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Form	990
	•

Return of Organization Exempt From Income Tax

Exempt From Income Tax '	OMB No 1545-0047
the Internal Revenue Code (except black lung	2007
or private foundation)	Charles by Bubble Town and the

Form 330 ·	' (Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
Department of the Treasury		benefit trust or private foundation)
Internal Revenue Sarvice	▶	The organization may have to use a copy of this return to satisfy state reporting requirement

Open to Public Inspection

A For the 2007 calendar year, or tax year beginning 5/01/07, and ending 4/30/08	anends [490,477400 adday
	D Employer identification number
B Check if applicable Please C Name of organization	57-0314423
labelor Columbia SC	E Telephone number
Name change print or type. Number and street (or P O box if mail is not delivered to street address) Room/suite	803-799-9187
Initial return See 1420 Sumter Street	F Accounting method: X Cas
Termination Specific Characteristics Advisor A	Accrual Other (specify
Instructions. Columbia SC 29201	Maria Coller (specify
Continue 504(a)(2) organizations and 4947(a)(4) programme sharitable. Head to sent applicable to a	ection 527 organizations
Application pending trusts must attach a completed Schedule A (Form 990 or 990-EZ).	
G Website: N/A H(b) If "Yes," enter number of	. – –
J Organization type H(c) Are all affiliates include	
(check only one) ► X 501(c) (3) ◀ (insert no)	structions)
K Check here Inf the organization is not a 509(a)(3) supporting organization and its gross	•
receipts are normally not more than \$25,000. A return is not required, but if the organization chooses organization covered by	
to file a return, be sure to file a complete return	
	e organization is not required
L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 5, 628, 087 to attach Sch B (Fo	rm 990, 990-EZ, or 990-PF)
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instru	uctions.)
Contributions, gifts, grants, and similar amounts received:	
a Contributions to donor advised funds	
b Direct public support (not included on line 1a) 1b 344,37	2
c Indirect public support (not included on line 1a)	
d Government contributions (grants) (not included on line 1a) 1d	_}
e Total (add lines 1a through 1d) (cash \$)	1e 344,37
2 Program service revenue including government fees and contracts (from Part VII, line 93)	2 2,130,15
3 Membership dues and assessments See Statement 1	3 3,063,28
4 Interest on savings and temporary cash investments CEIVED	4 82,06
5 Dividends and interest from securities	5
6a Gross rents b Less rental expenses c Net rental income or (loss). Subtract line 6b from line 6a.	
b Less rental expenses DEC 2 8 2010 66 66	
c Net rental income or (loss) Subtract line 6b flom line 6a	6c
p 7 Other investment income (describ → OGOFN III)	. 7
8a Gross amount from sales of assets other (A) Securities (B) Other than inventory	_
than inventory 8a	_
b Less: cost or other basis and sales expenses 8b	
c Gain or (loss) (attach schedule)	_
d Net gain or (loss) Combine line 8c, columns (A) and (B)	8d
9 Special events and activities (attach schedule) If any amount is from gaming, check her▶ ☐	
a Gross revenue (not including \$ of	
contributions reported on line 1b)	
b Less. direct expenses other than fundraising expenses 9b	_
c Net income or (loss) from special events. Subtract line 9b from line 9a 10a Gross sales of inventory, less returns and allowances.	9c
	_
b Less cost of goods sold	-
c Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a	10c
11 Other revenue (from Part VII, line 103) 12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	11 8,21
	5,628,08
13 Program services (from line 44, column (B))	13 5,929,57
14 Management and general (from line 44, column (C))	14 355,35
	1/0//0
15 Fundraising (from line 44, column (D))	15 149,48
14 Management and general (from line 44, column (C)) 15 Fundraising (from line 44, column (D)) 16 Payments to affiliates (attach schedule)	16
Total expenses. Add lines 16 and 44, column (A)	16 17 6,434,41
15 Fundraising (from line 44, column (D)) 16 Payments to affiliates (attach schedule) 17 Total expenses. Add lines 16 and 44, column (A) 18 Excess or (deficit) for the year Subtract line 17 from line 12	16
Fundraising (from line 44, column (D)) 16 Payments to affiliates (attach schedule) 17 Total expenses. Add lines 16 and 44, column (A) 18 Excess or (deficit) for the year Subtract line 17 from line 12 Net assets or fund balances at beginning of year (from line 73, column (A))	16 17 6,434,41 18 -806,32 19 7,877,09
Total expenses. Add lines 16 and 44, column (A) 18 Excess or (deficit) for the year Subtract line 17 from line 12 19 Net assets or fund balances at beginning of year (from line 73, column (A)) 20 Other changes in net assets or fund balances (attach explanation)	16 17 6,434,41 18 -806,32 19 7,877,09 20
19 Net assets or fund balances at beginning of year (from line 73, column (A))	16 17 6,434,41 18 -806,32 19 7,877,09

Functional Expenses Organizations at	s must nd sect	complete column (A) i ion 4947(a)(1) nonexer	Columns (B), (C), and mpt charitable trusts bi	(D) are required for sec ut optional for others (ction 501(c)(3) and (See the instructions
Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule)					
(cash\$cash\$)			-		
If this amount includes foreign grants, check here	22a				
22bOther grants and allocations (attach schedule)					
(cash \$ cash \$)					
If this amount includes foreign grants, check here	22b	1			
23 Specific assistance to individuals (attach			- · , , .	1	
schedule)	23			į	
24 Benefits paid to or for members (attach					
schedule)	24			}	
25a Compensation of current officers, directors,					
key employees, etc. listed in				1	
Part V-A See Statement 2	25a	203,831	119,038	40,766	44,027
b Compensation of former officers, directors,	234	203,031	113,030	40,700	44,02
key employees, etc. listed in					
Part V-B	25b				
c Compensation and other distributions, not included above,	-				
to disqualified persons (as defined under section					
4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c				
26 Salaries and wages of employees not included	250			-	
on lines 25a, b, and c	26	2,360,527	2,308,595	35,408	16 50/
27 Pension plan contributions not included on	20	2,300,321	2,300,393	33,406	16,524
lines 25a, b, and c	27	76,272	65,975	10 207	
28 Employee benefits not included on lines		10,212	03,913	10,297	
25a – 27	_	209,412	107 057	12 255	
29 Payroll taxes	28	184,795	197,057 174,261	12,355	E 700
30 Professional fundraising fees	29	104,793	1/4,201	4,805	5,729
31 Accounting fees	30			· ·	
32 Legal fees	31				
33 Supplies	32	449 270	366 767	<u> </u>	10 55
34 Telephone	33	448,370	366,767	69,049	12,554
	34	72,670	64,313	8,357	4 044
35 Postage and shipping	35	21,964	18,669	1,384	1,911
36 Occupancy	36	863,767	777,390	86,377	
37 Equipment rental and maintenance	37	-			
38 Printing and publications	38				
39 Travel	39	01 505	10 055	4 - 4 - 4	
40 Conferences, conventions, and meetings	40	21,505	19,355	1,505	645
41 Interest	41	243,111	243,111		
42 Depreciation, depletion, etc. (attach schedule)	42	474,026	474,026	_	
43 Other expenses not covered above (itemize).]	4 0 - 4 4 4			
a See Statement 3	43a	1,254,162	1,101,015	85,054	68,093
b	43b				
C .	43c				
ď	43d				
0	43e		· · · · · · · · · · · · · · · · · · ·		
f	43f				
g	43g				
44 Total functional expenses. Add lines 22a					
through 43g (Organizations completing					
columns (B)-(D), carry these totals to lines					
13-15)	44	6,434,412	5,929,572	355,357	149,483
Joint Costs. Check ▶ ☐ if you are following SOP 98-2.					
Are any joint costs from a combined educational campaign and	d fundra	aising solicitation repor	ted in (B) Program ser	vices?	► 🗌 Yes 🗓 No
If "Yes," enter (i) the aggregate amount of these joint costs\$, (ii) the amou	nt allocated to Program se	ervices \$	·
(iii) the amount allocated to Management and genera\$, and (iv) the amou	int allocated to Fundraisin	g\$	
DAA					Fe 990 (2007

Part III . Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

	, and and a determination to the second									
Wh	at is the organization's primary exempt purpos	se?				Program Service Expenses				
See Statement 4										
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number										
			re not measurable (Section 501(c)(3) and (4)		- 1	(4) orgs, and 4947(a)(1) trusts, but optional for				
org			er the amount of grants and allocations to others)			others)				
а	FAMILY LIFE/CHILD CAR	E, CAMPING,	SPORTS & RECREATION,							
	AQUATICS, HEALTH ENHA	NCEMENT & C	THER							
	(Create and allegations of	`	Making and the body of the second second second second by	[\neg	E 020 E72				
	(Grants and allocations \$		If this amount includes foreign grants, check he	re 🕨	┷┩	5,929,572				
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	(Grants and allocations \$)	If this amount includes foreign grants, check he	re 🕨	$\sqcap I$					
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	(Grants and allocations \$)	If this amount includes foreign grants, check he	re ▶	Щ					
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	(Grants and allocations \$	1	If this amount includes foreign grants, check he	.ro 🕨	\sqcap					
_	Other program services (attach schedule)		in this amount includes loreign grants, check he	# E ►	╙┦					
•	•		Market and the state of the sta	_	┌┐┃	ı				
	(Grants and allocations \$	l aqual lan AA ashirin	If this amount includes foreign grants, check he		Щ	F 000 FF0				
<u>'</u>	Total of Program Service Expenses (should	equal line 44, column	(b), Program services)		<u> </u>	5,929,572				
						Form 990 (2007)				

	art iv	Dalance Sheets (See the instructions.)					
	Note:	Where required, attached schedules and amounts with column should be for end-of-year amounts only.	(A) Beginning of year		(B) End of year		
	45	Cash—non-interest-bearing	1,306,280	45	430,585		
	46	Savings and temporary cash investments			343,334	46	57,841
				_			
	47a	Accounts receivable	47a				
	b	Less: allowance for doubtful accounts	47b			47c	
	48a	Pledges receivable	48a	34,606			
	b	Less allowance for doubtful accounts	48b		-	48c	34,606
	49	Grants receivable				49	
	50a	Receivables from current and former officers, directors	s, trust	ees, and			
		key employees (attach schedule)				50a	
	, B	Receivables from other disqualified persons (as define		er section 4958(f)(1)) and		50.	
l	512	persons described in section 4958(c)(3)(B) (att. sched Other notes and loans receivable (attach	ulej			50b	
	""	schedule)	51a]			
ets	ь	Less: allowance for doubtful accounts	51b			51c	
Assets	52	Inventories for sale or use	<u> </u>			52	
•	53	Prepaid expenses and deferred charges				53	-
	54a	Investments—publicly-traded securities See Statement	5	► X Cost FMV	6,343,901	54a	656,847
	b	Investments—other secunties (attach schedule)		Cost FMV		54b	
	55a						
		equipment basis	55a				
	b	Less accumulated depreciation (attach	1				
		schedule) .	55b			55c	
	56	Investments—other (attach schedule)	,			56	
	57a	Land, buildings, and equipment basis	57a	19,649,745			
	b	Less accumulated depreciation (attach		0.450.000	11 044 070		15 100 065
		schedule) See Statement 6	57b	2,459,880	11,044,870	57c	17,189,865
•	58	Other assets, including program-related investments (describe > See Statement 7	702 005		40E 701		
	59	Total assets (must equal line 74) Add lines 45 through	702,085 19,740,470		425,701 18,795,445		
-	60	Accounts payable and accrued expenses	11 30	·	30,097	59 60	33,575
	61	Grants payable			30/50.	61	00,010
	62	Deferred revenue				62	
S	63	Loans from officers, directors, trustees, and key emplo	oyees (attach			
litie		schedule)		63			
Liabilitie	64a	Tax-exempt bond liabilities (attach schedule)		64a			
_	b	Mortgages and other notes payable (attach schedule)			64b	 -	
	65	Other liabilities (describe See Statemen) {	11,833,279	65	11,691,101	
			44 646 654				
	66	Total liabilities. Add lines 60 through 65	11,863,376	66	11,724,676		
	Orga		nd con	nplete lines			
s	67	67 through 69 and lines 73 and 74 Unrestricted			7 020 126		6 977 000
a D	68	Temporarily restricted			7,029,136 662,419		6,877,088
ala	69	Permanently restricted			185,539		9,80 <u>6</u> 183,875
g p		inizations that do not follow SFAS 117, check here	\Box	and	100,000	05	103,073
Fu		complete lines 70 through 74	ш	ana			
ō	70	Capital stock, trust principal, or current funds				70	
Net Assets or Fund Balances	71	Paid-in or capital surplus, or land, building, and equipr	nent fu	ind I		71	
Ass	72	Retained earnings, endowment, accumulated income,				72	
je	73	Total net assets or fund balances. Add lines 67 throi		i			
~		70 through 72 (Column (A) must equal line 19 and co	lumn (B) must			
		equal line 21)			7,877,094		7,070,769
	74	Total liabilities and net assets/fund balances. Add li	19,740,470	74	18,795,445		

	990 (2007) The Young Men's Christian Asso			·	- (0	Page 5
Pa	Reconciliation of Revenue per Audited Financi	al Statements With Re	venue per F	Retur	ı (See ti	ne
	instructions.) Total revenue, gains, and other support per audited financial statements			a	5.0	628,087
a b	Amounts included on line a but not on Part I, line 12		F	-		<u> </u>
1	Net unrealized gains on investments	b1	-			
2	Donated services and use of facilities	b2				
3	Recoveries of prior year grants	b3		1		
4	Other (specify)					
•	Carter (opensary)	b4	-	ĺ		
	Add lines b1 through b4			ь		
С	Subtract line b from line a			С	5,0	628,087
d	Amounts included on Part I, line 12, but not on line a:		F			-
1	Investment expenses not included on Part I, line 6b	d1				
2	Other (specify)					
	., .,	d2				
	Add lines d1 and d2			d		
0	Total revenue (Part I, line 12) Add lines c and d		▶ [е	5,	628,087
P	at IV-B Reconciliation of Expenses per Audited Financi	cial Statements With E	xpenses pe	r Reti	urn	
а	Total expenses and losses per audited financial statements	•		а	6,	434,412
b	Amounts included on line a but not Part I, line 17				_	
1	Donated services and use of facilities	b1				
2	Prior year adjustments reported on Part I, line 20	b2				
3	Losses reported on Part I, line 20	b3				
4	Other (specify)					
		b4				
	Add lines b1 through b4		<u> </u>	b		
С	Subtract line b from line a			С	6,	434,412
d	Amounts included on Part I, line 17, but not on line a:					
1	Investment expenses not included on Part I, line 6b	d1				
2	Other (specify).					
		d2				
	Add lines d1 and d2			d		
θ	Total expenses (Part I, line 17) Add lines c and d		>	е		434,412
. P:	Current Officers, Directors, Trustees, and Key or key employee at any time during the year even if they were		instructions)			
	(A) Name and address	(B)	(C) Compensation			(E) Expense
	(A) Name and address	Title and average hours per week devoted to position	(If not paid, ento	plans compe	& deferred nsation plans	account and other allowances
S	se Statement 9					
				1		
				-		
				-		
				ļ		
_						
	•					
		i	1	1		1

detailed statement of each change 76 X Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? Table 1 Test," has it filed a tax return on Form 990-T for this year?	Form	990 (2007) The Young Men's Christian Assoc.			•		P	age 6		
Deep temporal process and pr	Pa	rt V-A Current Officers, Directors, Trustees, and Key Empl	oyees (continued)			Yes	No		
b. Are any, officers, directors, stussees, or key employees listed in Form 990, Part V.A. or highest compensated employees lated in Schodule A, Part I, or highest compensated professional and other independent contractors listed in Schodule A, Part I, or highest compensated professional and other independent contractors listed in Schodule A, Part I, or highest compensated professional and other independent contractors listed in Schodule A, Part I, or highest compensated professional and other independent contractators listed in Schodule A, Part I, or highest compensation from any other organization. Schodule A, Part I, or highest compensation from any other organizations whether tax exempt or taxable, that are related to the organization? See the matrixions for the definition of "related organization." The Total Contractors in the schodule A, Part I, or list, diversion or the schodule A, Part I, or list, diversion organization or the schodule A, Part I, or list, diversion organization or the schodule A, Part I, or list, diversion organization or the schodule A, Part I, or list, diversion organization or the schodule A, Part I, or list, diversion organization or the schodule A, Part I, or list, diversion organization organization or the schodule A, Part I, or list, diversion organization organizat	75a _、	Enter the total number of officers, directors, and trustees permitted to vote on org	anization business at	board						
employees lated in Schedule A, Part I, or highest compensated professional and other independent contractors lated in Schedule A, Part II A, or His. Plated to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) 2. Do any officers, directors, trustees, or key employees listed in Schedule A, Part II - or highest compensated professional and other independent contractors listed in Schedule A, Part III-A or III-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of related organization. It is "Yes," attach a statement that includes the information described in the instructions of the definition of related organization. It is "Yes," attach a statement that includes the information described in the instructions of the definition of related organization. It is "Yes," attach a statement that includes the information described in the instructions. 2. Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (described below) duming the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.) 2. Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits and the appropriate Column and the information or other benefits in the appropriate Column and the person below and enter the amount of compensation or other benefits in the appropriate Column and the information or other benefits in the appropriate Column and the information or other benefits and the appropriate Column and the information or other benefits and the appropriate Column and the information of the column and the information or other benefits and the appropriate Column and the information of the column and the information or other benefits and the appropriate Column and the information or other b		<u> </u>	•			1				
contractions listed in Schedule A, Part II.A or III.S., related to seach other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	b			sated						
relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) c Do any officers, directors, trustees, or key employees listed in Form 900, Part VA. or highest compensated explains on the individuals and explains the relation of the individuals and other independent contractors listed in Schedule A. Part II. or highest compensated professional and other independent contractors listed in Schedule A. Part II. or highest compensation from any other organizations, whether tax exempt or trackle, that are related to the organizations? See the instructions of related organization. If Yes," attach a statement that includes the information described in the instructions. If Yes, attach a statement that includes the information described in the instructions. If Yes, attach a statement that includes the information described in the instructions. If Yes, attach a statement that includes the information described in the instructions. If Yes, attach a statement that includes the information of contractions and interest the person below and enter the amount of compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions. If Yes, attach a detailed statement of each change and address. If Yes, attach a detailed statement of each change and address and the organization make a change in its activities or methods of conducting activities? If Yes, attach a conformation or other benefits of the information of the year? Were any changes made in the organizing or governing documents but not reported to the IRS? If Yes, attach a conformed copy of the changes If Yes, attach a conformed copy of the changes If Yes, attach a conformed copy of the changes If Yes, attach a conformed copy of the changes If Yes, attach a conformed copy of the changes If Yes, attach a conformed copy of the changes If Yes, attach a conformed copy of the changes If Yes, attach a c		to the contract of the contrac								
c Do say officers, directors, trustees, or key employees lated in Schedule A, Part I, or highest compensated employees lated in Schedule A, Part I, or highest compensated professional and other independent contractors lated in Schedule A, Part II, or highest compensation from any other organizations, whether tax exempts or travable, that are related to the organization? See the instructions of related organization? d Does the organization have a written conflict of interest policy? Part V-B Part V-B Tomer Officer, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (flar by former officer, director, trustees, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions (If any former officer, director, trustees, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions. (A) Name and address (A) Name and address (B) Loare and Advance (C) Compensation or Other Benefits (the subgrouped column) and the compensation of the compensation of the column and the column								v		
compensated employees listed in Schedule A, Part I, or highest compensation from any other organizations, whether tax exempt or itsade, that are related to the organization See the instructions for the definition of "related organization" in the participate colors in the definition of "related organization have a written conflict of interest policy? Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (discribed below) during hey year, list that person below and enter the amount of compensation or other benefits in the appropriate colors. See the instructions in the appropriate colors. See the appropriate colors. See the appropriate colors in the appropriate colors. See the appropriate colors in the form appropriate c		relationships? If "Yes," attach a statement that identifies the individuals and expla	lins the relationship(s)			/50				
compensated employees listed in Schedule A, Part I, or highest compensation from any other organizations, whether tax exempt or itsade, that are related to the organization See the instructions for the definition of "related organization" in the participate colors in the definition of "related organization have a written conflict of interest policy? Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (discribed below) during hey year, list that person below and enter the amount of compensation or other benefits in the appropriate colors. See the instructions in the appropriate colors. See the appropriate colors. See the appropriate colors in the appropriate colors. See the appropriate colors in the form appropriate c	_	De any efficient directors trusters as key empleyees listed in Form 000 Part V	A or highost							
Independent contractors lated in Schedule A. Part II-A or II-B. receive compensation from any other organizations, whether lax exempt or taxable, that are related to the organization? See the instructions of the definition of 'related organization." If 'Yes,' attach a statement that includes the information described in the instructions. Does the organization have a written conflict of interest policy? Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Define Benefits (described below) during the year, ist that person below and enter the amount of compensation or other benefits (described below) during the year, ist that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.) (A) Name and address (B) Lean and Address (B) Lean and Address (B) Lean and Address (B) Lean and Address (C) Correctswish (Indig and interest in the appropriate column. See the instructions or the person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions or the person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions of the person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions of the person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions of the person of the person of the person of the compensation of the person of the per	C		•							
organizations, whether tax exempt or taxable, that are related to the organization? See the instructions of "telated organization of "telated organization have a written conflict of interest policy? Part V-B Pormer Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (described below) during the year. Is that person below and enter the amount of compensation or other benefits (described below) during the year. Is that person below and enter the amount of compensation or other benefits (described below) during the year. Is that person below and enter the amount of compensation or other benefits (described below) during the year. Is that the person below and enter the amount of compensation or other benefits (described below) during the year. Is that the person below and enter the amount of compensation or other benefits (described below) during the year. Is that the person below and enter the amount of compensation or other benefits (described below) during the year. Is that the person below and enter the amount of compensation or other benefits (described below) during the year. Is that the person below and enter the amount of compensation or other benefits (described below) during the year. Is that the person below and enter the amount of compensation or other benefits (described below) during the year. Is the person below and enter the amount of compensation or other benefits (described below) during the year. Is the person below and enter the amount of compensation of the person below and enter the person below and enter the amount of the person below and enter the per										
the definition of "related organization" if "Yes," attach a statement that includes the information described in the instructions 75c	· · · · · · · · · · · · · · · · · · ·									
If "Yes," attach a statement that includes the information described in the instructions 75d Does the organization have a written conflict of interest policy? Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (if any former officer, director, trustee, or key employee received compensation or other benefits (if any former officer, director, trustee), or key employee received compensation or other benefits (if any former officer, director, trustee), or key employee received compensation or other benefits (sees the benefits) Compensation or other benefits in the appropriate column. See the column sees Compensation or other benefits (if not plant) Compensation Compensatio										
Part VI Other Information (See the instructions,) Part VI Part VI Other Information (See the instructions,) Part VI		•	ions			122				
Part V:	d	•			-	75d		X		
(if any former officer, director, trustee, or key employee received compensation or other benefits (described belowly during the year, its that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)			oyees That Recei	ved Comp	ensation or C	ther	Ben	efits		
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Part VI Other Information (See the instructions.) 7		(A) Name and address	(B) Leans and Advances		(D) Contributions to employee benefit					
Part VF Other Information (See the instructions.) 76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change 78 Were any changes made in the organizing or governing documents but not reported to the IRS? 79 Was there a light of the changes of the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 79 If "Yes," has if filed a tax return on Form 990-T for this year? 79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement as tatement as tatement as the manual of the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? 80a X 81b Enter direct and indirect political expenditures (See line 81 instructions) 81b Ut the organization file Form 1120-POL for this year? 81b State organization file Form 1120-POL for this year? 81c State organization file Form 1120-POL for this year? 81b X		(A) Name and address	(B) Loans and Advances		plans & deferred compensation plans					
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Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? b If "Yes," enter the name of the organization and check whether it is exempt or nonexempt nonexempt Enter direct and indirect political expenditures (See line 81 instructions) b Did the organization file Form 1120-POL for this year? 81b X	79	·	g the year? If "Yes," at	tach						
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b Did the organization file Form 1120-POL for this year?	04-			—	•					
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		one the organization life Form T120-POL for this year?					_ 000			

	990 (2007) The loung Men's Christian Assoc. Of 57-0314423	-		age 7
	rt VI. Other Information (continued)		Yes	No
82a .	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge	00-		x
	or at substantially less than fair rental value?	82a		<u> </u>
b	If "Yes," you may indicate the value of these items here. Do not include this			
	amount as revenue in Part I or as an expense in Part II (See instructions in Part III.)		:	
02-		83a	X	1
83a	Did the organization comply with the public inspection requirements for returns and exemption applications? Did the organization comply with the disclosure requirements relating to quid pro quo contributions? N/A	83b	<u> </u>	
ь 84а		84a		x
b	Did the organization solicit any contributions or gifts that were not tax deductible? If "Yes," did the organization include with every solicitation an express statement that such contributions or	044		-
b	gifts were not tax deductible? N/A	84b		İ
85a	501(c)(4), (5), or (6) Were substantially all dues nondeductible by members? N/A	85a		\vdash
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	-	\vdash
-	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization	333		<u> </u>
	received a waiver for proxy tax owed for the prior year			
С	Dues, assessments, and similar amounts from members 85c		ŀ	
d	Section 162(e) lobbying and political expenditures 85d	1		
е	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e	1		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f	1		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f			1
	to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the			
	following tax year? N/A	85h	1	
86	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12			
b	Gross receipts, included on line 12, for public use of club facilities	1		
87	501(c)(12) orgs Enter a Gross income from members or shareholders 87a]		
b	Gross income from other sources (Do not net amounts due or paid to other	1		
	sources against amounts due or received from them) 87b			
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or]		
	partnership, or an entity disregarded as separate from the organization under Regulations sections			
	301 7701-2 and 301 7701-3? If "Yes," complete Part IX	88a		<u> </u>
- b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," complete Part XI	88b		X
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under			
-	section 4911 ▶ 0 , section 4912 ▶ 0 , section 4955 ▶ 0			
b	501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction			
	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach			
	a statement explaining each transaction	89b	ļ	X
С	Enter. Amount of tax imposed on the organization managers or disqualified			
	persons during the year under sections 4912, 4955, and 4958			
d	Enter Amount of tax on line 89c, above, reimbursed by the organization			
6	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction?	89e		X
f	All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	ļ	X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the			
	supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings		1	
	at any time during the year?	89g	L	<u> </u>
	List the states with which a copy of this return is filed ▶ SC			
b	Number of employees employed in the pay period that includes March 12, 2007 (See			405
	Instructions) The books are in care of ▶ BRYAN MADDEN Telephone no. ▶ 803-	700		495
91a		-799	1-9.	187
	1420 SUMTER ST			
_	Located at ► COLUMBIA, SC ZIP+4► 29201			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority		<u> </u>	η
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	_	Yes	
	account)?	91b	ļ	X
	If " Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts			ᆚ

Form 990 (2007) The Young Men's Christi	an Assoc	c. of 57-0	31442	3_'	Page 8
Part VI Other Information (continued)					Yes No
c At any time during the calendar year, did the organization mai	ntain an office o	outside of the United	d States?		91c X
If "Yes," enter the name of the foreign country ► 92 Section 4947(a)(1) nonexempt charitable trusts filing Form 99	O in liquid Form	a 4044 Chack bas	_		. □
and enter the amount of tax-exempt interest received or accru			e	▶ 92	- U
Part VII Analysis of Income-Producing Activit				7 32	
Note: Enter gross amounts unless otherwise	1	d business income	Evolution	by section 512, 513, or 514	(E)
indicated					Related or
93 Program service revenue	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	exempt function income
a CHILD CARE			0000		1,074,826
b PROGRAM FEES	-	<u> </u>		-	1,026,118
c RESIDENT CAMP		_			29,208
d		,			
0					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					3,063,281
95 Interest on savings and temporary cash investments			14	82,067	
96 Dividends and interest from securities				,	
97 Net rental income or (loss) from real estate.					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory		- -			
103 Other revenue a					.
b MISCELLANEOUS REVENUE					217,152
c SALES			<u> </u>		42,319
d UNREALIZED GAINS/LOSS INV					-251,256
- 0					
Subtotal (add columns (B), (D), and (E))	•	- · · · · · · · · · · · · · · · · · · ·	0	82,067	5,201,648
105 Total (add line 104, columns (B), (D), and (E))			<u> </u>	D	5,283,715
Note: Line 105 plus line 1e, Part I, should equal the amount on line	12. Part I				<u> </u>
Part VIII Relationship of Activities to the Acco		of Exempt Pu	rposes (S	See the instruction	ns)
Line No. Explain how each activity for which income is repo	orted in column	(E) of Part VII cont	ributed impo		
of the organization's exempt purposes (other than	by providing tu	nas for such purpos	ses)		
See Statement 10					
					
Part IX Information Regarding Taxable Subs	141	Di		N 41 1 4 27	
7.63	<u>idiaries and</u>		intities (S		
Name, address, and EIN of corporation, partnership, or disregarded entity ownership interes		(C) lature of activities		(D) Total income	(E) End-of-year assets
N/A	%				
	%				
	%				
	%				
Part X Information Regarding Transfers Ass	ociated witl	n Personal Ben	efit Cont	racts (See the in	structions.)
 (a) Did the organization, during the year, receive any funds, dir (b) Did the organization, during the year, pay premiums, direction Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instruction) 	y or indirectly, o			nal benefit contract?	Yes X No
100 to to to the roll boro and Form 4720 (see instruc	Juona)				Form 990 (2007)

Form 990 (20	107) The Young Men's Chr Information Regarding Transfe			te only if the o		Page 9
K 944 AF.	is a controlling organization as o			ite offig if the o	iganization	
•	•		-		Yes	No
	ne reporting organization make any transfers t	_	ın section 512(b)(13) of			
the C	ode? If "Yes," complete the schedule below fo					<u> </u>
	(A) Name, address, of each	(B) Employer ID	(C) Description o		(D)	
	controlled entity	Number	transfer	•	Amount of tr	ansfer
 				-		
a						
b						
С						
	Totals		······································			
					Yes	No
	ne reporting organization receive any transfers	•				
512(o)(13) of the Code? If "Yes," complete the sche					X
	(A) Name, address, of each	(B) Employer ID	(C) Description o	.£	(D)	
	controlled entity	Number	transfer	A.	Amount of tr	ansfer
			.		· · ·	
а						
b						
			a			
С						
•	Totals					-
					Yes	No
	he organization have a binding written contrac		covering the interest,			
rents	, royalties, and annuities described in question					
	Under penalties of perjury, I declare that I have ex and belief, it is true, correct, and complete Declar	camined this return, including accom- ration of preparer (other than officer)	panying schedules and stateme is based on all information of v	ants, and to the best o which preparer has an	f my knowledge y knowledge	
Please				V 12/1	4/10	
Sign	Signature of officer		· -	\\.Date	7/10	
Here	BRYAN MADDEN		CEO	/ •		
	Type or print name and title					
Paid	Preparer's	•		Check if	Preparer's SSN or (See Gen Instr X	
Preparer's	signature	<u> </u>	12/03/10 e	mployed ►	P004988	<u>37 </u>
Use Only	Firm's name (or yours \ Cantey, 1	liller, Pierce &	Green, LLP	EIN ▶	57-0568	<u> 3919</u>
•	if self-employed), address, and ZIP + 4 Camdon			Phone		
	address, and ZIP + 4 Camden, S	SC 29021		no ▶ 8	803-432-1	L436

SCHEDULE A (Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0047

Employer identification number

57-0314423

Department of the Treasury Internal Revenue Service Name of the organization

Supplementary Information-(See separate instructions.)

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

The Young Men's Christian	n Assoc. of Columbia, S	sc		57-031442	3
	Five Highest Paid Employee			and Trustees	5
(See page 1 of the ins	structions. List each one. If the	<u>ere are none, enter "No</u>	<u>ne.") </u>	1	
(a) Name and address of eathan \$50,0	* * .	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to empl benefit plans & deferred comp	(e) Expense account and other allowances
SHARON PADGETT	LEXINGTON	BRANCH DIREC			
125 RUSTIC CROSSING	SC 29073	40	64,700	0	0
CATHY MUFFLER	COLUMBIA	BRANCH DIREC		İ	
1420 SUMTER STREET	SC 29201	40	56,000	0	0
WENDY BRODERICK	COLUMBIA	BRANCH DIREC			
1420 SUMTER STREET	SC 29201	40	55,000	0	0
·					
Total number of other employees paid over	\$50,000	0			
Part II-A Compensation of the	Five Highest Paid Independ		ofessional S	ervices	<u></u>
	structions. List each one (whe				er "None.")
	ch independent contractor paid more than \$		(b) Type of s) Compensation
					·
NONE					
		Į.			
-					
				<u> </u>	.,,,,,
Total number of others receiving over \$50,0	00 for				
professional services	· . ·				
(List each contractor	e Five Highest Paid Independ who performed services othe ne, enter "None." See page 2	er than professional ser			s or
	ch independent contractor paid more than \$		(b) Type of s	enuce (c	c) Compensation
			(5) 1900 013	1011100	
мв кани	COLUMBIA				
PO BOX 1179	SC 29202	2 CC	ONSTRUCTION		5,392,981
BONUS BUILDING CARE OF COLUMBIA	COLUMBIA	<u> </u>			
455 ST. ANDREWS ROAD	SC 2921	0 J2	ANITORIAL		189,098
LCK CONSTRUCTION SERVICES LLC	COLUMBIA	L			
PO BOX 11610	SC 2921	1 Pi	ROJECT MGMT	sv	72,357
Total number of other contractors receiving	over				
\$50,000 for other services	<u> </u>	0	,		
For Paperwork Reduction Act Notice, see	the Instructions for Form 990 and	Form 990-EZ.	Schedu	le A (Form 990	or 990-EZ) 200

	#杜斯· Statements About Activities (See page 2 of the instructions.)	T	Yes	age 2 No
1			143	
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid			
	or incurred in connection with the lobbying activities \$ (Must equal amounts on line 38,			
	Part VI-A, or line i of Part VI-B)	1		X
	Outside that and a selection of a selection FOM/b) by First Form F750 mount complete Part VII A. Other			
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of			
	the lobbying activities			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any			
	substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or			
	with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority			
	owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the			
	transactions)			
а	Sale, exchange, or leasing of property?	2a		X
b	Lending of money or other extension of credit?	2b		X
	Furnishing of goods accuracy as feed to 2	2c		x
С	Furnishing of goods, services, or facilities?	120		-
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? See Part V-A, Form 990	2d	X	<u> </u>
	See Statement 11			
ө	Transfer of any part of its income or assets?	2е		X
3a	Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation			
-	of how the organization determines that recipients qualify to receive payments)	3a		X
þ	Did the organization have a section 403(b) annuity plan for its employees?	3b		X
	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open			
С	space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c		x
•	opace, all commonly motoric tand areas of motoric state areas and a state of a state of a state of a state of a			
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		X
			ŀ	
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete	4a		x
b	lines 4f and 4g Did the organization make any taxable distributions under section 4966?	4b		-
•	The trib diguillation make any taxable distribution street costs.			
C	Did the organization make a distribution to a donor, donor advisor, or related person?	4c		<u> </u>
	Enter the total number of donor advised funds owned at the end of the tax year			
d	Enter the total number of donor advised funds owned at the end of the tax year			
0	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year			
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised			
	funds included on line 4d) where donors have the right to provide advice on the distribution or investment of			
	amounts in such funds or accounts)
~	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year			0
g	Enter the aggregate value or assets new in an initial or accounts included on line 41 at the end of the tax year.			

P.	art l	Ņ,	Reason for Non-Private Founda	ati <mark>on Status</mark> (See _l	pages 4 through 8	of the insti	ructions.)	
l cei	tify t		e organization is not a private foundation be jurch, convention of churches, or association			e box.)		
6		A sc	chool. Section 170(b)(1)(A)(ii) (Also comple	ete Part V.)				
7		A ho	ospital or a cooperative hospital service orgi	anization Section 170(b	o)(1)(A)(III).			
8		A fe	deral, state, or local government or governr	mental unit. Section 170	(b)(1)(A)(v)			
9		A m	edical research organization operated in co	njunction with a hospita	I Section 170(b)(1)(A)((III). Enter the I	hospital's nam	ne, city,
		and	state ▶					
10			organization operated for the benefit of a co	=	d or operated by a gov	ernmental unit	Section 170(t)(1)(A)(IV)
11a	An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)							
11b		A c	ommunity trust Section 170(b)(1)(A)(vi). (Al	lso complete the Suppo	rt Schedule in Part IV-	-A)		
12	An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions-subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Also complete the Support Schedule in Part IV-A)							
13	3 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization.							
			Type I Type II	Type III-Functionally Inf	tegrated Typ	e III-Other		
_			Provide the following inform	ation about the suppor	rted organizations. (Se	ee page 8 of th	e instructions)
-		Nam	(a) e(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	ls the su organizatio the sup organiz	d) ipported	(e) Amount of support
						Yes	No	
_								
	Lal				<u> </u>		•	
_						· · ·		

An organization organized and operated to test for public safety Section 509(a)(4). (See page 8 of the instructions)

Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting. Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting (b) 2005 Calendar year (or,fiscal year beginning in) (a) 2006 (d) 2003 (e) Total Gifts, grants, and contributions received (Do 386,219 177,597 122,170 180,215 866,201 not include unusual grants See line 28) 2,509,826 2,509,826 16 Membership fees received 17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the 4,795,922 4,394,651 15,256,870 1,821,028 4,245,269 organization's charitable, etc., purpose -18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the 426,984 283,956 113,405 52,942 877,287 organization after June 30, 1975 19 Net income from unrelated business 0 activities not included in line 18 20 Tax revenues levied for the organization's benefit and either paid to it or expended on 0 its behalf 21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the 0 public without charge 22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets 0 5,260,093 4,569,763 19,510,184 5.144.057 4,536,271 Total of lines 15 through 22 23 3,323,029 464,171 291,002 175,112 4,253,314 24 Line 23 minus line 17 25 Enter 1% of line 23 51,441 52,601 45,363 45,698 0 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 26a b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts 26b c Total support for section 509(a)(1) test. Enter line 24, column (e) 26c Add Amounts from column (e) for lines 18 26d e Public support (line 26c minus line 26d total) 26e Public support percentage (line 26e (numerator) divided by line 26c (denominator)) 26f % Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year 0 (2006)0 (2005)(2004)(2003)b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11b, as well as individuals) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year (2006)(2005)0 (2003)866,201 c Add Amounts from column (e) for lines. 15 16 17 15,256,870 18,632,897 27c 27d d Add: Line 27a total and line 27b total 18,632,897 Public support (line 27c total minus line 27d total) 27е 19,510,184 Total support for section 509(a)(2) test Enter amount from line 23, column (e) 27g 95.5034% Public support percentage (line 27e (numerator) divided by line 27f (denominator)) 4.4966% h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief

description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15

Private School Questionnaire (See page 9 of the instructions.) (To be completed ONLY by schools that checked the box on line 6 in Part IV) N/A Yes Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, No 29 other governing instrument, or in a resolution of its governing body? 29 30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, 30 programs, and scholarships? Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way 31 that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement) Does the organization maintain the following: 32 Records indicating the racial composition of the student body, faculty, and administrative staff? 32a Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 32b Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 32c 32d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement.) Does the organization discriminate by race in any way with respect to: 33 Students' rights or privileges? 33a 33b Admissions policies? Employment of faculty or administrative staff? 33c Scholarships or other financial assistance? 33d Educational policies? 33e Use of facilities? 33f Athletic programs? 33g Other extracurricular activities? 33h If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement.) Does the organization receive any financial aid or assistance from a governmental agency? 34a b Has the organization's right to such aid ever been revoked or suspended? 34b If you answered "Yes" to either 34a or b, please explain using an attached statement. Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4 05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation

	nedule A (Form 990 or 990-EZ) 2007 1								
F	Cart VI-A Lobbying Expend (To be completed						struct N/A)
Che	eck a lif the organization belo								ntrol" provisions apply.
	· Limits o	1 Lobbying Expe	nditures			(a Affiliate tota) d group		(b) To be completed for all electing organizations
		tures" means amount			 				Organization 13
	Total lobbying expenditures to influence				36				
	Total lobbying expenditures to influence		irect lobbying)		37				
	Total lobbying expenditures (add lines	36 and 37)			38				
	Other exempt purpose expenditures	14 1 20 20)			39				
	Total exempt purpose expenditures (ad	•			40	······································			
* 1	Lobbying nontaxable amount Enter the		-						
	If the amount on line 40 is-		ontaxable amount is-						
	Not over \$500,000	20% of the amoun		.000					
	Over \$500,000 but not over \$1,000,000	-	% of the excess over \$500		1				
	Over \$1,000,000 but not over \$1,500,000	•	% of the excess over \$1,00		41				
	Over \$1,500,000 but not over \$17,000,000 Over \$17,000,000	· · · · · · · · · · · · · · · · · · ·	of the excess over \$1,500	,000					
42	· ' '	\$1,000,000			40				
	Grassroots nontaxable amount (enter 2 Subtract line 42 from line 36 Enter -0-	•	. Ii 20		42				
	Subtract line 42 from line 38. Enter -0-				43				
	Subtract line 41 from line 36. Enter -0-	ii iine 41 is more than	i line 30		44				
	Caution: If there is an amount on oithe	erlina 42 ar lina 44 via	u must file Form 4720						
	Caution: If there is an amount on either		raging Period Un		on 501	/b\			
	(Sama arganizati					• •			-1
	(Some organizati		on 501(h) election do i		-		e colur	nns b	elow.
		See the instructions i	or lines 45 through 50	on page 13	of the in	structions.)	-	_	
	···		Lobbying Expo	enditures D	uring 4-\	ear Averaç	jing Pe	riod	
	Calendar year (or	(a)	(b)	(0	;)		(d)		(e)
	fiscal year beginning in)	2007	2006	20	05		2004		Total
	Lobbying nontaxable amount								
46	Lobbying ceiling amount (150% of								
_	line 45(e))			ļ					
47	Total lobbying expenditures								
	Grassroots nontaxable amount				······				
49	Grassroots ceiling amount (150% of								
_	line 48(e))			ļ					
EΛ	Grassroots lobbying expenditures		1						
	art VI-B Lobbying Activity	v by Nonolooting	Bublio Charitica						
•	,g				→ \	/Saa na	aa 14	~£ +I	na inatorrationa \NT/B
Du	ring the year, did the organization attern					(See pa	<u>ye 14</u>	OI II	ne instructions.) N/ A
	empt to influence public opinion on a leg				ng any		Yes	No	Amount
a		isiative matter or rele	rendum, mrough the u	se or				-	· · · · · · · · · · · · · · · · · · ·
b				- 41					
C	the state of the s	отрепзацоп ін ехреп	ises reported on lines	e unougn n .	1				
d		the public							
		="					\vdash		
Ð	., . ,						-		
f			anala ana bi titi i						
g		_	•	•					
h :			, lectures, or any othe	r means			ļ		
	I OTAL IODDVING expenditures (Add line	es e through h \							1
'	Total lobbying expenditures (Add line If "Yes" to any of the above, also atta	• •					<u> </u>		

	·· ^	00 000 E		. V.	. Wonla	Chaistian	7	-5	57-0314423
criedule A (romi 9	90 or 990-E	Z) ZUU/ III	e round	men s	CHLISCIAN	ASSUC.	OT	3/-0314423

			990 or 990-EZ) 2007	The Yo	oung Men's Christ	ian Assoc. of 57-0314423		P	age 7
Pa	art VII			_	ansfers To and Transactions to the page 14 of the instructions in the instructions in the instructions in the instructions in the instructions in the instructions in the instructions in the instructions in the instructions in the instructions in the instructions in the instructions in the instructions in the instructions in the instructions in the instructions in the instruction in the inst	ons and Relationships With Noncharita ons.)	able		
51	Did the					with any other organization described in section			
						, relating to political organizations?			
а	Transf	ers fro	om the reporting organ	nization to a i	noncharitable exempt organization	ı of.		Yes	No
	(i) (Cash					51a(i)		X
	(ii) (Other	assets				a(ii)		X
b	Other	transa	ctions:						
	(i) :	Sales	or exchanges of asse	ts with a non	charitable exempt organization		b(i)		X
	(ii) l	Purcha	ases of assets from a	noncharitabl	le exempt organization		b(ii)		X
	(iii) l	Rental	l of facilities, equipme	nt, or other a	assets		b(iii)		X
	(iv) l	Reimb	ursement arrangeme	nts			b(iv)		X
			or loan guarantees				b(v)	<u> </u>	X
	(vi) l	Perfor	mance of services or	membership	or fundraising solicitations		b(vi)		X
C				_	other assets, or paid employees		C	1	X
d						ımn (b) should always show the fair market value o	f the		
				=	· · · · · · · · · · · · · · · · · · ·	zation received less than fair market value in any			
	transa	ction c	or sharing arrangemen	nt, show in co	olumn (d) the value of the goods, o	other assets, or services received			
	(a) Line no		(b) Amount involved	Name o	(c) If noncharitable exempt organization	(d) Description of transfers, transactions, and sharir	ng arrange	ements	
N/	A								
-									
	•								
•							·		
	descri	bed in		Code (other	d with, or related to, one or more than section 501(c)(3)) or in section		- 🗌 Y	es 🛭	K No
		N	(a) lame of organization		(b) Type of organization	(c) Description of relationship			
	N/A								
							-		
-									
			-	***		†			

			·			 			•
		_				<u> </u>	-		
			···						
			-						

Department of the Treasury Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

OMB No 1545-0172

► See separate instructions. ► Attach to your tax return.

Name(s) shown on return

The Young Men's Christian Assoc. of Columbia, SC

Identifying number 57-0314423

Business or activity to which this form relates Indirect Depreciation Part I **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I 125,000 1 Maximum amount. See the instructions for a higher limit for certain businesses. 2 2 Total cost of section 179 property placed in service (see instructions) 500,000 3 Threshold cost of section 179 property before reduction in limitation 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-5 Dollar limitation for tax year. Subtract line 4 from line 1 If zero or less, enter -0-. If married filing separately, see instructions 5 (b) Cost (business use only) (a) Description of property (c) Elected cost 6 7 Listed property Enter the amount from line 29 7 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 8 Tentative deduction Enter the smaller of line 5 or line 8 9 9 Carryover of disallowed deduction from line 13 of your 2006 Form 4562 10 10 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 12 Carryover of disallowed deduction to 2008 Add lines 9 and 10, less line 12 13 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.) Part II Special allowance for qualified New York Liberty or Gulf Opportunity Zone property (other than listed 14 property) and cellulosic biomass ethanol plant property placed in service during the tax year (see instructions) 14 15 Property subject to section 168(f)(1) election 15 474,026 16 Other depreciation (including ACRS) MACRS Depreciation (Do not include listed property.) (See instructions.) Part III 0 17 17 MACRS deductions for assets placed in service in tax years beginning before 2007 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B-Assets Placed in Service During 2007 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation (d) Recovery (e) Convention (f) Method (a) Classification of property year placed in (business/investment use (g) Depreciation deduction period only-see instructions) sérvice 19a 3-year property 5-year property 7-year property c d 10-year property 15-year property 20-year property S/L 25 yrs g 25-year property 27 5 yrs. S/L Residential rental MM property MM S/L 27 5 yrs ММ Nonresidential real 39 yrs S/L property MM S/I Section C-Assets Placed in Service During 2007 Tax Year Using the Alternative Depreciation System S/L 20a Class life S/L 12 yrs b 12-year S/L 40-year 40 yrs MM Part IV Summary (see instructions) 21 21 Listed property Enter amount from line 28 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. 474,026 Enter here and on the appropriate lines of your return. Partnerships and S corporations-see instr 22 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

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Federal Statements

Statement 1 - Form 990, Part I, Line 3 - Membership Dues and Assessments

 Description
 Amount

 MEMBERSHIP DUES
 \$3,063,281

 Total
 \$3,063,281

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Statement 2 - Form 990, Part II, Line 25a - Compensation of Current Officers

Fundraising	v	23,507	20,520	\$ 44,027
Management & General	ሪ ን	21,766	19,000	\$ 40,766
Program Services	S	63,558	55,480	\$ 119,038
Name	Expenses	BRYAN MADDEN Compensation	IRA REASONS Compensation	Total

Statement 3 - Form 990, Part II, Line 43 - Other Functional Expenses

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
Expenses	\$	\$	\$	\$
WORKERS COMPENSATION	23,718	22,532	1,186	
PROFESSIONAL FEES	608,798	492,518	68,185	48,095
SMALL EQUIPMENT PURCHASED	299,776	299,776		
MEDIA SERVICE & PUBLICITY	109,257	93,305	5,026	10,926
VEHICLE INSURANCE AND TRANS	67,544	56,399	4,998	6,147
PERCENTAGE SUPPORT	97,514	94,589		2,925
MISCELLANEOUS	47,555	41,896	5,659	
Total	\$ <u>1,254,162</u>	\$ <u>1,101,015</u>	\$ 85,054	\$ 68,093

Statement 4 - Form 990, Part III - Organization's Primary Exempt Purpose

Description

THE YMCA OF COLUMBIA IS A CHARITABLE, COMMUNITY SERVICE ORGANIZATION THAT INCLUDES MEN, WOMEN AND CHILDREN OF ALL AGES, ABILITIES, INCOMES, RACES AND RELIGIONS. WE ARE DEDICATED TO BUILDING STRONG KIDS, STRONG FAMILIES, AND STRONG COMMUNITIES BY PUTTING CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT PROMOTE HEALTHY LIFESTYLES, STRONG VALUES, LEADERSHIP DEVELOPMENT, COMMUNITY INTERACTION, AND INTERNATIONAL UNDERSTANDING. OUR YMCA IS FOUNDED AND LED BY VOLUNTEERS FROM OUR COMMUNITY; VOLUNTEERS ALSO SERVE AS MENTORS, COACHES, PROGRAM LEADERS, INSTRUCTORS AND MORE. ALL PERSONS ARE WELCOME AT OUR YMCA REGARDLESS OF THEIR ABILITY TO PAY.

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Statement 5 - Form 990, Part IV, Line 54a - Publicly Traded Securities

Description	Beginning of Year	End of <u>Year</u>	Basis of Valuation
US and State Government UNRESTRICTED INVESTMENTS	\$ _6,343,901	\$ 656,847	Cost
Total	\$ 6,343,901	\$ 656,847	

Statement 6 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment

Description				
	Beginning of Year	Accum Depr	End of Year	Accum Depr
	\$11,948,573 \$	1,985,723	\$18,567,725	\$ 2,459,880

Total 1,082,020 1,082,020 1,082,020 1,082,020 \$ 13,030,593 \$ 1,985,723 \$ 19,649,745 \$ 2,459,880

Statement 7 - Form 990, Part IV, Line 58 - Other Assets

Description	Beginning of Year	End of Year
ENDOWMENT INVESTMENTS	\$ 702,085	\$ 425,701
Total	\$ 702,085	\$ 425,701

Statement 8 - Form 990, Part IV, Line 65 - Other Liabilities

Description	Beginning of Year	End of Year
BONDS PAYABLE	\$11,833,279	\$11,691,101
Total	\$ <u>11,833,279</u>	\$ <u>11,691,101</u>

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Statement 9 - Form 990,	Part V-A	- List of Officers, Directors, Trustees, and Key	Trustees, and Key		·,
	Employees	<u>yees</u>			
Name and Address	Title	Average Hours	Compensation	Benefits	Expenses.
BRYAN MADDEN 1420 SUMTER ST COLUMBIA SC 29201	CEO	40	131,700	0	0
MICHAEL J. THACKER 1420 SUMTER ST COLUMBIA SC 29201	PRESIDENT	0 .	0	0	0
KENNETH L RICHEY 1420 SUMTER ST COLUMBIA SC 29201	PAST PRES	0	0	0	0
CLAUDE M WALKER, JR 1420 SUMTER ST COLUMBIA SC 29201	VICE PRESIDE	0	0	0	0
DANIEL R ROACH, JR 1420 SUMTER ST COLUMBIA SC 29201	TREASURER	0	0	0	0
SENATOR NIKKI G SETZLER 1420 SUMTER ST COLUMBIA SC 29201	DIRECTOR	0	0	0	0
CHARLES L A TERRENI 1420 SUMTER ST COLUMBIA SC 29201	DIRECTOR	0	0	0	0
TREY LOVE 1420 SUMTER ST COLUMBIA SC 29201	DIRECTOR	0	0	0	0
TOM B ELLIS 1420 SUMTER ST COLUMBIA SC 29201	DIRECTOR	0	0	0	0
WILLIAM P PRICE, III 1420 SUMTER ST	DIRECTOR	0	0	0	0

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Statement 9 - Form	Statement 9 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees (continued)	Officers, Directors, T	rustees, and Key		
Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
COLUMBIA SC 29201					
MARY GREEN BRUSH 1420 SUMTER ST COLUMBIA SC 29201	DIRECTOR	0	0	0	0
JAMES DICKSON MD 1420 SUMTER ST COLUMBIA SC 29201	DIRECTOR	0	0	0	0
LEWIS CASWELL 1420 SUMTER ST COLUMBIA SC 29201	SECRETARY	0	0	0	0
BRUCE WILLIAMS 1420 SUMTER ST COLUMBIA SC 29201	DIRECTOR	0	0	0	0
FRANK CANNON 1420 SUMTER ST COLUMBIA SC 29201	DIRECTOR	0	0	0	0
MICKEY LAYDEN 1420 SUMTER ST COLUMBIA SC 29201	DIRECTOR	0	0	0	0
MEREDITH COX 1420 SUMTER ST COLUMBIA SC 29201	DIRECTOR	0	0	0	
VANCE BETTIS 1420 SUMTER ST COLUMBIA SC 29201	DIRECTOR	0	0	0	0
BRANDON GASKINS 1420 SUMTER ST COLUMBIA SC 29201	DIRECTOR	0	0	0	0
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Statement 10 - Form 990, Part VIII - Relationship of Activities

Line No.

Description

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THE YMCA IS A MEMBERSHIP ASSOCIATION OF MEN, WOMEN AND CHILDREN OF ALL AGES, ABILITIES, INCOMES, RACES AND RELIGIONS. THE YMCA IS DEDICATED TO HELPING INDIVIDUALS AND FAMILIES BUILD A HEALTHY SPIRIT, MIND AND BODY. IT PUTS CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT PROMOTE GOOD HEALTH, STRONG FAMILIES, YOUTH LEADERSHIP, COMMUNITY DEVELOPMENT AND INTERNATIONAL UNDERSTANDING.

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Federal Statements

Statement 11 - Schedule A, Part III, Line 2d - Payment of Compensation / Reimbursement of <u>Exp</u>

Description

SEE FORM 990, PART V