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OUT E Z NON CENTRAL

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
benefit trust or private foundation)

OMB No 1545-0047 Open to Public

ation may have to use a copy of this return to satisfy state reporting requirements.

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A F	For the	2008 calendar year, or tax year beginning and ending		
Во	Check If	C Name of organization	D Employer identific	cation number
	pplicabl	Please use (RS)		
\Box	Addre			
늗	Name	type. D.: D.:	04-3	383996
는	_]chang _]Initial retum	See Number and street (or P.O. box if mail is not delivered to street address) Room/suite	E Telephone number	
\vdash	retum Termir	- Specific C PATT POAD		642-3361
누	_ation		G Gross receipts \$	1,899,942.
} =	return Applic tion	City or town, state or country, and ZIF + 4		
L	_Jtiòn pend⊪	00	H(a) is this a group re for affiliates?	Yes X No
		F Name and address of principal officer:		
			H(b) Are all affiliates inc	
		empt status: X 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527	1 '	list. (see instructions)
		e: > WWW.YMCACAMPLINCOLN.ORG	H(c) Group exemption	
_		VIII	of formation:	State of legal domicile
P	art II	Summary	311314 4434	
ø	1	Briefly describe the organization's mission or most significant activities: To put Chr	istian prin	cipais into
auc		practice through programs that build healthy m		
Ę	2	Check this box 🕨 🔲 if the organization discontinued its operations or disposed of more	1 1	
Š	3	Number of voting members of the governing body (Part VI, line 1a)		14
8	4	Number of independent voting members of the governing body (Part VI, line 1b)		0
as B	5	Total number of employees (Part V, line 2a)	<u>5</u>	0
¥	6	Total number of volunteers (estimate if necessary)	6	0
Activities & Governance	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0.
	Ь	Net unrelated business taxable income from Form 990-T, line 34	7ь	0.
			Prior Year	Current Year
٥	8	Contributions and grants (Part VIII, line 1h)		6,070.
Revenue	9	Program service revenue (Part VIII, line 2g)		1,884,241.
ě	10	Investment income (Part VIII, column (A), lines 3r4-and 7g [V]		6,217.
Œ	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) O.		3,414.
		Total revenue - add lines 8 through 11 (musticqual Part VIII, column (A) fine 12	1,752,671.	1,899,942.
_		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14	Benefits paid to or for members (Part IX, column (A), lige 4)		
ø	15	Salanes, other compensation, employee benefits [Part IX, column,(A), Inps 5-10)		1,160,396.
136	1	Professional fundraising fees (Part IX, column (A), line 11e)		
Expenses		Total fundralsing expenses (Part IX, column (D), line 25)		
ŭ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		706,312.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,656,551.	1,866,708.
		Revenue less expenses. Subtract line 18 from line 12	96,120.	33,234.
-S	1.0		Beginning of Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	1,117,597.	1,124,931.
ASS	21	Total liabilities (Part X, line 26)	163,137.	161,619.
雪	22	Net assets or fund balances. Subtract line 21 from line 20	954,460.	963,312.
P	art II		000,000,	<u> </u>
		Under penalties of perjury I declare that I have examined this return, including accompanying schedules and statements, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	and to the best of my knowledg	ge and belief, it is true, correct,
		and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.		
Sign	n É		13.10.16	•
Her		Signature of officer	Date	
	•	SKSCUTIVE DEGATEL		
		Type or print name and title		
				r's identifying number
Paid	1	signature 03/08/10 em	ployed > (300 ins	tructions)
	arers	Firm's name (or MIIT.RENNAN RIIGG AND COMPANY, P.C.	EIN >	····
Use	Only	seif-employed), 88 NASHUA ROAD		
		Address, and ZIP+4 LONDONDERRY, NH 03053	Phone no > 6	034346141
Mar	the I	S discuss this return with the preparer shown above? (see instructions)	7 7 11 0110 110. P	X Yes No
riay	in a ir	o dispress the laterit with the higherer stroker shoker (200 liptrocholis)		(44) (63 <u> 100</u>

2-18-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

See Schedule O for Organization Mission Statement Continuation

Form **990** (2008)

Forn	n 990 (2008)	SO. DISTR	ICT YMC	A/CAMP	LINCOLN	, INC.	04-3383996	Page 2
Pa	rt III. Statement	of Program Service	ce Accomp	lishments	(see instruction	ns)		
1	Briefly describe the o	rganization's mission:	None					
_	Did the executation	undertake any significa	nt process cor	vices during	the year which	were not listed o		
2	the prior Form 990 or							s X No
	•	se new services on Sci				• ••••• ••		- Laga - 10
3				changes in t	now it conducts	any program se	ervices? Ye	s X No
•		se changes on Schedu			,	,, pg		
4		purpose achievements		e organization	n's three larges	t program servic	es by expenses.	
		501(c)(4) organizations						
		the total expenses, and						
4a	(Code:) (Expenses \$		0 - Including		1. la a a a a a a la) (Revenue \$)
	Camp-Offers	a camping	experia	nce Ioi	youtn	enrough o	a variety of ca	mps
		traditional	camp,	cravel	Camp, s	pectatty	camp and adven	cure
	camp.							
						- 		
		 -						
								
			· -					
4Ь	(Code:) (Expenses \$	831,99	8 . including	grants of \$	_) (Revenue \$)
					r schoo	l prograi	ms for children	<u>at</u>
	eleven diff	erent locat	ions in	NH		· · · · · · · · · · · · · · · · · · ·	 	
						·		
						·	.	
								
								-
								
								
4c	(Code:) (Expenses \$		including	grants of \$) (Revenue \$)
	<u> </u>							
		·			 			
							····	
			 _					
		· · · · · · · · · · · · · · · · · · ·						
								
								
								
4d	Other program service	es. (Describe in Schedu	ıle Q.)					
	(Expenses \$		ng grants of \$) (Rev	enue \$)	
4e	Total program service		1,708	,468. A		IX, Line 25, colu	mn (B).)	
								990 (2008)

Form 990 (2008) SO. DISTRICT YMCA/CAMP LINCOLN, INC. 04-3383996 Page 3

y a	rt 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? If "Yes," complete Schedule C, Part II	4		Х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice			
	on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	į į		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
-	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25?			
• •	If "Yes," complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	X	1
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was			
	prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	X	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		Х
b				
-	and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I,	14ь		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity			
	located outside the United States? If "Yes," complete Schedule F, Part II	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Part III	16		Х
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K.			i
	If "No", go to question 25	24a		Х
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		1
d	Did the organization act as an "on behalf of issuer for bonds outstanding at any time during the year?	24d		
25a				
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	_	Х
ь	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a			
-	prior year? If "Yes," complete Schedule L, Part I	25ь	1	X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial			
	contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		X

SO. DISTRICT YMCA/CAMP LINCOLN, INC. 04-3383996 Form 990 (2008) Part IV Checklist of Required Schedules (continued) No_ Yes 5 575 28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee: a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other X 28a person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV b Have a family member who had a direct or indirect business relationship with the organization? 28b X c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional X 28c X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation X 30 Did the organization liquidate, terminate, or dissolve and cease operations? Х 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete X 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 X sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? X If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 Is any related organization a controlled entity within the meaning of section 512(b)(13)? 35 X 35 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?

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

Form **990** (2008)

36

37

X

X

37

orm	990 (2008) SO. DISTRICT YMCA/CAMP LINCOLN, INC. 04-338	<u> 3996</u>	P	age 5
Par	Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of		š.,	13.5
	U.S. Information Returns. Enter -0- If not applicable	<u> </u>	وأرباؤ	
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	2		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		\$4,45	
	(gambling) winnings to prize winners?	1c		X
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,)((350
	filed for the calendar year ending with or within the year covered by this return 2a	일:조금	50	48,50
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2ь		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	101	£17	
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3ъ		
	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
	If "Yes," enter the name of the foreign country: ▶	133.3	137	111
-	See the Instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and		68.55	4.
	Financial Accounts.		3 6 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0000
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited			
C	Tax Shelter Transaction?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		Х
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6ь		
	Organizations that may receive deductible contributions under section 170(c).	3,3	3	1350
	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
•	to file Form 8282?	7c		Х
А	If "Yes," indicate the number of Forms 8282 filed during the year		(3.35)	11
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
Ū	benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		_X
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		Х
	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3)		\$ <u>}</u>	
_	supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have	8.707		
	excess business holdings at any time during the year?	8		Х
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		43(S)	्रेश्व
	Did the organization make any taxable distributions under section 4966?	9a		Х
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		X
	Section 501(c)(7) organizations. Enter: N/A			1,153
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	7553		
11	Section 501(c)(12) organizations. Enter: N/A	7,5%	3.4	
	Gross income from members or shareholders			200
	Gross income from other sources (Do not net amounts due or pald to other sources against			1000
_	amounts due or received from them.)			l XXX
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	H 'You' enter the amount of tax exempt interest received or account disting the year. N/A 12h	\$3.00	:072	22.5

Q	9 10 06:20p	р.	7	
	·	•		
	990 (2008) SO. DISTRICT YMCA/CAMP LINCOLN, INC. 04-338			age 6
Pa	TVI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not re	equired	by the	3
	Internal Revenue Code.)			
Sec	tion A. Governing Body and Management			
		F-1-1-1-	Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances,			
	processes, or changes in Schedule O. See instructions.	1		
1a	Enter the number of voting members of the governing body	4		
b	Enter the number of voting members that are independent	의생원		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	100		[3 <u>35</u> 5
	officer, director, trustee, or key employee?	_ 2	<u> </u>	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors or trustees, or key employees to a management company or other person?	3	 	X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		<u> </u>	X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	_ 5	 	X
6	Does the organization have members or stockholders?	6	<u> </u>	X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a		X
Ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	22270	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	852		[
	by the following:	400	140	
a	The governing body?	8a	X	
þ	Each committee with authority to act on behalf of the governing body?	8b		X
9a		9a_		X
Ь	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,	1 1		1
	and branches to ensure their operations are consistent with those of the organization?	9b		
0	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must			.,
	describe in Schedule O the process, if any, the organization uses to review the Form 990	10		X
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			v
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11	<u> </u>	<u> </u>
ec	tion B. Policies			Γ
_	and the second of the second o	100	Yes	No
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		
Þ	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise	405	X	
	to conflicts?	12b		
¢	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	40-		х
-	in Schedule O how this is done	12c	X	
3	Does the organization have a written whistleblower policy?	13	X	·
4	Does the organization have a written document retention and destruction policy?	14	· ~ 22	एक्स
5	Did the process for determining compensation of the following persons include a review and approval by independent		334.0	12.73
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision:	450	X	(3,4800) -
	The organization's CEO, Executive Director, or top management official?	15a	X	
D	Other officers or key employees of the organization?	15b	ूर्ड इ.स.	Land.
6-	Describe the process in Schedule O. (see instructions)	내용법	Šų d	A. 237
-4	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	16a		X
L	taxable entity during the year?	108	1, 8	2 3 3 3 3 3
Ď	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation		/	
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's	16b	\$12.64	:ముమి/సు
	exempt status with respect to such arrangements?	1 100 1		
7	List the states with which a copy of this Form 990 is required to be filed ►NH			
	List the states with which a copy of this form 990 is required to be filled \$1111			

Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Own website Another's website X Upon request 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: Rob McGregor - 603-642-3361 67 Ball Road, Kingston, NH 03848

Form 990 (200	D8) S(O. DISTRIC	YMCA/CAMP	LINCOLN,	INC.	04-3383996	Page 7					
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated												
E	mployees, and I	Independent Co	ntractors									

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

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- 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.

(A) Name and Title	(B) Average	ny officer, director, truste (C) Position						(D) Reportable	(E) Reportable	(F) Estimated
Name and Title	hours	(c	check all that apply)				oly)	compensation	compensation	amount of
	per week	Individual trustee or director	Institutional trustee	the organizations	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations				
Rob Roy McGregor	40.00							02 522	0	
Executive Director	40.00					-	-	92,523.	0.	0
		_		_			_			
				_	_					
			-	_						
			-			-				
	-	_				_				
				_						
						_				
	10000	-	-			-				
										

									OLN, INC.	04-3383	3996 Page 8
Pa	Name and title	(B) Average hours			(e Pos	C) ition			(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
		Meek Meek or director Institution trustee or director Institutional trustee or director Institutional trustee or director Institutional trustee or director Institutional Teams Institutional Institut			Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations			
				_				_			
					_			_			
								-			
					_					i	
						-		_			
								_			
_											
<u>1b</u> 2	Total			 ed n		tha:	<u>▶</u> ո \$1	00.	92,523.	0.	0.
_	compensation from the organization							<u>. </u>		<u> </u>	Yes No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for si										3 X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	0,000? If "Yes,"	" co	mple	ete S	Sche	eduk	9 J :	for such individual		4 X
5 	Did any person listed on line 1a receive or a the organization? If "Yes," complete Schedt tion B. Independent Contractors	=			rom	any	unr	elat	ted organization for servi	ces rendered to	5 X
1	Complete this table for your five highest countries in NONE	mpensated ind	lepe	ende	nt c	ontr	racto	ors 1	that received more than	\$100,000 of compens	sation from
	(A) Name and business	address							(B) Description of s	ervices ((C) Compensation
								4	5		
								4			
	<u> </u>							+			

2	Total number of independent contractors (in from the organization ▶	ocluding those	in 1) wh	o re	cel	red i	nor	re than \$100,000 in com	pensation (1)	5 900 moon

Form	990	(2008) SO. DISTRICT	YMCA/CAMP	LINCOLN,	INC.	04-3383	996 Page 9
The same of		Statement of Revenue					
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	t c c	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above 1a 1b 1c 1d 1d 1e	6,070.				
52		Noncesh contributions included in lines 1a-1f \$	[*	**************************************			
Program Service C		Prog.serv.revenue-Rela	Business Code		1,884,241.		
S	•	·			<u> </u>		
6 9	C	·					
8	e						
- □	f	All other program service revenue					· •
	ç	Total. Add lines 2a-2f	<u></u> ▶ 1	<u>,884,241.</u>			
	3	Investment income (including dividends, interes	st, and		•		
	4 5	other similar amounts)		6,217.	6,217.	_14_00.0000	
	A s	Gross Rents	23	h:553848381		324000000000000000000000000000000000000	
		Less: rental expenses					
		· · · · · · · · · · · · · · · · · · ·	———				######################################
		Rental income or (loss)	^* <i>*</i>		and includes it common to	* * * * * * * * * * * * * * * * * * *	30000 VS S S S SOO
- [· · · F		. 500 10076 7 8	AA 3 48. 7873	11 (2021)8331(201	40.30 mag //60 323
	7 a	Gross amount from sales of (i) Securities	(ii) Other		ka Guli Kalinda		
		assets other than inventory					
ŀ	t	Less: cost or other basis	} }	แล้งเฉเต็นไ			
		and sales expenses					522820000.
1	c	Gain or (loss)				6663366.: Gr	1. 1883 BANG A (\$135)
	c	Net gain or (loss)					
venue		Gross income from fundralsing events (not including \$ of contributions reported on line 1c). See					
Other Revei		Part IV, line 18 a Less: direct expenses b Net income or (loss) from fundralsing events					
ļ		· •		V\$4607.07477.	1944 (1943) 784 13	<u>;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;</u>	GE 15 (15 15 15 15 15 15 15 15 15 15 15 15 15
		Gross income from gaming activities. See Part IV, line 19 a Less: direct expenses	\$ 95°				
	c	Net income or (loss) from gaming activities	. ▶				
	10 a	Gross sales of inventory, less returns	3 ;				
		and allowances , a	1			9934 9 8488	
		Less: cost of goods sold b					
			→ 3*	642.	642.	2,000 600 7	er hamaic
		Net income or (loss) from sales of inventory	2.4	(10 (0.5559)	en grafika.	\$\$\$77,500 \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	154544555
}			Business Code 🖫	*ccc \$12387374555	\$45 A FT (\$4 \$ \$4 \$ A \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	77774 (* 22 million) 1.°48.	Treate Million Tree?
	11 a	·		-			
	b	·					
	C	·	 	7 770	2 770		
	d	All other revenue		2,772.	2,772.	CSCC07 (C C Q C 7 C Q S 7 A	
	е	Total. Add lines 11a-11d	🕨 📙	2,772.			38 × 32 × 3 × 3 × 3 × 3 × 3 × 3 × 3 × 3 ×
لي	12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c	, and 11a 🕨 📘	,899,942.	1,893,872.	0.	0.
83200	9 ·09						Form 990 (2008)

Form 990 (2008) Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				\$\$130 and 1884
5	Compensation of current officers, directors,			02 522	
	trustees, and key employees	92,523.		92,523.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	047 152	012 152	35,000.	
7	Other salaries and wages	947,152.	912,152.	33,000.	
8	Pension plan contributions (include section 401(k)	10 720	6,528.	12,211.	
	and section 403(b) employer contributions)	18,739. 54,816.	54,816.		
9	Other employee benefits	47,166.	47,166.		
10	Payroll taxes	47,100.	47,100.		
11	Fees for services (non-employees):	1 202	1 262	31.	
а	Management	1,393.	1,362.	31.	
Ь	Legal	35,677.	35,677.	0.	
c	Accounting	33,077.	33,011.	<u> </u>	
d			55854 / Tüğliği	\$ 1.39 Plan 1704)	
е	Professional fundraising services. See Part IV, line 17		333 24. 34.5 57.3	1/28	
f	Investment management fees	235,148.	235,148.		 -
9		233,140.	235,140.	· · · · · · · · · · · · · · · · · · ·	
12	Advertising and promotion	56,791.	56,753.		38.
13	Office expenses	6,363.	6,363.		30.
14	Information technology	0,303.	0/303.		
15	Royalties	72,218.	72,218.		
16	Occupancy	12/210	72/2101		
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	18,689.	18,689.		
20		9,132.		9,132.	
	Payments to affiliates	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
21 22	Depreciation, depletion, and amortization	56,107.	56,107.		
23		25,741.	17,436.	8,305.	
24	Other expenses Itemize expenses not covered				16/34/19/11/15
	above. (Expenses grouped together and labeled				
	miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
а	Other syspenses DrogCorr	2,989.	2,989.		
ь					
c					
d					
e					
1	All other expenses	186,064.	186,064.		
25	Total functional expenses. Add lines 1 through 24f	1,866,708.	1,709,468.	157,202.	38.
26	Joint Costs. Check here ▶ ☐ if following				
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) Joint costs from a combined				
	educational campaign and fundralsing solicitation	 			

Part X Balance Sheet		990 (2		, INC.	04-	3383996 Page 11
1 Cash - nonesterest basing	Par	t X	Balance Sheet	- -	,	,
2 Swings and empourcy cash investments 55,027. 2 145,366.						
2 Serings and temporary cash Investments 3 Pediges and temporary cash Investments 3 Pediges and temporary cash Investments 3 3 3 3 3 3 3 3 3		1	Cach - non-interact-hearing	200,265.	1	111,946.
Pleagues and grains receivable, net Accounts necknables and Accounts necknables from ourself and former officers, desclore, fundees, key employees, or other related parties. Complete Part II of Schedule L employees, or other related parties. Complete Part II of Schedule L Accounts and loans necknables, net Accounts payable and accrued expenses Act I lead through I S must soul line 341 In the spayable In Complete Part II of Schedule D In I lead through I S must soul line 341 In I lead through I S must soul line	1		• • • • • • • • • • • • • • • • • • • •			
A Accounts receivable. net 4 A Accounts receivable. net 5 Receivables from current and former officers, directors, runtees, key employees, or other related parties. Complete Part I of Schedule L 6 Receivables from other disqualished persons (as defined under section 4858(f)(ii)) and persons described in section 4958(6)(iii). Complete Part II of Schedule L 7 Notes and loans receivable, net 8 Notes and loans receivable, net 9 Propated expenses and deferred charges 10 Propated expenses and deferred charges 11 International propagation Complete Part V of Schedule D 12 International propagation (Propated Part V of Schedule D 13 International propagation (Propated Part V of Schedule D 14 International propagation (Propated Part V of Schedule D 15 Other asserts. See Part V, line 11 16 Grate asserts. Add inset Introcent 15 (must equal line 34) 17 Accounts payable and accrued expenses 19 Deferred revenue 10 Deferred revenue 11 Schedule D 12 Propate liabilities. Complete Part V of Schedule D 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule D 23 Taxes trust payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Total tabilities. Accomplete Part X of Schedule D 26 Total tabilities. Complete Part X of Schedule D 27 Total tabilities. Complete Part X of Schedule D 28 Total tabilities. Complete Part X of Schedule D 29 Total tabilities. Complete Part X of Schedule D 20 Total tabilities. Complete Part X of Schedule D 20 Total tabilities. Complete Part X of Schedule D 21 Total tabilities. Complete Part X of Schedule D 22 Payables to current and the account of Schedule D 23 Total tabilities. Complete Part X of Schedule D 24 Unsecured notes and loans payable of unrelate			•			
Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part I of Schedule L Receivables from other decided parties. Complete Part I of Schedule L Receivables from other decided parties. Complete Part I of Schedule L Receivables from other decided parties. Complete Part I of Schedule L Receivables from other decided parties. See Part IV. Into 11 Receivables and boars neceivable. net Receivables net Receivab				26.355.		30,433,
## employees, or other related parties. Complete Part II of Schedule L Receivables from other dequalified persons as defined under section 4958(f)(1)) and persons described in section 4958(f)(3)(B). Complete Part II of Schedule L Receivable from other sale or use Fart II of Schedule L Receivable from other sale or use Fart II of Schedule C Fart II of	- 1			20,333.		3071331
8 Receivables from other disquelified persons (as defined under section 4958(pt)) and persons described in section 4958(pt)) and persons described in section 4958(pt)(pt) and persons described to the section 4958(pt)(pt) and persons described in section 4958(pt)(pt) and persons described in section 4958(pt)(pt) and persons and deferred charges between the section 4958(pt)(pt) and persons a		5			_	
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7 Notes and loans receivable, net			4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete	\dis(401900\c)\diddidi	3334)	29 (2015) (Falling 1920)
8 investroints for sale or use 9 Prepail expenses and deferred charges 10a Land, buildings, and occupiement: cost basis 10a Land, 147, 417. 10b 409, 511. 1715, 748. 10c 737, 906. 11 Investments - publicly traded socurities 12 Investments - program-related. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 14 Intançible assets 15 Cher assets. See Part IV, line 11 15 Cher assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 19 Deferred revenue 10 Tax exempt bond liabilities 19 Deferred revenue 10 Tax exempt bond liabilities 19 Deferred revenue 10 Tax exempt bond liabilities 11 Tax exempt bond liabilities 12 Tax exempt bond liabilities 12 Tax exempt bond liabilities 13 Tax exempt bond liabilities 14 Tax exempt bond liabilities 15 Cher acceptance of the part IV of Schedule D 20 Tax exempt bond liabilities 20 Tax exempt bond liabilities 21 Tax exempt bond liabilities 22 Payables to current and former officers, directions, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Payables to current and former officers, directions, trustees, key employees, highest contains and former officers, directions trustees, key employees, highest contains and former officers, directions, trustees, key employees, highest contains and former officers, directions and trustees, key employees, highest contains and former officers, directions, trustees, key employees, highest contains and former officers, d			Part II of Schedule L			
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10a Land, buildings, and equipment: cost basis 10a 1,147,417.	SSe	8	Inventories for sale or use		8	
b Lass: accumulated depreciation. Complete Part V of Schedule D 10b 409,511. 715,748 10c 737,906.	¥	9	Prepaid expenses and deferred charges	6,167.	9	14,765.
b Lass: accumulated depreciation. Complete Part V of Schedule D 10b 409,511. 715,748 10c 737,906.		10a	Land, buildings, and equipment: cost basis 10a 1, 147, 417.			
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13 Investments - program-related. See Part IV. line 11			• • • • • • • • • • • • • • • • • • • •		12	
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18				114 035	t	84.515.
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SCHEDULE A

. (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

2008 Open to Public

Name	of the organiza		TENTOE VIVOR //	ONNO 1	TNICOT	. NT TN	TC.		Employer id	dentificat 3383		
Part	Reason		STRICT YMCA/(rity Status (All organi					struction		-3363	9990	
			because it is: (Please c				1.) (300 1113	struction.	<u>. </u>	-		
1 C			n because it is: (Please c es, or association of chu)(b)(1)(A)(i).				
2 [70(b)(1)(A)(ii). (Attach S				• • • • • • • • • • • • • • • • • • • •					
3			ital service organization			170(ь)(1)	(A)(iii). (A1	ttach Sci	nedule H.)			
4			operated in conjunction							e hospita	i's nar	1e,
	city, and sta											
5	An organiza	tion operated for the	benefit of a college or u	iniversity c	wned or o	perated by	a govern	mental u	nlt describe	ni b		
_	section 170	0(b)(1)(A)(iv). (Comp	lete Part II.)									
6	_		nent or governmental un									
7	_		ceives a substantial part	of its sup	port from a	governm	ental unit o	or from ti	ne general p	ublic desc	cribed i	n
. —	_	(b)(1)(A)(vi). (Compl										
8 [•	section 170(b)(1)(A)(vi).	•								,
9 [X			ceives: (1) more than 33									
			nctions - subject to cert									
			taxable income (less sec	tion 511 to	ax) from bu	Isinesses	acquirea c	by the on	ganization at	ter June 3	30, 197	5.
46 [_	509(a)(2). (Complet			lifake i	Caa aa aa	- E00(a)(4\				
10		-	perated exclusively to te perated exclusively for t		•				· · · · · · · · · · · · · · · · · · ·		nf ana .	~~
11 🗀			perated exclusively for t ations described in sect									ы
	•		organization and comp				zy. 366 3 61	C(()() 30	olayloy. Chec	A LITE DOX	t tilat	
	a Type		-, -	c Tyr			teorated		d \square	Type III - 0	Other	
e 🗀			at the organization is not			-	•	r more d				ப
			than one or more public									
f			tten determination from								-1-7-	
-			his box									
9		-	organization accepted a					owing pe	ersons?			
•			directly controls, either a								Yes	No
			upported organization?							11g(i)		
	(ii) A family	y member of a perso	n described in (i) above?	?						11g(ii)		
			a person described in (i)							11g(iii)	1 1	
h	• •	•	about the organizations									
(I) Nar	ne of supported	(ii) EIN	(iii) Type of		organization				Is the	(vii) An	nount o	f
• •	rganization	(, 2	organization (described on lines 1-9		sted in your		ion in col.	(i) organiza	tion in col. lized in the .S.?		port	
			above or IRC section	<u> </u>	document?		r support?					
			(see instructions))	Yes	No	Yes	No	Yes	No			
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	adule A (Form 990 or 990-EZ) 2008	0	Desember dies	Cartiana 170	(h)/4\(A)/(iv) on	4.470(b)/4\/A\/wi	Page Z
1,5	Support Schedule for			Secuons 170		ייין (בו) (בו) לבו	,
800	(Complete only if you checke ction A. Public Support	o the dox on tine s	, r, or o or Part i.j				
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
	Gifts, grants, contributions, and	(8) 2004	10/ 2000	(0) 2000	14,250.	(0) 2000	(7)
٠	membership fees received. (Do not						
	include any "unusual grants.")						
9	Tax revenues levied for the organ-						
~	ization's benefit and either paid to						
	or expended on its behalf						
2	The value of services or facilities						
J	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 · 3						
	The portion of total contributions	94441 88 55				1419.5243 191.88	
5	by each person (other than a						
	governmental unit or publicly						
	supported organization) included	nggasten					
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)	e danuar					
	Public Support. Subtract line 5 from line 4			Joseph Child	78+, 51(201612*********		<u> </u>
	tion B. Total Support	<u> </u>	<u> </u>	<u> </u>		<u> </u>	
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
	Amounts from line 4	127201	(5) 2000	1.2	1 -2,		
	Gross income from interest,						
•	dividends, payments received on]					
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
•	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10	S-11222211 2	335430 3 5131323			\$\$12.54.54.65	
	Gross receipts from related activities					12	
	First five years. If the Form 990 is fo					n 501(c)(3)	
_	organization, check this box and sto						
Sec	tion C. Computation of Pub		rcentage				
	Public support percentage for 2008 (·	olumn (f))		14	%
15	Public support percentage from 2007	7 Schedule A, Part	IV-A, line 26f			15	%
16a	33 1/3% support test - 2008. If the	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this box	and
	stop here. The organization qualifies	as a publicly supp	orted organization				▶ 📖
b	33 1/3% support test - 2007. If the	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check this	s box
	and stop here. The organization qua	lifies as a publicly s	supported organiza	ation			. ▶∐
17a	10% -facts-and-circumstances tes	t - 2008. If the org	anization did not c	heck a box on line	13, 16a, or 16b, a	and line 14 is 10% o	r more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	ns box and stop h	ere. Explain in Pai	t IV how the organia	zation
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	organization		. ▶□
ь	10% -facts-and-circumstances tes						0% or
	more, and if the organization meets ti	_					
	organization meets the 'facts-and-circ						▶□
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	, check this box a	nd see instructions	▶□
				-	Sche	dule A (Form 990 c	or 990-EZ) 2008

Sch	èdule A (Form 990 or 990-EZ) 2008 S	o. DISTRI	CT YMCA/C	AMP LINCO	LN, INC.		3996 Page 3	
Pa	rt III Support Schedule for C	Organizations	Described in	Section 509(a)	(2) (Complete only	if you checked the bo	x on line 9 of Part I	
Se	ction A. Public Support							
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")							
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the	1511772.	1732554.	1677902.	1745049.	1884241.	8551518.	
	organization's tax-exempt purpose	1511//2.	1/32554.	10//302.	1/43043.	1004241.	0331310.	
3	Gross receipts from activities that							
	are not an unrelated trade or bus- iness under section 513							
4	Tax revenues levied for the organ-		· ·					
•	ization's benefit and either paid to							
	or expended on its behalf							
5	The value of services or facilities							
-	furnished by a governmental unit to							
	the organization without charge							
۵	Total. Add lines 1 - 5	1511772.	1732554.	1677902.	1745049.	1884241.	8551518.	
		1011771	1.0100					
16	Amounts included on lines 1, 2, and							
	3 received from disqualified persons							
•	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000							
	Add lines 7a and 7b							
8	Public support (Subtractifine 7c from line 6.)			99 8 345 (***		14 Call 64 G	8551518.	
	ction B. Total Support							
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total	
	Amounts from line 6	1511772.	1732554.	1677902.	1745049.	1884241.	8551518.	
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,682.	2,705.	4,219.	7,119.	6,217.	22,942.	
t	Unrelated business taxable income							
	(less section 511 taxes) from businesses acquired after June 30, 1975							
	Add lines 10a and 10b	2,682.	2,705.	4,219.	7,119.	6,217.	22,942.	
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on	2,7002.	2,7,033	1,225	.,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
12	Other income. Do not include gain or loss from the sale of capital							
	assets (Explain in Part IV.)	<u> </u>	N. (N. (N. (N. (N. (N. (N. (N. (N. (N. (distantantes (CONTRACTOR CONTRACTOR (FOR FOR FOR FOR FOR FOR FOR FOR FOR FOR	84, 22,522, 1, 322,53	0574460	
	. com, and heart free witten of 100' 11' min 12 1	1775S9×2124					8574460.	
14	First five years. If the Form 990 is for check this box and stop here	the organization's		d, fourth, or fifth ta	x year as a sectio	n 501(c)(3) organiz	ation, ▶ □	
Se	ction C. Computation of Publ	ic Support Pe	rcentage					
	Public support percentage for 2008 (:olumn (f))		15	99.73 %	
16						16	99.82 %	
	ction D. Computation of Inves							
	investment income percentage for 20			e 13. column (fi)		17	.27 %	
	the state of the s							
	19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not							
185	more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization							
	more then 33 TOUE sheet this have	na aran nawa iha	omanization duali	nes as a dudiiciv s	upported organiza	шоп .		
t	33 1/3% support tests - 2007. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%, a		
20	33 1/3% support tests - 2007. If the line 18 is not more than 33 1/3%, che	organization did n ack this box and st	ot check a box on op here. The orga	line 14 or line 19a nization qualifies a	, and line 16 is mo is a publicly suppo	re than 33 1/3%, a orted organization		

Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. OMB No 1545-0047 Inspection

Employer identification number Name of the organization 04-3383996 DISTRICT YMCA/CAMP LINCOLN, Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Aggregate contributions to (during year) 2 Aggregate grants from (during year) Aggregate value at end of year , Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Part 1 Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of an historically important land area Preservation of land for public use (e.g., recreation or pleasure) Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Year 2a Total acreage restricted by conservation easements 2ь Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 3 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Yes Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year > \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(l) In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part 舭门 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 118 relating to these items: a Revenues included in Form 990, Part VIII, line 1

Serk III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)	Sche	edule D (Form 990) 2008 SO	. DISTR	ICT YMC	A/CAMP LIN	COLN,	INC.	04	-338399	6 Page 2
a Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply): a Public exhibition d Loan or exchange programs b Scholarly research c Prerive a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV. During the year, did the organization's collections and explain how they further the organization's exempt purpose in Part XIV. During the year, did the organization's collections of art, histoned treasures, or other similar assets to be sold to raise funds gather then to be maintained as part of the organization's collection? Part IVI Trust, Escrow and Custodial Arrangements. Complete of organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1b If Yes, explain the arrangement in Part XIV and complete the following table: C Beginning belance C Beginning belance 1c Amount 1c Additions during the year 1d Beginning of year belance 2a Did the organization include an amount on Form 990, Part X, line 21? Part XIV. Part XIV. Endowment Funds. Complete if organization answered 'Yes' to Form 990, Part IV, line 10. 1a Beginning of year belance 1b Contributions 1c Armanistrative expenses 1c All of Lorent year 1d Additions of the part IV in Part Y, line 10. 1d Additions of the organization include an amount on Form 990, Part X, line 21? Part XIV. Part Y IV. In Part Y IV. In Part Y, line 10. 1a Beginning of year belance 1b Contributions 1c Armanistrative expenses 1c Amount team of the part XIV and the part XIV and the part XIV and XIV. In Part XIV. In								er Similar <i>i</i>	Assets (cont	inued)
that apply: a Public exhibition d Loan or exchange programs b Scholarty research c Other c Preservation for future generations d Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV. 5 During the year, did the organization solicit or receive donations of art, histonical tressures, or other similar assets to be sold to raise funds after than to be maintained as part of the organization collection? Yes No. Part Pi Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No. If "Yes, "Explain the arrangement in Part XIV and complete the following table: C Beginning balance 1.6 Manual Members 1.6 Manual Mem		Using the organization's accession	n and other rec	cords, check an	y of the following t	hat are a sign	ificant use	of its collect	ion items (ched	k all
b Scholarly research										
Preservation for future generations Prevade a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV. During the year, did the organization's collections of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No Part MI Trust, Escrow and Custodial Arrangements. Complete of organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is its the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XV and complete the following table: Beginning balance Beginning balance Beginning balance C Beginning balance Distributions during the year Ending balance Distributions during the year Beginning of year balance Distributions of the organization include an amount on Form 990, Part X, line 21? Part Yes, explain the arrangement in Part XIV. Part Yes, explain the arrangement in Part XIV. Part Yes, belief the arrangement in Part XIV. Part Yes, belief the organization include an amount on Form 990, Part X, line 21? Beginning of year balance Beginning of year balance Contributions Beginning of year balance C Investment earnings or losses Grants or scholarships Administrative expenses Beginning of year balance Provide the estimated percentage of the year end balance held as: Based designated or quas-endowment Part All the intended uses of the organization is listed as required on Schedule R? Describe in Part XIV the Intended uses of the organization is listed as required on Schedule R? Describe or Part XIV the Intended uses of the organization is listed as required on Schedule R? Describe in Part XIV the Intended use	а	Public exhibition			di 🔲 Loan ore	xchange prog	rams			
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on Form 990, Part X? b If "Yes," explain the arrangement in Part XIV and complete the following table: C Beginning balance										
on Form 990, Part X? b If "Yes," explain the arrangement in Part XIV and complete the following table: C Beginning balance	1a	Is the organization an agent, truste	ee, custodian	or other interme	dlary for contribut	ions or other a	ssets not	included		
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Part V. Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.	2a	Did the organization include an arr	nount on Form	990, Part X, lin	e 217				L Yes	X No
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Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment	f	Administrative expenses								
Board designated or quasi-endowment	9					** } \$ - ~ } ***	3 () b	**************************************	<u> </u>	2 3 3, 25
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Term endowment ▶	a	•	-		%					
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(ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIV the intended uses of the organization's endowment funds. Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of investment (a) Cost or other basis (other) 1a Land b Buildings 472,021. 153,947. 318,074. c Leasehold improvements d Equipment e Other Other 595,024. 329,295. 265,729.		•								Yes No
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Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of investment (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Depreciation (d) Book value			_							
Description of investment (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Depreciation (d) Book value						20.0.47	40			
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						95 024	 	229 205	261	5.729
		···		000 0ad V cal			J			

	CT YMCA/CAMP		NC . 04	-3383996 Page 3
Part VII Investments - Other Securities. S (a) Description of security or category (including name of security)	(b) Book value		(c) Method of valua	
Financial derivatives and other financial products				
Closely-held equity interests	-			
Other				
	<u> </u>			
	-			
				
		<u> </u>		
				
Total. (Col (b) should equal Form 990, Part X, col (B) line 12) ▶				Brestab / Erb
Part VIII Investments - Program Related.	See Form 990, Part X, Ilne	13.	4.3.84.45.4.45	u
(a) Description of investment type	(b) Book value		(c) Method of valua Cost or end-of-year mark	
			Jost of till of year friend	101 1000
		 		
		- ·	· · · · · · · · · · · · · · · · · · ·	
		<u> </u>	. <u></u>	
	-	7333 33 3 3 3 3	(*))	
Total. (Col (b) should equal Form 990, Part X, col (B) line 13.)	•	Degree of an	<u> </u>	
Part IX Other Assets. See Form 990, Part X, In	e 15.) Description	····		(b) Book value
Other assets(detail)-990	, occompanion			84,515.
Other about (about)		*		
				
T. 1. 1 (0.1	C dP \			84,515.
Total. (Column (b) should equal Form 990, Part X, col (B) Part X. Other Liabilities. See Form 990, Part X		· · · · · · · · · · · · · · · · · · ·		01/3136
(a) Description of liability	, 1110 20.	(b) Amount	1874 888 17 18 NO 88 8 15	Kerring Balbara
Federal income taxes				
- Sasta Interme taxes				
				ri Midiaell
				9:27 7:3 2323666
T. 1. 100 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(I 05)		46644444	
Total. (Column (b) should equal Form 990, Part X, col (B)		A - Ab - A Ab	PAG URRECESCA	<u> </u>

Sche	dule D (Form 990) 2008 SO. DISTRICT YMCA/CAMP LINCOLN, INC.		04-3	<u> 383996</u>	Page 4
Pa	t XI Reconciliation of Change in Net Assets from Form 990 to Financial State	emer			
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1		1,899	942.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2		1,866	
		3			234.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	4			
4	Net unrealized gains (losses) on investments	5			
5	Donated services and use of facilities	6			
6	Investment expenses				
7	Prior period adjustments	7			539.
8	Other (Describe in Part XIV)	_8_			539.
9	Total adjustments (net). Add lines 4-8	9			
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	D	10	<u>,695.</u>
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Rever		1 1		
1	Total revenue, gains, and other support per audited financial statements		1 (1)		0.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		a.		
a	Net unrealized gains on investments				
Ь	Donated services and use of facilities		1.00		
c	Recoveries of prior year grants 2c 2c				
d	Other (Describe in Part XIV)				
е	Add lines 2a through 2d		. 2e		<u> </u>
3	Subtract line 2e from line 1		1)		0.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		88		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		1323		
ь	Other (Describe in Part XIV)		222		
	Add lines 4a and 4b		4c		0.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)		1 1		0.
	t XIII Reconciliation of Expenses per Audited Financial Statements With Expe				
1	Total expenses and losses per audited financial statements			·•	0.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		27.00		
a	Donated services and use of facilities				
b	Prior year adjustments		100/		
d					0.
_	Add lines 2a through 2d		2e		0.
3	Subtract line 2e from line 1	••••	3		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		[상생]		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		- {		
ь	Other (Describe in Part XIV)				^
¢	Add lines 4a and 4b				0.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)		5		<u> </u>
PE	*XIV Supplemental Information				
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Par	rt IV, lir	nes 1b and 2b	; Part V, line	4; Part
X; Pa	rt XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.				
	<u></u>				
					
					
					

SCHEDULE O

(Form 990)

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

➤ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public
inspection

Name of the organization	SO. DISTRICT YMCA/CAMP LINCOLN, INC.	Employer identification number 04-3383996
Form 990, Part	I, Line 1, Description of Organization Mi	ssion:
for all		
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