

Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2013

Department of the Treasury
Internal Revenue Service

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

A For the 2013 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization SOUTH SOUND YOUNG MEN'S CHRISTIAN ASSN.		D Employer identification number 91-0586473
	Doing Business As		E Telephone number (360) 753-6576
	Number and street (or P O box if mail is not delivered to street address) Room/suite 1530 YELM HIGHWAY SE	G Gross receipts \$ 8,106,410.	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code OLYMPIA, WA 98501-4684	H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	H(c) Group exemption number
F Name and address of principal officer: MICHAEL WEST SAME AS C ABOVE		L Year of formation: 1892 M State of legal domicile: WA	
Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
Website: SOUTHSOUNDYMCA.ORG			
Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			

Part I Summary

1 Briefly describe the organization's mission or most significant activities: TO PROVIDE YOUTH AND COMMUNITY AN AFFORDABLE AND ACCESSIBLE RESOURCE FOR THE POSITIVE GROWTH AND			
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
3	Number of voting members of the governing body (Part VI, line 1a)	3	19
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	19
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	551
6	Total number of volunteers (estimate if necessary)	6	1483
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Part VIII, column (C), line 12	7b	0.
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	635,428.	650,872.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,943,459.	6,337,906.
	11 Other revenue (Part VIII, column (A), lines 5, 6, 7c, 8, 9, 10, and 11)	24,131.	87,870.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	100,661.	122,302.
	12		6,703,679.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4,250,034.	4,292,655.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	33,901.	
	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.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	8,766,575.	9,173,780.
	22 Net assets or fund balances. Subtract line 21 from line 20	4,180,271.	4,246,581.
		4,586,304.	4,927,199.

Part II Signature Block

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

Sign Here	Signature of officer	Date
	MICHAEL WEST, CEO Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name NORMAN R SMITH, CPA	Preparer's signature <i>Norman R Smith</i>	Date 3/12/14	Check <input type="checkbox"/> self-employed	PTIN P00241319
	Firm's name NR SMITH AND ASSOCIATES, PS	Firm's EIN 91-0959909			
	Firm's address 2120 CATON WAY SW OLYMPIA, WA 98502-1106	Phone no (360) 754-9475			

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

332001 10-29-13 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2013)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

ATTACHMENT
DO NOT PROCESS

AS ORIGINALLY

No statute issue
436860145 JAN 11 '18

971 010
ENVELOPE POSTMARK DATE DEC 26 2017

RECEIVED
JAN 02 2018
OGDEN
STATUTE UNIT RECEIVED
JAN 09 2018
TPR BRANCH
OGDEN

ONE 634

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission:

TO PROVIDE YOUTH AND COMMUNITY AN AFFORDABLE AND ACCESSIBLE RESOURCE FOR THE POSITIVE DEVELOPMENT OF SPIRIT, MIND AND BODY THROUGH 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? [] Yes [X] No

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? [] Yes [X] No

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.) CHILD CARE: SEE SCHEDULE O

4b (Code) (Expenses \$ 1,739,475. including grants of \$) (Revenue \$ 2,728,580.) MEMBERSHIP: SEE SCHEDULE O

4c (Code) (Expenses \$ 580,532. including grants of \$) (Revenue \$ 478,789.) YOUTH: SEE SCHEDULE O

4d Other program services (Describe in Schedule O.) (Expenses \$ 1,072,757. including grants of \$) (Revenue \$ 532,528.)

4e Total program service expenses 5,861,247.

COPY

NR SMITH AND ASSOCIATES, P.S. Form 990 (2013) Certified Public Accountants

ATTACHMENT DO NOT POST

AS ORIGINAL

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Contains 20 main questions and sub-questions (a-f) regarding organizational reporting requirements.

COPY

NR SMITH AND ASSOCIATES, P.C. CPAs

Certified Public Accountants

ATTACHMENT DO NOT PROCESS

Part IV Checklist of Required Schedules (continued)

	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		X
22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	X	
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 25a		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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 I		X
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 I		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		X
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		X
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		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
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 direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		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		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		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
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		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

COPY Form 990 (2013)

NR SMITH AND ASSOCIATES, PS
Certified Public Accountants

AS ORIGINAL

Part 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

Main form grid with questions 1a through 14a and columns for Yes/No. Includes sub-questions like 1a, 1b, 1c, 2a, 2b, 3a, 3b, etc.

MR. SMITH AND ASSOCIATES, P.S. Certified Public Accountants

Form 990 (2013)

ATTACHMENT DO NOT PROCESS

AS APPEARING

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 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?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?; b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b 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; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section 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) available 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, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:
COLLEEN OCZKEWICZ - 360-753-6576
1530 YELM HIGHWAY SE, OLYMPIA, WA 98501-4684

COPY NR SMITH AND ASSOCIATES, PS Certified Public Accountants

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 organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) STEVE HATTON CHAIR	2.00	X		X				0.	0.	0.
(2) LAURIE BERRYMAN VICE CHAIR	2.00	X		X				0.	0.	0.
(3) JON JONES SECRETARY	2.00	X		X				0.	0.	0.
(4) CHRISTINE FLEMING TREASURER	2.00	X		X				0.	0.	0.
(5) KIM PUTNAM VICE CHAIR	2.00	X		X				0.	0.	0.
(6) PAT BERSCHAUER BOARD MEMBER	1.00	X						0.	0.	0.
(7) ROBERT BRADLEY BOARD MEMBER	1.00	X						0.	0.	0.
(8) MARTY BROWN BOARD MEMBER	1.00	X						0.	0.	0.
(9) KIMBERLY ELLWANGER BOARD MEMBER	1.00	X						0.	0.	0.
(10) ALAN HARDCASTLE BOARD MEMBER	1.00	X						0.	0.	0.
(11) WENDY HOLDEN BOARD MEMBER	1.00	X						0.	0.	0.
(12) ALLEN T MILLER, JR BOARD MEMBER	1.00	X						0.	0.	0.
(13) JOHN PARRY BOARD MEMBER	1.00	X						0.	0.	0.
(14) JERRY SHAW BOARD MEMBER	1.00	X						0.	0.	0.
(15) DICK WADLEY BOARD MEMBER	1.00	X						0.	0.	0.
(16) RUTH WEIGELT BOARD MEMBER	1.00	X						0.	0.	0.
(17) RENETTA WILSON BOARD MEMBER	1.00	X						0.	0.	0.

COPY
NR SMITH AND ASSOCIATES, P.S.
Certified Public Accountants

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) LYNN WOFFORD BOARD MEMBER	1.00	X						0.	0.	0.
(19) NEIL WOODY BOARD MEMBER	1.00	X						0.	0.	0.
(20) MICHAEL WEST PRESIDENT/CEO	40.00			X				195,002.	0.	22,625.
(21) COLLEEN OCZKEWICZ CHIEF FINANCIAL OFFICER	40.00			X				80,003.	0.	4,616.
1b Sub-total								275,005.	0.	27,241.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								275,005.	0.	27,241.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

COPY

NR SMITH AND ASSOCIATES, PS
Form 990 (2013)
Certified Public Accountants

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	32,200.				
	b Membership dues					
	c Fundraising events	381,880.				
	d Related organizations					
	e Government grants (contributions)	213,836.				
	f All other contributions, gifts, grants, and similar amounts not included above	22,956.				
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f	650,872.				
	Program Service Revenue	2 a MEMBERSHIP DUES	Business Code: 813410 2,728,580.	2,728,580.		
b CHILDCARE		813410 2,630,796.	2,630,796.			
c YOUTH		813410 478,789.	478,789.			
d AQUATICS		813410 345,067.	345,067.			
e PHYSICAL EDUCATION		813410 126,953.	126,953.			
f All other program service revenue		813410 27,721.	27,721.			
g Total. Add lines 2a-2f		6,337,906.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		51,990.		51,990.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	901,232.			
		(ii) Other	12,817.			
		b Less: cost or other basis and sales expenses	872,137.	6,032.		
		c Gain or (loss)	29,095.	6,785.		
	d Net gain or (loss)		35,880.	6,785.		29,095.
	8 a Gross income from fundraising events (not including \$ 381,880. of contributions reported on line 1c). See Part IV, line 18	a	84,082.			
		b Less: direct expenses	22,591.			
c Net income or (loss) from fundraising events			61,491.		61,491.	
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses					
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a	8,111.				
	b Less: cost of goods sold	6,700.				
	c Net income or (loss) from sales of inventory		1,411.		1,411.	
Miscellaneous Revenue		Business Code:				
11 a MISCELLANEOUS INCOME		900099 59,400.	26,002.		33,398.	
	b					
	c					
	d All other revenue					
e Total. Add lines 11a-11d		59,400.				
12 Total revenue. See instructions		7,198,950.	6,370,693.	0.	177,385.	

SMITH AND ASSOCIATES, PS
Public Accountants
Form 990 (2013)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	275,005.		275,005.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,297,465.	2,276,021.	1,007,482.	13,962.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	105,006.	59,457.	45,355.	194.
9 Other employee benefits	274,109.	118,426.	155,306.	377.
10 Payroll taxes	341,070.	268,443.	71,049.	1,578.
11 Fees for services (non-employees).				
a Management				
b Legal	4,060.		4,060.	
c Accounting	11,076.		11,076.	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	28,524.		28,524.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O)	233,069.	71,426.	154,179.	7,464.
12 Advertising and promotion	49,429.	18,130.	29,806.	1,493.
13 Office expenses	15,685.	5,547.	10,138.	
14 Information technology				
15 Royalties				
16 Occupancy	699,166.	240,462.	458,704.	
17 Travel	34,659.	17,771.	16,888.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	38,967.	11,376.	23,491.	4,100.
20 Interest	199,171.		199,171.	
21 Payments to affiliates	80,621.	80,621.		
22 Depreciation, depletion, and amortization	344,348.		344,348.	
23 Insurance	142,720.	29,477.	113,243.	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a SUPPLIES	323,236.	239,227.	79,606.	4,403.
b PROGRAM MEALS	245,561.	245,561.		
c TELEPHONE	49,417.	15,057.	34,360.	
d BAD DEBT	48,999.	48,999.		
e All other expenses SEE SCH O	98,172.	2,115,246.	-2,017,404.	330.
25 Total functional expenses. Add lines 1 through 24e	6,939,535.	5,861,247.	1,044,387.	33,901.
26 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)

NR SMITH AND ASSOCIATES, PS
Certified Public Accountants

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	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 Part II of Schedule L		5
	6	Loans and other receivables from other disqualified persons (as defined under 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
	8	Inventories for sale or use	2,627.	8 1,454.
	9	Prepaid expenses and deferred charges	143,597.	9 162,197.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 10,256,237.	
	b	Less: accumulated depreciation	10b 3,983,664.	10c 6,272,573.
	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	1,648,372.	15 1,977,166.
16	Total assets. Add lines 1 through 15 (must equal line 34)	8,766,575.	16 9,173,780.	
Liabilities	17	Accounts payable and accrued expenses	658,917.	17 782,657.
	18	Grants payable		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, key employees, highest compensated employees, and disqualified persons. 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 parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	25,208.	25 29,156.
	26	Total liabilities. Add lines 17 through 25	4,180,271.	26 4,246,581.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27	Unrestricted net assets	4,586,304.	27 4,927,199.
	28	Temporarily restricted net assets		28
	29	Permanently restricted net assets		29
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> 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
33	Total net assets or fund balances	4,586,304.	33 4,927,199.	
34	Total liabilities and net assets/fund balances	8,766,575.	34 9,173,780.	

COPY Form 990 (2013)

NR SMITH AND ASSOCIATES, PS
Certified Public Accountants

AS Clerk

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,198,950.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,939,535.
3	Revenue less expenses. Subtract line 2 from line 1	3	259,415.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,586,304.
5	Net unrealized gains (losses) on investments	5	81,480.
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	4,927,199.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
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 Act and OMB Circular A-133?		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form 990 (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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization'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 by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 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						
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						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501 (c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14		%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15		%
16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
17a 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
b 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>			

Schedule A (Form 990 or 990-EZ) 2013

NR SMITH AND ASSOCIATES, PS
Certified Public Accountants

Handwritten notes and stamps, including "COPY" and "15 01/11/14"

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not 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 performed, 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 business under section 513						
4 Tax revenues levied for the organization'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 3 received from disqualified persons						0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b						0.
8 Public support. (Subtract line 7c from line 6)						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 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 for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	99.42 %
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	99.44 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	.58 %
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	.56 %

19a 33 1/3% support tests - 2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

COPY NR SMITH AND ASSOCIATES, PS Certified Public Accountants Schedule A (Form 990 or 990-EZ) 2013

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.

OMB No 1545-0047

2013
Open to Public Inspection

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

Name of the organization

SOUTH SOUND YOUNG MEN'S CHRISTIAN ASSN.

Employer identification number

91-0586473

Part 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.

	(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 writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

- Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
- 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	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d
- 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? Yes No
- 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) and section 170(h)(4)(B)(ii)? Yes No
- 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 conservation easements.

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.

- 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.
 - 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	▶ \$ _____
- 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:

a Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

COPY

NR SMITH AND ASSOCIATES, PS

Certified Public Accountants

IS UNPROCESSED

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____%
 - b Permanent endowment _____%
 - c Temporarily restricted endowment _____%
- The percentages in lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,492,200.		1,492,200.
b Buildings		7,457,304.	3,099,160.	4,358,144.
c Leasehold improvements				
d Equipment		1,306,733.	884,504.	422,229.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				6,272,573.

COPY

NR SMITH AND ASSOCIATES, PS
Certified Public Accountants

AS DEPOSITED

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) LONG-TERM INVESTMENTS	1,876,490.
(2) LONG-TERM CERTIFICATES OF DEPOSIT	100,676.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	1,977,166.

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) FUNDS HELD FOR OTHERS	29,156.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	29,156.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

COPY
 NR SMITH AND ASSOCIATES
 Certified Public Accountants

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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:			
a	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	29,290.	
e	Add lines 2a through 2d	2e		29,290.
3	Subtract line 2e from line 1		3	7,152,912.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	46,041.	
c	Add lines 4a and 4b	4c		46,041.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	7,198,953.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

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:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	29,290.	
e	Add lines 2a through 2d	2e		29,290.
3	Subtract line 2e from line 1		3	6,893,497.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	46,041.	
c	Add lines 4a and 4b	4c		46,041.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	6,939,538.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING NOT SHOWN NET	22,590.
INVENTORY NOT SHOWN NET	6,700.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	29,290.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

INVESTMENT EXPENSES NOT SHOWN NET	28,524.
PROGRAM EVENTS NOT SHOWN NET	17,517.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	46,041.

COPY

NR SMITH AND ASSOCIATES, PS

Certified Public Accountants

PART XII, LINE 2D - OTHER ADJUSTMENTS:

332054
09-25-13

ATTACHMENT
DO NOT PROCESS

RECEIVED

Part XIII Supplemental Information (continued)

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.

COPY

NR SMITH AND ASSOCIATES, PS

Certified Public Accountants

ATTACHMENT
DO NOT PROCESS

AS ORIGINALLY
FILED

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 gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		STRONG KIDS CAMPAIGN (event type)	ANNUAL AUCTION (event type)	NONE (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	381,880.	84,082.	465,962.
	2	Less: Contributions	381,880.		381,880.
	3	Gross income (line 1 minus line 2)		84,082.	84,082.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses		22,591.	22,591.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			22,591.
	11	Net income summary. Subtract line 10 from line 3, column (d)			61,491.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(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			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)			

9 Enter the state(s) in which the organization operates gaming activities: _____
 a Is the organization licensed to operate gaming activities in each of these states? Yes No
 b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
 b If "Yes," explain: _____

COPY

AS ORIGINAL

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:
 a The organization's facility

13a		%
13b		%

 b An outside facility

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:
 Name ▶ _____
 Address ▶ _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.

c If "Yes," enter name and address of the third party:
 Name ▶ _____
 Address ▶ _____

16 Gaming manager information:
 Name ▶ _____
 Gaming manager compensation ▶ \$ _____
 Description of services provided ▶ _____

 Director/officer Employee Independent contractor

17 Mandatory distributions:
 a 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 ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (ii) 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, PS
 Certified Public Accountants
 Schedule G (Form 990 or 990-EZ) 2013

NS 0000000000
 11/11/13

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No 1545-0047

2013

Open to Public Inspection

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.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

SOUTH SOUND YOUNG MEN'S CHRISTIAN ASSN.

Employer identification number

91-0586473

Part I Questions Regarding Compensation

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.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> 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

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?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization'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.

- | | |
|--|--|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

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:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

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:

- a** The organization?
- b** Any related organization?
- 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 not described in lines 5 and 6? If "Yes," describe in Part III

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

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2	X	
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2013

COPY

NR SMITH AND ASSOCIATES, PS
Certified Public Accountants

Part III Supplemental 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.

COPY

NR SMITH AND ASSOCIATES, PS
Certified Public Accountants

ATTACHMENT
DO NOT PROCESS

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.

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization

SOUTH SOUND YOUNG MEN'S CHRISTIAN ASSN.

Employer identification number

91-0586473

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

DEVELOPMENT OF SPIRIT, MIND AND BODY THROUGH RECREATIONAL, HEALTH AND
LEADERSHIP PROGRAMS.

PAGE 2, PART III STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

EXPLANATION: INTRODUCTION

THE SOUTH SOUND YMCA SERVES OUR COMMUNITY WITH PROGRAMS AND SERVICES
THAT FALL INTO ONE OF OUR THREE AREAS OF FOCUS: YOUTH DEVELOPMENT,
HEALTHY LIVING AND SOCIAL RESPONSIBILITY. WE ARE A MEMBERSHIP
ASSOCIATION DEDICATED TO HELPING INDIVIDUALS AND FAMILIES BUILD HEALTHY
BODIES, MINDS AND SPIRITS. MEMBERSHIP IS OPEN TO MEN, WOMEN AND
CHILDREN OF ALL AGES, ABILITIES, INCOMES, RACES AND RELIGIONS. 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 CHILD AND
TEEN. WE BELIEVE THAT ALL KIDS DESERVE THE OPPORTUNITY TO DISCOVER 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 OFFER A RANGE
OF EXPERIENCES THAT ENRICH COGNITIVE, SOCIAL, PHYSICAL, AND EMOTIONAL
GROWTH.

TWO OF OUR THREE LARGEST PROGRAM SERVICE AREAS FALL INTO OUR YOUTH

DEVELOPMENT AREA OF FOCUS. OUR LARGEST PROGRAM SERVICE AREAS ARE

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

332211
09-04-13

NR SMITH AND ASSOCIATES, PS
Schedule O (Form 990 or 990-EZ) (2013)

Certified Public Accountants

ATTACHMENT
DO NOT PROCESS

Name of the organization

SOUTH SOUND YOUNG MEN'S CHRISTIAN ASSN.

Employer identification number

91-0586473

CHILDCARE. CHILDCARE AT OUR Y INCLUDES SCHOOL-AGE CARE AT 30 SCHOOL 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 FULFILLMENT.

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 4,277 ARE OVER THE AGE

332212
09-04-13

Name of the organization

SOUTH SOUND YOUNG MEN'S CHRISTIAN ASSN.

Employer identification number

91-0586473

55. FACILITY MEMBERSHIP PROVIDES ACCESS TO NUMEROUS GROUP HEALTH, WELL-BEING AND FITNESS CLASSES BUT WE ARE MORE THAN A GYM. OUR FACILITIES OFFER VARIOUS OPPORTUNITIES FOR FAMILIES AND INDIVIDUALS TO CONNECT. THESE OPPORTUNITIES RANGE, FOR EXAMPLE, FROM PLAY TIME DURING OPEN SWIM TO ENJOYING CONVERSATIONS AND CAMARADERIE AROUND A TABLE IN OUR LOBBY IN A SOCIAL SETTING. IN PURSUIT OF OUR MISSION OF MAKING HEALTHY LIVING OPPORTUNITIES ACCESSIBLE, WE PROVIDED OVER \$215,000 OF FINANCIAL ASSISTANCE IN OUR MEMBERSHIP PROGRAM SERVICE AREA.

SOCIAL RESPONSIBILITY

OUR YMCA BELIEVES IN GIVING BACK AND SUPPORTING OUR NEIGHBORS. WE HAVE BEEN LISTENING AND RESPONDING TO OUR COMMUNITY FOR MORE THAN ONE HUNDRED AND TWENTY YEARS. IN 2013, THERE WERE OVER 47,000 PARTICIPANTS IN NUMEROUS PROGRAM AND FACILITY MEMBERSHIP ACTIVITIES AND WE ENGAGED 1,483 VOLUNTEERS WHO CONTRIBUTED OVER 20,000 HOURS TO HELP THE ORGANIZATION ACHIEVE ITS MISSION.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

SEE SCHEDULE O

EXPENSES \$ 1,072,757. INCLUDING GRANTS OF \$ 0. REVENUE \$ 532,528.

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.

COPY
NR SMITH AND ASSOCIATES, PS
Certified Public Accountants

AS ORDERED

Name of the organization SOUTH SOUND YOUNG MEN'S CHRISTIAN ASSN.	Employer identification number 91-0586473
---	--

FORM 990, PART VI, SECTION B, LINE 12C:

EXPLANATION: THE ORGANIZATION MONITORS AND ENFORCES COMPLIANCE WITH ITS CONFLICT OF INTEREST POLICY ON A REGULAR BASIS.

FORM 990, PART VI, SECTION B, LINE 15:

EXPLANATION: THE ORGANIZATION DETERMINES COMPENSATION OF OFFICERS THROUGH A COMPARABILITY STUDY, APPROVED BY THE GOVERNING BODY.

FORM 990, PART VI, SECTION C, LINE 19:

EXPLANATION: THESE ITEMS WOULD BE MADE AVAILABLE ON AN INDIVIDUAL BASIS, UPON REQUEST.

FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES:

EQUIPMENT RENTAL AND EQUIPMENT	:	
PROGRAM SERVICE EXPENSES		13,141.
MANAGEMENT AND GENERAL EXPENSES		33,789.
FUNDRAISING EXPENSES		0.
TOTAL EXPENSES		46,930.

POSTAGE	:	
PROGRAM SERVICE EXPENSES		5,216.
MANAGEMENT AND GENERAL EXPENSES		12,224.
FUNDRAISING EXPENSES		330.
TOTAL EXPENSES		17,770.

PROGRAM EVENTS	:	
PROGRAM SERVICE EXPENSES		17,517.
MANAGEMENT AND GENERAL EXPENSES		0.

COPY

NR SMITH AND ASSOCIATES, PS

Certified Public Accountants

17,517

0.

ATTACHMENT DO NOT PROCESS

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.

COPY

NR SMITH AND ASSOCIATES, PS

Certified Public Accountants

Schedule O (Form 990 or 990-EZ) (2013)

ATTACHMENT DO NOT PROCESS

AS 06/20/13