	** PUBLIC DISCLOSURE COPY **
Form <b>990</b>	Return of Organization Exempt From Income Tax
Form <b>330</b>	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations
Department of the Treasury	▶ Do not enter social security numbers on this form as it may be made public.
Internal Revenue Service	Information about Form 990 and its instructions is at www.irs.gov/form990.
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Open to Public Inspection

	<u>A F</u>	or the	e 2014 calendar year, or tax year beginning ar	nd ending			
	Вс	heck if pplicabl	C Name of organization		D Employe	r identifica	tion number
		Addre chang	SOUTH SOUND YOUNG MEN'S CHRISTIAN AS	SN.			
		Name chang	Doing business as			91-05	86473
		]initial return	,	Room/suite	E Telephor		·
	L.	Final return termin				(360)	753-6576
		ated TAmen	City or town, state or province, country, and ZIP or foreign postal code		G Gross receip	ots \$	9,239,314.
	<u> </u>	Jreturn Applic	OLIMPIA, WA 98501-4684		H(a) Is this		
	L	Ltion pendii	I F Name and address of principal officer: MICHAEL WEST	1		ordinates?	
		27.07	empt status: X 501(c)(3) 501(c) ( ) ( insert no.) 4947(a)(-	1) or 527			uded? Yes No it (see instructions)
			te: SOUTHSOUNDYMCA.ORG	1)101/	H(c) Group		
			organization: X Corporation	L Year			State of legal domicile: WA
			Summary	1.72			Jaco of Jogar Commons, 1122
	е	1	Briefly describe the organization's mission or most significant activities: TO	PROVIDE	YOUTH	AND CO	OMMUNITY
	Governance		AN AFFORDABLE AND ACCESSIBLE RESOURCE F				
	ern		Check this box 🕨 📖 if the organization discontinued its operations or disc	osed of more	than 25% of	its net asse	ets.
R	30		Number of voting members of the governing body (Part VI, line 1a)	REC	ENFO	3	19
2017			Number of independent voting members of the governing body (Part VI, line 1)		-17	4	19
$\sim$	Activities &		Total number of individuals employed in calendar year 2014 (Part V, line 2a)	<b>f</b> JA:N∵n	2010	· <u> හි  5</u>	567
S)	ίž		Total number of volunteers (estimate if necessary)		<del></del> ∠U.I&	<u> </u>	1250
ر	ĕ		Net unrelated business taxable income from Form 990-T, line 34	OGDE		7a 7b	<u>0.</u>
Ĭ			ver difference business taxable income from 1 offi 990-1, inte 54		Prior-Yea		Current Year
,		8	Contributions and grants (Part VIII, line 1h)	<del></del> -		872.	807,709.
	Revenue		Program service revenue (Part VIII, line 2g)		6,337,		6,657,820.
	e		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	[		870.	102,887.
	<u>د</u>		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			302.	121,795.
			Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		7,198,		7,690,211.
			Grants And Divar amounts paid (Part IX, column (A), lines 1-3)			0.	0.
			Benefits paid to or for members (Part IX, column (A), line 4)			0.	0.
NR	31	/PT	Salarias, other companisation remptage benefits (Part iX, column (A), lines 5-10	)	4,292,		4,674,624.
T 474	7. Ā∏	46a	Professional fund aising fees Par XX column (A), line 11e)			0.	<u>0.</u>
	ស្នា	rtifi	Total fundraising expenses (Part IX, column (D), line 25)  SQ FIDIT ACCOUNTANTS (A)	469.   <u> </u>	0 646	000	0.660.046
		AUATT	Schelen Dunger (SCO) XIII (A), lines 11a-11d, 11f-24e)		2,646,		2,668,046.
	l	10	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		6,939,	415.	7,342,670.
	P 89	13	Total assets (Part X, line 16) Total liabilities (Part X, line 26)		ginning of Curr		347,541.
	age age	20	Total assets (Part X. line 16)		9,173,		End of Year 9,187,540.
	Net Ass Fund Bal	21	Total liabilities (Part X, line 26)		4,246,	581.	3,871,311.
	됦	22	Net assets or fund balances Subtract line 21 from line 20		4,927,		5,316,229.
			Signature Block				
وسع			lties of perjury, I declare that I have examined this return, including accompanying schedu				nowledge and belief, it is
2013	true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of	which preparer	has any knowle	dge.	···
			Signature of officer				
€. E.	Sign		•		Date		
	Here	•	MICHAEL WEST, CEO Type or print name and title				
FE33			Print/Type preparer's name Preparer's signature		ate	Check	PTIN
	Paid		NORMAN R SMITH, CPA	] -		II	P00241319
ا عن ا ا	Prep		Firm's name NR SMITH AND ASSOCIATES, PS		Firm'	self-employed	1-0959909
-	Use (		Firm's address 2120 CATON WAY SW		1 1111	<u> </u>	, ± 000000
	_	_	OLYMPIA, WA 98502-1106		Phon	e no. (360	)) 754-9475
	May	the IF	S discuss this return with the preparer shown above? (see instructions)				X Yes No
٧	ر ا	1 11-0		tions.			Form <b>990</b> (2014)

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

ATTACHMENT DO NOT PROCESS

	t III   Statement of Program Service Accomplishments		-
	Check if Schedule O contains a response or note to any line in this Part III		<u></u>
1	Briefly describe the organization's mission:		. ** **** * *** **** . Lab
	TO PROVIDE YOUTH AND COMMUNITY AN AFFORDABLE AND	ACCESSIBLE	RESOURCE
	FOR THE POSITIVE DEVELOPMENT OF SPIRIT, MIND AND		
	RECREATIONAL HEALTH AND LEADERSHIP PROGRAMS.		
2	Did the organization undertake any significant program services during the year which were not l		
	the prior Form 990 or 990-EZ?		Yes X N
_	If "Yes," describe these new services on Schedule O.		r reen.
3	Did the organization cease conducting, or make significant changes in how it conducts, any prog	gram services?	Yes X N
4	If "Yes," describe these changes on Schedule O.  Describe the organization's program service accomplishments for each of its three largest program.	om condess as mass.	
4	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allo		
	revenue, if any, for each program service reported.	cations to others, the	total expenses, and
<u>4a</u>	(Code) (Expenses \$2, 707, 721. including grants of \$	) (Bayesya *	2 850 565
Tu	CHILDCARE: SEE SCHEDULE O	/ (Revenue \$	2,030,303
	Olizabolitati Dala Dollabolia C	<del>"</del>	
		<del></del> ,	
4b	(Code) (Expenses \$1, 705, 955. Including grants of \$	) (Revenue \$	2,755,932
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	(Code ) (Expenses \$ 1,705,955 including grants of \$ MEMBERSHIP: SEE SCHEDULE O  COPY  MITH AND ASSOCIATES, PS	) (Revenue \$	2,755,932
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l Sì	COPY  MITH AND ASSOCIATES, PS  Prtified Public Accountants  (code) (Expenses \$ 732,976. Including grants of \$ YOUTH: SEE SCHEDULE O	) (Revenue \$	



Form 990 (2014) SOUTH SOUND YOUNG MEN'S CHRISTIAN ASSN. 91-0586473 Page 3
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		}	
	If "Yes," complete Schedule A	1	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	_5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	_6_		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,		]	]
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete		}	1
	Schedule D, Part III	8_		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	}	}	1
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			1
	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	İ	ļ	[
	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, VII, VIII, IX, or X	į .		l
	as applicable.		[	
а		[		
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	1		
	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	1		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	110		_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	-		
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f				
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	[	ļ	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u> X</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	[	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> X</u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	ا ا	}	3 <i>7</i>
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		_ <u>X</u> _
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		}	77
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15_	}	<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to		•	7.7
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX.	16		<u> </u>
17			{	v
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		_X_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	_	- J	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete ScheouzaG. Part III	_	ļ	v
00-		19		<u>X</u> X
z∪a Ծևն	Did the organization operate one or more bospital facilities? If "Yes," complete Schedule H  Wyst to Installation of the organization at copy of its audited financial statements to this return?	20a		
W.	MAT I do I to unless de l'alight le la	20b Form	ggn /	2014
	4 4 41 4 4 4 4 4	COLUM	J J J (	ZU14)

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Pa	rt 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		1.00	1.10
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	ļ	х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	-	<b></b>	
2.2	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
22	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			^
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			}
		000	~	
04-	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
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			٠.,
	Schedule K. If "No", go to line 25a	24a	├──`	X
	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		<b> </b> -
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			Ì
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	<u> </u>	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	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			Ì
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26	<u> </u>	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	1		l
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		_ X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	i	_X_
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	Ì		
	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?			
	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			
	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	1	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
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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	35b	' Ì	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
- =	If "Yes," complete Schedule R, Part V, line 2	36		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	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	_ <u></u>		
	Note. All Form 990 filers are required to complete Schedule O	38	х	
	COPY		990 (	2014\
		. 3	(	''

# NR SMITH AND ASSOCIATES, PS

Certified Public Accountants

AS ORIGINALLY

Par	Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V			$\Box$
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	ز		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	)		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	}		
	(gambling) winnings to prize winners?	_1c	X	
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	<u>/</u>		
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)	1		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b	<u> </u>	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
þ	If "Yes," enter the name of the foreign country.	İ		ı
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	L	X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		_X
þ	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).			
	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	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
C	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	-		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	⁻7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		1	
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12	]		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1 !	1	
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders	1 1	1	
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them)	.	İ	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<b> </b>		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
	Enter the amount of heserves on hand 13c	<b></b>		
14a	Did the organization receive any payments for indoor tanning services during the tax year?  Li Wes!" mask filed a Agriculture of the payments? If "No," provide an explanation in Schedule O	14a		<u> </u>
AH.	[[[Yish]] has/it filled a fight 10 th/haddi, 如 Eq bayments? If "No," provide an explanation in Schedule O	14b	20.5	
		Form	990 (	2014)

	n 990 (2014) SOUTH SOUND YOUNG MEN'S CHRISTIAN ASSN. 91-0586 rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a	473		Page 6
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.	140 1	espoi	136
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	ction A. Governing Body and Management	_=	<u>.</u>	
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		1.00	† ····
	If there are material differences in voting rights among members of the governing body, or if the governing	1	ì	Ì
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1		ì
h	Enter the number of voting members included in line 1a, above, who are independent 15	<sub>)</sub>	l	{
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1	ļ	
_	officer, director, trustee, or key employee?	2	Ì	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision		1	1
	of officers, directors, or trustees, or key employees to a management company or other person?	3	İ	x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	<del> </del> -	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	$\vdash$	X
6	Did the organization have members or stockholders?	6		X
-	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	-	<del>                                     </del>	1
74	more members of the governing body?	7a	1	X
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	10	<del> </del>	1
	persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	1.5	<del> </del> -	_^_
a		8a	X	1
	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	-00	1	<del> </del>
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		x
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		<u> </u>	1 47
===	- 1011 211 0110100 17110 Geedler & requeste information about policide net required by the internal revenue Gedely		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	X	140
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		<del>                                     </del>
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	$\vdash$
112	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	110		
		i	X	1
b	Did the organization have a written conflict of interest policy? If "No " go to line 13	122	4.2	<del>├</del> -
b 12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		ı
b 12a b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a 12b	Х	
b 12a b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	}
b 12a b c	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
b 12a b c	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b 12c 13	X X X	
b 12a b c	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?	12b	X	
b 12a b c	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent	12b 12c 13	X X X	
b 12a b c	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?	12b 12c 13 14	X X X	
b 12a b c 13 14 15	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for eletermining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	12b 12c 13 14	X X X	
b 12a b c 13 14 15	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official	12b 12c 13 14	X X X	
b 12a b c 13 14 15	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official in the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official in the following persons in Schedule O (see instructions).	12b 12c 13 14	X X X	
b 12a b c 13 14 15	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO. Executive Director, or top management official  With and the light of the comparability describes the process in Schedule O (see instructions).  Officer of the light of the comparability of the process in Schedule O (see instructions).	12b 12c 13 14 15a 15b	X X X	v
12a b c 13 14 15	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO Executive Director, or top management official  With and the latest of the process in Schedule O (see instructions).  Officer of the latest of the process of	12b 12c 13 14	X X X	X
b 12a b c 13 14 15	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official  With individual and the companization of the process in Schedule O (see instructions).  (IT "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  (IT "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	12b 12c 13 14 15a 15b	X X X	x
b 12a b c 13 14 15	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO Executive Director, or top management official  With and the latest of the process in Schedule O (see instructions).  Officer of the latest of the process of	12b 12c 13 14 15a 15b	X X X	x

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. Another's website X Upon request Other (explain in Schedule O) Own website 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. State the name, address, and telephone number of the person who possesses the organization's books and records: COLLEEN OCZKEWICZ - 360-753-6576 1530 YELM HIGHWAY SE, OLYMPIA, WA 98501-4684

432008 11-07-14

Form 990 (2014)

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91-0586473

Form 990 (2014) SOUTH SOUND YOUNG MEN'S CHRISTIAN ASSN. 91-0!

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.

Company and a second										
Check this box if neither the organization r	or any related	orga	ınıza	ation	cor	npe	nsat	ed any current officer, o	lirector, or trustee.	
COPW) Name and Title	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average	(40	- 1-	Pos	rtion	1		Reportable	Reportable	Estimated
	hours per	l Dox,	unie	heck ss pe	rson	is bot	han I	compensation	compensation	amount of
SMITH AND ASSOCIATES, PS	week	-	er ar	nd a d	lirecto	or/trus	tee)	from	from related	other
,	(list any	cto		1		1	}	the	organizations	compensati
Certified Public Accountants	hours for	15 b	بو	Ì		를		organization	(W-2/1099-MISC)	from the
AGENTING TO WORK & TAGO MUTORITAN	related	ste	ruste	)		Dell	1	(W-2/1099-MISC)		organizatio
	organizations	를	onal	ļ	Boye	8 8				and relate
	line)	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizatio
	2.00	트	<u>=</u>	ļ ē	=	豆 5	ਫ਼		<del></del>	
(1) STEVE HATTON	4.00	x		x	ŀ			0.	0.	
CHAIR	2.00		_	^		<del> </del>	-		0.	
(2) LAURIE BERRYMAN	4.00	x		x	İ	}		0.	0.	
VICE CHAIR	2.00	^		-		<del> </del>	-	0,		
(3) JON JONES	2.00	$ _{\mathbf{x}} $		x	1			0.	0.	
SECRETARY	2.00	<u> </u>		Δ			-	U •		
_(4) CHRISTINE FLEMING	2.00	x		x				0.	0.	
TREASURER (5) KIM PUTNAM	2.00	Λ		Δ	-				0.	
VICE CHAIR	2.00	x		x	1			0.	0.	
(6) PAT BERSCHAUER	1.00						$\vdash$	0.		
BOARD MEMBER	1.00	x						о.	0.	
(7) ROBERT BRADLEY	1.00	*			_					
BOARD MEMBER		x						0.	0.	
(8) MARTY BROWN	1.00								<u></u>	
BOARD MEMBER		x				}		0.	0.	
(9) KIMBERLY ELLWANGER	1.00									
BOARD MEMBER		x						0.	0.	
(10) GREG KLEIN	1.00									
BOARD MEMBER		x						0.	0.	
(11) WENDY HOLDEN	1.00									
BOARD MEMBER		x						0.	0.	
(12) ALLEN T MILLER, JR	1.00									
BOARD MEMBER		X						0.	0.	
(13) JOHN PARRY	1.00									
BOARD MEMBER		X						0.	0.	·
(14) JERRY SHAW	1.00									
BOARD MEMBER		X						0.	0.	
(15) DICK WADLEY	1.00		į							
BOARD MEMBER	ļ	X				L.		0.	0.	
(16) RUTH WEIGELT	1.00							Ì		
BOARD MEMBER	ļ	X						0.	0.	
(17) RENETTA WILSON	1.00									
BOARD MEMBER		X		1 1	1	1 1	1 1	0.	0.	

(A) Name and title	(B) Average			(C Pos	ition			(D) Reportable	(E) Reportable		Es	(F) stimati	edi
	hours per week (list any hours for related organizations	tee or director	, unie	heck ss pe id a d	rson i Irecto	s bot	h an tee)	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MIS		com fi org an	nount other pensa om th anizat d relat	of ation ie tion ted
	below line)	Individua	Institutio	Officer	Кеу етрі	Highest c	Former				org	anizati	ions
(18) LYNN WOFFORD	1.00	x						0.		0.			0
BOARD MEMBER (19) NEIL WOODY	1.00	47								٠.			<u> </u>
BOARD MEMBER		x						0.1		0.			0.
(20) MICHAEL WEST	40.00												
PRESIDENT/CEO				X				202,134.		0.	2	2,8	29.
21) COLLEEN OCZKEWICZ	40.00										ı		
CHIEF FINANCIAL OFFICER		-		X				80,574.		0.		7,2	91.
<del></del>													
1b Sub-total				]				282,708.		0.	3	0,1	20.
c Total from continuation sheets to								0.		0.		<u> </u>	0,
d Total (add lines 1b and 1c)								282,708.		Ō.	- 3	$\tilde{0},1$	20.
2 Total number of individuals (including compensation from the organization		ose	liste	d at	oove	) wh	o re	ceived more than \$100,	000 of reportable	•			1
												Yes	No
3 Did the organization list any former of line 1a? If "Yes," complete Schedule											3		x
4 For any individual listed on line 1a, is	the sum of reportable	le co	mpe	ensa	tion	and	oth	er compensation from t	he organization				
and related organizations greater tha										]	4	X	
5 Did any person listed on line 1a rece	•						elate	ed organization or individ	dual for services	İ	_		
rendered to the organization? If "Yes Section B. Independent Contractors	s," complete Schedule	e J to	or su	ich j	oers	оп	<u>··</u>	<del> </del>	<u> </u>	1	5		_X_
1 Complete this table for your five high									•	ens	ation f	rom	
the organization. Report compensati	on for the calendar y	ear e	ndi	ng w	<u>rith c</u>	or wi	thin	the organization's tax y (B)	ear.		(0	;)	
	siness address	NC	NE	Ē			+	Description of se	ervices	C	ompe		n
COPY	·						1					_	
	י ממי												
SMITH AND ASSOCIATES	•						1						
Certified Public Accountants	3			_		_	$\dagger$						
	<del></del>						$\dashv$						
Total number of independent contract	ctors (including but n	ot lin	nite/	d to	thos	ρ he	ted	ahove) who received me	ore than				
\$100,000 of compensation from the		J. III.			0	)		accept who received the	J.S triati				
							_				Form !	990 (2	2014)

SOUTH SOUND YOUNG MEN'S CHRISTIAN ASSN.

ATTACHMENT AS UNIGINAL.

91-0586473

Page 8

Form 990 (2014)

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Related or (D)
Revenue excluded from tax under sections
512 - 514 (C) Unrelated Total revenue exempt function business revenue revenue 1 a Federated campaigns 28,568 1a **b** Membership dues ...... 1b c Fundraising events ... ... .... 10 390,880 d Related organizations ............. 10 e Government grants (contributions) Contributions, and Other Sim 1e 231,974 f All other contributions, gifts, grants, and similar amounts not included above 156,287 13\_055 g Noncash contributions included in lines 1a-1f. \$ h Total, Add lines 1a-1f 807,709 Business Code Program Service Revenue 2 a CHILDCARE 813410 2,850,565 2,850,565 b MEMBERSHIP DUES 813410 2,755,932 2,755,932 c YOUTH 813410 531,799 531,799 322,388 d AQUATICS 813410 322,388 e PHYSICAL EDUCATION 813410 161,289 161 289 f All other program service revenue .... .... 813410 35,847 35.847 Total, Add lines 2a-2f 6,657,820 Investment income (including dividends, interest, and 57,577 57,577, Income from investment of tax-exempt bond proceeds (i) Real (II) Personal b Less: rental expenses .. ... c Rental income or (loss) ..... d Net rental income or (loss) ... (ii) Other 7 a Gross amount from sales of (i) Securities assets other than inventory 1,566,255 b Less: cost or other basis and sales expenses . . . . 5,399 c Gain or (loss) .... 50,709. -5,399 d Net gain or (loss) ........ 45,310. -5,399 50,709, 8 a Gross income from fundraising events (not Revenue including \$ \_\_\_ 390,880. of contributions reported on line 1c). See Part IV, line 18 ... . . . . . . . . . . . . . a 89,751 25,871 c Net in (loss) from fundraising events 63,880 63,880. 9 a Gross income from gaming activities. See NR SMITHANDASSOCIATES, PS County Consider of loss from gaming activities . and allowances . ... ... .. a 7.044 b Less: cost of goods sold .... b 2,287 c Net income or (loss) from sales of inventory 4.757 4.757. Miscellaneous Revenue Business Code 900099 11 a MISCELLANEOUS INCOME 29,694 29,694. b MEMBERSHIP PASSES 813410 23,464. 23,464 d All other revenue .. ... ... .... e Total. Add lines 11a-11d ...... 53,158 Total revenue. See instructions. 7,690,211 6,675,885 206,617. 432009 11-07-14 Form 990 (2014)

Do.	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				·
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign	1			
	organizations, foreign governments, and foreign	l			
	individuals. See Part IV, lines 15 and 16		· · · · · · · · · · · · · · · · · · ·		·
4	Benefits paid to or for members		·		
5	Compensation of current officers, directors,				
	trustees, and key employees	282,708.		282,708.	
6	Compensation not included above, to disqualified	Ì		1	
	persons (as defined under section 4958(f)(1)) and		•		
	persons described in section 4958(c)(3)(B)				· · · · · · · · · · · · · · · · · · ·
7	Other salaries and wages	3,622,020.	2,512,417.	1,092,873.	16,730
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	101,667.	54,447.	46,094.	1,126
9	Other employee benefits	293,273.	134,499.	153,919.	4,855
10	Payroll taxes	374,956.	286,354.	86,991.	1,611
11	Fees for services (non-employees):	ļ			
а	Management				
b	Legal	4,386.		4,386.	
C	Accounting	11,127.		11,127.	
d	Lobbying Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	17,979.		17,979.	
g	Other. (If line 11g amount exceeds 10% of line 25,			-	
	column (A) amount, list line 11g expenses on Sch O.)	252,506.	72,616.	171,504.	8,386
12	Advertising and promotion	49,516.	16,498.	29,545.	3,473
13	Office expenses	13,239.	3,632.	9,517.	90
14	Information technology				
15	Royalties				· _ · · · · · · · · · · · · · · · · · ·
16	Occupancy	696,665.	264,211.	432,454.	
17	Travel	37,419.	20,393.	17,026.	
18	Payments of travel or entertainment expenses		ļ		
	for any federal phase, or local public officials Conferences, conventions, and meetings				
19	Conferences, conventions, and meetings	28,945.	5,566.	18,855.	4,524
ga/	IMPAND ACCOCIATEC DC L	181,445.		181,445.	
7147	Payments to affillates CM 11 LV, 1 V	89,930.	89,930.		
22 y	"Deprebizion deplation and amortization	321,774.		321,774.	
23/1	Histograps and the control of the co	150,215.	30,343.	119,872.	
24	Other expenses. Itemize expenses not covered	)		Ì	
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)		ì		
	amount, list line 24e expenses on Schedule 0.)				
а		360,210.	267,359.	87,438.	5,413
þ	PROGRAM MEALS	253,787.	<u>253,787.</u>		
C	TELEPHONE	50,226.	14,332.	35,894.	
d	EQUIPMENT RENTAL AND EQ	47,079.	15,558.	31,521.	
е	All other expenses	101,598.	2,127,429.	-2,030,092.	4,261
25	Total functional expenses. Add lines 1 through 24e	7,342,670.	6,169,371.	1,122,830.	50,469
26	Joint costs. Complete this line only if the organization				<del>-</del>
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)	j		i	

orm 990 Part X	(2014) SOUTH SOUND YOUNG MEN'S CHRISTI Balance Sheet	יווסמא וות.	<u> </u>	0586473 Page <b>1</b> 1
	Check if Schedule O contains a response or note to any line in this Part X			
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing		1	
2	Savings and temporary cash investments	665,940.	2	416,316
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	94,450.	4	142,948
5	Loans and other receivables from current and former officers, directors,			
İ	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			
Assets 7	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
ASS 7	Notes and loans receivable, net	1,454.	7 8	2,595
8 9	Inventories for sale or use  Prepaid expenses and deferred charges	162,197.		181,868
1 -	Land, buildings, and equipment: cost or other	104,171.	9	101,000
10%	basis. Complete Part VI of Schedule D 10, 470, 470.			
	Less: accumulated depreciation	6,272,573.	10c	6,209,296
11	Investments - publicly traded securities	1,876,490.		2,132,629
12	Investments · other securities. See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11		13	WT-11
14	Intangible assets	<u>.</u>	14	
15	Other assets. See Part IV, line 11	100,676.	15	101,888
16	Total assets, Add lines 1 through 15 (must equal line 34)	9,173,780.	16	9,187,540
17	Accounts payable and accrued expenses	782,657.	17	749,854
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	
ဖ္ဖ 22	Loans and other payables to current and former officers, directors, trustees,			
Liabilities &	key employees, highest compensated employees, and disqualified persons.			
de	Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties	3,434,768.		3,094,866
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	20 156	_	06 501
	Schedule D	<u>29,156.</u>	25	26,591 3,871,311
26	Total liabilities, Add lines 17 through 25	4,246,581.	26	3,8/1,311
,	Organizations that follow SFAS 117 (ASC 958), check here X and			
ğ   27	complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	4,927,199.	27	5,215,035
28 28	Temporanly restricted net assets	<u> </u>	28	1,194
ğ 29	Permanently restricted net assets	· · · · · · · · · · · · · · · · · · ·	29	100,000
ָבָּ   בֿיַ	Organizations that do not follow SFAS 117 (ASC 958), check here ▶		-	
ᡖ	and complete lines 30 through 34.			
Net Assets or Fund Balances 2 8 9 2 2 3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	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	
ž   33	Total net assets or fund balances	4,927,199.	33	5,316,229

**COPY** 

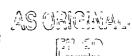
Total liabilities and net assets/fund balances

Form 990 (2014)

5,316,229. 9,187,540.

## NR SMITH AND ASSOCIATES, PS

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Form	990 (2014) SOUTH SOUND YOUNG MEN'S CHRISTIAN ASSN.	<u>91-</u>	<u> 0586</u>	473	Pa	ge 12
Pai	t XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI			<u></u>	<u> </u>	
		1 1				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,69		
2	Total expenses (must equal Part IX, column (A), line 25)	2	7	,34	$^{2,6}$	70.
3	Revenue less expenses. Subtract line 2 from line 1	3		34	7,5	41.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4	<u>,92</u>	<u>7,1</u>	<u>.99.</u>
5	Net unrealized gains (losses) on investments	5		4	1, 4	89.
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				<u>0.</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	5	<u>,31</u>	<u>6,2</u>	<u> 29.</u>
Pa	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII	··· ····	·· ···· ·	· · · · · ·		LX
				<del></del>	Yes	No
1	Accounting method used to prepare the Form 990.			} }		1
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule					
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	i on a				
	separate basis, consolidated basis, or both:					
_	Separate basis Consolidated basis Both consolidated and separate basis					3,5
р	Were the organization's financial statements audited by an independent accountant?		• ••	2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,	1			1
	consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis			}		ł
_	Separate basis Consolidated basis Both consolidated and separate basis  If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	عالمان مام				ļ
С	· · · · · · · · · · · · · · · · · · ·					
	review, or compilation of its financial statements and selection of an independent accountant?			2c		<del> </del>
0-	If the organization changed either its oversight process or selection process during the tax year, explain in Sch As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir					
Ja		igi <del>a</del> Au	uit -	За		x
h	Act and OMB Circular A-133?	······································	 1:t	Sa		
D	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	" ou aut	A11.	26		{

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432012 11-07-14 Form 990 (2014)

### **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

(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.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization						Employer	identification number
SOUT	H SOUND YO	UNG MEN'S CH	RISTI	AN AS	SN.	9	1-0586473
Part I Reason for Public	Charity Status (	All organizations must c	omplete th	is part.) Se	e instruction	s.	
The organization is not a private found	lation because it is: (	(For lines 1 through 11,	check only	one box.)			~
1 A church, convention of ch	urches, or association	on of churches describe	d in sectio	n 170(b)(1	)(A)(i).		M
2 A school described in sect							
3 A hospital or a cooperative	hospital service org	anization described in s	ection 170	)(b)(1)(A)(ii	i).		
4 A medical research organiz	ation operated in co	njunction with a hospita	l described	d in sectio	n 170(b)(1)(A	)(iii), Enter	the hospital's name,
city, and state:							·
5 An organization operated for	or the benefit of a co	llege or university owne	d or opera	ted by a go	overnmental (	unit describ	ed in
section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6 A tederal, state, or local go		nental unit described in	section 17	70(b)(1)(A)	(v).		
7 An organization that norma	lly receives a substa	intial part of its support	from a gov	ernmental	unit or from t	he general	public described in
section 170(b)(1)(A)(vi). (C	omplete Part II.)					_	
8 A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t (I.)				
9 X An organization that norma	lly receives: (1) more	than 33 1/3% of its sup	port from	contributio	ons, member:	ship fees, a	and gross receipts from
activities related to its exen	npt functions - subje	ct to certain exceptions	and (2) no	more tha	n 33 1/3% of	its support	t from gross investment
income and unrelated busin	ness taxable income	(less section 511 tax) fr	om busine	sses acqu	ired by the oi	ganization	after June 30, 1975.
See section 509(a)(2). (Co	mplete Part III.)						
10 An organization organized	and operated exclus	ively to test for public sa	afety. See	section 50	9(a)(4).		
11 An organization organized	and operated exclus	ively for the benefit of, t	o perform	the functio	ns of, or to c	arry out the	purposes of one or
more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section (	509(a)(3). (	Check the box in
lines 11a through 11d that	describes the type o	of supporting organization	n and con	nplete lines	11e, 11f, an	d 11g.	
a Type I. A supporting orga	anization operated, s	supervised, or controlled	by its sup	ported org	anization(s),	typically by	giving /
the supported organization	on(s) the power to re	gularly appoint or elect	a majonty	of the direc	ctors or truste	es of the s	upporting
organization You must o	complete Part IV, Se	ections A and B.					
b Type II. A supporting org	anization supervised	l or controlled in connec	tion with it	ts supporte	ed organizatio	on(s), by ha	iving -
control or management o	f the supporting org	anization vested in the s	ame perso	ons that co	ntrol or mana	age the sup	ported
organization(s). You mus	t complete Part IV,	Sections A and C.					
c Type III functionally inte	grated. A supportin	g organızation operated	in connec	tion with, a	and functiona	lly integrate	ed with,
its supported organizatio	n(s) (see instructions	s). You must complete	Part IV, Se	ections A,	D, and E.		
d Type III non-functionally	/ integrated. A supp	orting organization ope	rated in co	nnection w	nth its suppo	rted organi	zation(s)
that is not functionally int	egrated. The organiz	zation generally must sa	tisfy a dıst	ribution red	quirement an	d an attent	iveness
requirement (see instruct	ions). You must con	nplete Part IV, Section	s A and D,	and Part	٧.		
e Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	Type I, Type	II, Type III	
functionally integrated, or	Type III non-functio	nally integrated support	ing organi:	zation.			
f Enter the number of supported of							
g Provide the following information			Un A to act of		<del>-,,,,-</del>		
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9	listed !		(v) Amount of support	•	(vi) Amount of
Organization		above or IRC section	governing	1	Instruct		other support (see Instructions)
		(see instructions))	Yes	No			
			}	}		1	
CODV			ĺ				
COPY			<del> </del>	<u></u>			<del></del>
A LOUD WALLEY A LALER OF THE	מת מיות		Ì				
NR SMITH AND ASSOCIA	MES, PS		<del></del>				<del> </del>
	,						
<ul> <li>Certified Public Account</li> </ul>	rants———	L	<b> </b>	<u> </u>			L

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 432021 09-17-14

Schedule A (Form 990 or 990-EZ) 2014



(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) 2010 (b) 2011 (c) 2012 (d) 2013 (e) 2014 (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 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2010 (b) 2011 (c) 2012 (d) 2013 (e) 2014 (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. Net income from unrelated business activities, whether or not the business is regularly carned on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .. .... 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 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 14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) . ...... 15 Public support percentage from 2013 Schedule A, Part II, line 14 % 16a 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and b 33 1/3% support test - 2013. 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 ...... 17a 10% -facts-and-circumstances test - 2014. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2013. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions COPY Schedule A (Form 990 or 990-EZ) 2014

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432022 09-17-14 Certified Public Accountants

## Schedule A (Form 990 or 990-EZ) 2014 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.)

	A. Public Support r (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	rants, contributions, and	(a) 2010	(D/ZOTT	(6) 2012	(0) 2013	(8) 2014	(i) rotai
	rship fees received. (Do not			ļ			
	any "unusual grants.")	7,057,843.	6,684,871.	6,592,830.	7.021.565.	7.483.594.	34.840.70
	eceipts from admissions,	7,057,045.	0,004,671,	0,392,830.	7,021,303.	7,403,394,	34,040,70
mercha formed any act	indise sold or services per- , or facilities furnished in ivity that is related to the ation's tax-exempt purpose	119,625.	118,845.	72,558.	_96,300.	98 311	505,639
•	eceipts from activities that	=== /====		/555	307333	30,222.	3037003
are not	an unrelated trade or bus- nder section 513						
ization'	enues levied for the organ- s benefit and either paid to inded on its behalf						
5 The val	ue of services or facilities ed by a governmental unit to anization without charge						
6 Total.	Add lines 1 through 5	7,177,468,	6,803,716.	6,665,388,	7,117,865.	7,581,905.	35,346,342
	ts included on lines 1, 2, and						
	ed from disqualified persons			1	!		0
from othe exceed th	Included on lines 2 and 3 received r than disqualified persons that e greater of \$5,000 or 1% of the n line 13 for the year						0
	es 7a and 7b						0
	support (Subtract line 7c from line 6)						35,346,34
	3. Total Support	- <del></del>	<del></del>	·			33,340,34
	r (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	ts from line 6	7,177,468.	6,803,716.	6,665,388.	7,117,865.	7,581,905.	35,346,342
10a Gross i dividen secunti	ncome from interest, ds, payments received on es loans, rents, royalties ome from similar sources	26,280.	36,134.	24,131.	81,085.		275,916
	d business taxable income		7.2.2		<u> </u>		2.0/320
	ction 511 taxes) from businesses				1		
•	l after June 30, 1975	1		ļ			
	es 10a and 10b	26,280.	36,134.	24,131.	81,085.	108,286.	275,916
11 Net inc activitie whethe	ome from unrelated business is not included in line 10b, r or not the business is y carried on						
12 Other in or loss	ncome. Do not include gain from the sale of capital (Explain in Part VI)						
13 Total su	pport. (Add lines 9, 10c, 11, and 12.)		6,839,850,	6,689,519,	7,198,950.	7,690,191,	35,622,258
14 First fi	<b>ve years.</b> If the Form 990 is for	the organization's	first, second, third	, fourth, or fifth tax	year as a section	n 501(c)(3) organiza	ation,
	his box and stop here				<u> </u>		<u></u> . ▶∟
	Computation of Publi				<del>,</del>		
	support percentage for 2014 (li					15	99.23
	support percentage from 2013			_ <del>:</del> :		16	99.42
	). Computation of Inves			40 1	<del></del>		F7 E7
	nent income percentage for 20					17	.77
	nent income percentage from 2					18	.58
more th	6 support 13th - 2014. If the nan 33 173%, check this box ar	nd stop here. The	organization qualıfi	es as a publicly su	pported organiza	ation	▶\X
D Q13(3) 1/18/	Disabblutesis (kala 1919)	Craamarion did II	or check a box on i	iiie 14 01 lilie 19a, i	and time to is mo	re man 33 1/3%, a	u
	Arsupportests (2003) And enothing than 23/394, the toundation. If the organization						▶

## Schedule A (Form 990 or 990-EZ) 2014 SOUTH SOUND YOUNG MEN'S CHRISTIAN ASSN. 91-0586473 Page 4

### Part IV | Supporting Organizations

Cote thing whether the organization had excess business holdings.)

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete

	Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)			
Sec	tion A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing		1.00	1
•	documents? If "No" describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		1
2	Did the organization have any supported organization that does not have an IRS determination of status			
_	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		
32	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer		<del></del>	
- Oa	(b) and (c) below.	За		
h	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	Ja		_
-	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the		ŀ	l
	organization made the determination.	3b	ł	ł
_	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)	- 30	<del> </del>	
C	(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	20		
40	Was any supported organization not organized in the United States ("foreign supported organization")? If	3c		
48				
	"Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.  Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign	4a		<del> </del>
D		}		
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion	1		
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used	ļ		
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
_	purposes.	4c	-	
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"	Į		Ì
	answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN	ŀ		
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,			-
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action			
	was accomplished (such as by amendment to the organizing document).	5a	<del> </del>	
þ	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b	ļ	<u> </u>
¢	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c_		ļ
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class	l		
	benefited by one or more of its supported organizations; or (c) other supporting organizations that also		1	
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in	i		İ
	Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial			
	contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent			
	controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7	<u> </u>	<u> </u>
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
	If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described		1	
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		<u> </u>
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
C	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9ç	<u> </u>	
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f)			
	(regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting		1	
NID C	THE DEPOSIT OF THE PROPERTY AND ASSESSMENT OF THE PROPERTY ASSESSMENT OF THE PROPERTY ASSESSMENT OF THE PROPERTY OF THE PROPER	10a		
IAK 4	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to		1	<u> </u>
	Cydetel filine vilhe fbåt thetoroapization dad excess business holdings.)	106	1	

16

Schedule A (Form 990 or 990-EZ) 2014

10b

Sche	edule A (Form 990 or 990-EZ) 2014 SOUTH SOUND YOUNG MEN'S CHRISTIAN ASSN. 91-05	<u> 8647</u>	3 P	age 5
Pa	rt IV   Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			Ì
_	below, the governing body of a supported organization?	11a	ļ	ļ
h	A family member of a person described in (a) above?	11b	<del> </del> -	
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		<del> </del>	
	etion B. Type I Supporting Organizations	11c	L	L
000	Alon B. Type I Supporting Organizations		T.,	T
	Post the Post of the device of the state of		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		ŀ	
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		1	Ì
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			l
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	}	,	1
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	]	]	}
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			ļ
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		_
Sec	ction C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	1	)	
	the supported organization(s).	1 . !		
Sec	etion D. Type III Supporting Organizations	<del></del>	ــــــــــــــــــــــــــــــــــــــ	L
===	Mott 27 13 po 117 outplotting 0.521 made on 1		Yes	Nie
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		res	No
'				
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax	}		
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the	] .		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1 -		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
···	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year(see Instructions):			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions	),	
2	Activities Test. Answer (a) and (b) below.	Ì	Yes	No
а			100	
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	] ]		
	those supported organizations and explain how these activities directly furthered their exempt purposes.	1		
	how the organization was responsive to those supported organizations, and how the organization determined		Į	
	that these activities constituted substantially all of its activities.	0-		
	·	2a		
Ø	Did the activities 1930 Wed in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	1 1	j	
MR	neas wis for the preanization spacetion that its supported organization(s) would have engaged in these activities out to the organizations involvement.	1 1	l	
		2b		
3	Rarent of Supported Organizations. Answer (a) and (b) below.	1 1		
а	Digital by Sarization have the partial in egularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	ţ [	Ţ	
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

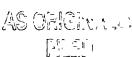
Schedule A (Form 990 or 990-EZ) 2014

	dule A (Form 990 or 990-EZ) 2014 SOUTH SOUND YOUNG MEN'S			1-0586473 Page 6
Par	Type in itel t another any integration occupy of capper in			·
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust o	n Nov. 20, 1970. <b>See inst</b> ru	uctions. All
	other Type III non-functionally integrated supporting organizations must co	omplete S	Sections A through E.	
Secti	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
_5_	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Secti	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	10		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
_2	Acquisition indebtedness applicable to non-exempt-use assets	2	·····	
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,	1 1		
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by .035	6	· · · · · · · · · · · · · · · · · · ·	
_7_	Recoveries of prior-year distributions	7		
_8_	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Mınimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	lly-integra	ited Type III supporting org	anization (see

Schedule A (Form 990 or 990-EZ) 2014

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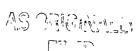


	dule A (Form 990 or 990-EZ) 2014 SOUTH SOUND Y  V Type III Non-Functionally Integrated 509			91-0586473 Page 7
	ion D - Distributions	varior cupporting org	anizations (continued)	Comment Value
	Amounts paid to supported organizations to accomplish exe	mpt purposes		Current Year
_1	Amounts paid to supported organizations to accomplish exem		<del></del>	
2	organizations, in excess of income from activity	pr parposes or supported		
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization		<del>                                     </del>
4	Amounts paid to acquire exempt use assets	ies of supported organization	15	<del></del>
5	Qualified set-aside amounts (prior IRS approval required)	·		<del> </del>
6	Other distributions (describe in Part VI). See instructions.			
_ <del></del>	Total annual distributions. Add lines 1 through 6.			<del>                                     </del>
8	Distributions to attentive supported organizations to which t	he organization is responsiv	^	<del> </del>
0	(provide details in Part VI). See instructions.	ne organization is responsiv	U	
9	Distributable amount for 2014 from Section C, line 6			<del> </del>
10	Line 8 amount divided by Line 9 amount			<del>                                     </del>
10	Line o amount divided by Line a amount	(i)	(ii)	///
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	(iii) Distributable
	Distributable amount for 2014 from Section C, line 6		Pre-2014	Amount for 2014
_1_	<u> </u>	· · · · · · · · · · · · · · · · · · ·		
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
		<del>                                     </del>		
_3_	Excess distributions carryover, if any, to 2014:	··		
<u>a</u> b				
				<del></del>
c				
	From 2013			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
<u> </u>	Carryover from 2009 not applied (see instructions)			
	Remainder, Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D, line 7:			
	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount  Remainder, Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
	any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
	Remaining underdistributions for 2014. Subtract lines 3h			
6	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7				
7	Excess distributions carryover to 2015. Add lines 3j and 4c.			
_				
8_	Breakdown of line 7:	<del></del>		
<u>a</u> h				
b				
C C	Excess from 2013			
	Excess from 2014			
Ų	E-0000 011 E-0 1 1		<u></u>	1

Schedule A (Form 990 or 990-EZ) 2014

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432027 09-17-14



Also complete this part for any additional information. (See instructions).	
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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.lrs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number 91-0586473

	SOUTH SOUND YOUNG MEN'S CHRISTIAN	ASSN.	91-0586473
Pa	rt I Organizations Maintaining Donor Advised Funds or Other Simila		
	organization answered "Yes" to Form 990, Part IV, line 6.		·
	(a) Donor advised fund	s (	b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of 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 d	onor advised fun	ds
	are the organization's property, subject to the organization's exclusive legal control?		
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fur		
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other		-
	impermissible private benefit?		
Pai	rt II Conservation Easements. Complete if the organization answered "Yes" to F		
1	Purpose(s) of conservation easements held by the organization (check all that apply).	······································	
•		n of a historically	important land area
		n of a certified hi	·
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution is	the form of a co	preservation easement on the last
	day of the tax year.		
	<b>,,</b>		Held at the End of the Tax Year
а	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
	Number of conservation easements included in (c) acquired after 8/17/06, and not on a hist		
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, released, extinguished, or termina		_ <del></del>
-	year ►		
4	Number of states where property subject to conservation easement is located		
5	Does the organization have a written policy regarding the periodic monitoring, inspection, ha	andling of	
	violations, and enforcement of the conservation easements it holds?	•	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation ea		
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easeme	•	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of so		
	and section 170(h)(4)(B)(ii)?		***
9	In Part XIII, describe how the organization reports conservation easements in its revenue an	d expense staten	nent, and balance sheet, and
	include, if applicable, the text of the footnote to the organization's financial statements that	-	
	conservation easements.		, g
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasur	es, or Other S	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 reve	nue statement ar	nd 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 b	alance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, education, or research in furthers	ance of public ser	vice, provide the following amounts
	relating to these items:		•
	(i) Revenue included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treasures, or other similar assets f		provide
	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these	tems:	
а	Revenue included in Firm 990, Part VIII, line 1		<b>&gt;</b> \$
	Assets included in Form 990 Part X		<b>\$</b>
N	R SMITH AND ASSOCIATES, PS		
LĤĀ	For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Schedule D (Form 990) 2014
43205 10-01-	Certified Public Accountants		

		OUND YOUNG							<u> 91-0:</u>	<u> 586473</u>	<u>Pa</u>	<u>ge 2</u>
Pa	rt III   Organizations Maintaining C											
3	Using the organization's acquisition, accessi	on, and other record	ds, che	ck any of the	following th	at are a	sıgnif	icant ı	use of its	collection	items	ì
	(check all that apply):											
а		c	╸┝═	Loan or exc								
b		•	لــا •	Other	<del></del> .							
c												
4	Provide a description of the organization's co								se in Pa	rt XIII.		
5	During the year, did the organization solicit o					her simila	ar ass	ets				
	to be sold to raise funds rather than to be ma									Yes	ليل	No
Ра	rt IV Escrow and Custodial Arran		ete if th	e organizatio	n answered	l "Yes" to	Forr	n 990,	, Part IV,	line 9, or		
	reported an amount on Form 990, Par			<del>-</del>								
1a	ls the organization an agent, trustee, custodi		-						_	_		
	on Form 990, Part X?								L	_  Yes		No
b	if "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table:			г					
										Amount		
C	Beginning balance						. }	1c				
d	Additions during the year						.  -	1d				
e	Distributions during the year						.  -	1e	<del></del>	······		
t	Ending balance						. L	_1f	<del></del>	<del></del>	<del></del>	
	Did the organization include an amount on Fo								L	_ Yes	$\vdash$	No
	rt V Endowment Funds. Complete in	Check here if the ex	(planati	on has been	provided in	Part XIII		<del></del>	••			
- 4	TEV   Endowment Funds. Complete in				1	-				T =		<del></del>
	Danimakan afasasah alama	(a) Current year	(b) i	Prior year	(c) Two yea	ars back	(d) I	hree y	ears back	(e) Four	ears b	ack
1a		0.										
b	Contributions	100,000.										
C	Net investment earnings, gains, and losses	1,194.										
а	Grants or scholarships	<u>,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		<del></del>								
е												
	and programs						ļ			<u> </u>		
τ	Administrative expenses						-			-		
g	,	101,194.					L			ļ		<del></del>
2	Provide the estimated percentage of the curr			g, column (a	i)) held as:							
	Board designated or quasi-endowment		_%									
b		% 1 10 %										
С	· · · · · · · · · · · · · · · · · · ·	1.18 %										
•	The percentages in lines 2a, 2b, and 2c should be a sh	•										
за	Are there endowment funds not in the posse	ssion of the organiza	ation th	at are neid ai	nd administi	ered for t	the or	ganiza	ation	Γ.		
	by										es	No_
	(i) unrelated organizations							• •		3a(i)	-	<u>X</u>
	(ii) related organizations							• •		3a(ii)	-	<u>X</u>
	Describe in Part XIII the intended uses of the	•					• • •	••••		3b		
Pa	rt VI Land, Buildings, and Equipm		wment	tunas								
ı u	Complete if the organization answered		Dart IV	/ lina 11a S/	oo Earm OO	) Dort V	line 1	0				
	***************************************								. 7			
	Description of property	(a) Cost or o basis (investing		(b) Cost basis (			ccum preci	ulated	<sup>2</sup>	(d) Book	vaiuė	
	Land				2,200.	- 46	Piaci	7(101)		1 /00	20	
					2,200. 2,060.	2	201	, 41		<u>1,492</u> 4,337		
'n	Leasehold improvements			1,03	4,000.	, د	<u>4</u>	, 4± J	- 7 •	+,33/	,04	<u> </u>
4	Equipment			1 28	7,089.		927	, 68	7	349	40	2
	Other				9,121.			,06			, <del>40</del>	
	I. Add lines 1a through 1e. (Column (d) must ed	gual Form 990. Part	X. colu			l	<u> </u>	, , ,		6,209		

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Certified Public Accountants

Schedule D (Form 990) 2014

(a) Description of security or category (including name of security)	(b) Book value	11b. See Form 990, Part X, I (c) Method of valuation	: Cost or end-of-year market value
Financial derivatives	(0)	(0)	cool of the co
Closely-held equity interests		<del> </del>	
Other			
(A)	<del></del>	<del> </del>	
(B)		<del>                                     </del>	
(C)		<del> </del>	
(D)		<del> </del>	
(E)			
(F)			<del></del>
(G)		<del>                                     </del>	<del></del>
(H)	<del></del>	<del> </del>	
	<del></del>	<del> </del>	
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	<del></del>		
<del></del>	- F 000 D- 1311	44.0 5 000 5 14.1	
Complete if the organization answered "Yes" t	(b) Book value	11c. See Form 990, Part X, II	ne 13. : Cost or end-of-year market value
	(b) Book value	(c) Welflod of Valuation	. Cost of end-of-year market value
(1)	<del></del>	<del> </del>	
(2)		<del></del>	
(3)	· · · · · · · · · · · · · · · · · · ·		<del></del>
(4)		· · · · · · · · · · · · · · · · · · ·	
(5)		ļ. <u>.</u>	
(6)		<u> </u>	
(7)			
(8)			
(9)			
ital. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	·	<u> </u>	
Part IX Other Assets.			
Complete if the organization answered "Yes" t	o Form 990, Part IV, line	11d. See Form 990, Part X, li	ine 15.
(a) <sup>[</sup>	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Column (b) must equal Form 990, Part X, col. (B) line	<u> 15.) </u>	<del> </del>	<u> </u>
1 V   Other I i-biliti			
Complete if the organization answered "Yes" t	o Form 990, Part IV, line		art X, line 25.
<del></del>	o Form 990, Part IV, line	11e or 11f. See Form 990, Pa	art X, line 25.
Complete if the organization answered "Yes" t	o Form 990, Part IV, line		art X, line 25.
Complete if the organization answered "Yes" t	o Form 990, Part IV, line		art X, line 25.
Complete if the organization answered "Yes" t  (a) Description of liability  (1) Federal income taxes	o Form 990, Part IV, line	(b) Book value	art X, line 25.
Complete if the organization answered "Yes" t  (a) Description of liability  (1) Federal income taxes  (2) FUNDS HELD FOR OTHERS  (3)	o Form 990, Part IV, line	(b) Book value	art X, line 25.
Complete if the organization answered "Yes" t  (a) Description of liability  (1) Federal income taxes  (2) FUNDS HELD FOR OTHERS  (3)  (4)	o Form 990, Part IV, line	(b) Book value	art X, line 25.
Complete if the organization answered "Yes" t  (a) Description of liability  (1) Federal income taxes  (2) FUNDS HELD FOR OTHERS  (3)  (4)  (5)	o Form 990, Part IV, line	(b) Book value	art X, line 25.
Complete if the organization answered "Yes" t  (a) Description of liability  (1) Federal income taxes  (2) FUNDS HELD FOR OTHERS  (3)  (4)  (5)  (6)	o Form 990, Part IV, line	(b) Book value	art X, line 25.
Complete if the organization answered "Yes" t  (a) Description of liability  (1) Federal income taxes  (2) FUNDS HELD FOR OTHERS  (3)  (4)  (5)  (6)  (7)	o Form 990, Part IV, line	(b) Book value	art X, line 25.
Complete if the organization answered "Yes" to (a) Description of liability  (1) Federal income taxes  (2) FUNDS HELD FOR OTHERS  (3) (4) (5) (6) (7) (8)	o Form 990, Part IV, line	(b) Book value	art X, line 25.
Complete if the organization answered "Yes" to (a) Description of liability  (1) Federal income taxes (2) FUNDS HELD FOR OTHERS (3) (4) (5) (6) (7) (8) (9)		(b) Book value 26,591.	art X, line 25.
Complete if the organization answered "Yes" t  (a) Description of liability  (1) Federal income taxes  (2) FUNDS HELD FOR OTHERS  (3)  (4)  (5)  (6)  (7)  (8)  (9)  ptal. (Column (b) must (G(a) Poin 990, Part X, col. (B) line	25.)	(b) Book value 26,591.	
Complete if the organization answered "Yes" t  (a) Description of liability  (1) Federal income taxes  (2) FUNDS HELD FOR OTHERS  (3)  (4)  (5)  (6)  (7)  (8)  (9)  tal. (Column (b) must equal Born 990, Part X, col. (B) line Liability for uncertain tax positions. In Part XIII, provide	25.)	(b) Book value  26,591.  26,591.  o the organization's financial	statements that reports the
Complete if the organization answered "Yes" table (a) Description of liability  (1) Federal income taxes  (2) FUNDS HELD FOR OTHERS  (3)  (4)  (5)  (6)  (7)  (8)  (9)	25.)	(b) Book value  26,591.  26,591.  o the organization's financial	statements that reports the

SOUTH SOUND YOUNG MEN'S CHRISTIAN ASSN.

91-0586473 Page 3

Schedule D (Form 990) 2014 SOUTH SOUND Y Part XI Reconciliation of Revenue per Audit Complete if the organization answered "Yes" to		RISTIAL ents With	N ASSN. Revenue per R	<u>91-(</u> leturn	)586473 - Page <b>4</b>
					T (TO 000
1 Total revenue, gains, and other support per audited final	***************************************	•• • ••• •• •••		1	7,678,982.
2 Amounts included on line 1 but not on Form 990, Part \		ا ما		1 1	
a Net unrealized gains (losses) on investments				1	
b Donated services and use of facilities				1	
c Recoveries of prior year grants			28,158.	}	
d Other (Describe in Part XIII.)  e Add lines 2a through 2d				1	20 150
				2e	28,158.
3 Subtract line 2e from line 1				3	7,650,824.
4 Amounts included on Form 990, Part VIII, line 12, but n		1.1		1 1	
a Investment expenses not included on Form 990, Part V			20 201	1 1	
b Other (Describe in Part XIII.)			39,387.	1 1	20 207
				4c	39,387.
5 Total revenue. Add lines 3 and 4c. (This must equal For	tod Financial Statem	onto With	Evnances	5	7,690,211.
Part XII Reconciliation of Expenses per Audi			•	Retui	n.
Complete if the organization answered "Yes" to					
Total expenses and losses per audited financial statem		· ·····		1	7,331,441.
2 Amounts included on line 1 but not on Form 990, Part I		1 1			
a Donated services and use of facilities		2a			
<b>b</b> Prior year adjustments		2b		1	
c Other losses		2c			
d Other (Describe to Part XIII.)		2d	<u> 28,158.</u>	1	
NR Substitute 22 through 2d SOCIATES, PS				2e	28,158.
Nak admiration-serion-anal (CIALES, PS				3	7,303,283.
4 Amounts included on Form 990, Part IX, line 25, but no	t on line 1:				
a CONTINECT PROPERTY ACCOUNTED TO 990, Part V	III, line 7b	4a		1 1	
b Other (Describe in Part XIII.)		4b	39,387.	1 1	
c Add lines 4a and 4b				4c	39,387.
5 Total expenses. Add lines 3 and 4c. (This must equal Fo				5	7,342,670.
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 a	ind 2b; Part V, line	4; Part >	(, line 2; Part XI,
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete	this part to provide any addi	itıonal inform	ation.		
PART V, LINE 4:					
THE ORGANIZATION INTENDS TO USE	THE ENDOWMEN'	r funds	ACCORDIN	G TC	THE DONOR
RESTRICTIONS WHICH REQUIRES THE	FUNDS TO BE	USED FO	OR FINANCI	ALLY	•
					<del></del>
CHALLENGED CHILDREN.					
CIMIDIDATE CITEDATE (					
PART XI, LINE 2D - OTHER ADJUST	יאדאייב •				
PART AI, DINE 2D - OTHER ADDOOR	THEM I D .				<del></del>
FUNDRAISING NOT SHOWN NET					25 071
FUNDRAISING NOT SHOWN NET					25,871.
TATITESIMODS! NOW GUOUNI STEIN					2 202
INVENTORY NOT SHOWN NET			<del></del>		2,287.
MOMAI MO GGIINDIII D. DANM VI I	TME OD				20 150
TOTAL TO SCHEDULE D, PART XI, I	ידאמ אודור	·····			28,158.
					<del></del>
מא מדע דע המגעה אין דע המגע	MENTO.				
PART XI, LINE 4B - OTHER ADJUST	. वराप्रकर		<del></del>		<del></del>
TATE COMMENSOR DESCRIPTION OF STATE OF STATE STATE OF STA	חסד				46 000
INVESTMENT EXPENSES NOT SHOWN IN	(ET				17,979.
10-01-14	00			Sched	ale D (Form 990) 2014
	29				1 @ 1 1 7 6 C 4 7 5 7

Schedule D (Form 990) 2014 SOUTH SOUND YOUNG MEN'S Part XIII   Supplemental Information (continued)	CHRISTIAN ASSN. 91-0586473 Page 5
PROGRAM EVENTS NOT SHOWN NET	21,408.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	39,387.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
INVENTORY LISTED SEPARATELY	2,287.
FUNDRAISING LISTED SEPARATELY	25,871.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	28,158.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
INVESTMENT FEES	17,979.
PROGRAM EVENTS	21,408.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	39,387.
	<del></del>
COPY	
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- Certified Public Accountants	
432055 10-01-14	Schedule D (Form 990) 2014

### SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No 1545-0047

Open to Public ► Attach to Form 990 or Form 990-EZ. Inspection

Department of the Treasury Internal Revenue Service

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form 990 Name of the organization Employer identification number SOUTH SOUND YOUNG MEN'S CHRISTIAN ASSN. 91-0586473 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities, Check all that apply. Mail solicitations Solicitation of non-government grants Solicitation of government grants Internet and email solicitations b Special fundraising events Phone solicitations In-person solicitations 2 a Did the organization have a written or oral agreement with any Individual (including officers, directors, trustees or  $\square_{No}$ key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) DId fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid to (or retained by) organization (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity from activity fundraiser or entity (fundraiser) listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing. <u>NR SMITH AND ASSOCIATES, PS</u> Certified Public Accountants LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule G (Form 990 or 990-EZ) 2014

432081 08-28-14

Pε	rt l	Fundraising Events. Complete if the of fundraising event contributions and great productions.	e organization answere	d "Yes" to Form 990, Part	IV, line 18, or reported	more than \$15,000
		or iditarials lig event contributions and gr	(a) Event #1	(b) Event #2 ANNUAL AUCTION	(c) Other events  NONE	(d) Total events (add col. (a) through
ø			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	390,880.	89,751.		480,631.
İ	2	Less: Contributions	390,880.			390,880.
	3	Gross income (line 1 minus line 2)		89,751.	<u>.</u>	89,751.
	4	Cash prizes				
တ	5	Noncash prizes	ļ			
Direct Expenses	6	Rent/facility costs				
Jirect E	7	Food and beverages			<del></del>	
J	8	Entertainment Other direct expenses		25,871.		25,871.
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)			25,871.
Pa	11			000 Port IV inp 10 or r	no orted more than	63,880.
[ [	11 ( )	\$15,000 on Form 990-EZ, line 6a.	answered res to rom	1990, Part IV, line 19, of re	eported more than	
		Ψ13,000 011 01111 990-L2, III10 0a.	<u> </u>	(b) Pull tabs/instant	<del></del>	(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Rev	_1_	Gross revenue				
ses	2	Cash prizes				
zxpen	3	Noncash prizes			·	
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes%	Yes %	
	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)		▶	
b	Ent	ter the state(s) in which the organization condu he organization licensed to conduct gaming ac No," explain:	icts gaming activities: _	states?		. Yes No
		re any of the organization's gaming licenses re Yes," explain:				Yes No
	_	COPY				
4	£ 6	EMFTH AND ASSOCIATES, PS	)	<del></del>	Schedule G (For	rm 990 or 990-EZ) 2014

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Sch	edule G (Form 990 or 990-EZ) 2014 SOUTH SOUND YOUNG MEN'S CHRISTIAN ASSN. 91-0586473 Page 3
11	Does the organization conduct 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
13	Indicate the percentage of gaming activity conducted in:
a	The organization's facility 13a %
	An outside facility13b  %
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?
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  \$
	Carming manager compensation is a final control of the control of
	Description of services provided
	Director/officer Employee Independent contractor
17	Mandatory distributions:
	Is the organization required under state law to make charitable distributions from the gaming proceeds to
	retain the state gaming license?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the
<del></del>	organization's own exempt activities during the tax year > \$
Pa	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 provide any additional information (see instructions).
_	
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	Certified Public Accountants

Schedule G (Form 990 or 990-EZ) 2014

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### **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.

OMB No. 1545-0047

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

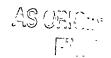
Pa	art I Questions Regarding Compensation			
			Yes	No
<b>1</b> a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		ĺ	]
	First-class or charter travel		[	
	Travel for companions Payments for business use of personal residence			ļ
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees	l	1	ļ
	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		
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 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.	<b> </b>		
	X Compensation committee Written employment contract	{		
	Independent compensation consultant Compensation survey or study	ĺ		
	Form 990 of other organizations  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:	}		
а	Receive a severance payment or change-of-control payment?	4a		X
ь	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
	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.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) 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:			
а	The organization?	5a		X
b	Any related organization?	5b		_X _X
	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:			
а	The organization?	6a		X
	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			
	not described in lines 5 and 6? If "Yes," describe in Part III	7		<u>X</u>
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)7 if "Yes," describe in Part III	8		<u>X</u>
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2014

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Page 2

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

Schedule J (Form 990) 2014

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 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	F
(A) Name and Trtle	<u> </u>	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(Q)-(j)(B)	in column (B) reported as deferred in prìor Form 990
(1) MICHAEL WEST	€	202,134.	0	0	14,273.	8,556.	224,963.	0
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	(ii)							
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Schedule J (Form 990) 2014 SOUTH SOUND YOUNG MEN'S CHRISTIAN ASSN.	91-0586473 Page 3
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.	, and 8, and for Part II. Also complete this part for any additional information.
PART I, LINE 3:	
COMPENSATION COMMITTEE PERFORMS STUDY OF EQUITABLE COMPENSATION FOR SIMILAR	ISATION FOR SIMILAR
POSITION.	
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	Schedule J (Form 990) 2014
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### **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.

Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

\*Ettified Public Accountants

SOUTH SOUND YOUNG MEN'S CHRISTIAN ASSN

Employer identification number 91-0586473

	DOUR DOURD ROUND REAL D CHARDERING HIDDAY JE 0300173
FORM 990,	PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
DEVELOPMEN	T OF SPIRIT, MIND AND BODY THROUGH RECREATIONAL, HEALTH AND
LEADERSHIE	PROGRAMS.
PAGE 2, PA	ART III STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS
INTRODUCTI	ON
THE SOUTH	SOUND YMCA SERVES OUR COMMUNITY WITH PROGRAMS AND SERVICES
THAT FALL	INTO ONE OF OUR THREE AREAS OF FOCUS: YOUTH DEVELOPMENT,
HEALTHY LI	VING AND SOCIAL RESPONSIBILITY. WE ARE A MEMBERSHIP
ASSOCIATIO	N DEDICATED TO HELPING INDIVIDUALS AND FAMILIES BUILD HEALTHY
BODIES, MI	NDS AND SPIRITS. MEMBERSHIP IS OPEN TO MEN, WOMEN AND
CHILDREN C	OF ALL AGES, ABILITIES, INCOMES, RACES AND RELIGIONS. OVER
THE COURSE	OF THE YEAR, \$573,099 IN FINANCIAL ASSISTANCE WAS AWARDED TO
3,763 INDI	VIDUALS AND FAMILIES.
YOUTH DEVE	LOPMENT
OUR YMCA I	S COMMITTED TO NURTURING THE POTENTIAL OF EVERY CHILD AND
TEEN. WE E	BELIEVE THAT ALL KIDS DESERVE THE OPPORTUNITY TO DISCOVER WHO
THEY ARE A	ND 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 EXPERIE	NCES THAT ENRICH COGNITIVE, SOCIAL, PHYSICAL, AND EMOTIONAL
GROWTH.	
TWO OF OUR	OFFREE LARGEST PROGRAM SERVICE AREAS FALL INTO OUR YOUTH
DHARDODMEN	
LHA For Paperwo	THE ARREST PROGRAM SERVICE AREA IS  THE REduction Act Notice, see the Instructions for Form 990 or 990-EZ.  Schedule O (Form 990 or 990-EZ) (2014)

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 A	T 30 SCHOOL
SITES IN THURSTON COUNTY, A FULL-DAY EARLY LEARNING CENTE	R LOCATED ON
THE CAMPUS OF SOUTH PUGET SOUND COMMUNITY COLLEGE, AND LI	CENSED
CHILDCARE SUMMER AND HOLIDAY CAMPS. DURING 2014, THERE W	ERE 1,854
CHILDREN NURTURED IN DAILY CHILDCARE PROGRAMS AND 1,349 C	HILDREN
ENGAGED IN SUMMER AND HOLIDAY CAMPS. OUR SECOND LARGEST	PROGRAM
SERVICE AREA IS YOUTH PROGRAM SERVICES. THESE INCLUDE YO	UTH SPORTS
OPPORTUNITIES IN EIGHT SPORTS; A VARIETY OF ENRICHMENT OP	PORTUNITIES IN
SUCH THINGS AS ART, DANCE, AND CHESS; AND CIVIC ENGAGEMEN	T ACTIVITIES
IN OUR YOUTH AND GOVERNMENT PROGRAM. DURING 2014, 3,344	CHILDREN WERE
EMPOWERED THROUGH YOUTH SPORTS AND THERE WERE 5,778 YOUTH	AND TEEN
PARTICIPANTS IN YOUTH ACTIVITIES. IN PURSUIT OF OUR MISS	ION OF MAKING
YOUTH DEVELOPMENT OPPORTUNITIES ACCESSIBLE, WE PROVIDED O	VER \$374,000
OF FINANCIAL ASSISTANCE IN OUR CHILDCARE AND YOUTH PROGRA	M SERVICE
AREAS.	
HEALTHY LIVING	
THE Y IS A LEADING VOICE ON HEALTH AND WELL-BEING. WE BRI	NG FAMILIES
CLOSER TOGETHER, ENCOURAGE GOOD HEALTH, AND FOSTER CONNEC	TIONS THROUGH
FITNESS, SPORTS, FUN, AND SHARED INTERESTS. THIS IS PARTICULAR	CULARLY
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 MEMBERS	HIP. THE
SOUTH SOUND YMCA OPERATES THE BRIGGS COMMUNITY YMCA FACIL	ITY AND THE
OLYMPIA DOWNTOWN YMCA FACILITY. WE HAVE OVER 19,500 FACI	
NR SMITH AND ASSOCIATES, PS AND OF THOSE ASSOCIATES, UNDER THE AGE OF 17 AND 4,957 ARE	
43227 Certified Public Accountants 39	ule O (Form 990 or 990-EZ) (2014)

Name of the organization SOUTH SOUND YOUNG MEN'S CHRISTIAN ASSN.	Employer identification number 91-0586473
55. FACILITY MEMBERSHIP PROVIDES ACCESS TO NUMEROUS GROU	P HEALTH,
WELL-BEING AND FITNESS CLASSES BUT WE ARE MORE THAN A GYM	. OUR
FACILITIES OFFER VARIOUS OPPORTUNITIES FOR FAMILIES AND I	NDIVIDUALS TO
CONNECT. THESE OPPORTUNITIES RANGE, FOR EXAMPLE, FROM P	LAY TIME
DURING OPEN SWIM TO ENJOYING CONVERSATIONS AND CAMARADERI	E AROUND A
TABLE IN OUR LOBBY IN A SOCIAL SETTING. IN PURSUIT OF OUR	MISSION OF
MAKING HEALTHY LIVING OPPORTUNITIES ACCESSIBLE, WE PROVID	ED OVER
\$198,000 OF FINANCIAL ASSISTANCE IN OUR MEMBERSHIP PROGRA	M SERVICE
AREA.	
SOCIAL RESPONSIBILITY	
OUR YMCA BELIEVES IN GIVING BACK AND SUPPORTING OUR NEIGH	BORS. WE HAVE
BEEN LISTENING AND RESPONDING TO OUR COMMUNITY FOR MORE T	HAN ONE
HUNDRED AND TWENTY YEARS. IN 2014, THERE WERE OVER 49,000	PARTICIPANTS
IN NUMEROUS PROGRAM AND FACILITY MEMBERSHIP ACTIVITIES AN	D WE ENGAGED
1,250 VOLUNTEERS WHO CONTRIBUTED OVER 18,000 HOURS TO HEL	P THE
ORGANIZATION ACHIEVE ITS MISSION.	
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:	
SEE SCHEDULE O	
EXPENSES \$ 1,022,719. INCLUDING GRANTS OF \$ 0. REVENU	E \$ 537,589.
FORM 990, PART VI, SECTION B, LINE 11:	
A COPY OF THE 990 WAS MADE AVAILABLE TO THE GOVERNING BOD	Y FINANCE
COPY COMMITTEE TO REVIEW BEFORE IT WAS FILED. NR SMITH AND ASSOCIATES, PS	
492012 PK + HI S YR + H +	lule O (Form 990 or 990-EZ) (2014)

Schedule O (Form 990 or 990-EZ) (2014)	Page 2
Name of the organization SOUTH SOUND YOUNG MEN'S CHRISTIAN ASSN.	Employer identification number 91-0586473
FORM 990, PART VI, SECTION B, LINE 12C:	
THE ORGANIZATION MONITORS AND ENFORCES COMPLIANCE WITH IT	S CONFLICT OF
INTEREST POLICY ON A REGULAR BASIS.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE ORGANIZATION DETERMINES COMPENSATION OF OFFICERS THRO	UGH A
COMPARABILITY STUDY, APPROVED BY THE GOVERNING BODY.	
FORM 990, PART VI, SECTION C, LINE 19:	
THESE ITEMS WOULD BE MADE AVAILABLE ON AN INDIVIDUAL BASI	S, UPON REQUEST.
PART XII 2C	
THE PROCESS OF THE AUDIT COMMITTEE HAS NOT CHANGED FROM T	HE PREVIOUS
YEAR.	
	····
СОРУ	
NR SMITH AND ASSOCIATES, PS	
432212 08-27-14 Certified Public Accountants Schee	dule O (Form 990 or 990-EZ) (2014)

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Certified Public Accountants

Schedule O (Form 990 or 990-EZ) (2014)