements.  | · · · · · · · · · · · · · · · · · · ·  |   |
| Pa   | till Organizations Maintaining Collections of A  |  | her Similar Assets.                           |
|      | Complete if the organization answered "Yes" to Form 99   | <del></del>  |   |
| 1a   | If the organization elected, as permitted under SFAS 116 (ASC                                  |  |   |
|      | historical treasures, or other similar assets held for public exhib                            |  | nce of public service, provide, in Part XIII, |
|      | the text of the footnote to its financial statements that describe                             |  |   |
| b    | If the organization elected, as permitted under SFAS 116 (ASC                                  |  | •   |
|      | treasures, or other similar assets held for public exhibition, educ                            | cation, or research in furtherance of pub  | olic service, provide the following amounts   |
|      | relating to these items  |  | <b>.</b>                                      |
|      | (i) Revenues included in Form 990, Part VIII, line 1   |  | \$  |
| _    | (ii) Assets included in Form 990, Part X   | one and the second seco | \$  |
| 2    | If the organization received or held works of art, historical treasi                           |  | gain, provide                                 |
| _    | the following amounts required to be reported under SFAS 116                                   | (ASC 958) relating to these items:   | <b>•</b> •                                    |
| a    | Revenues included in Form 990, Part VIII, line 1   |  | <b>~</b>                                      |
| D    | Assets included in Form 990, Part X  |  | <b>▶</b> ⊅                                    |

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Schedule D (Form 990) 2012

|          |  | OUND YOUNG           |             |                |               |               |              | -0586 <b>4</b> 73 <sub>Page</sub>                | <u>2</u> |
|----------|--|----------------------|-------------|----------------|---------------|---------------|--------------|--|----------|
| Pa       | till   Organizations Maintaining Co  | ollections of A      | rt, Hist    | orical Tr      | easures,      | or Other      | Similar A    | ssets(continued)                                 |          |
| 3        | Using the organization's acquisition, accession  | n, and other record  | ls, check   | any of the     | following the | at are a sigr | uficant use  | of its collection items                          |          |
|          | (check all that apply)·  |                      |             |                |               |               |              |  |          |
| а        | Public exhibition  | d                    |             |                | hange progr   | ams           |              |  |          |
| þ        | Scholarly research   | е                    |             | Other          |               |               |              |  | _        |
| С        | Preservation for future generations  |                      |             |                |               |               |              |  |          |
| 4        | Provide a description of the organization's co   | llections and explai | n how th    | ey further t   | he organizat  | ion's exemp   | ot purpose i | n Part XIII.                                     |          |
| 5        | During the year, did the organization solicit or   | receive donations    | of art, his | storical trea  | sures, or oth | ier similar a | ssets        |  |          |
|          | to be sold to raise funds rather than to be ma   |                      |             |                |               |               |              | Yes N  | <u>o</u> |
| Par      | t IV Escrow and Custodial Arrang   | •                    | ete if the  | organizatio    | n answered    | "Yes" to Fo   | rm 990, Par  | t IV, line 9, or                                 |          |
|          | reported an amount on Form 990, Part   |                      |             |                |               |               |              |  | _        |
| 1a       | Is the organization an agent, trustee, custodia  | an or other intermed | diary for   | contribution   | s or other as | ssets not in  | cluded       |  |          |
|          | on Form 990, Part X?   |                      |             |                |               |               |              | Yes N  | 0        |
| b        | If "Yes," explain the arrangement in Part XIII a   | and complete the fo  | llowing t   | able.          |               |               |              |  | _        |
|          |  |                      |             |                |               |               | <del> </del> | Amount   | _        |
|          | Beginning balance  |                      |             |                |               |               | 1c           |  | _        |
|          | Additions during the year  |                      |             |                |               |               | 1d           |  | _        |
|          | Distributions during the year  |                      |             |                |               |               | 1e           |  | _        |
| f        | Ending balance   |                      |             |                |               |               | 1f           | <del>T G T</del>                                 | _        |
|          | Did the organization include an amount on Fo   |                      |             |                |               |               |              | Yes N  | 0        |
|          | If "Yes," explain the arrangement in Part XIII to The Transport of the Tra |                      |             |                |               |               | <del> </del> |  | _        |
| Çai      | t V Endowment Funds. Complete if   |                      |             |                |               |               | Three weers  | hook L ( . ) Four years hool                     |          |
| _        | <u>}</u>   | (a) Current year     | (a) P       | rior year      | (c) Two yea   | is pack (d    | Three years  | back (e) Four years back                         | <u>K</u> |
| 1a       | Beginning of year balance  |                      |             |                |               |               |              | <del></del>                                      | _        |
| b        | Contributions  |                      |             |                | <del></del> _ |               |              | <del>-  </del>                                   | —        |
| C        | Net investment earnings, gains, and losses   |                      |             |                |               | <del></del>   |              |  | —        |
|          | Grants or scholarships   |                      |             |                |               |               |              |  | _        |
| е        | Other expenditures for facilities  |                      |             |                |               |               |              |  |          |
|          | and programs   |                      |             |                |               | -             |              | <del>-  </del>                                   | —        |
|          | Administrative expenses  |                      |             |                |               |               |              | <del></del>                                      | _        |
| g        | End of year balance  | ent year and halana  | o (line 1   | a saluma /s    | )\ bold oo:   |               |              |  | _        |
| 2        | Provide the estimated percentage of the curre  | ent year end balanc  |             | y, column (a   | i)) neid as   |               |              |  |          |
| a        | Board designated or quasi-endowment  Permanent endowment   | <del></del> %        | _%          |                |               |               |              |  |          |
|          | Temporarily restricted endowment   | <del></del> ^*       |             |                |               |               |              |  |          |
| ·        | The percentages in lines 2a, 2b, and 2c should   |                      |             |                |               |               |              |  |          |
| 32       | Are there endowment funds not in the posses  |                      | ation the   | it are held a  | nd administa  | ared for the  | organizatio  | n  |          |
| Ja       | by:  | solon of the organiz | anon ma     | it ale noid a  | na administe  | sied for the  | Organization | Yes No   | _        |
|          | (i) unrelated organizations  |                      |             |                |               |               |              | 3a(i)  | <u> </u> |
|          | (ii) related organizations   |                      |             |                |               |               |              | 3a(ii)   | _        |
| h        | If "Yes" to 3a(ii), are the related organizations  | listed as required o | n Sched     | lule B?        |               |               |              | 3b   | _        |
| 4        | Describe in Part XIII the intended uses of the   | •                    |             |                |               |               |              | 05 1 1   | _        |
|          | t VIভূ Land, Buildings, and Equipm   |                      |             |                |               |               |              |  | _        |
| <u> </u> | Description of property  | (a) Cost or o        |             |                | or other      | (c) Acc       | umulated     | (d) Book value                                   | _        |
|          |  | basis (investr       |             | • •            | (other)       |               | ciation      | (=, = 35 12                                      |          |
| 1a       | Land   |                      |             |                | 2,200.        |               | 17           | 1,492,200  | -        |
|          | Buildings  |                      |             |                | 3,448.        | 2,86          | 4,327        | 10,379,121                                       |          |
|          | Leasehold improvements   |                      |             |                |               |               |              | <del>                                     </del> | _        |
| d        | Equipment  |                      |             | 1,08           | 8,778.        | 85            | 1,299        | 237,479  | •        |
|          |  |                      |             |                |               |               |              |  | _        |
| _        | I. Add lines 1a through 1e (Column (d) must ed   | qual Form 990, Part  | X, colun    | nn (B), line 1 | 0(c))         |               | <b></b>      | 12,108,800                                       | -        |

Schedule D (Form 990) 2012



| (a) Description of security or category (including name of security)              | (b) Book value |   | valuation. Cost or e                    | end-of-year market value |
|---|----------------|---|---|--------------------------|
| (1) Financial derivatives   |                |   |   |                          |
| (2) Closely-held equity interests   |                |   |   |                          |
| (3) Other   |                |   |   |                          |
| (A)   |                |   |   |                          |
| (B)   |                |   |   |                          |
| (C)   |                |   |   |                          |
| (D)   |                |   |   |                          |
| (E)   |                |   |   |                          |
| (F)   |                |   |   |                          |
| (G)   |                |   |   |                          |
| (H)   |                |   |   |                          |
| (1)   |                |   |   |                          |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12 )                  |                | <u>,</u> , ,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | \ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \ |                          |
| Part VIII Investments - Program Related. Set                                      |                |   |   |                          |
| (a) Description of investment type  | (b) Book value | (c) Method of                                 | valuation. Cost or e                    | end-of-year market value |
| (1)   |                |   |   |                          |
| (2)   |                |   |   |                          |
| (3)   | ·              |   | <del></del>                             |                          |
| (4)   |                |   |   |                          |
| (5)   |                |   |   |                          |
| (6)   |                |   |   |                          |
| (7)   |                |   |   |                          |
| (8)   |                |   |   |                          |
| (9)   |                |   |   |                          |
| (10)  |                |   |   |                          |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)                  |                | % <b>%</b> %                                  | * * * *                                 |                          |
| Part IX Other Assets. See Form 990, Part X, line 1                                |                |   |   |                          |
|   | Description    |   |   | (b) Book value           |
| (1) LONG-TERM INVESTMENTS   |                |   |   | 1,648,372.               |
| (2)   |                |   |   |                          |
| (3)   |                | <u></u>                                       |   | <u> </u>                 |
| (4)   |                |   |   |                          |
| (5)   |                |   |   |                          |
|   |                |   |   |                          |
| (7)   | <del></del>    |   |   | <del> </del>             |
| (8)   |                |   |   | <del></del>              |
| (9)   |                |   |   |                          |
|   |                |   |   | 1 (40 272                |
| Total. (Column (b) must equal Form 990, Part X, col (B) line                      | 15)            |   |   | 1,648,372.               |
| Part X Other Liabilities. See Form 990, Part X, III  (a) Description of liability | ne 25.         | (h) Book value                                | T xx                                    | - E 2 W.                 |
|   |                | (b) Book value                                |   |                          |
| (1) Federal income taxes (2) FUNDS HELD FOR OTHERS                                | <del></del>    | 25,208  | <b>-</b> [                              |                          |
|   | <del></del>    | 45,400  | ┥ ` ``                                  | * / * /                  |
|   |                | l   | -                                       |                          |
| (3)   | <del></del>    |   |   |                          |
| (4)   | <del></del>    |   | 4                                       |                          |
| (4)<br>(5)  |                |   |   |                          |
| (4)<br>(5)<br>(6)   |                |   | -                                       |                          |
| (4)<br>(5)<br>(6)<br>(7)  |                |   |   |                          |
| (4)<br>(5)<br>(6)<br>(7)<br>(8)   |                |   |   |                          |
| (4)<br>(5)<br>(6)<br>(7)<br>(8)<br>(9)  |                |   |   |                          |
| (4)<br>(5)<br>(6)<br>(7)<br>(8)<br>(9)<br>(10)                                    |                |   |   |                          |
| (4)<br>(5)<br>(6)<br>(7)<br>(8)<br>(9)  |                | 25,208  |   |                          |

SOUTH SOUND YOUNG MEN'S CHRISTIAN ASSN.

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Schedule D (Form 990) 2012

(36)

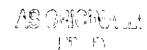
91-0586473 Page 3

Schedule D (Form 990) 2012

|     | dule D (Form 990) 2012 SOUTH SOUND YOUNG MEN'S CHRISTIAN ASSN.  | 91-0       | 0586473         | Page 4  |
|-----|---|------------|-----------------|---|
| Pa  | t XI Reconciliation of Revenue per Audited Financial Statements With Revenue per  | Return     |                 |   |
| 1   | Total revenue, gains, and other support per audited financial statements  | 1          | 6,689           | <u>,519.</u>                                    |
| 2   | Amounts included on line 1 but not on Form 990, Part VIII, line 12:   | 1 1/4      |                 |   |
| а   | Net unrealized gains on investments   | _          |                 |   |
| b   | Donated services and use of facilities 2b   | _          |                 |   |
| С   | Recovenes of prior year grants 2c   | 1 1        |                 |   |
| d   | Other (Describe in Part XIII.)  | _ 3        |                 | _   |
| е   | Add lines 2a through 2d   | 2e         |                 | 0.  |
| 3   | Subtract line 2e from line 1  | 3          | 6,689           | ,519.   |
| 4   | Amounts included on Form 990, Part VIII, line 12, but not on line 1:  | 3          |                 |   |
| а   | Investment expenses not included on Form 990, Part VIII, line 7b  |            |                 |   |
| b   | Other (Describe in Part XIII.)  4b 14,160   | ) • [ ]    |                 |   |
| C   | Add lines 4a and 4b   | 4c         | 6,703           | <u>,160.</u>                                    |
| _5_ | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)   | 5          |                 | <u>,679.</u>                                    |
| Pa  | rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses p  | er Retu    |                 |   |
| 1   | Total expenses and losses per audited financial statements  | 1          | 6,772           | <u>, 373                                   </u> |
| 2   | Amounts included on line 1 but not on Form 990, Part IX, line 25  | May        |                 |   |
| а   | Donated services and use of facilities 2a   |            |                 |   |
| b   | Prior year adjustments 2b   |            |                 |   |
| С   | Other losses 2c   |            |                 |   |
| d   | Other (Describe in Part XIII )  |            |                 |   |
| е   | Add lines 2a through 2d   | 2e         |                 | 0.  |
| 3   | Subtract line 2e from line 1  | 3          | 6,772           | ,373.   |
| 4   | Amounts included on Form 990, Part IX, line 25, but not on line 1:  | 7          |                 |   |
| а   | Investment expenses not included on Form 990, Part VIII, line 7b  |            |                 |   |
| b   | Other (Describe in Part XIII.)  4b 14,160   |            |                 |   |
| С   | Add lines 4a and 4b   | 40         | 14              | ,160.   |
| 5   | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)   | 5          | 6,786           | 533.  |
| Pa  | rt XIII Supplemental Information  |            |                 |   |
| Com | plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines | s 1b and 2 | b; Part V, line | 4, Part   |
|     | e 2, Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform        |            |                 |   |
| ,   | , ,   |            |                 |   |
|     |   |            |                 |   |
| PAI | RT XI, LINE 4B - OTHER ADJUSTMENTS:   |            |                 |   |
|     |   |            |                 | <del></del>                                     |
| FUI | NDRAISING   |            |                 |   |
|     | <del></del>   |            |                 |   |
|     |   |            |                 |   |
|     | <del></del>   |            |                 |   |
| PA  | RT XII, LINE 4B - OTHER ADJUSTMENTS:  |            |                 |   |
|     |   |            |                 |   |
| FU  | NDRAISING   |            |                 |   |
|     |   |            |                 |   |
|     |   |            |                 |   |
|     |   |            | <del></del>     |   |
| FU  | NDRAISING   |            |                 |   |
|     |   | Sched      | ule D (Form 9   | 90) 2012  |

232054 12-10-12

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#### **SCHEDULE G**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

# Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, 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

Name of the organization

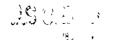
SOUTH SOUND YOUNG MEN'S CHRISTIAN ASSN.

|      |             | §Inspection        | - V.   |
|------|-------------|--------------------|--------|
|      | Employer    | identification r   | number |
|      | 91-05       |                    | _      |
| ne 1 | 7. Form 990 | )-EZ filers are no | t      |
|      | - · · · -   |                    | -      |

| Part I Fundraising Activities required to complete this par  | <ul> <li>Complete if the organization answet.</li> </ul>  | red "Y   | es" to                                       | Form 990, Part IV, I  | ine 17. Form 990-EZ  | filers are not  |
|--|---|--|--|---|--|---|
| a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the ten highest paid indicompensated at least \$5,000 by the | e Solicitat f Solicitat g Special  or oral agreement with any individual cart VII) or entity in connection with p ividuals or entities (fundraisers) purs | ion of<br>ion of<br>fundra<br>(includerofess     | non-g<br>gover<br>using<br>ding o<br>ional f | overnment grants<br>nment grants<br>events<br>fficers, directors, tru<br>undraising services? | stees or Yes   |   |
| (i) Name and address of individual or entity (fundraiser)  | (ii) Activity   | (iii)<br>fundr<br>have con<br>or con<br>contribi | ustody<br>trol of                            | (iv) Gross receipts from activity   | (v) Amount paid<br>to (or retained by)<br>fundraiser<br>listed in col. (i) | (vi) Amount paid<br>to (or retained by)<br>organization |
|  |   | Yes  | No   |   |  |   |
|  |   |  |  |   |  |   |
|  |   |  |  |   | -  |   |
|  |   |  |  |   |  |   |
|  |   |  |  |   |  |   |
|  |   |  |  |   |  |   |
|  |   |  |  |   |  |   |
|  |   |  |  |   |  |   |
|  |   |  |  |   |  | !<br>   |
|  |   |  |  | <u> </u>  |  |   |
| otal   |   |  | <u> </u>                                     |   |  |   |
| 3 List all states in which the organization or licensing   | on is registered or licensed to solicit o   | contrib  | utions                                       | s or has been notified  | d it is exempt from re   | egistration   |
|  |   |  |  |   |  |   |
|  |   |  |  |   |  |   |
|  |   |  |  |   |  |   |
|  |   |  |  |   |  |   |
|  |   |  |  |   |  |   |
|  |   |  |  |   |  |   |

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Schedule G (Form 990 or 990-EZ) 2012

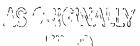


Schedule G (Form 990 or 990-EZ) 2012 SOUTH SOUND YOUNG MEN'S CHRISTIAN ASSN. 91-0586473 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000

| _               |          | of fundraising event contributions and gro        | oss income on Form 990                  | J-EZ, lines 1 and 6b. List ( | events with gross recei | pts greater than \$5,000. |
|-----------------|----------|---|---|------------------------------|-------------------------|---------------------------|
|                 |          |   | (a) Event #1                            | (b) Event #2                 | (c) Other events        | (d) Total aventa          |
|                 |          |   | STRONG KIDS                             | į                            | NONE                    | (d) Total events          |
|                 | Ì        |   | CAMPAIGN                                |                              |                         | (add col. (a) through     |
| _               | 1        |   | (event type)                            | (event type)                 | (total number)          | col. <b>(c)</b> )         |
| Revenue         |          |   | , | , , , , , , , ,              | ,                       | <del> </del>              |
| e e             | 1        | Gross receipts                                    | 352,039.                                |                              |                         | 352,039.                  |
| ď               | [ ]      | al out recorpte                                   |   |                              |                         |                           |
|                 | ,        | Less: Contributions                               | 352,039.                                |                              |                         | 352,039.                  |
|                 | -        | 2000. COMMISSIONS                                 |   | <del></del>                  |                         |                           |
|                 | 3        | Gross income (line 1 minus line 2)                |   |                              |                         |                           |
|                 | Ť        |   | <del></del>                             |                              | <del></del>             | <del> </del>              |
|                 | 4        | Cash prizes                                       |   |                              |                         | 1                         |
|                 | 1        |   |   |                              |                         | <del> </del>              |
|                 | 5        | Noncash prizes                                    |   | }                            |                         |                           |
| es              | -        |   |   |                              | <del> </del>            | <del> </del>              |
| ens             | 6        | Rent/facility costs                               |   | [                            |                         |                           |
| ă               | ľ        | 110/10/10/10/10                                   |   |                              |                         | <del></del>               |
| ct E            | 7        | Food and beverages                                |   | j l                          |                         |                           |
| Direct Expenses | ] [      |   | <del></del>                             |                              |                         |                           |
|                 | 8        | Entertainment                                     |   |                              |                         | 1                         |
|                 | 9        | Other direct expenses                             | 30,012.                                 |                              |                         | 30,012.                   |
|                 |          | Direct expense summary. Add lines 4 through       |   | <del></del>                  |                         | ( 30,012,                 |
|                 | ı        | Net income summary Combine line 3, column         |   |                              |                         | -30,012.                  |
| Pa              | irt      | III Gaming. Complete if the organization          |   | 990, Part IV, line 19, or r  | eported more than       |                           |
| <u></u>         | <u>*</u> | \$15,000 on Form 990 EZ, line 6a.                 |   |                              | •                       |                           |
|                 | Γ        |   |   | (b) Pull tabs/instant        |                         | (d) Total gaming (add     |
| Revenue         |          |   | (a) Bingo                               | bingo/progressive bingo      | (c) Other gaming        | col (a) through col. (c)) |
| eve             |          |   | <del></del>                             | <del></del>                  |                         | <del> </del>              |
| œ               | 1        | Gross revenue                                     |   |                              |                         |                           |
|                 |          |   |   |                              |                         |                           |
| v               | 2        | Cash prizes                                       | I                                       |                              |                         |                           |
| JSe             | 1        | •   |   |                              |                         |                           |
| Direct Expenses | 3        | Noncash prizes                                    |   |                              |                         |                           |
| Ą               |          | ·   |   |                              | <del></del>             |                           |
| G               | 4        | Rent/facility costs                               |   |                              |                         |                           |
| ۵               |          | •   |   |                              | • • • • • •             |                           |
|                 | 5        | Other direct expenses                             |   | ]                            |                         |                           |
|                 | Ĺ        |   | Yes %                                   | Yes %                        | Yes %                   |                           |
|                 | 6        | Volunteer labor                                   | No No                                   | No No                        | No No                   | K PARATA                  |
|                 |          |   |   | ·                            | <del></del>             |                           |
|                 | 7        | Direct expense summary Add lines 2 through        | n 5 in column (d)                       |                              | <b>&gt;</b>             | 1                         |
|                 | 1        |   | . ,                                     |                              |                         |                           |
|                 | 8        | Net gaming income summary. Combine line 1         | , column d, and line 7                  |                              | <b>•</b>                |                           |
|                 |          |   |   |                              |                         |                           |
| 9               | En       | ter the state(s) in which the organization opera- | tes gaming activities.                  |                              |                         |                           |
|                 |          | the organization licensed to operate gaming ac    |   | states?                      |                         | Yes No                    |
|                 |          | 'No," explain:                                    |   |                              |                         |                           |
|                 |          |   |   |                              |                         |                           |
|                 |          |   |   |                              |                         |                           |
| 10a             | W        | ere any of the organization's gaming licenses re  | evoked, suspended or te                 | erminated during the tax y   | year?                   | Yes No                    |
| t               | lf "     | 'Yes," explain.                                   |   |                              |                         |                           |
|                 |          |   |   |                              |                         |                           |
|                 | _        |   |   |                              |                         |                           |
| 0000            | 200      | 1.07.10   |   |                              | 0,5,3,3,0,5             |                           |
| 2320            | 82 O     | 1-07-13   |   |                              | Schedule G (Fo          | rm 990 or 990-EZ) 2012    |

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| Sch | edule G (Form 990 or 990-EZ) 2012 SOUTH SOUND YOUNG MEN'S CHRISTIAN ASSN. 91-0   | <u>)586473</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   |                |           |
|     | to administer charitable gaming?   | Yes            | ☐ No      |
| 13  | Indicate the percentage of gaming activity operated in:  | 1 1            |           |
|     | The organization's facility  | 13a            | %         |
|     | An outside facility  | 13b            | %         |
|     | Enter the name and address of the person who prepares the organization's gaming/special events books and records:  | L:=-           |           |
| •   | 2.11.01 (1.01) (2.11) ( |                |           |
|     | Name   |                |           |
|     | Address ▶  |                |           |
| 15a | Does the organization have a contract with a third party from whom the organization receives gaming revenue?   | Yes            | ☐ No      |
| ь   | If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount  |                |           |
|     | of gaming revenue retained by the third party >\$  |                |           |
| С   | If "Yes," enter name and address of the third party.   |                |           |
|     |  |                |           |
|     | Name   |                |           |
|     | Address >  |                |           |
| 16  | Gaming manager information:  |                |           |
|     | Name   |                |           |
|     |  |                |           |
|     | Gaming manager compensation ▶ \$   |                |           |
|     | Description of services provided   |                |           |
|     | Description of services provided -   |                |           |
|     |  |                |           |
|     |  |                |           |
|     | Director/officer Employee Independent contractor   |                |           |
| 17  | Mandatory distributions:   |                |           |
|     | Is the organization required under state law to make charitable distributions from the gaming proceeds to  |                |           |
|     | retain the state gaming license?   | Yes            | ☐ No      |
| b   | Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the   |                |           |
|     | organization's own exempt activities during the tax year ▶ \$  |                |           |
| Pa  | rt IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii   | and (v), and   | Part III, |
|     | lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable Also complete this part to provide any additional information   |                | -         |
|     |  |                |           |
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Schedule G (Form 990 or 990-EZ) 2012

TACHMENT

232083 01-07-13

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

Part I

### **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.

Open to Public Inspection

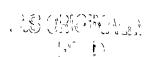
Department of the Treasury Internal Revenue Service Name of the organization

**Questions Regarding Compensation** 

SOUTH SOUND YOUNG MEN'S CHRISTIAN ASSN.

Employer identification number 91-0586473

|     |  |          | Yes                                   | No              |
|-----|--|----------|---------------------------------------|-----------------|
| 1a  | Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,     | 1        | 8 KS<br>2 2 8                         | 1               |
|     | Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items                   | 1        | , *                                   |                 |
|     | First-class or charter travel Housing allowance or residence for personal use  | , i      | 3.3                                   |                 |
|     | Travel for companions Payments for business use of personal residence  | ĺ        |                                       | A X             |
|     | Tax indemnification and gross-up payments Health or social club dues or initiation fees                                    | <b>.</b> |                                       | 3 1             |
|     | Discretionary spending account Personal services (e.g., maid, chauffeur, chef)   |          |                                       |                 |
|     |  |          | \$                                    | × ,             |
| þ   | If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or              | ``       |                                       | P.              |
|     | 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        | X                                     |                 |
|     |  | - 1      | *                                     | **              |
| 3   | Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's  |          | . %                                   | Á               |
|     | CEO/Executive Director Check all that apply. Do not check any boxes for methods used by a related organization to          | **       |                                       |                 |
|     | establish compensation of the CEO/Executive Director, but explain in Part III.   |          | 1 3                                   |                 |
|     | X Compensation committee   |          | 15                                    |                 |
|     | Independent compensation consultant Compensation survey or study   |          | 1,                                    | Ŋ,              |
|     | Form 990 of other organizations Approval by the board or compensation committee  |          | , , , , , , , , , , , , , , , , , , , | Ą               |
|     |  |          | * ×                                   | , in the second |
| 4   | During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing               |          | (°-                                   | . 1             |
|     | organization or a related organization:  |          |                                       | ¥,              |
| 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               |          |                                       | * 1             |
|     |  |          | , 1                                   | 177             |
|     | Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.  |          | 3 7                                   | 益               |
| 5   | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation          | l, Å     | *                                     |                 |
|     | contingent on the revenues of  | i k      | <u> </u>                              |                 |
| а   | The organization?  | 5a       |                                       | X               |
| b   | Any related organization?  | . 5b     |                                       | X               |
|     | If "Yes" to line 5a or 5b, describe in Part III.   | 1 8      | *                                     | ž Š             |
| 6   | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation          |          | ~<br>~\$ -                            | (? ^)           |
|     | contingent on the net earnings of:   |          | - 122                                 | X               |
| а   | The organization?  | 6a       | L                                     |                 |
| b   | Any related organization?  | 6b       |                                       | X               |
|     | If "Yes" to line 6a or 6b, describe in Part III  | il.      |                                       | X               |
| 7   | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments          | 1        |                                       |                 |
|     | not described in lines 5 and 6? If "Yes," describe in Part III   | 7_       |                                       | X               |
| 8   | 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                | 8_       |                                       | X               |
| 9   | If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in                     |          |                                       |                 |
|     | Regulations section 53 4958-6(c)?  | 9        | L i                                   |                 |
| LHA | For Paperwork Reduction Act Notice, see the Instructions for Form 990.  Schedul  | e J (For | n 990                                 | 2012            |



Schedule J (Form 990) 2012

Page

SOUTH SOUND YOUNG MEN'S CHRISTIAN ASSN. 91-0586473

Schedule J (Form 990) 2012

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.

|                    |            | (B) Breakdown of W-      | N-2 and/or 1099-MI                  | 2 and/or 1099-MISC compensation     | (C) Retirement and | (D) Nontaxable | (E) Total of columns |   |
|--------------------|------------|--------------------------|-------------------------------------|-------------------------------------|--------------------|----------------|----------------------|---|
| (A) Name and Title |            | (i) Base<br>compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | compensation       | Denents        | (n)-(n)(g)           | reported as deferred<br>in prior Form 990 |
| (1) MICHAEL WEST   | ε          | 185,858.                 | 0                                   | 0                                   | 13,005.            | 7,432.         | 206,295.             | 0   |
| PRESIDENT/CEO      | : E        | 0                        | 0                                   |                                     | 0                  | 0              |                      | 0   |
|                    | Ξ          |                          |                                     |                                     |                    |                |                      |   |
|                    | (E)        |                          |                                     |                                     |                    |                |                      |   |
|                    | (i)        |                          |                                     |                                     |                    |                |                      |   |
|                    | (ii)       |                          |                                     |                                     |                    |                |                      |   |
|                    | Θ          |                          |                                     |                                     |                    |                |                      |   |
|                    | Œ          |                          |                                     | 3                                   |                    |                |                      |   |
|                    | Θ          |                          |                                     |                                     |                    |                |                      |   |
|                    | (ii)       |                          |                                     |                                     |                    |                |                      |   |
|                    | (i)        |                          |                                     |                                     |                    |                |                      |   |
|                    | (E)        |                          |                                     |                                     |                    |                |                      |   |
|                    | (i)        |                          |                                     |                                     |                    |                |                      |   |
|                    | <u> </u>   |                          |                                     |                                     |                    | f<br>          |                      |   |
|                    | (3)        |                          |                                     |                                     |                    |                |                      |   |
|                    | (ii)       |                          |                                     |                                     |                    |                |                      |   |
|                    | (1)        |                          |                                     |                                     |                    |                |                      |   |
|                    | (ii)       |                          |                                     |                                     |                    |                |                      |   |
|                    | (3)        |                          |                                     |                                     |                    |                |                      |   |
|                    | (ii)       |                          |                                     |                                     |                    |                |                      |   |
|                    | €          |                          |                                     |                                     |                    |                |                      |   |
| AT                 | (ii)       |                          |                                     |                                     |                    |                |                      |   |
|                    | Ξ          |                          |                                     |                                     |                    |                |                      |   |
|                    | <u>(ii</u> |                          |                                     |                                     |                    |                |                      |   |
|                    | Ξ          |                          |                                     |                                     |                    |                |                      |   |
|                    | (ii)       |                          |                                     |                                     |                    |                |                      |   |
|                    | (i)        |                          |                                     |                                     |                    |                |                      |   |
|                    | ▣          |                          |                                     |                                     |                    |                |                      | -   |
|                    | Ξ          |                          |                                     |                                     |                    |                |                      |   |
| \@                 | ▣          |                          |                                     |                                     |                    |                |                      |   |
|                    | Ξ          |                          |                                     |                                     |                    |                |                      |   |
|                    | ▣          |                          |                                     |                                     |                    |                |                      |   |
| 法:<br>- J 232112   |            |                          |                                     | 00                                  |                    |                | Schedu               | Schedule J (Form 990) 2012                |

ATTACHMENT DO NOT PROCESS 28

| Schedule J (Form 990) 2012 SOUTH SOUND YOUNG MEN'S CHRISTIAN ASSN.  | 91-0586473 Page 3   |
|---|---|
| Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information. | 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any |
|   |   |
| PART I, LINE 3: COMPENSATION COMMITTEE PERFORMS STUDY OF F  | EQUITABLE   |
| COMPENSATION FOR SIMILAR POSITION.  |   |
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|   | Schedule J (Form 990) 2012  |
| 29  |   |

#### **SCHEDULE O**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2012
Open to Public Inspection

Name of the organization

SOUTH SOUND YOUNG MEN'S CHRISTIAN ASSN.

Employer identification number

| SOUTH SOUND TOONS MEN S CHRISTIAN ASSN:   31-03804/3                       |
|--|
| FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:             |
| DEVELOPMENT OF SPIRIT, MIND AND BODY THROUGH RECREATIONAL, HEALTH AND      |
| LEADERSHIP PROGRAMS.   |
|  |
| FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:                       |
| SEE ATTACHED   |
| EXPENSES \$ 960,650. INCLUDING GRANTS OF \$ 0. REVENUE \$ 532,606.         |
| FORM 990, PART VI, SECTION B, LINE 11: A COPY OF THE 990 WAS MADE          |
| AVAILABLE TO THE GOVERNING BODY FINANCE COMMITTEE TO REVIEW BEFORE IT WAS  |
| FILED.   |
|  |
| 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.                                      |
| <del> </del>   |
| FORM 990, PART IX, LINE 11G, OTHER FEES:                                   |
| SUPPLIES:  |
| DROCDAM SERVICE EXPENSES   |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232211 01-04-13

Schedule O (Form 990 or 990-EZ) (2012)

| Schedule O (Form 990 or 990-EZ) (2012)  Name of the organization  SOUTH SOUND YOUNG MEN'S CHRISTIAN ASSN. | Employer identification number 91-0586473 |
|---|---|
| MANAGEMENT AND GENERAL EXPENSES   | 86,270.                                   |
| FUNDRAISING EXPENSES  | 9,423.                                    |
| TOTAL EXPENSES  | 538,229.                                  |
| OTHER PROFESSIONAL EXPENSES:  |   |
| PROGRAM SERVICE EXPENSES  | 77,552.                                   |
| MANAGEMENT AND GENERAL EXPENSES   | 113,210.                                  |
| FUNDRAISING EXPENSES  | 2,734.                                    |
| TOTAL EXPENSES  | 193,496.                                  |
| DUES:   |   |
| PROGRAM SERVICE EXPENSES  | 82,127.                                   |
| MANAGEMENT AND GENERAL EXPENSES   | 13,910.                                   |
| FUNDRAISING EXPENSES  | 0.  |
| TOTAL EXPENSES  | 96,037.                                   |
| TELEPHONE:  |   |
| PROGRAM SERVICE EXPENSES  | 24,344.                                   |
| MANAGEMENT AND GENERAL EXPENSES   | 40,131.                                   |
| FUNDRAISING EXPENSES  | 0.  |
| TOTAL EXPENSES  | 64,475.                                   |
| EQUIPMENT RENTAL AND REPAIRS:   |   |
| PROGRAM SERVICE EXPENSES  | 6,664.                                    |

| MANAGEMENT | AND | GENERAL | EXPENSES |
|------------|-----|---------|----------|
|            |     |         |          |

33,866.

FUNDRAISING EXPENSES

TOTAL EXPENSES

0. 40,530.

| Name of the organization  SOUTH SOUND YOUNG MEN'S CHRISTIAN ASSN. | Employer identification number 91-0586473 |
|---|---|
| POSTAGE:  |   |
| PROGRAM SERVICE EXPENSES  | 10,812.                                   |
| MANAGEMENT AND GENERAL EXPENSES                                   | 11,680.                                   |
| FUNDRAISING EXPENSES  | 1,022.                                    |
| TOTAL EXPENSES  | 23,514.                                   |
| MISCELLANEOUS:  |   |
| PROGRAM SERVICE EXPENSES  | 672.                                      |
| MANAGEMENT AND GENERAL EXPENSES                                   | 9,018.                                    |
| FUNDRAISING EXPENSES  | 0.  |
| TOTAL EXPENSES  | 9,690.                                    |
| SPECIAL EVENTS:   |   |
| PROGRAM SERVICE EXPENSES  | 0.  |
| MANAGEMENT AND GENERAL EXPENSES                                   | 0.  |
| FUNDRAISING EXPENSES  | 34,658.                                   |
| TOTAL EXPENSES  | 34,658.                                   |
| ALLOCATION OF INDIRECT EXPENSES:                                  |   |
| PROGRAM SERVICE EXPENSES  | 1,907,945.                                |
| MANAGEMENT AND GENERAL EXPENSES                                   | -1,877,959.                               |
| FUNDRAISING EXPENSES  | -50,484.                                  |
| TOTAL EXPENSES  | -20,498.                                  |
| TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A            | 980,131.                                  |
| FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:                 |   |
| FAIR VALUE ADJUSTMENT   | 198,350.                                  |

Name of the organization Employer identification number SOUTH SOUND YOUNG MEN'S CHRISTIAN ASSN. 91-0586473 THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR. PART III PAGE 2, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS 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 NO ONE IS TURNED AWAY FOR INABILITY TO PAY. INCOMES. 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. YMCAS MEET COMMUNITY NEEDS COUNTYWIDE. THERE ARE MANY HUNDREDS OF CORPORATE YMCAS THAT ARE FORMAL MEMBERS OF THE NATIONAL MOVEMENT. 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 UNITED STATES ARE PART OF A WORLDWIDE MOVEMENT, THE WORLD ALLIANCE OF YMCAS. IT IS A NON-BINDING ORGANIZATION OF INDEPENDENT YMCA MOVEMENTS FROM MORE THAN 120 COUNTRIES, WITH HEADQUARTERS IN GENEVA, SWITZERLAND. 232212 01-04-13

Employer identification number 91-0586473

#### MISSION

TO PROVIDE YOUTH AND COMMUNITY AN AFFORDABLE AND ACCESSIBLE
RESOURCE FOR THE POSITIVE GROWTH AND DEVELOPMENT OF MIND, BODY AND
SPIRIT THROUGH RECREATIONAL, HEALTH AND LEADERSHIP PROGRAMS.

#### **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

OO PROVIDE OPPORTUNITIES, ENCOURAGEMENT AND SUPPORT FOR INDIVIDUALS
TO ENHANCE AND MAINTAIN THEIR COMMITMENT TO MENTAL, PHYSICAL AND
SPIRITUAL WELL-BEING;

©O 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;

©O PROVIDE OPPORTUNITIES AND SUPPORT FOR INDIVIDUALS TO EXPAND THEIR

AWARENESS, INTEREST, RESPECT AND APPRECIATION OF THE VARIED PEOPLES AND

232212
301-04-13
Schedule O (Form 990 or 990-EZ) (2012)

Schedule O (Form 990 or 990-EZ) (2012) Page 2 **Employer identification number** Name of the organization SOUTH SOUND YOUNG MEN'S CHRISTIAN ASSN. 91-0586473 CULTURES OF OUR GLOBAL SOCIETY. **MEMBERS** IN 2012, 46,538 PEOPLE WERE SOUTH SOUND YMCA MEMBERS AND PROGRAM PARTICIPANTS, INCLUDING 19,401 CHILDREN AND TEENS AND 27,137 ADULTS. OF THESE, 3,913 PEOPLE RECEIVED \$541,810 IN FINANCIAL ASSISTANCE. VOLUNTEERS IN 2012, 1,322 POLICY AND PROGRAM VOLUNTEERS DONATED 16,457 HOURS TO OUR YMCA. DESCRIPTION OF YMCA PROGRAMS AOUATICS: LIFELONG ACTIVITY WATER IS AN UNFAMILIAR PLACE FOR PEOPLE WHO TRAVEL MOSTLY ON DRY BUT SINCE THE PLANET HAS MORE WATER THAN LAND, THERE ARE GROUND. SWIMMING LESSONS TO BE LEARNED. AT THE YMCA, LEARNING IS A GREAT DEAL MORE THAN IT MIGHT SEEM. IT® TAKING PEOPLE INTO WATER THAT SOME FIND SCARY AT FIRST 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 YMCA. THAT IS A LOT OF SPLASHING AROUND - WITHOUT EVEN BEGINNING TO COUNT THE THOUSANDS 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 FOCUS ON HEALTHY LIVING FOR ALL AGES HAS ONLY INCREASED INTEREST IN AQUATICS. MANY PEOPLE CLAIM THAT SWIMMING IS THE BEST FORM 232212 01-04-13 Schedule O (Form 990 or 990-EZ) (2012)

Employer identification number 91-0586473

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.

THE YMCA® INNOVATION AND LEADERSHIP IN AQUATICS STARTED BACK IN

1885, WHEN THE BROOKLYN, NEW YORK YMCA BUILT AN INDOOR POOL - OR

SWIMMING BATH, AS IT WAS CALLED. SWIMMERS ALL DID THE BREASTSTROKE.

A CANADIAN SWIMMING INSTRUCTOR HIRED BY THE DETROIT YMCA IN 1906

REVOLUTIONIZED TEACHING WITH MASS SWIMMING LESSONS AND DRY-LAND DRILLS.

AND HE CHANGED THE BASIC STROKE TO THE CRAWL.

YMCA PROGRESSIVE SWIMMING INSTRUCTION WAS PIONEERED IN THE 1930S.

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LEARN-TO-SWIM MONTH WAS A FEATURE OF THE 1950S. NATIONAL LIFEGUARD

TRAINING AND CERTIFICATION AND A FOCUS ON BRINING PEOPLE WITH

DISABILITIES INTO THE POOLS MARKED THE 1970S. AEROBICS AND OTHER

FITNESS REGIMENS WENT @ETOIN THE 1980S.

#### SAFETY AROUND WATER

YMCAS TAKE SAFETY SERIOUSLY. ONLY THOSE TRAINED AND CERTIFIED TO RIGOROUS YMCA SWIMMING STANDARDS TEACH IN YMCA POOLS.

LESSONS ARE AVAILABLE FOR ALL AGES, ABILITY LEVELS AND INTERESTS.

BABIES AS YOUNG AS 6 MONTHS CAN ENJOY WATER PLAY WITH THEIR PARENTS IN

A PARENT/TOT PROGRAM, WHICH INCLUDES AN INSTRUCTOR IN THE POOL TO COACH

THE ADULTS ON SAFETY SKILLS. 3 ØYEAR OLDS TO 6-YEAR OLDS CAN TAKE

PRE-SWIMMING CLASSES ON THEIR OWN. AT THE CORE IS THE CURRENT

PROGRESSIVE SWIMMING PROGRAM FOR 6-YEAR-OLDS TO ADULTS. BEGINNERS, OR

POLLIWOGS, LEARN SIMPLE STROKES AND PERSONAL SAFETY SKILLS AS THEY GET

A FEEL FOR THE WATER. THOSE WHO STAY IN SWIM LESSONS RIGHT UP TO THE

MOST ADVANCED LEVELS ARE CHALLENGED TO MASTER VARIOUS SWIM STROKES AND

BUILD ENDURANCE.

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
AND ADULTS WHO LEARN TO SWIM AT YMCAS BECOME TEACHERS THEMSELVES, WHO
GROW IN THEIR OWN LEADERSHIP ABILITIES AS WELL AS SWIMMING SKILLS.

#### SELF-ESTEEM GROWS

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SWIMMING AT THE YMCA IS TAUGHT IN A POSITIVE MANNER - TRUSTING,

SUPPORTING, AND CARING. PEOPLE LEARN IN A NON-THREATENING ATMOSPHERE

FREE FROM DISCOURAGING CRITICISM. IT MEANS POSITIVE FEEDBACK AND

REINFORCEMENT FOR EVEN THE TINIEST GAIN. ACCOMPLISHMENT BUILDS

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CONFIDENCE AND SELF ESTEEM. IT WORKS WONDERS.

#### AQUATIC ACCOMPLISHMENTS

AS RESIDENTS OF THE PUGET SOUND, PEOPLE IN THIS COMMUNITY COULD BE
SUBJECT TO TRAUMATIC INCIDENTS AROUND WATER. OUR AQUATIC PROGRAMS HELP
PREVENT THAT FROM HAPPENING. IN 2012 WE PROVIDED SWIMMING LESSONS TO
6,017 CHILDREN, YOUTH AND TEENS.

#### PART III

#### CHILD CARE: WORK WITHOUT WORRY

IN 1980, A GROUP OF YMCA DIRECTORS MET TO DISCUSS THE RAPIDLY

GROWING NEED FOR CHILDCARE. THEY RECOGNIZED THAT THE KINDS OF FAMILIES

KIDS WERE GROWING UP IN HAD CHANGED. MOST HAD BOTH PARENTS ON THE JOB

OR A SINGLE PARENT WHO WORKED. THAT MEANT SOME KID OF DAY CARE WAS

NEEDED TO FILL THE GAPS.

IT WAS A NATURAL FOR YMCAS. THEY HAD BEEN ACTIVE FOR 60 YEARS IN

A VARIETY OF PARENT-CHILD ACTIVITIES. THEY HAD BEEN INVOLVED IN CHILD

CARE, TOO - BEFORE IT WAS EVER CALLED THAT - WITH YOUNGSTERS COMING IN

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

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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 - IN THE YMCA® MULTIPURPOSE BUILDINGS AND IN SCHOOL GYMNASIUMS, CAFETERIAS AND PORTABLES. STANDARDS FOR THE CARE OF CHILDREN REFLECT THE YMCA MOVEMENT® VALUES AND EXPECTATIONS: YMCAS MEET AND OFTEN EXCEED GOVERNMENT LICENSING STANDARDS.

STAFF MEMBERS ARE WELL PREPARED AND PARTICIPATE IN ONGOING TRAINING THROUGH THE YMCA SYSTEM OF PROGRAM SCHOOLS, TRAINING EVENTS AND CERTIFICATION. THEY BELIEVE THEIR PROGRAMS CAN HELP DEVELOP A 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 - FOR THE WHOLE CHILD, THE WHOLE 232212 01-04-13

Schedule O (Form 990 or 990-EZ) (2012) Page 2 Name of the organization Employer identification number SOUTH SOUND YOUNG MEN'S CHRISTIAN ASSN. 91-0586**4**73 FAMILY AND THE WHOLE COMMUNITY. AGE-APPROPRIATE EXPERIENCE FOR YOUNG CHILDREN EARLY CHILDHOOD CENTERS THE SOUTH SOUND YMCA PROVIDES CARE TO CHILDREN AGES 3 MONTHS TO 5 YEARS AT SOUTH PUGET SOUND COMMUNITY COLLEGE. THIS CENTER SERVES THE STUDENTS AND EMPLOYEES OF SOUTH PUGET SOUND COMMUNITY COLLEGE AND THE GENERAL PUBLIC. PARENTS CAN CONCENTRATE ON STUDIES KNOWING THEIR CHILDREN ARE RECEIVING EXCELLENT CARE. 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 - OR THEY CAN BE FILLED CREATIVELY AND CONSTRUCTIVELY. CHILDREN CONCENTRATE ON ACADEMICS AT ELEMENTARY SCHOOL, BUT THERE IS SOMETHING ELSE FOR THEM TO LEARN IN YMCA PROGRAMS BEFORE AND AFTER THOSE HOURS. YMCA CHILDCARE FOR THESE ELEMENTARY AGED KIDS 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 LISTEN TO THEM. CHILDREN IN THIS AGE GROUP TYPICALLY ENJOY INTERACTING

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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
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
THIS SERVICE. IN 2012 THE YMCA CARED FOR 2,577 CHILDREN AND PROVIDED
\$266,073 IN FINANCIAL ASSISTANCE.

WE CONTINUE TO REACH OUT TO THE COMMUNITY BY CREATING MORE

PROGRAMS AND PROVIDING CHILDCARE IN 28 SCHOOL LOCATIONS, IN OUR EARLY

LEARNING CENTER AND AT OUR FACILITIES.

PART III

YMCA OLDER ADULTS: A PLACE FOR ALL AGES

THE Y, M AND C IN YMCA STAND FOR YOUNG, MEN® AND CHRISTIAN. AND WHEN THEY BEGAN IN 1844, YMCAS OPENED THE DOOR ONLY TO CHRISTIAN YOUNG

MEN. IT CERTAINLY IS DIFFERENT TODAY. OVER THE YEARS YMCAS KEPT

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OPENING THEIR DOORS WIDER AND WIDER UNTIL THEY INCLUDED ENTIRE

FAMILIES: MEN, WOMEN AND CHILDREN OF ALL AGES, RACES AND RELIGIONS.

THE YMCA HAS BEEN KEEPING PACE WITH MANY FOLKS SINCE THEIR CHILDHOOD. THERE IS 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 LIFES CHANGING THEY WANT A PLACE TO GO, LIKE THE YMCA, THAT THEY CAN CHALLENGES. DEPEND ON - A 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 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 SOME OF THESE CLUBS HAVE A SINGLE FOCUS, CREATION OF SOCIAL CLUBS. 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.

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IS CHEET!

SOMETIMES OTHER FRIENDS AND FAMILY MEMBERS ARE INVITED. NEW
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 - TO 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

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 DONØ GET OFF THE TRACK BECAUSE THEY®E 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 - IF 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

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AND TO STRETCH ONESELF.

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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, WHO ARE TRAINED AND ADVISED TO AVOID PUT-DOWNS AND HAVE NO TRYOUTS OF CUTS, GUIDE PARTICIPANTS.

WHAT® KEY ABOUT THE VOLUNTEERS, OR COACHES, IS THAT THEY ARE THERE FOR THE YOUNGSTERS BECAUSE THEY WANT TO BE, AND THEY KNOW THE VALUE OF SPORTS IN A CHILD® DEVELOPMENT. MANY AREN® EVEN PARENTS OF THE KIDS WHO PLAY. THE YOUNGSTERS LEARN TO BUILD POSITIVE RELATIONSHIPS WITH ADULTS OUTSIDE THEIR HOMES AND SCHOOLS.

## STRENGTHENS FAMILIES

THERE IS NOTHING UNUSUAL ABOUT MOMS, DADS, BROTHERS AND SISTERS TURNING OUT TO WATCH THE YOUNGSTERS PLAY OR TO HELP THE TEAM IN SOME THE SOUTH SOUND YMCA HOLDS EVENTS FOR PARENTS AND CHILDREN TO TAKE PART IN TOGETHER. THE MORE INVOLVED PARENTS ARE, THE MORE OPEN THE LINES OF COMMUNICATION BECOME. THE PARENTS, IN EFFECT, JOIN THE TEAM AS THEY LEARN THE VALUES OF THE YMCA APPROACH AND, IT IS HOPED, HELP THEIR CHILDREN TO ACT ON THOSE VALUES IN MANY ASPECTS OF THEIR LIVES.

PROMOTES HEALTHY LIFESTYLES

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CEMENTS

THE PLAY THAT DRAWS YOUNGSTERS TO YOUTH SPORTS PROGRAMS CAN BUILD LIFELONG POSITIVE ATTITUDES, HABITS OF HEALTHY EXERCISE AND GOOD NUTRITION, AND WAYS TO HAVE FUN AS ADULTS.

THERE IS LITTLE OR NO COACHING ON MOST ADULT TEAMS, BUT THE SAME RULES APPLY - NO PUT-DOWNS, NO NAME-CALLING, NO PROFANITY, RESPECT FOR OTHERS AND GIVING EVERYONE A CHANCE TO PLAY.

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. THEY CAN ALSO GET A CHANCE TO LEARN 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. 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. THEY 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 232212 01-04-13

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YMCA PEOPLE INVENTED BASKETBALL IN 1891 AND VOLLEYBALL IN 1895. 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 232212 01-04-13 Schedule O (Form 990 or 990-EZ) (2012)

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IS CONCERN.

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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,

IN FACT, THAT YOUNGSTERS IMPROVE SKILLS.

## YOUTH ACCOMPLISHMENTS

THE SOUTH SOUND YMCA OFFERS BASKETBALL, VOLLEYBALL, SOCCER,

T-BALL, FLAG FOOTBALL, MARTIAL ARTS, GYMNASTICS, TRACK, DANCE, AQUATIC

PROGRAMS AND MORE. IN 2012, THE YMCA GAVE \$23,319 IN DIRECT FINANCIAL

ASSISTANCE TO YOUTHS PARTICIPATING IN THESE ACTIVITIES.

#### PART III

HEALTH AND WELL BEING: GOOD HEALTH

PREVENTION IS A KEY WORD FOR HEALTH AT THE YMCA. THE YMCA TAKES

THE WELLNESS, OR HOLISTIC APPROACH. ITS HEALTH AND FITNESS PROGRAMS

ARE ORGANIZED AROUND THE PRINCIPLE THAT THERE IS A ONENESS OF BODY,

MIND AND SPIRIT.

ALL OF WHAT THE YMCA DOES IS AIMED AT A LONG AND PRODUCTIVE LIFE

AND HAVING FUN LIVING IT. THAT® THE WAY THE YMCA APPROACHES 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, CANCER AND HEART

DISEASE.

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TODAY, EMPHASIS ON PREVENTION STRETCHES FROM THE FIELDS OF

MEDICINE TO INSURANCE. PEOPLE UNDERSTAND HOW IMPORTANT THEIR DAILY

ACTIONS CAN BE FOR LONG-TERM HEALTH. THE YMCA IS A MAJOR PROVIDER OF

AFFORDABLE HEALTH AND FITNESS PROGRAMS, WITH FINANCIAL AID AVAILABLE.

IT ENCOURAGES SELF-IMPROVEMENT. ITS MEMBERSHIP IS CULTURALLY DIVERSE,

MADE UP OF PEOPLE OF ALL AGES AND ABILITIES.

YMCA STAFFS ARE WELL TRAINED AND CERTIFIED WHERE NEEDED. YMCA

STANDARDS GENERALLY MEET OR EXCEED THOSE REQUIRED BY LOCAL AND STATE

LICENSING BOARDS. SINCE THE 1880S THE YMCA HAS BEEN A LEADER IN THE

FIELD. ITS OWN HEALTH AND FITNESS PROFESSIONALS NUMBER IN THE

THOUSANDS. 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

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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 MEMBERSHIPS ARE LESS PER PERSON THAN

INDIVIDUAL MEMBERS WOULD BE, WHICH IS FURTHER ENCOURAGEMENT TO BRING

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 FUN.

# EVERYONE® INVITED

THE YMCA IS A COMMUNITY SERVICE FOR ALL - A 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 ONE® 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

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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

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 - AND RECEIVE - THE WIDEST RANGE OF EXERCISE

ALTERNATIVES. WORKING OUT WITH WEIGHTS OR KEEPING STEP IN AEROBIC

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

EVENT, PERHAPS. AND SOME WANT LESS - JUST 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

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Schedule O (Form 990 or 990-EZ) (2012) Page 2 Name of the organization **Employer identification number** SOUTH SOUND YOUNG MEN'S CHRISTIAN ASSN. 91-0586473 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. PART III FAMILY: GOOD TIMES TOGETHER OPEN TO ALL KINDS OF FAMILIES THE YMCA IS PROUD TO BE A FAMILY ORGANIZATION. FAMILY AT THE YMCA INCLUDES ALL THESE AND MORE: THE SINGLE DAD OR MOM BRINGING UP KIDS ALONE; TWO PARENTS BOTH WORKING OUTSIDE THE HOME AND THEIR KIDS; THE SINGLE PERSON OR COUPLE LIVING WITH AND CARING FOR A GRANDPARENT OR OTHER RELATIVE; THE BREADWINNING DAD AND HOMEMAKING MOM (OR VICE VERSA) AND KIDS; THE CHILDLESS COUPLE; AND MORE. IT REFLECTS THE FACTS. MANY MOTHERS ARE IN THE WORKFORCE. MANY CHILDREN ARE RAISED BY A SINGLE PARENT. MANY CHILDREN LIVE IN STEPFAMILIES. AMERICANS, RESTLESS BY NATURE, GIVE LITTLE THOUGHT TO MOVING THOUSANDS OF MILES AWAY FROM THEIR EXTENDED FAMILY OF GRANDPARENTS, AUNTS AND UNCLES TO TAKE A NEW JOB OR MAKE A NEW LIFE. FEWER AND FEWER FAMILIES HAVE A RELATIVE AT HOME TO WATCH THE KIDS DURING THE DAY. SUCH ISOLATION INCREASES PRESSURE ON PARENTS, WHO ARE STRETCHED THIN BETWEEN WORK AND HOME WITHOUT ENOUGH TIME FOR EITHER ONE.

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THEY TRY TO BE A GOOD PARENT BUT HAVE FEW PEOPLE TO LEAN

MAY HAVE TO TAKE CHANCES ON MAKESHIFT ARRANGEMENTS, WHICH CAN OFTEN

BREAK DOWN.

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SPENDING GOOD TIME WITH THE KIDS

THE FAMILY CAN DO.

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

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

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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 THE GENERAL IDEA WAS TO CREATE EVENTS IN WHICH BOTH TOOK IN ST. LOUIS. IT MEANT SETTING ASIDE TIME FOR THEM TO BE TOGETHER. BOYS, OF COURSE, HAD COME TO THE YMCA FOR EXERCISE AND FELLOWSHIP LONG BUT THESE NEW VENTURES WERE THE FIRST TO INVOLVE FATHERS BEFORE THEN. 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 YMCAS ARE MEETING FAMILIES ONEEDS 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 @AMILYOOR 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 - IN THE POOL, GYM OR ELSEWHERE - CAN BE A FERTILE TIME FOR GROWTH. 232212 01-04-13

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OTHER RECREATIONAL OPPORTUNITIES ARE IMPORTANT, TOO, FROM MIXED VOLLEYBALL GAMES TO FIELD TRIPS TO LOCAL ATTRACTIONS. 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.

SOME FAMILIES VOLUNTEER TOGETHER. THEY PLAN AND RUN YMCA EVENTS OTHER FAMILIES OFFER COMMUNITY SERVICES AS VOLUNTEERS AND PROGRAMS. 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.

## PART III

TEEN LEADERSHIP: SKILLS FOR LIFE

DEMOCRACY NEEDS LEADERS FROM AMONG ITS PEOPLE. THEYRE NEEDED IN COMMUNITIES, FAMILIES, BUSINESS, SCHOOLS, CHURCHES, AND GOVERNMENT - IN FACT ALMOST EVERYTHING WE DO TOGETHER. GOOD LEADERS AREN® BORN TO LEAD; THEYRE 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 232212 01-04-13

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WHO CAN ROUSE THE CONSCIENCE OF A COMMUNITY, CONDUCT FAMILY AFFAIRS IN A WAY THAT EVERYONE WINS, OR PERFORM WELL ON THE JOB. WHEN ALL ARE 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 THESE TALENTS GIVE PEOPLE RATHER THAN FOCUSING ON WHAT DIVIDES THEM. 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 YMCAS 232212 01-04-13

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MISSION TO BUILD HEALTHY MIND, BODY AND SPIRIT.

#### SKILLS THROUGH PRACTICE

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 2012, THE SOUTH SOUND YMCA HAD

6,257 PERSONS PARTICIPATE IN ITS YOUTH 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.

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LOOK FOR THE MERCHANT, THE TEACHER, THE COMPUTER PROGRAMMER, THE 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 LOOK FOR THOSE SAME PEOPLE AT A YMCA BOARD MEETING, IN TOWN. PLANS AND DECISIONS TOGETHER WITH A COMMON PURPOSE: STRENGTHENING THE COMMUNITY AND IMPROVING LIVES.

#### COORDINATED SERVICE

THE YMCA IS A LEADER IN MEETING HEALTH AND SOCIAL SERVICE NEEDS. BUT YMCAS DONO DO IT ALONE. COLLABORATION IS AT THE HEART 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 THE MUTUAL DRIVE TO GET THINGS DONE IS MORE IMPORTANT THAN SERVICE. BATTLES OVER TURF OR DOLLARS.

# COMMUNITY SELF-RELIANCE

YMCAS BEGAN IN ENGLAND IN 1844, AND SEVEN YEARS LATER IN BOSTON, AS ASSOCIATES OF WHAT MIGHT BE CALLED TODAY BORN-AGAIN PROTESTANT YOUNG MEN WHO WERE ANXIOUS TO SAVE THE SOULS OF OTHER YOUNG MEN. WORRIED ABOUT THE TEMPTATIONS FACING THOSE NEWLY ARRIVED FROM FARMS TO WORK IN THE URBAN FACTORIES. BOSTON® ORIGINAL YMCA CONSTITUTION DEDICATED THE ORGANIZATION TO WORK TO IMPROVE THE SPIRITUAL AND MENTAL CONDITION OF YOUNG MEN. Ø AS THE YEARS PASSED, THE ORGANIZATION ADDED A SOCIAL MISSION TO ITS ORIGINAL RELIGIOUS PURPOSE.

REACHING OUT TO THOSE NOT YET SAVED, THE YMCA ESTABLISHED A HABIT EARLY OF OPENING ITS DOORS WIDE. TODAY IT® EVANGELIZING IS GONE, BUT THE YMCAS INCLUSIVENESS HAS BECOME EVEN MORE DISTINCTIVE. THE YMCA 232212 01-04-13 Schedule O (Form 990 or 990-EZ) (2012)

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| SERVES ALL PEOPLE REGARDLESS OF AGE, GENDER, RELIGION, IN        | COME OR                                   |
| ABILITY. IT KNOWS DIVERSITY IS A SOURCE OF STRENGTH.             |   |
| YMCA COMMUNITY DEVELOPMENT EMPOWERS PEOPLE OF ALL BA             | CKGROUNDS TO                              |
| TAKE AN ACTIVE PART IN ISSUES THAT AFFECT THEIR LIVES, TO        | LOOK BEYOND                               |
| SYMPTOMS AND FIND ROOT CAUSES, AND TO CREATE LASTING SOLU        | TIONS                                     |
| TOGETHER. THATS COMMUNITY SELF-RELIANCE.                         |   |
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