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Form	y	y	U

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 private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.

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

Open to Public Inspection

OMB No 1545-0047

A	For th	e 2013 calendar year, or tax year beginning and e	nding								
В	Check if applicab	C Name of organization		D Employer identification number							
Г	Addre	Address SOUTH SOUND YOUNG MEN'S CHRISTIAN ASSN.									
	Name chang	Doing Business As		91-0586473							
-	Initial return Termi ated	,	loom/suite	E Telephone number (360) 753-6576							
	Amen	ded Otto 1 2 D of the state of		G Gross receipts \$ 8,106,410.							
	Appile	* OLYMPIA, WA 98501-4684		H(a) Is this a group return							
	pendi	F Name and address of principal officer:MICHAEL WEST		for subordinates? Yes X No							
		SAME AS C ABOVE		H(b) Are all subordinates included? Yes No							
		empt status: X 501(c)(3) 501(c)( ) ◀ (insert no ) 4947(a)(1) or	527	If "No," attach a list. (see instructions)							
		te: > SOUTHSOUNDYMCA.ORG	_ <del></del>	H(c) Group exemption number ▶							
		organization X Corporation	L Year	of formation: 1892 M State of legal domicile: WA							
ŞE	arti	Summary TO DR	OUTDE	YOUTH AND COMMINETAL							
≥ 8	1	Briefly describe the organization's mission or most significant activities: TO PROAN AFFORDABLE AND ACCESSIBLE RESOURCE FOR									
Activities & Governance	2	Check this box if the organization discontinued its operations or dispose									
Š.	3	Number of voting members of the governing body (Part VI, line 1a)	or more	3 19							
٥	4	Number of independent voting members of the governing body (Part VI, line 1b)	000	19							
SS	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)		5 551							
į	6	Total number of volunteers (estimate if necessary)	** * . * * -	2 2018 Q 7a 0.							
Acti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	JAN 0	2010.							
_	b	Net unrelated business taxable incom Stant-orth 190 L Int R4 T	·								
	}	RECEIVED	)GDE	Prior Year Current Year							
e	8	Contributions and grants (Part VIII, line Inf		635,428. 650,872.							
Revenue	9	Program service revenue (Part VIII, line 2g) 14AN 0 9 2018 Investment income (Part VIII, column (A), lines 3, 4, and 7d	·	5,943,459. 6,337,906.							
A.	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d,		24,131. 87,870. 100,661. 122,302.							
	11	Other revenue (Part VIII, column (A), lines 9 3 13 3 13 (A) (C) 11 )	·	6,703,679. 7,198,950.							
-	12	Total revenue - add lines 8 through 11 (must et la call vill column (A), line 12)  Grants and similar amounts paid (Part IX, column (A), lines 13)		0. 7,198,930.							
	14	Benefits paid to or for members (Part IX, column (A), line 4)	}	0.							
S	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	·	4,250,034. 4,292,655.							
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0. 0.							
cbe	b	Total fundraising expenses (Part IX, column (D), line 25) >33,90	1.								
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,536,499. 2,646,880.							
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		6,786,533. 6,939,535.							
	19	Revenue less expenses. Subtract line 18 from line 12		-82,854. 259,415.							
ets or			Be	eginning of Current Year End of Year							
Ssel	20	Total assets (Part X, line 16)	.	8,766,575. 9,173,780.							
Net Asse	21	Total liabilities (Part X, line 26)	- }-	4,180,271. 4,246,581. 4,586,304. 4,927,199.							
		Net assets or fund balances. Subtract line 21 from line 20		4,300,304. 4,327,133.							
		ities of perjury, I declare that I have examined this return, including accompanying schedules a	and statem	nents and to the best of my knowledge and belief it is							
		t, and complete. Declaration of preparer (other than officer) is based on all information of whic									
1124	, , , , , , , ,		propero.	The strip with the st							
Sig	ın	Signature of officer		Date							
He		MICHAEL WEST, CEO									
		Type or print name and title									
		Print/Type preparer's name Preparer's alguature		Da1e, Check PTIN							
Pai		NORMAN R SMITH, CPA		self-employed P00241319							
	parer	Firm's name NR SMITH AND ASSOCIATES, PS		Firm's EIN ▶ 91-0959909							
Use	Only	Firm's address 2120 CATON WAY SW		1260) 754 0475							
		OLYMPIA, WA 98502-1106		Phone no (360) 754-9475							
		3S discuss this return with the preparer shown above? (see instructions) .		X Yes No							
3320	10-2	9-13 LHA For Paperwork Reduction Act Notice, see the separate instruction	15.	Form <b>990</b> (2013)							

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2013) SOUTH SOUND YOUNG MEN'S CHRISTIAN ASSN. 91-05864/3 Page
Pa	till Statement of Program Service Accomplishments
	Check If Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TO PROVIDE YOUTH AND COMMUNITY AN AFFORDABLE AND ACCESSIBLE RESOURCE
	FOR THE POSITIVE DEVELOPMENT OF SPIRIT, MIND AND BODY THROUGH
	RECREATIONAL HEALTH AND LEADERSHIP PROGRAMS.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code) (Expenses \$ 2,468,483. including grants of \$) (Revenue \$ 2,630,796.
	CHILDCARE: SEE SCHEDULE O
4b	(Code ) (Expenses \$ 1,739,475. Including grants of \$ ) (Revenue \$ 2,728,580.
	MEMBERSHIP: SEE SCHEDULE O
	(Code ) (Expenses \$ 580,532 · Including grants of \$ ) (Revenue \$ 478,789 ·
4c	(Code ) (Expenses \$ 580,532. including grants of \$ ) (Revenue \$ 478,789. YOUTH: SEE SCHEDULE O
	TOUTH: SEE SCHEDULE O
	CONV
4d	Other program services (Describe In Schedule O.)
_	(Expenses \$ 1,072,757. including grants of \$ ) (Revence \$78.48TTV 4,532,528.)
4e	Total program service expenses ► 5,861,247. INK SWITH AND ASSOCIATES P
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ATTACHMEN'S

AS DESCRIPTION OF

Part IV	Checklist of I	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			1
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		}	1
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			1
	during the tax year? If "Yes," complete Schedule C, Part II	4	ļ	X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or		[	l
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			}
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,		!	Ì
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	88		X
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	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
	as applicable.	,		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 107 If "Yes," complete Schedule D,			1
	Part VI	11a	X	<u> </u>
Ь	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			۱
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
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 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in		<b>3</b> 2	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	<u> </u>
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			v
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40	X	
	Schedule D, Parts XI and XII	12a		
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	406		Х
4 73	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	12b 13		X
13 14a		14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	140		
-	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 other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		-	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20h	الموالية	<del>C D</del> (
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			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX,		i .	
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer 'Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			ļ
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	1		i
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	l		]
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	}		1
	any tax-exempt bonds?	24c		
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	1		
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	) .		İ
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	] [		!
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	] [		ļ
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	J i		
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV		٠	
	instructions for applicable filing thresholds, conditions, and exceptions):	<b>.</b>	:	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	1 1		
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	1		
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	İ		
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701·2 and 301.7701·3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			,,
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	l		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501 (c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			17
	If "Yes," complete Schedule R, Part V, line 2	36_		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	_37_		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	_		
	Note. All Form 990 filers are required to complete Schedule O	38_	X	

NR SMITH AND ASSOCIATES, PS Certified Public Accountants

332004 10-29-13

Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		<u></u>	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		, ,	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	i		ĺ
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	'"	114	· ·
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 551			1
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X
	Note, If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	_	,	v
	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," to line 3b, provide an explanation in Schedule O	3b		<b></b>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			x
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		
р	If "Yes," enter the name of the foreign country:		1	į
Ea	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	Ea	` `	X
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c		<del></del>
	If "Yes," to line 5a or 5b, did the organization file Form 8886-1?  Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	-55		
Va	any contributions that were not tax deductible as charitable contributions?	6a		Х
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	·		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	ĺ	Х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c	(	_X_
d	If "Yes," indicate the number of Forms 8282 filed during the year	,	,	1
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 <b>f</b>		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting	`		
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.		`	
а	Did the organization make any taxable distributions under section 4966?	9a		
ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	}	
10	Section 501(c)(7) organizations. Enter:	- [	.	,
a	Initiation fees and capital contributions included on Part VIII, line 12		`	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		1	
11	Section 501(c)(12) organizations. Enter:		1	
a	Gross Income from members or shareholders		- 1	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		1	
120	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	1	
	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	120		<del></del>
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
4	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	Ī		
~	organization is licensed to issue qualified health plans	1	` `	` `
С	Enter the amount of reserves on hand	. [	_ , [	,
	Did the organization receive any payments for indoor tanning services during the tax year?	1491	A PETE	TX)
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Shipdure 1711 AND ASS	الطائل	AIL	<i>3</i> , 1
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Form 990 (2013) SOUTH SOUND YOUNG MEN'S CHRISTIAN ASSN. 91-0586473 Page
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI	·	<del> </del>			X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	19			
	If there are material differences in voting rights among members of the governing body, or if the governing			,		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O					
b	Enter the number of voting members included in line 1a, above, who are independent	16	19	`m	,	•
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	p with any other			`	Ι, ,
	officer, director, trustee, or key employee?			2		Х
3	Did the organization delegate control over management duties customarily performed by or under the	e direct supervisi	on			
	of officers, directors, or trustees, or key employees to a management company or other person?			3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 9	990 was filed?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	sets?		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 a	ppoint one or				
	more members of the governing body?	•	i	7a		Х
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	stockholders, or				
	persons other than the governing body?	•		7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by the following.				
а	The governing body?			8a	X	
ь	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ched at the				
•	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenue Code )				
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a	X	
	If "Yes," did the organization have written policies and procedures governing the activities of such cl	hapters, affiliates.	•			
_	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	Х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	v before filing the	form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	,				,
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to conflicts?		12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y			<u> </u>		
•	In Schedule O how this was done			12c	Х	
13	Did the organization have a written whistleblower policy?		• •	13	X	
14	Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review and approve	al by independent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					٠, ,
а	The organization's CEO, Executive Director, or top management official			15a	X	
	Other officers or key employees of the organization			15b	X	
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	ment with a		,		
	taxable entity during the year?			16a	ĺ	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua	te its participation	,			
-	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	•				
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure	<del>-</del>				
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 990-1	(Section 501(c)(3	3)s only) a	vailab	le	
	for public inspection. Indicate how you made these available. Check all that apply.		. 7/-			
		ın Schedule O)				
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, or	onflict of interest	ioliov. and	i finan	cial	
	Statements available to the public duffiturite tax veal.		-			
20	State the name, physical address, and telephone number of the person who possesses the backers	ordinacords with	organizat	idគ: 庵	יותו	חת
_•	State the name, physical address, and telephone number of the person who possesses the books a COLLEEN OCZKEWICZ - 360-753-6576	IIIH ANU.	ASSU	JIA	l L'S	CI,
	1 FOO WITH HEAVING OF OF WINTS IN OCCO. ACO.					
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#### SOUTH SOUND YOUNG MEN'S CHRISTIAN ASSN.

91-0586473

Page 7

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

Check if Schedule O contains a response or note to any line in this Part VII

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

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

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

Check this box if neither the organiz (A)	(B)			(0	2)			(D)	(E)	(F)
Name and Title	Average	(do	not c	Pos	itior more	than	one	Reportable	Reportable	Estimated
	hours per	box	, unie	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week	<u> </u>	-c. a.		., 6010	,,,,uus	100)	from	from related	other
	(list any hours for	giget				_		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	8	stee	1		aga		(W-2/1099-MISC)	(11 2) 1000 (11100)	organization
	organizations	Individual trustee or director	Institutional trustee		8	Highest compensated employee		,		and related
	below	Motua	itutio	퓽	Key employee	heste	Former			organizations
	line)	르	<u>s</u>	Officer	<u>ş</u>	三星	匝			
(1) STEVE HATTON	2.00			. !						
CHAIR		X		X	<u> </u>	L.		0.	0.	0.
(2) LAURIE BERRYMAN	2.00				}			_		•
VICE CHAIR		X		X				0.	0.	0.
(3) JON JONES	2.00	,,			Ì					_
SECRETARY		X		X	<u> </u>	-		0.	0.	0.
(4) CHRISTINE FLEMING	2.00	٠,		7.7	,					•
TREASURER		Х	-	X				0.	0.	0.
(5) KIM PUTNAM	2.00	,,		τ,	}				0	•
VICE CHAIR	100	X		X				0.	0.	0.
(6) PAT BERSCHAUER	1.00	٠,							0	0
BOARD MEMBER	1 00	X				-		0.	0.	0.
(7) ROBERT BRADLEY	1.00	7,						_	0	•
BOARD MEMBER	1 00	X			<u> </u>	-		0.	0.	0.
(8) MARTY BROWN	1.00	,,								•
BOARD MEMBER	1.00	X	-			$\vdash$	_	0.	0.	0.
(9) KIMBERLY ELLWANGER	1.00	х			ļ				0.	0
BOARD MEMBER	1.00	^				-		0.		0.
(10) ALAN HARDCASTLE	1.00	Х						0.	0.	0
BOARD MEMBER	1.00	_				-		0.		0.
(11) WENDY HOLDEN	1.00	X						0.	0.	0.
BOARD MEMBER	1.00	Δ	-	-		-		} <del>-</del>		
(12) ALLEN T MILLER, JR BOARD MEMBER	1.00	Х						0.	0.	0.
(13) JOHN PARRY	1.00	^	$\vdash$	-	_	-		ļ	- ·	<u></u>
BOARD MEMBER	1.00	X		'		}		0.	0.	0.
(14) JERRY SHAW	1.00	12		-	<u> </u>	$\vdash$				<u></u>
BOARD MEMBER	1.00	Х		,				o.	0.	0.
(15) DICK WADLEY	1.00	<u> </u>	-			-				
BOARD MEMBER	1.00	Х						0.	0.	0.
(16) RUTH WEIGELT	1.00	<del></del>			<del> </del>				CUDA	
BOARD MEMBER	1.00	Х						0.	COLY	0.
(17) RENETTA WILSON	1.00	<del>  ^</del> `	$\vdash$	$\vdash$		$\vdash$		NR SMI	THE ARTS ACCO	<u>ארידית איז איז (</u>
BOARD MEMBER	1.00	Х						TAV STATI	111 YMN 422A	JULAI ES <sub>O</sub> P

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

O

Certified Public Accountants

	,	,	Check if Schedule O cont	ains a response	or note to any lir	ne ın this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business	(D) Revenue excluded from tax under sections 512 - 514
12 10				1. 1	32 300		tevenue	revenue	512-514
풀풀			Federated campaigns .	1a	32,200.		2 4 4		
S 2	1	b	Membership dues .	1b		,	,	, "	
And		С	Fundraising events	1c	381,880.		· `	<i>,</i>	
돌히		d	Related organizations	1d		,		`	
Š.Ē		е	Government grants (contribut	ions) 1e	213,836.				
Sign	1	f	All other contributions, gifts, gran	ts, and			, ,	` ,	, ′
돌			similar amounts not included abo	ve   1f	22,956.			,	3
<b>E</b> 0			Noncash contributions included in lines						1,
Contributions, Gifts, Grants and Other Similar Amounts		_	Total. Add lines 1a-1f		<b>&gt;</b>	650,872.			Α,
					Business Code			,	
စ္က	2 :	а	MEMBERSHIP DUES	5	813410	2,728,580.	2,728,580.		
ام کے		b	CHILDCARE		813410	2,630,796.	2,630,796.		
Program Service Revenue		c	YOUTH		813410	478,789.	478,789.		
E a		d	AQUATICS		813410	345,067.			
ĎŒ.			PHYSICAL EDUCAT	ION	813410	126,953.			
Ğ.	į	-	All other program service reve	<del></del>	813410	27,721.			
Ì			Total. Add lines 2a-2f			6,337,906.		27	
$\neg$	3	9	Investment income (including	dividends intere					
}	٠		other similar amounts)		<b>&gt;</b>	51,990.	1		51,990.
	4		Income from investment of ta	veyemnt bond n	roceeds •				
	5		Royalties	x exempt bond p	)/OCCCCGG		·		<del></del>
	3		noyalles	(i) Real	(ii) Personal	,	7		· · · · · · · · · · · · · · · · · · ·
Ī	6	_	Crace rente	(i) Incai	(ii) Fersonal	, , ,		,	
	6	_	Gross rents	<del></del>	<del></del>	·	•	<i>'</i>	ĺ
		b	Less: rental expenses			, ,			
ı	1		Rental income or (loss)	L			<u>'</u>	-	
			Net rental income or (loss)		43.00		<u> </u>	<del></del>	
i	7	а	Gross amount from sales of	(i) Securities 901,232.	(ii) Other 12,817.	. ′ , ′	, , ,		
			assets other than inventory	501,232.	12,011.		*		
		b	Less: cost or other basis	072 127	6 022				
į			and sales expenses .	872,137.					,
			Gain or (loss)	29,095.	6,785.	25 000	C 705		20 005
			Net gain or (loss) .	• •-	. •	35,880.	6,785.	<del>,, , ,,,,,,,,, , , ,,,,,,,,,</del>	29,095.
e l	8	а	Gross income from fundraisin		Ì		,		
evenue			Including \$381,8	380 • of		` '	` ′	`	, ,
			contributions reported on line	e 1c). See			<b>1</b>	,	Í
la la			Part IV, line 18	a	84,082.		` ,	,	
Other R		b	Less direct expenses	b	22,591.				
Ŭ		C	Net income or (loss) from fund	draising events	<b>_</b>	61,491.		.,,,,,,-,,-,,-,-,,-,-,-,-	61,491.
l	9	a	Gross income from gaming as	ctivities. See	}			` ′ "	, " "
			Part IV, line 19	a			,	,	<b>.</b>
		b	Less: direct expenses	b					·
		c	Net income or (loss) from gan	ning activities					
	10	а	Gross sales of inventory, less	returns		11/2/3	<b>(</b> )		· `
			and allowances	a				1 1	<b>,</b> ,
ļ		b	Less: cost of goods sold	b	6,700.				,
		c	Net income or (loss) from sale	es of inventory	. •	1,411.	<u> </u>		1,411.
			Miscellaneous Revenu	le	<b>Business Code</b>			, ,	
	11	а	MISCELLANEOUS 1	INCOME	900099	59,400.	26,002.		33,398.
		b						COPY	
		c						CO1 1	
		d	All other revenue				UPTACE OF	VALD YEEU	CIATES DE
	ĺ	e	Total. Add lines 11a-11d		<b>&gt;</b>	59,400.	177. 17124 442	THE TAXABLE FOR THE	CHITTED, ID
	12		Total revenue See instructions	· ·	▶	7,198,950.	6,370,693	Dublic Aga	.177mt385.
33200 10-29	9 -13						ANTITUS.	N Y CHOTTO LA VICTO	Form 990 (2013)

	Check if Schedule O contains a respon-			·	. X
	t include amounts reported on lines 6b, , 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
<b>1</b> Gr	rants and other assistance to governments and				
or	ganizations in the United States-See Part IV, line 21 📙			·	· · · · · · · · · · · · · · · · · · ·
2 G1	rants and other assistance to individuals in			•	,
th	e United States. See Part IV, line 22				
<b>3</b> Gr	rants and other assistance to governments,		į	•	, , ,
or	ganizations, and individuals outside the				, ,
Ur	nited States. See Part IV, lines 15 and 16 👚 📙				
4 Be	enefits paid to or for members			· · · · · · · · · · · · · · · · · · ·	
5 C	ompensation of current officers, directors,				
tru	ustees, and key employees	275,005.		275,005.	
<b>6</b> Co	empensation not included above, to disqualified				
pe	rsons (as defined under section 4958(f)(1)) and				
рe	rsons described in section 4958(c)(3)(B)				
7 01	ther salaries and wages	3,297,465.	2,276,021.	1,007,482.	13,962
<b>8</b> Pe	ension plan accruals and contributions (include	j			
se	ction 401(k) and 403(b) employer contributions)	105,006.		45,355.	194
9 Ot	ther employee benefits	274,109.		155,306.	377
0 Pa	ayroll taxes	341,070.	268,443.	71,049.	1,578
1 Fe	ees for services (non-employees).				
a M	anagement				
<b>b</b> Le	egal	4,060.		4,060.	
c Ac	ocounting	11,076.		11,076.	
d Lo	obbying				
	ofessional fundraising services. See Part IV, line 17		,		
	vestment management fees	28,524.		28,524.	
g Ot	ther. (If line 11g amount exceeds 10% of line 25,				
	lumn (A) amount, list line 11g expenses on Sch 0 )	233,069.	71,426.	154,179.	7,464
	dvertising and promotion	49,429.	18,130.	29,806.	7,464 1,493
	ffice expenses	15,685.	5,547.	10,138.	
	formation technology				
	oyalties				
	ccupancy	699,166.	240,462.	458,704.	
	ravel	34,659.	17,771.	16,888.	
	syments of travel or entertainment expenses			· · · · · · · · · · · · · · · · · · ·	
	r any federal, state, or local public officials	į			
	onferences, conventions, and meetings	38,967.	11,376.	23,491.	4,100
	terest	199,171.		199,171.	
	ayments to affillates	80,621.	80,621.	······································	
	epreciation, depletion, and amortization	344,348.		344,348.	
	surance	142,720.	29,477.	113,243.	<del></del>
	her expenses Itemize expenses not covered		<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>		······································
ab	ove (List miscellaneous expenses in line 24e If line)		7		
24	le amount exceeds 10% of line 25, column (A) nount, list line 24e expenses on Schedule 0)	1	, ,		` `
	UPPLIES	323,236.	239,227.	79,606.	4,403
	ROGRAM MEALS	245,561.	245,561.	15/000	
~ <del>~</del>	ELEPHONE	49,417.	15,057.	34,360.	<del></del>
	AD DEBT	48,999.	48,999.	34,300.	
_	CER COTT O	98,172.	2,115,246.	-2,017,404	330
		6,939,535.	5,861,247.	1,044,382	
	otal functional expenses. Add lines 1 through 24e	0,000,000.			
	uint costs. Complete this line only if the organization		<i>P</i> Lip	SMITH AND	ASSOCIATES.
	ported in column (B) joint costs from a combined		7.4 Tu	MATTITION &	MUO OII II IO9
	lucational campaign and fundraising solicitation			Certified Publi	· Accountants
Ch	eck here If following SOP 98-2 (ASC 958-720)			Tettilen y nom	Form <b>990</b> (2013

ATT A	Balance Sheet	<del></del>		·
	Check if Schedule O contains a response or note to any line in this Part X		· · ·	<u>. ,</u>
		(A) Beginning of year		(B) End of year
1	Cash · non-interest-bearing		1	
2	Savings and temporary cash investments	563,324.	2	665,940
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net . ,	88,880.	4	94,450
5	Loans and other receivables from current and former officers, directors,	,	,	
	trustees, key employees, and highest compensated employees. Complete		٠,	
	Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under			, , ,
1	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			; ` `
	employers and sponsoring organizations of section 501(c)(9) voluntary	( )		,
	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
7	Notes and loans receivable, net		7	
В	Inventories for sale or use	2,627.	8	1,454
9	Prepaid expenses and deferred charges	2,627. 143,597.	9	162,197
1	Land, buildings, and equipment: cost or other			
1.00	basis. Complete Part VI of Schedule D 10a 10, 256, 237.			1
h	Less: accumulated depreciation 10b 3,983,664.	6,319,775.	10c	6,272,573.
11	Investments - publicity traded securities	0702577.00	11	0/2/2/0/0
12	Investments - other securities. See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11		13	<del></del>
14	Intangible assets		14	<del></del>
1		1,648,372.		1,977,166
15	Other assets. See Part IV, line 11	8,766,575.	15 16	9,173,780
16	Total assets. Add lines 1 through 15 (must equal line 34)	658,917.		782,657
17	Accounts payable and accrued expenses	030,917.	17	102,037
18	Grants payable	<del></del>	18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Loans and other payables to current and former officers, directors, trustees,			, ,
1	key employees, highest compensated employees, and disqualified persons.	`	- 1	,
22	Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties	3,496,146.	23	3,434,768.
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third	1	,	
	parties, and other liabilities not included on lines 17-24). Complete Part X of		ļ	
1	Schedule D	25,208.	25	29,156.
26	Total liabilities. Add lines 17 through 25	4,180,271.	26	4,246,581.
	Organizations that follow SFAS 117 (ASC 958), check here ▶ X and	· · · · · ·		<i>;</i>
	complete lines 27 through 29, and lines 33 and 34.	_ 1	. 1	
27	Unrestricted net assets	4,586,304.	27	4,927,199.
28	Temporarily restricted net assets		28	
29	Permanently restricted net assets		29	
27 28 29 30 31 32	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐	`	, ,	
	and complete lines 30 through 34.	, , ;		
30	Capital stock or trust principal, or current funds	[	30	•
31	Paid in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds		32	~ <del>~</del>
20	Total net assets or fund balances	4,586,304.	33	4,927,199.
33				

COPY Form 990 (2013)

NR SMITH AND ASSOCIATES, PS Certified Public Accountants

332011 10-29-13

	990 (2013) SOUTH SOUND YOUNG MEN'S CHRISTIAN ASSN.	91-058	<u>6473</u>	Pa	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
		, T		_	
1	Total revenue (must equal Part VIII, column (A), line 12)		7,19		
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,93	9,5	35.
3	Revenue less expenses. Subtract line 2 from line 1	3	25	9,4	15.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,58	6,3	04.
5	Net unrealized gains (losses) on investments	5	8	1,4	80.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	4,92	7,1	99.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				$\mathbf{x}$
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				1
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.	1 1		1
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a	1		
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis			′	
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	if "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			1
	consolidated basis, or both:		1 /		
	Separate basis Consolidated basis Both consolidated and separate basis		1.		1
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,	*		
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	L
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	∍dule O.		,	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	igle Audit			
	Act and OMB Circular A-133?	•	3a		X
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit		į	İ
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<del></del>	35		<u></u>
			Form	990 (	(2013)

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ATTACHMENT
DO NOT PROCESS

# SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. ➤ Attach to Form 990 or Form 990-EZ.

Open to Public

OMB No 1545-0047

Department of the Treasury internal Revenue Service

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

Inspection

Name of t	he organizati		OUNTS VOUNT N	(ENI/C	CUDIC	ጠተአእ፣	A C CN			identifica		mber
Part I	Reason		SOUND YOUNG M							1-058	04/3	
Part I  The organ  1	ization is not a A church, co A school des A hospital or A medical res city, and stat An organizati section 170 A federal, sta An organizati section 170( A community An organizati activities rela income and to See section An organizati more publich describes the a Type I By checking foundation m if the organiz supporting of Since August (i) A person the gove (ii) A family (iii) A 35% of	for Public Chair a private foundation invention of churches cribed in section 1 a cooperative hosp search organization ie: ion operated for the (b)(1)(A)(iv). (Complet ion that normally received to its exempt fur interested business if son organized and	because it is: (For lines because it is: (For lines because it is: (For lines because it is: (For lines because it is: (For lines because it is: (For lines because it is: (For lines of the properties) and is a college or under the part II.)  The properties of a college or under the part II.)  The properties of a college or under the part II.)  The properties of a college or under the part II.)  The properties of a college or under the part II.)  The properties of a college or under the part II.)  The properties of the properties of the part III.)  The properties of the properties of the part III.)  The properties of the properties of	tations mu  I through the described with a hose miversity of the describe of its supp (Complete 1/3% of its ain exceptition 511 ta est for public to 509(a)( ete lines 1 type III - Fu controlled y supporte the IRS tha my gift or controlled or tog or (ii) above	st comples  11, check cribed in section spital desc  wheel or op  d in section cont from a  Part II.) s support f cons, and (cox) from but  ic safety. S  of, to perfect  1) or section te through nctionally directly of ed organizatit is a Ty  ontribution ether with   e?	te this par only one be ection 170 a 170(b)(1) ribed in section 170(b)(1) government rom contri 2) no more sinesses a corm the fun on 509(a)(2) a 11h. integrated r indirectly ations des pe I, Type	t.) See Inspose.) (b)(1)(A)(ii). (A)(iii). (a governorm) (1)(A)(v). (a governorm) (a)(A)(v). (b)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)	tructions.  ).  (b)(1)(A)( mental ur  or from th  membersh 1/3% of it  by the org  4).  , or to car ction 509  d	(iii). Enter  it describ  the general  hip fees, a  its support  thanization  rry out the  (a)(3). Ch  pe III - Not  squalified  (9(a)(1) or  rsons?	public des and gross in from gross after June e purposes eck the bo	receipts 1 ss investr a 30, 197 s of one cox that ally integother than 09(a)(2).	n from ment 5.
	of supported unization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see Instructions))		organization sted in your document?	organizat	u notify the ion in col r support?	lorganizat	is the ion in col. zed in the S?	(vii) Amou su	nt of mon ipport	ietary
Total				(1)	,	<del></del>			CO	PΥ		

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Schedule A (Form 990 or 990-EZ) 2013

[Part II] Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	<b>(e)</b> 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge		]				
4	Total. Add lines 1 through 3						
5	The portion of total contributions		:	/ "	,	3.64 X	
	by each person (other than a		i i	1			
	governmental unit or publicly						
	supported organization) included					* : **; :	
	on line 1 that exceeds 2% of the		/ · · · ·	] `' /	,		
	amount shown on line 11,	,	,	<b>!</b>			
	column (f)	· ·		1			
6	Public support. Subtract line 5 from line 4						
	tion B. Total Support		<del> </del>	<u> </u>	<u> </u>		
	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on			]			
	securities loans, rents, royalties						
	and income from similar sources	 			•		
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on	1		1			
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				`		
	Gross receipts from related activities,	etc. (see instructi	ons)		L	12	
	First five years. If the Form 990 is for	•			· ·· · · · · · · · · · · · · · · · · ·		
	organization, check this box and stop		o mot, occorra, triii	a, 1001111, 01 111111 to	or your as a scorio	1001(0)(0)	▶□
Sec	tion C. Computation of Publ		rcentage		·ii		
14	Public support percentage for 2013 (I	ine 6, column (f) d	ivided by line 11, o	column (f))		14	%
	Public support percentage from 2012		•			15	
	33 1/3% support test - 2013. If the c						
	stop here. The organization qualifies						▶□
b	33 1/3% support test - 2012. If the c	organization did no	ot check a box on	line 13 or 16a, and	line 15 is 33 1/3%	or more, check th	s box
	and stop here. The organization quali	ifies as a publicly s	supported organiz	ation			▶□
17a	10% -facts-and-circumstances test	t - 2013. If the org	anization did not d	check a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check t	his box and <mark>stop h</mark>	ere. Explain in Par	t IV how the organi	zation
	meets the "facts-and-circumstances"	test. The organiza	ition qualifies as a	publicly supported	d organization		. ▶□
b	10% -facts-and-circumstances test	t - <b>2012.</b> If the org	anization did not d	check a box on line	13, 16a, 16b, or 1	7a, and line 15 is 1	0% or
	more, and if the organization meets th						
	organization meets the "facts-and-circ	umstances" test.	The organization of	qualifies as a public	oly supported orga	nization	▶□
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	, check this box a	nd see in the tions	
					Sche	dule X (Form 990	or 990-EZ) 2013
					NR CMITH	AND ASSO	TATEC DC
					TAY/ DIATITIT	יטממע ריי איני	CIAILA, IA

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Schedule A (Form 990 or 990-EZ) 2013 SOUTH SOUND YOUNG MEN'S CHRISTIAN ASSN. 91-0586473 Page 3

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

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

qualify under the tests listed l	<u>below, please comp</u>	olete Part II.)				
Section A. Public Support						<b>,</b>
Calendar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and	1					
membership fees received. (Do not			ĺ		1	
include any "unusual grants.")	7,547,312.	7,057,843.	6,684,871.	6,592,830,	7,021,565.	34,904,421.
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	63,368.	119,625.	118,845.	72,558.	96,300.	470,696.
3 Gross receipts from activities that are not an unrelated trade or bus- iness under section 513						
Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	7,610,680.	7,177,468.	6,803,716.	6,665,388.	7,117,865.	35,375,117.
7a Amounts included on lines 1, 2, and		Ì			Ì	,
3 received from disqualified persons  b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b						0.
8 Public support (Subtract line 7c from line 6)	1				<u> </u>	35,375,117.
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6	7,610,680.	7,177,468.	6,803,716.	6,665,388.	7,117,865.	35,375,117.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	38,410.	26,280.	36,134.	24,131.	81,085.	206,040.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	38,410.	26,280.	36,134.	24,131.	81,085.	206,040.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other Income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12)	7,649,090.	7,203,748.	6,839,850.	6,689,519.	7,198,950.	35,581,157.
14 First five years. If the Form 990 is fo	r the organization's	first, second, third	d, fourth, or fifth ta	x year as a sectio	n 501(c)(3) organiz	ation,
check this box and stop here		·····	_ <del></del>			▶□
Section C. Computation of Publ	ic Support Per	centage				
15 Public support percentage for 2013 (	line 8, column (f) di	vided by line 13, c	olumn (f))		15	99.42 %
16 Public support percentage from 2012				<u></u>	16	99.44 %
Section D. Computation of Inve	stment Income	Percentage				
17 Investment income percentage for 20	013 (line 10c, colum	nn (f) divided by lin	e 13, column (f))		17	.58 %
18 Investment income percentage from	2012 Schedule A, F	Part III, line 17			18	.56 %
19a 33 1/3% support tests - 2013. If the				15 is more than 3	3 1/3%, an artine 1	
more than 33 1/3%, check this box a						<b>►</b> X
b 33 1/3% support tests - 2012. If the line 18 is not more than 33 1/3%, che	e organization did no	ot check a box on	line 14 or line 19a,	and the state of t	LE HATTER WAS A	CIATES, P
20 Private foundation. If the organization 332023 09-25-13				is box and see ins		COLUMNIA COL
			15	5011		18(1)

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Schedule A	(Form 990 or 990-EZ) 2013	SOUTH SOUND	YOUNG	MEN'S	CHRISTI	AN ASSN.	91-058647	73 Page 4
Part IV	Supplemental Infor	mation. Provide the ex	xplanations r	equired by F	art II, line 10; I	Part II, line 17a or	17b; and Part III, I	ne 12.
	Also complete this part to	or any additional informat	non. (See msi	tructions).				
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## **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

# Supplemental Financial Statements

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

Attach to Form 990.

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

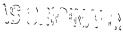
OMR No. 1545-0047 Open to Public Inspection

Name of the organization Employer identification number SOUTH SOUND YOUNG MEN'S CHRISTIAN ASSN. 91-0586473 Part 1 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year .... 1 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements .. . **b** Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) . 20 d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register ..... Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ... 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 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's financial statements that describes the organization's accounting for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII. the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Revenues included in Form 990, Part VIII, line 1 ... b Assets included in Form 990, Part X

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		OUND YOUNG						<u>-05864</u>		
Pai	t III Organizations Maintaining C	collections of A	rt, Hist	orical T	reasures, o	or Othe	r Similar <i>I</i>	Assets(cor	itinued)	
3	Using the organization's acquisition, accessi	on, and other record	ls, check	any of the	following the	at are a sig	nificant use	of its collect	ion item	าร
	(check all that apply):									
а	Public exhibition	d	ا 🖳 ا	oan or exc	change progra	ams				
b	Scholarly research	е	. 🖂	Other						
C	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how th	ey further	the organizati	on's exen	npt purpose i	n Part XIII.		
5	During the year, did the organization solicit of	r receive donations	of art, his	storical trea	asures, or oth	er sımılar	assets			
	to be sold to raise funds rather than to be m	aintained as part of i	the organ	nization's c	ollection? .			Yes		No_
Par	Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the	organizatio	on answered	"Yes" to F	orm 990, Pa	rt IV, line 9,	or	
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for d	contributio	ns or other as	sets not i	ncluded			
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII									
		•	•					Amo	unt	
¢	Beginning balance						10			
đ	Additions during the year						1d			
e	Distributions during the year		_				1e			
f	Ending balance						1f			
2a	Did the organization include an amount on F	orm 990, Part X, line						Yes		No
	if "Yes," explain the arrangement in Part XIII.								. $\square$	]
Par	_,						).			
		(a) Current year		rior year			d) Three years	back (e) Fo	our vears	back
1a	Beginning of year balance									
ь	Contributions									
C	Net investment earnings, gains, and losses									
ď	Grants or scholarships				<del> </del>					
e	Other expenditures for facilities				<del>                                     </del>					
Ū	and programs		ı		1	1				
f	Administrative expenses				<del> </del>		<del></del>			
	End of year balance				<del> </del>			<del></del>		
g 2	Provide the estimated percentage of the curr	rent year and halana	e (line te	a column (	o)) hold on:					
a	Board designated or quasi-endowment		% %	y, column (	ajj lielu as.					
_	Permanent endowment	%	70							
	Temporarily restricted endowment ▶	%								
C										
٥	The percentages in lines 2a, 2b, and 2c should be a sh		-A							
Sa	Are there endowment funds not in the posse	ession of the organiza	auon tha	t are neid a	and administe	rea for th	e organizatio	П	IV	
	by:							0-6	Yes	No
	(i) unrelated organizations		• •					3a(i	- 1 1	
	(ii) related organizations							3a(i		
b	If "Yes" to 3a(ii), are the related organizations							. <u>3</u> b	لــــــــــــــــــــــــــــــــــــــ	
4	Describe in Part XIII the intended uses of the		wment f	unds.	<del></del>					
rai	tVI Land, Buildings, and Equipm		David	S		D-4V 6	40			
	Complete if the organization answere							T	<del></del>	
	Description of property	(a) Cost or o		. ,	t or other		cumulated	(d) Bo	ook valu	е
<del></del>	<del></del>	basis (investr	nertt)		(other)		reciation	+ + 7/	77 7	<u> </u>
	Land ,	<u> </u>			2,200.		00 160		92,2	
	Buildings			1,45	7,304.	3,0	99,160	4,3	58,1	44.
	Leasehold improvements	·		-1-00	<u> </u>	<del></del>	04 504	<del> </del>	22 2	20-
	Equipment			1,30	6,733.	8	84,504	4	22,2	<u> 29.</u>
	Other	<u></u>	1				<del> </del>	<del> </del>	<del></del>	<del></del>
<u>Total</u>	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colum	n (B), line	10(c))	<u> </u>			72,5	
							Sch	edule D (Fo	rm 990)	2013

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Certified Public Accountants

332052 09-25-13

	D (Form 990) 2013			YOUNG	MEN'S	CHRISTIAN	ASSN.	91-0586473	Page 3
Part VI	Investments - C	Other Secu	rities.						
	Complete if the orga								
(a) Descr	iption of security or catego	Ory (including name	e of security)	(b) Boo	k value	(c) Method of v	aluation: Cost c	or end-of-year market	value
(1) Financ	cial derivatives								
	y-held equity interests				·				
(3) Other									
(A)	<del></del>								
(B)						ļ	<del></del>		
(C)	<u> </u>								
<u>(D)</u>						<u> </u>			
<u>(E)</u>						<del> </del>			
(F)			<del></del>	·		<del> </del>	·		
(G)						ļ	<del></del>		
(H)	/h) must squal Form 000	Dort V and (B)	line 10 \	ļ				<del>,</del>	<del></del>
	(b) must equal Form 990, Investments - F			<u> </u>		<u> </u>		<u></u>	
Fait VI				4- F 000	Dark W. barr	44 - O Farra 000	D-47 b-40		
	Complete if the orga (a) Description of it	nvestment	ered res	(b) Boo				or end-of-year market	value
(1)	(4) 5000((5)(0))			(3) 500	111100	(0) (11000 0) (	ajaakon, oook o	ond or your market	
(2)									
(3)									
(4)				· · · · ·	·····				
(5)	·							<del></del>	<del></del>
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(7)						<del></del>			
(8)		<del></del>	<del></del>					· · · · · · · · · · · · · · · · · · ·	
(9)							<del> </del>		
	Other Assets.  Complete if the orga		(a)	to Form 990, Description	Part IV, line	11d. See Form 990,	Part X, line 15.	(b) Book	
		/ESTMENT		<del> </del>					,490.
(2) L	ONG-TERM CEF	RTIFICAT	ES OF	DEPOS	ET			100	,676.
(3)						· · · · · · · · · · · · · · · · · · ·			
(4)			<del></del>		<del></del>				
(5)									····
(6)									
(7)									
(8)									
(9)					·			1 077	1.00
Part X	lumn (b) must equal For Other Liabilities		, col. (B) line	<u>9 15.)                                    </u>	··_ ·	<u> </u>	·-····································		,166.
FOLLA	Complete if the orga		orod "Voo"	to Form 000	Dort IV line	11a or 11f Soc Earm	000 Bod V lin	- 2E	
		scription of liab		to Form 550,		(b) Book value	1 990, Fait A, III	e 25.	<del></del>
1. (1) Fe	ederal Income taxes	3011ptiot1 01 11				(5) 500% (4.00			
(2) F	UNDS HELD FO	OR OTHER	28			29,156.	1	• ,	,
(3)	ONDO HEED TO	on onne				2371301			•
(4)					<del></del>				
(5)		<del>-</del>	<del></del>		<del>-   -</del>				
(6)							1 1 1/2 /		
(7)	<del> </del>	·					· · · ·		•
(8)									
(9)								•	
	lumn (b) must equal Foi	rm 990, Part X	col. (B) line	e 25.)		29,156.		CONÚ	· .
	ty for uncertain tax posi				ne footnote to		inancial stateme	ents that reports the	
	zation's liability for unc								מת הקווציו
						NR		School By Form	

Certified Public Accountants

91-0586473 Page 3

	dule D (Form 990) 2013 SOUTH SOUND YOUNG MEN'S CHE				86473 Page 4
Pai	t XI Reconciliation of Revenue per Audited Financial Statemen	nts With Revenu	ıe per R	eturn.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	7,182,202.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 - 1			
a	Net unrealized gains on investments	2a		13	
b	Donated services and use of facilities	2b			
ب د	Recoveries of prior year grants	2c 29	,290.		
d e	Add lines 2a through 2d	20 23	1230.	2e	29,290.
3	Subtract line 2e from line 1				7,152,912.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		•• • •		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		. š.:	
ь	Other (Describe in Part XIII.)		,041.		
С	Add lines <b>4a</b> and <b>4b</b>		· .	4c	46,041. 7,198,953.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	<del> </del>	<u> </u>		
Pa	TXII Reconciliation of Expenses per Audited Financial Stateme	ents With Expen	ses per	Return.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.			<del>, , -</del>	
1	Total expenses and losses per audited financial statements		· '	1	6,922,787.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	i		
a	Donated services and use of facilities	2a			
ь	Prior year adjustments	2b			
C	Other (Describe is Red VIII.)	2c 29	,290.	( ; ; i	
a	Other (Describe in Part XIII.)		1230.	1.0	29,290.
е 3			••	2e 3	6,893,497.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			3	0/033/137.
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)		,041.	2	
	Add lines 4a and 4b	h-177. h-1	·	4c	46,041.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	<u> </u>			6,939,538.
Pai	t XIII Supplemental Information.				
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I	V, lines 1b and 2b; Pa	art V, line 4	4; Part X, I	ne 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit	ional information.			
חתם	om vr i rne on omijed an lijemmenme.				
PAI	RT XI, LINE 2D - OTHER ADJUSTMENTS:				
FUN	IDRAISING NOT SHOWN NET				22,590.
101	ADIASIDING NOT DHOWN WIT				22,330.
INI	VENTORY NOT SHOWN NET				6,700.
==:					
TOT	TAL TO SCHEDULE D, PART XI, LINE 2D				29,290.
		<del></del>			
PAF	RT XI, LINE 4B - OTHER ADJUSTMENTS:				
INI	ESTMENT EXPENSES NOT SHOWN NET				28,524.
					_
PRO	OGRAM EVENTS NOT SHOWN NET				17,517.
m C c	TAL MO COMBINED DANG UT TAME AD				46 041
TOT	TAL TO SCHEDULE D, PART XI, LINE 4B			COPY	46,041.
	<del></del>		A HT	PA CIV	<del>SOCIATES, P</del> S
אַק	RT XII, LINE 2D - OTHER ADJUSTMENTS:				Ť
33205		<del>Ce</del> rl	lified P	uhlic. A	GAMINIADAI SO13

INVENTORY LISTED SEPARATELY	6,700.
FUNDRAISING LISTED SEPARATELY	22,590.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	29,290.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
INVESTMENT FEES	28,524.
PROGRAM EVENTS	17,517.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	46,041.
	СОРУ
	NR SMITH AND ASSOCIATES,
332055 09-25-13	Certified Public Accompanans

### **SCHEDULE G**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# 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.

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

OMB No 1545-0047

Inspection

ame of the organization							ntification number			
SOUTH S	OUND YOUNG MEN'S C	HRI	<u>STI</u>	AN ASSN.		91-0586	473			
Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.										
Indicate whether the organization raised funds through any of the following activities. Check all that apply.    Mail solicitations										
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		have custody or control of		(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization	
		Yes	No							
			<u> </u>							
					_					
otal		_	<b>•</b>							
List all states in which the organization or licensing.	on is registered or licensed to solicit	contrib	utions	or has been notified	d It IS	exempt from re	gistration			
						<del></del>				
						COP	Υ			

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

Certified Public Accountants

NR SMITH AND ASSOCIATES, PS

Pa	irt	le G (Form 990 or 990-EZ) 2013 SOUTH S  Fundraising Events. Complete if the				
		of fundraising event contributions and gr				
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
				ANNUAL	NONE	(add col. (a) through
			CAMPAIGN	AUCTION		col. (c))
ē			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	381,880.	84,082.	<u></u>	465,962.
	2	Less: Contributions	381,880.			381,880.
	3	Gross income (line 1 minus line 2)		84,082.		84,082.
	4	Cash prizes				<del> </del>
Se	5	Noncash prizes			<u> </u>	
Direct Expenses	6	Rent/facility costs				
Orect E	7	Food and beverages				
_	8	Entertainment				
	9	Other direct expenses		22,591.		22,591.
	10		n 9 in column (d)			22,591.
		Net income summary. Subtract line 10 from li			<u></u>	61,491.
Pε	ırt	Gaming. Complete if the organization	answered "Yes" to Form	990, Part IV, ilne 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.				<del></del>
ine	1					
Æ			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue	(a) Bingo		(c) Other gaming	
Rever	1	Gross revenue	(a) Bingo		(c) Other gaming	
		Gross revenue	(a) Bingo		(c) Other gaming	
		Cash prizes	(a) Bingo		(c) Other gaming	
	2	Cash prizes	(a) Bingo		(c) Other gaming	
	3 4	Cash prizes  Noncash prizes	(a) Bingo		(c) Other gaming	
Direct Expenses Rever	3 4	Cash prizes	(a) Bingo		(c) Other gaming  Yes %  No	
	2 3 4 5	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses	Yes%	bingo/progressive bingo	Yes %	
	2 3 4 5 6 7	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor	Yes % No 15 In column (d)	Yes%	☐ Yes	
Direct Expenses	2 3 4 5 6 7 8	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through	Yes% No  5 in column (d) from line 1, column (d)	Yes%	☐ Yes	
<b>o</b> Direct Expenses	2 3 4 5 6 7 8	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through  Net gaming income summary. Subtract line 7	Yes% No  1 5 in column (d)  from line 1, column (d)  tes gaming activities:	Yes%	☐ Yes	col. (a) through col. (c)
Direct Expenses	2 3 4 5 6 7 8 Entist	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through	Yes% No  5 In column (d)  from line 1, column (d)  tes gaming activities: tivities in each of these	Yes%	☐ Yes	
Direct Expenses	2 3 4 5 6 7 8 Entist	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through  Net gaming income summary. Subtract line 7  ter the state(s) in which the organization operation of the organization licensed to operate gaming actions.	Yes% No  5 In column (d)  from line 1, column (d)  tes gaming activities: tivities in each of these	Yes%	☐ Yes	col. (a) through col. (c)
Direct Expenses	2 3 4 5 6 7 8 Ent Is t	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through  Net gaming income summary. Subtract line 7  ter the state(s) in which the organization operation of the organization licensed to operate gaming actions.	Yes % No  1 5 In column (d) from line 1, column (d) tes gaming activities: ctivities in each of these sevoked, suspended or te	Yes% No	Yes % No	col. (a) through col. (c)

NR SMITH WAND ASSOCIATES, PS

Certified Public Accountants

ATTACHMENT DO NOT PROCESS

332082 09-12-13

Sche	edule G (Form 990 or 990 EZ) 2013 SOUTH SOUND YOUNG MEN'S CHRISTIAN ASSN. 91-0586473 Page 3
11	Does the organization operate gaming activities with nonmembers?
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed
	to administer charitable gaming? Yes No
	Indicate the percentage of gaming activity operated in:
	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:
	· · · · · · · · · · · · · · · · · · ·
	Name ▶
	Address
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?
þ	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount
	of gaming revenue retained by the third party > \$
C	If "Yes," enter name and address of the third party:
	Name ►
	Address ►
16	Gaming manager information:
	Name ▶
	Gaming manager compensation ▶ \$
	Description of services provided ▶
	Director/officer Employee Independent contractor
_	
	Mandatory distributions:  Is the organization required under state law to make charitable distributions from the gaming proceeds to
	retain the state gaming license?
	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 🕨 \$
Pai	Supplemental Information. 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 (see instructions).
	COPY
	NR SMITH AND ASSOCIATES, P
_	
2200	Certified Public Accountants

Schedule G	(Form 990 or 990-EZ) Supplemental Info	SOUTH	SOUND	YOUNG	MEN'S	CHRISTIAN	ASSN.	91-0586473	Page 4
Part IV	Supplemental Info	rmation (co	ntinued)			<del></del>		<del></del>	
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332084 05-01-13					30	(	erritied,	IND ASSOCIA edule & Porm 998 A Public Accounta	ants

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

# **Compensation Information**

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

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

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990. SOUTH SOUND YOUNG MEN'S CHRISTIAN ASSN.

Employer identification number 91-0586473

Pa	rt [ │ Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel	""		
	Travel for companions Payments for business use of personal residence	]		`
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			٠.
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		L_
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	X	
3	Indicate which, if any, of the following the filling organization used to establish the compensation of the organization's	1: 1		ſ
	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 1	1	
	X Compensation committee	ļ !		
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  Approval by the board or compensation committee			1
			,	" '
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filling			"
	organization or a related organization:	[	,	Ĺ
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		Х
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.	,		
		`		j
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.		4	
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	[ , ]		
	contingent on the revenues of:			į
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III.		7	
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation		-	
	contingent on the net earnings of:			ļ
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III.		,	
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments		;	į
	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			<del></del>
	Regulations section 53 4958.6(c)?	0	. !	

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

Schedule J (Form 990) 2013

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Page 2

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

Schedule J (Form 990) 2013

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-2	(A) Name and Title compensation c	MICHAEL WEST (0) 195,002.	(ii) 0 •	(E)	0	(6)	6	(6)	(6)	6	6	(0)	(E)	0	(ii)	(0)	(6)	0	(ii)	8	(6)	6		OF TOTAL	<b>*</b>	(0)	(ii)	(6)	
of W-2 and/or 1099-MISC compensation	(ii) Bonus & incentive compensation	0	• 0																										
SC compensation	(iii) Other reportable compensation	0	0																				! !						
(C) Retirement and	compensation	0	0																										
(D) Nontaxable	Denentis		0																										
(E) Total of columns	(r)-(i)(g)	195,002.	0																										Schedt
	reported as deterred in prior Form 990	0																											Schedule J (Form 990) 2013

Page 3	tion.		-					Schedule J (Form 990) 2013
91-0586473	olete this part for any additional informa							Schedule J (F
Schedule J (Form 990) 2013 SOUTH SOUND YOUNG MEN'S CHRISTIAN ASSN.  Part ## Sunplemental Information	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.	PART I, LINE 3: EXPLANATION: COMPENSATION COMMITTEE PERFORMS STUDY OF EQUITABLE	COMPENSATION FOR SIMILAR POSITION.		NR SI/IIT Certif	COP IH AND A ied Public attachm bo not pro	SSOCIA Account	res, ps

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

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.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number 91-0586473

SOUTH SOUND YOUNG MEN'S CHRISTIAN ASSN.	1-0586473
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSIC	ON:
DEVELOPMENT OF SPIRIT, MIND AND BODY THROUGH RECREATIONAL, F	HEALTH AND
LEADERSHIP PROGRAMS.	
PAGE 2, PART III STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT	rs
EXPLANATION: INTRODUCTION	
THE SOUTH SOUND YMCA SERVES OUR COMMUNITY WITH PROGRAMS AND	SERVICES
THAT FALL INTO ONE OF OUR THREE AREAS OF FOCUS: YOUTH DEVEL	OPMENT,
HEALTHY LIVING AND SOCIAL RESPONSIBILITY. WE ARE A MEMBERSH	IIP
ASSOCIATION DEDICATED TO HELPING INDIVIDUALS AND FAMILIES BU	JILD HEALTHY
BODIES, MINDS AND SPIRITS. MEMBERSHIP IS OPEN TO MEN, WOMEN	1 AND
CHILDREN OF ALL AGES, ABILITIES, INCOMES, RACES AND RELIGION	IS. OVER
THE COURSE OF THE YEAR, \$549,260 IN FINANCIAL ASSISTANCE WAS	AWARDED TO
3,980 INDIVIDUALS AND FAMILIES.	·
YOUTH DEVELOPMENT	· · · · · · · · · · · · · · · · · · ·
OUR YMCA IS COMMITTED TO NURTURING THE POTENTIAL OF EVERY CH	IILD AND
TEEN. WE BELIEVE THAT ALL KIDS DESERVE THE OPPORTUNITY TO DI	SCOVER WHO
THEY ARE AND WHAT THEY CAN ACHIEVE. THAT'S WHY WE HELP YOUNG	PEOPLE
CULTIVATE THE VALUES, SKILLS, AND RELATIONSHIPS THAT LEAD TO	POSITIVE
BEHAVIORS, BETTER HEALTH, AND EDUCATIONAL ACHIEVEMENT. WE OF	FER A RANGE
OF EXPERIENCES THAT ENRICH COGNITIVE, SOCIAL, PHYSICAL, AND	EMOTIONAL
GROWTH.	· · · · · · · · · · · · · · · · · · ·

TWO OF OUR THREE LARGEST PROGRAM SERVICE AREAS FALL INTO OUR

OUR LARGEST PROGRAM SERVICE TAREA ITS ACCUMENTATION OF 990-EZ. DEVELOPMENT AREA OF FOCUS. LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 332211 09-04-13

Certified Public Accountants **ATTACHMENT** 

**DO NOT PROCESS** 

FULFILLMENT.

Name of the organization Employer identification number 91-0586473 SOUTH SOUND YOUNG MEN'S CHRISTIAN ASSN. CHILDCARE AT OUR Y INCLUDES SCHOOL-AGE CARE AT 30 SCHOOL CHILDCARE. SITES IN THURSTON COUNTY, A FULL-DAY EARLY LEARNING CENTER LOCATED ON THE CAMPUS OF SOUTH PUGET SOUND COMMUNITY COLLEGE, AND LICENSED CHILDCARE SUMMER AND HOLIDAY CAMPS. DURING 2013, THERE WERE 1,783 CHILDREN NURTURED IN DAILY CHILDCARE PROGRAMS AND 1,367 CHILDREN ENGAGED IN SUMMER AND HOLIDAY CAMPS. OUR SECOND LARGEST PROGRAM SERVICE AREA IS YOUTH PROGRAM SERVICES. THESE INCLUDE YOUTH SPORTS OPPORTUNITIES IN TWELVE SPORTS; A VARIETY OF ENRICHMENT OPPORTUNITIES IN SUCH THINGS AS ART, DANCE, AND CHESS; AND CIVIC ENGAGEMENT ACTIVITIES IN OUR YOUTH AND GOVERNMENT PROGRAM. DURING 2013, 2,961 CHILDREN WERE EMPOWERED THROUGH YOUTH SPORTS AND THERE WERE 5,827 YOUTH AND TEEN PARTICIPANTS IN YOUTH ACTIVITIES. IN PURSUIT OF OUR MISSION OF MAKING YOUTH DEVELOPMENT OPPORTUNITIES ACCESSIBLE, WE PROVIDED OVER \$330,000 OF FINANCIAL ASSISTANCE IN OUR CHILDCARE AND YOUTH PROGRAM SERVICE AREAS. HEALTHY LIVING THE Y IS A LEADING VOICE ON HEALTH AND WELL-BEING. WE BRING FAMILIES CLOSER TOGETHER, ENCOURAGE GOOD HEALTH, AND FOSTER CONNECTIONS THROUGH FITNESS, SPORTS, FUN, AND SHARED INTERESTS. THIS IS PARTICULARLY IMPORTANT AS OUR NATION STRUGGLES WITH AN OBESITY CRISIS, FAMILIES STRUGGLE WITH WORK/ LIFE BALANCE, AND INDIVIDUALS SEARCH FOR PERSONAL

THE THIRD OF OUR LARGEST PROGRAM SERVICE AREAS IS MEMBERSHIP. THE

SOUTH SOUND YMCA OPERATES THE BRIGGS COMMUNITY YMCA FACILITY AND THE

OLYMPIA DOWNTOWN YMCA FACILITY. WE HAVE OVER 18,000 FACILITY MEMBERS

AND OF THOSE, 6,370 ARE UNDER THE AGE OF 17 AND 4,27 MARE OVER THE AGE OF 13 AND 4,27 MARE

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

EXPLANATION: A COPY OF THE 990 WAS MADE AVAILABLE TO THE GOVERNING BODY FINANCE COMMITTEE TO REVIEW BEFORE IT WAS FILED. NR SMITH AND ASSOCIATES, PS

Certified Public Accountants
Schedule O (Form 990 or 990-EZ) (2013)

332212 09-04-13

:

37

PROGRAM EVENTS

PROGRAM SERVICE EXPENSES

MANAGEMENT AND GENERAL EXPENSES

332212 09-04-13

NR SMITH AND ASSOCIATES, PS

Centified Public Accountants

Schedule O (Form 990 or 990-EZ) (2013)	Page 2
Name of the organization SOUTH SOUND YOUNG MEN'S CHRISTIAN ASSN.	Employer identification number 91-0586473
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	17,517.
MISC. EXPENSE:	
PROGRAM SERVICE EXPENSES	3,861.
MANAGEMENT AND GENERAL EXPENSES	4,665.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	8,526.
DUES :	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	7,429.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	7,429.
TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL	A 98,172.
PART XII 2C	
EXPLANATION: THE PROCESS OF THE AUDIT COMMITTEE HAS NOT	CHANGED FROM
THE PREVIOUS YEAR.	<del></del>
	CODY
" TO AT 177	COPY AND ADDOCUATED TO
	TH AND ASSOCIATES, P
332212 09-04-13	ified Public Accountants edule o (Form 990 or 990-E2) (2013)