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Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

OMB No 1545-0047

2008Open to Public
Inspection

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

A For the **2008** calendar year, or tax year beginning **OCT 1, 2008** and ending **SEP 30, 2009**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type: See Specific Instructions	C Name of organization WOODSON YMCA, INC.		D Employer identification number 39-0808463
		Doing Business As		E Telephone number (715) 845-2177
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 707 THIRD STREET		G Gross receipts \$ 5,798,074.
		City or town, state or country, and ZIP + 4 WAUSAU, WI 54403		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		F Name and address of principal officer THOMAS JACKSON SAME AS C ABOVE		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
J Website: WWW.WOODSONYMCA.COM				
K Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶				
L Year of formation: 1891				M State of legal domicile: WI

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities THE YMCA MISSION IS "TO PUT CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT BUILD		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	28
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	28
	5 Total number of employees (Part V, line 2a)	5	636
	6 Total number of volunteers (estimate if necessary)	6	1570
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	310,736.	312,012.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,068,400.	5,315,059.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	20,979.	15,961.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	73,879.	103,691.
	12	5,473,994.	5,746,723.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		554,524.
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,367,485.	3,688,108.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 35,756.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	2,121,229.	1,534,344.
18 Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)	5,488,714.	5,776,976.	
19 Revenue less expenses - Subtract line 18 from line 12	-14,720.	-30,253.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Year	End of Year
	21 Total liabilities (Part X, line 26)	1,031,461.	1,042,812.
	22 Net assets or fund balances - Subtract line 21 from line 20	659,731.	682,867.
	22	371,730.	359,945.

Part II Signature Block

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

Sign Here ▶ *Thomas B. Jackson* **THOMAS JACKSON, EXECUTIVE DIRECTOR** Date **3/30/10**

Type or print name and title

Paid Preparer's Use Only	Preparer's signature ▶ KATHLEEN J. LABRAKE, CPA	Date 03/30/10	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ WIPFLI LLP PO BOX 8010 WAUSAU, WI 54402-8010	EIN ▶	Phone no ▶ 715-845-3111	

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

832001 12-18-08

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2008)**SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION**

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SCANNED APR 23 2010

Part III Statement of Program Service Accomplishments (see instructions)

- 1 Briefly describe the organization's mission **SEE SCHEDULE O FOR CONTINUATION**
THE YMCA MISSION IS "TO PUT CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT BUILD HEALTHY SPIRIT, MIND AND BODY FOR ALL." WE HELP THE PEOPLE WE SERVE PUT THESE PRINCIPLES INTO PRACTICE IN THEIR DAILY LIVES. WE ACCOMPLISH THIS BY DEVELOPING THE CHARACTER OF THE PEOPLE
- 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
 If "Yes", describe these new services on Schedule O.
- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
 If "Yes", describe these changes on Schedule O.
- 4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code:) (Expenses \$ **4,615,616.** including grants of \$ **554,524.**) (Revenue \$ **5,315,059.**)
YMCA AQUATICS -

YMCA AQUATIC PROGRAMS ARE PART OF THE Y'S OVERALL GOAL OF BUILDING HEALTHY SPIRIT, MIND, AND BODY. IN ADDITION TO PROVIDING SPECIFIC SWIMMING AND WATER SAFETY SKILLS, THEY PROMOTE GOOD HEALTH THROUGH REGULAR EXERCISE. THEY ALSO PROMOTE TEAMWORK, SELF-CONFIDENCE, AND LEADERSHIP. THESE PROGRAMS ARE OFFERED AT FEES AFFORDABLE TO THE COMMUNITY AT LARGE, WITH FINANCIAL ASSISTANCE FOR THOSE WHO CAN'T AFFORD THE FULL FEE. RESIDING IN AN AREA FULL OF LAKES AND RIVERS, PEOPLE IN THIS COMMUNITY COULD BE SUBJECT TO TRAUMATIC INCIDENTS AROUND WATER. OUR AQUATIC PROGRAMS HELP PREVENT DEATHS AND INJURIES. IN 2009, OVER 4,000 YOUTH ATTENDED SWIM LESSONS HELD AT THE WOODSON YMCA

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)
SEE EXTENDED DESCRIPTION IN ATTACHMENT TO THE FORM 990.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e **Total program service expenses** ▶ \$ **4,615,616.** (Must equal Part IX, Line 25, column (B))

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
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? <i>If "Yes," complete Schedule C, Part I</i>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>	4 X	
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? <i>If "Yes," complete Schedule C, Part III</i>	5	
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? <i>If "Yes," complete Schedule D, Part I</i>	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	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? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	X
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	11 X	
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? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	12 X	
13 Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the U.S.?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i>	14b	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? <i>If "Yes," complete Schedule F, Part II</i>	15	X
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? <i>If "Yes," complete Schedule F, Part III</i>	16	X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>	17	X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18 X	
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>	20	X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 X	
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22 X	
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>	23 X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i>	24a	X
b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>	25b	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? <i>If "Yes," complete Schedule L, Part II</i>	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? <i>If "Yes," complete Schedule L, Part III</i>	27	X

Part IV Checklist of Required Schedules (continued)

	Yes	No
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 person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		X
b Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X

Form **990** (2008)

Part V 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 U.S. Information Returns. Enter -0- if not applicable.	7	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	636	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions).	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	If "Yes," enter the name of the foreign country: <u>See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</u>		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entry Regarding Prohibited Tax Shelter Transaction?	5c	
6a	Did the organization solicit any contributions that were not tax deductible?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d	
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?	9a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter: N/A		
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
11	Section 501(c)(12) organizations. Enter: N/A		
a	Gross income from members or shareholders.	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year: N/A	12b	

Form 990 (2008)

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)**Section A. Governing Body and Management**

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.

	Yes	No
1a Enter the number of voting members of the governing body	28	
b Enter the number of voting members that are independent	28	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	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?	4	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	X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a	X
b Each committee with authority to act on behalf of the governing body?	8b	X
9a Does the organization have local chapters, branches, or affiliates?	9a	X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b	X
10 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 organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11	X

Section B. Policies

	Yes	No
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	X
13 Does the organization have a written whistleblower policy?	13	X
14 Does the organization have a written document retention and destruction policy?	14	X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
a The organization's CEO, Executive Director, or top management official?	15a	X
b Other officers or key employees of the organization?	15b	X
Describe the process in Schedule O (see instructions)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b 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 exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **WI**

18 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 ☒ 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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization **BARBARA BEHM - (715) 841-1806**
707 THIRD STREET, WAUSAU, WI 54403

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

☐ Check this box if the organization did not compensate any officer, director, trustee, or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JENNIFER AUNER DIRECTOR	0.50	X						0.	0.	0.
BILL BRANDIMORE DIRECTOR	0.50	X						0.	0.	0.
PATTY COSENTINO DIRECTOR	0.50	X						0.	0.	0.
GINA CRISPELL DIRECTOR	0.50	X						0.	0.	0.
JILL DEPKE DIRECTOR	0.50	X						0.	0.	0.
KEITH ELLISON DIRECTOR	0.50	X						0.	0.	0.
KRIS GILMORE DIRECTOR	0.50	X						0.	0.	0.
ANDY GRIMM DIRECTOR	0.50	X						0.	0.	0.
TOM GRIMM DIRECTOR	0.50	X						0.	0.	0.
PETER HESSERT DIRECTOR	0.50	X						0.	0.	0.
FRED HILLMAN DIRECTOR	0.50	X						0.	0.	0.
CHAD KANE DIRECTOR	0.50	X						0.	0.	0.
STEVE LEWIS DIRECTOR	0.50	X						0.	0.	0.
LISA MAAHS DIRECTOR	0.50	X						0.	0.	0.
ROY MEYER DIRECTOR	0.50	X						0.	0.	0.
STEVE MURLEY DIRECTOR	0.50	X						0.	0.	0.
KENT NYHUS DIRECTOR	0.50	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
CHRIS PLAISANCE DIRECTOR	0.50	X						0.	0.	0.
JOE PRIBANICH DIRECTOR	0.50	X						0.	0.	0.
JIM RUFLEDT DIRECTOR	0.50	X						0.	0.	0.
MANDY SCHEPP DIRECTOR	0.50	X						0.	0.	0.
CURT SCHMIDT DIRECTOR	0.50	X						0.	0.	0.
BILL SCHREMP DIRECTOR	0.50	X						0.	0.	0.
MARK SIRIANNI DIRECTOR	0.50	X						0.	0.	0.
DENNIS URBANEK DIRECTOR	0.50	X						0.	0.	0.
MATT URMANSKI PRESIDENT	1.00			X				0.	0.	0.
DAN RUPAR VICE PRESIDENT	1.00			X				0.	0.	0.
1b Total								349,680.	0.	39,309.

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization 1

- 3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization 0

SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

Part VIII 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	1 a Federated campaigns	1a	153,000.				
	b Membership dues	1b					
	c Fundraising events	1c	13,226.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	145,786.				
	g Noncash contributions included in lines 1a-1f \$						
	h Total. Add lines 1a-1f			312,012.			
Program Service Revenue	2 a PROGRAM FEES	Business Code	900099	3,158,164.	3,158,164.		
	b MEMBERSHIP FEES	900099	2,088,022.	2,088,022.			
	c SPECIAL EVENTS	900099	68,873.	68,873.			
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			5,315,059.			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			15,961.		
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
6 a Gross Rents		(i) Real	(ii) Personal				
b Less rental expenses							
c Rental income or (loss)							
d Net rental income or (loss)				68,546.			68,546.
7 a Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other				
b Less cost or other basis and sales expenses							
c Gain or (loss)							
d Net gain or (loss)							
8 a Gross income from fundraising events (not including \$ 13,226. of contributions reported on line 1c) See Part IV, line 18		a		35,254.			
b Less direct expenses		b		15,703.			
c Net income or (loss) from fundraising events				19,551.			19,551.
9 a Gross income from gaming activities. See Part IV, line 19		a					
b Less direct expenses		b					
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances		a		48,294.			
b Less: cost of goods sold	b		35,648.				
c Net income or (loss) from sales of inventory			12,646.			12,646.	
Miscellaneous Revenue			Business Code				
11 a YOUTH CTR/PARKING		900099	2,948.			2,948.	
b							
c							
d All other revenue							
e Total. Add lines 11a-11d			2,948.				
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e				5,746,723.	5,315,059.	0.	119,652.

Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	554,524.	554,524.		
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				
5 Compensation of current officers, directors, trustees, and key employees	388,989.		388,989.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,717,868.	2,420,820.	297,048.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	298,684.	237,296.	61,388.	
9 Other employee benefits				
10 Payroll taxes	282,567.	223,726.	58,841.	
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses	96,814.	40,911.	54,040.	1,863.
14 Information technology				
15 Royalties				
16 Occupancy	492,993.	443,694.	49,299.	
17 Travel	81,098.	47,110.	33,988.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	59,417.	49,228.	10,189.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a PROGRAM SUPPLIES	321,132.	321,132.		
b REPAIRS AND MAINTENANCE	158,805.	134,983.	23,822.	
c ADMINISTRATIVE AND PROF	98,937.	17,720.	81,217.	
d AREA AND NATIONAL DUES	66,412.	39,483.	26,929.	
e SPECIAL EVENTS	66,055.	32,162.		33,893.
f All other expenses	92,681.	52,827.	39,854.	
25 Total functional expenses. Add lines 1 through 24f	5,776,976.	4,615,616.	1,125,604.	35,756.
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non interest-bearing	1,481.	1	1,423.
	2 Savings and temporary cash investments	297,240.	2	208,658.
	3 Pledges and grants receivable, net	38,250.	3	38,250.
	4 Accounts receivable, net	100,452.	4	128,831.
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	5,454.	8	6,891.
	9 Prepaid expenses and deferred charges	45,731.	9	116,331.
	10a Land, buildings, and equipment: cost basis	10a		
	b Less: accumulated depreciation. Complete Part VI of Schedule D	10b	10c	
	11 Investments - publicly traded securities	507,999.	11	542,428.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	34,854.	15	0.
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,031,461.	16	1,042,812.	
Liabilities	17 Accounts payable and accrued expenses	147,647.	17	70,441.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable		24	
	25 Other liabilities. Complete Part X of Schedule D	512,084.	25	612,426.
	26 Total liabilities. Add lines 17 through 25	659,731.	26	682,867.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	333,049.	27	316,357.
	28 Temporarily restricted net assets	38,681.	28	43,588.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	371,730.	33	359,945.
	34 Total liabilities and net assets/fund balances	1,031,461.	34	1,042,812.

Part XI Financial Statements and Reporting

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b Were the organization's financial statements audited by an independent accountant?	X	
c If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits?		

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.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

WOODSON YMCA, INC.

Employer identification number

39-0808463

Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is: (Please check only **one** organization.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H.)
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vii)**. (Complete Part II.)
- 9 ☐ 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 exempt 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)**. (Complete the Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**. (see instructions)
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f ☐ If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box.
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? ☐
- (ii) A family member of a person described in (i) above? ☐
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? ☐
- h Provide the following information about the organizations the organization supports

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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

Schedule A (Form 990 or 990-EZ) 2008

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I)

Section A. Public Support

Calendar 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.")	224,045.	519,476.	341,510.	310,736.	298,786.	1694553.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 - 3	224,045.	519,476.	341,510.	310,736.	298,786.	1694553.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						1694553.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	224,045.	519,476.	341,510.	310,736.	298,786.	1694553.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	50,681.	67,233.	83,395.	87,529.	84,507.	373,345.
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.)	7,465.	3,665.	12,406.	2,136.	2,948.	28,620.
11 Total support. Add lines 7 through 10						2096518.
12 Gross receipts from related activities, etc. (see instructions)					12	22,654,494.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	80.83	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	84.61	%
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>			
b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>			
17a 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>			
b 10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>			
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>			

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)**Section A. Public Support**

Calendar 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 performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 - 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b 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						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

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 more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

► **To be completed by organizations described below.**
► **Attach to Form 990 or Form 990-EZ.**

OMB No 1545-0047

2008

**Open to Public
Inspection**

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization WOODSON YMCA, INC.	Employer identification number 39-0808463
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Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations.
See the instructions for Schedule C for details.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ► \$ _____
- 3 Volunteer hours _____

Part I-B To be completed by all organizations exempt under section 501(c)(3).
See the instructions for Schedule C for details.

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ► \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ► \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a Was a correction made? ☐ Yes ☐ No
- b If "Yes," describe in Part IV.

Part I-C To be completed by all organizations exempt under section 501(c), except section 501(c)(3).
See the instructions for Schedule C for details.

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ► \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ► \$ _____
- 3 Total of direct and indirect exempt function expenditures. Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b ► \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
- 5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. Enter the amount paid and indicate if the amount was paid from the filing organization's funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

Part II-A To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

- A** Check ☐ if the filing organization belongs to an affiliated group
- B** Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1 a Total lobbying expenditures to influence public opinion (grassroots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.															
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a. Enter -0- if line g is more than line a															
i Subtract line 1f from line 1c. Enter -0- if line f is more than line c															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?															

☐ Yes ☐ No

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2 a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2008

Part II-B To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?	X		4,000.
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		X	
i Other activities? If "Yes," describe in Part IV		X	
j Total lines 1c through 1i			4,000.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). See the instructions for Schedule C for details.

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	

Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." See Schedule C instructions for details.

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

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

2008Open to Public
Inspection

Name of the organization

WOODSON YMCA, INC.

Employer identification number

39-0808463

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the
organization answered "Yes" to Form 990, Part IV, line 6

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		2
2 Aggregate contributions to (during year)		4,907.
3 Aggregate grants from (during year)		0.
4 Aggregate value at end of year		43,588.

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☒ Yes ☐ No

6 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? ☒ Yes ☐ No

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	

2 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
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 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 III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8

1a If the organization elected, as permitted under SFAS 116, 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 these items:

(i) Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
(ii) Assets included in Form 990, Part X	▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

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

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

3 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
 b ☐ Scholarly research
 c ☐ Preservation for future generations
 d ☐ Loan or exchange programs
 e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes ☐ No

Part IV 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

b If "Yes," explain the arrangement in Part XIV and complete the following table.

- c Beginning balance
 d Additions during the year
 e Distributions during the year
 f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

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

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

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ► _____ %
 b Permanent endowment ► _____ %
 c Term endowment ► _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
 (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

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 (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c))				0.

Schedule D (Form 990) 2008

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	5,746,723.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	5,776,976.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-30,253.
4	Net unrealized gains (losses) on investments	4	18,468.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4-8	9	18,468.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-11,785.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	6,650,068.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	18,468.
b	Donated services and use of facilities	2b	849,229.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	35,648.
e	Add lines 2a through 2d	2e	903,345.
3	Subtract line 2e from line 1	3	5,746,723.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	5,746,723.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	6,661,853.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	849,229.
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	35,648.
e	Add lines 2a through 2d	2e	884,877.
3	Subtract line 2e from line 1	3	5,776,976.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	5,776,976.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RESALE ITEMS REPORTED AT NET ON PART VIII: 35648.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

RESALE ITEMS REPORTED AT NET ON PART VIII: 35648.

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 or Form 990-EZ** Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

2008

Name of the organization

Employer identification number

Part I	Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17
---------------	--

- ☐
- No

- Total**

- [illegible]

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col (a) through col (c))
		TRIATHLON (event type)	DANCE (event type)	1 (total number)	
Revenue	1 Gross receipts	27,605.	12,029.	8,846.	48,480.
	2 Less: Charitable contributions	5,000.	250.	7,976.	13,226.
	3 Gross revenue (line 1 minus line 2)	22,605.	11,779.	870.	35,254.
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs	380.			380.
	7 Other direct expenses	13,879.	1,444.	0.	15,323.
	8 Direct expense summary Add lines 4 through 7 in column (d)				(15,703.)
	9 Net income summary Combine lines 3 and 8 in column (d)				19,551.

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
	2 Cash prizes				
Direct Expenses	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d)				()
	8 Net gaming income summary Combine lines 1 and 7 in column (d)				

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states?

b If "No," Explain:

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," Explain:

11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

	Yes	No
9a		
10a		
11		
12		

13 Indicate the percentage of gaming activity operated in:**a** The organization's facility**b** An outside facility

13a	%
13b	%

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ► _____

Address ► _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?**15a****b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____.**c** If "Yes," enter name and address

Name ► _____

Address ► _____

16 Gaming manager information

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

_____☐ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions:**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?**17a****b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the U.S.**

► Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.
► Attach to Form 990.

Open to Public Inspection

WOODSON YMCA, INC.
ation on Grants and Assistance

Employer identification number
39-0808463

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
---	-----------------------------

2	Part II	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any
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Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any

[illegible]

2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

Schedule I (Form 990) 2008

Paperwork Reduction Act Notice, see the Instructions for Form 990.
SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non cash assistance
SCHOLARSHIPS - YOUTH MEMBERSHIPS	152	0.	28,488.	AVERAGE COST PER CHILD FOR SCHOLARSHIP	CONTRIBUTION REVENUE IS USED TO PROVIDE SCHOLARSHIPS TO COMMUNITY YOUTH TO PARTICIPATE IN PROGRAMS AND CAMPS THAT
SCHOLARSHIPS - PRE-SCHOOL PROGRAMS	195	0.	12,900.	AVERAGE COST PER CHILD FOR SCHOLARSHIP	SEE LINE 1
SCHOLARSHIPS - YOUTH SPORTS/GYMNASTICS/AQUATICS	660	0.	34,980.	AVERAGE COST PER CHILD FOR SCHOLARSHIP	SEE LINE 1 ABOVE.
SCHOLARSHIPS - CAMP STURTEVANT/NOCOLET/ASPIRUS DAY CAMP	325	0.	48,675.	AVERAGE COST PER CHILD FOR SCHOLARSHIP	SEE LINE 1 ABOVE.
SCHOLARSHIPS - MOSINEE PROGRAMS	30	0.	3,300.	AVERAGE COST PER CHILD FOR SCHOLARSHIP	SEE LINE 1 ABOVE.

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information

SCHEDULE I, PART I, LINE 2: IT IS THE POLICY OF THE WOODSON YMCA TO

PURCHASE PROPERTY AND EQUIPMENT AND DONATE IT TO THE WOODSON YMCA

FOUNDATION, INC. AS IT IS A RELATED PARTY TRANSFER, THE MONITORING IS SET

BY THE COMPANIES POLICY TO CONDUCT THIS TRANSFER.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: WOODSON YMCA FOUNDATION, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: THE WOODSON YMCA PURCHASES PROPERTY

AND EQUIPMENT AND DONATES IT TO THE WOODSON YMCA FOUNDATION WHERE THE

SEE PART IV FOR COLUMN (F) DESCRIPTIONS

Part IV Supplemental Information

PROPERTY IS HELD IN THE NAME OF THE FOUNDATION.

(F) DESCRIPTION OF NON-CASH ASSISTANCE: CONTRIBUTION REVENUE IS USED TO PROVIDE SCHOLARSHIPS TO COMMUNITY YOUTH TO PARTICIPATE IN PROGRAMS AND CAMPS THAT THEY WOULD OTHERWISE NOT BE ABLE TO ATTEND DUE TO COST. THE YOUTH DO NOT RECEIVE ANY MONEY, BUT RECEIVE THE OPPORTUNITY TO PARTICIPATE IN THESE PROGRAMS. NO AMOUNTS ARE EXPENDED BY THE WOODSON YMCA. BENEFICIARIES OF THE SCHOLARSHIPS ARE CHOSEN ON A NEEDS BASIS AND IS GOVERNED BY A WRITTEN SELECTION CRITERIA POLICY.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Attach to Form 990. To be completed by organizations that
answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization

WOODSON YMCA, INC.

Employer identification number

39-0808463

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,

Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items

☐ First-class or charter travel

☐ Housing allowance or residence for personal use

☐ Travel for companions

☐ Payments for business use of personal residence

☐ Tax indemnification and gross-up payments

☐ Health or social club dues or initiation fees

☐ Discretionary spending account

☐ Personal services (e.g., maid, chauffeur, chef)

b If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

☒ Compensation committee

☐ Written employment contract

☐ Independent compensation consultant

☒ Compensation survey or study

☐ Form 990 of other organizations

☒ Approval by the board or compensation committee

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a

a Receive a severance payment or change of control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization?

b Any related organization?

If "Yes," to line 5a or 5b, describe in Part III

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization?

b Any related organization?

If "Yes" to line 6a or 6b, describe in Part III

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

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

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

Schedule J (Form 990) 2008

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the Organization

WOODSON YMCA, INC.

Employer Identification number

39-0808463

[illegible]

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.

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization

WOODSON YMCA, INC.

Employer identification number

39-0808463

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

HEALTHY SPIRIT, MIND AND BODY FOR ALL."

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

WE SERVE. WE DEVELOP CHARACTER BY TEACHING POSITIVE VALUES. THE CORE
VALUES OF THE YMCA ARE: CARING, HONESTY, RESPONSIBILITY, AND RESPECT.

THESE VALUES ARE STRESSED IN ALL AREAS OF THE YMCA STARTING AT THE
PRESCHOOL LEVEL AND RUNNING ALL THE WAY THROUGH OUR ACTIVE OLDER ADULT
PROGRAMS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS

WITH 813 YOUTH PARTICIPATING IN LESSONS HELD AT THE MOSINEE SCHOOL.

OPEN SWIM AND FAMILY SWIM TIMES CONTINUED TO BE POPULAR. SWIM TEAM HAD
174 PARTICIPANTS.

YMCA CAMPING -

YMCA RESIDENTIAL AND DAY CAMPS DEVELOP SELF-CONFIDENCE AND SELF-RESPECT
WHEN CAMPERS MEET CHALLENGES AND LEARN TO COOPERATE. Y CAMPING
PROGRAMS ARE EDUCATIONAL; THEY PROMOTE SPIRITUAL AWARENESS, MENTAL
DEVELOPMENT, PHYSICAL WELL-BEING, SOCIAL GROWTH AND A RESPECT FOR THE
ENVIRONMENT. THROUGH A VARIETY OF ACTIVITIES AND THE USE OF NATURAL
SURROUNDINGS, YMCA CAMPING SEEKS TO HELP PARTICIPANTS ACHIEVE THEIR
FULLEST POTENTIAL IN SPIRIT, MIND AND BODY. KNOWING THAT A CHILD IS
BEING CARED FOR IN A Y CAMP PROGRAM ENABLES THESE PARENTS TO REMAIN
GAINFULLY AND PRODUCTIVELY EMPLOYED. AS IN THE CASE OF OTHER YMCA

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.

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization

WOODSON YMCA, INC.

Employer identification number

39-0808463

PROGRAMS, FINANCIAL ASSISTANCE IS AVAILABLE FOR THOSE WHO CAN NOT AFFORD THE CUSTOMARY FEE, AND THOSE WITH SPECIAL NEEDS ARE WELCOME. OUR CAMPING PROGRAMS CONTINUED TO TOUCH THE LIVES OF YOUTH AGES 3-17 WITH 3,011 CHILDREN ATTENDING OUR CAMPING PROGRAMS. IN ADDITION, OUR MOSINEE SUMMER DAY CAMP HAD 683 CAMPER WEEKS FILLED.

YMCA SPORTS AND RECREATION -

THESE PROGRAMS PROMOTE AN APPRECIATION OF ONE'S OWN WORTH. YOUTH SPORTS FOCUS ON THE FULL AND EQUAL PARTICIPATION OF ALL: EVERY CHILD PLAYS IN EVERY GAME. YMCA YOUTH SPORTS PROGRAMS ALSO HELP TO STRENGTHEN FAMILIES. PARENTS COACH TEAMS AND TURN OUT, OFTEN WITH BROTHERS AND SISTERS, TO WATCH KIDS PLAY. OVER 3,000 BOYS AND GIRLS PARTICIPATED IN YOUTH SPORTS LEAGUES AND CAMPS. GYMNASTICS HAD OVER 1,800 YOUTH TAKE PART IN CLASSES AND OPEN GYM. OVER 1,600 YOUTH THAT PARTICIPATED IN PROGRAMS WERE ABLE TO DO SO THROUGH SCHOLARSHIPS FROM THE INVEST IN YOUTH CAMPAIGN.

YMCA TEEN LEADERSHIP -

YMCA YOUTH AND TEEN PROGRAMS GIVE KIDS GOOD ROLE MODELS TO HELP THEM DEVELOP SELF-ESTEEM AND GOOD VALUES, INCLUDING COOPERATION, RESPECT FOR THE BODY, GOOD CITIZENSHIP, AND A STRONG WORK ETHIC. TEEN ACTIVITIES ARE AMONG THE MOST RAPIDLY GROWING YMCA PROGRAMS, REFLECTING THE GROWN AWARENESS THAT ADOLESCENTS NEED STRUCTURE AND ACTIVITIES, ESPECIALLY IN THE AFTER-SCHOOL HOURS. INTERACTION WITH TEENS WILL HELP PREVENT THE

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.

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization

WOODSON YMCA, INC.

Employer identification number

39-0808463

SENSELESS VIOLENCE THAT HAS PLAGUED SO MANY OF OUR COMMUNITIES. THE WOODSON YMCA'S TEEN LEADERSHIP PROGRAM HAD 97 ENROLLED. THE YOUTH IN GOVERNMENT PROGRAM HAD 28 PARTICIPANTS. OUR D.Y.G. (D.A.R.E. YMCA GRADUATE) PROGRAM HAD OVER 320 PARTICIPANTS.

YMCA FAMILY LIFE PROGRAMS -

STRENGTHENING FAMILIES AND MEETING THE NEEDS OF CHILDREN HAVE ALWAYS BEEN CENTRAL TO THE YMCA MISSION OF BUILDING HEALTHY SPIRITS, MINDS AND BODIES FOR ALL. THE CENTRAL FOCUS OF ALL YMCA PRESCHOOL AND SCHOOL-AGED CHILD CARE PROGRAMS IS TO FOSTER GROWTH AND DEVELOPMENT, NOT ONLY IN CHILDREN, BUT ALSO IN THEIR PARENTS AND FAMILIES. ACCORDINGLY, PARENTS PLAY AN IMPORTANT ROLE IN POLICY AND PROGRAM DECISIONS. YMCA CHILD CARE CURRICULA HELP CHILDREN DEVELOP MORAL AND ETHICAL BEHAVIOR, SELF-ESTEEM AND LEADERSHIP. Y CHILD CARE ALLOWS PARENTS TO REMAIN GAINFULLY EMPLOYED, KNOW THAT THEIR CHILDREN ARE THRIVING IN A SAFE, SUPPORTIVE ENVIRONMENT. YMCA FINANCIAL ASSISTANCE POLICIES HELP ENSURE THAT THE YMCA IS A PLACE WHERE CHILDREN OF ALL ECONOMIC LEVELS, FROM THE AFFLUENT TO THE DISADVANTAGED, RECEIVE THE SAME QUALITY CARE IN THE SAME SETTING. THE WOODSON YMCA CHILD CARE DEPARTMENT CONTINUES TO MEET COMMUNITY NEEDS IN 2009 BY OFFERING CHILD CARE TO OVER 300 CHILDREN. DROP-IN MINI-CARE CONTINUES TO BE A POPULAR SERVICE TO OUR 2009 MEMBERS WITH OVER 16,600 VISITS.

THE YMCA IS PROUD TO BE A FAMILY ORGANIZATION. WE GIVE FAMILIES A SAFE, RELIABLE AND AFFORDABLE PLACE TO GO. RECREATIONAL OPPORTUNITIES

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SUCH AS FAMILY SWIM, GYM AND THE FUN CENTER LETS FAMILIES RELAX AND ENJOY EACH OTHER. YMCA FAMILY LIFE PROGRAMS HELP PEOPLE GROW AS RESPONSIBLE MEMBERS OF FAMILIES. THEY PROVIDE CHILDREN AND THEIR PARENTS WITH ACTIVITIES THAT FOSTER UNDERSTANDING AND COMPANIONSHIP. ACTIVITIES ARE PLANNED TO BRING GROUPS OF FAMILIES TOGETHER TO SUPPORT EACH OTHER. PARENTS HAVE THE OPPORTUNITY TO LEARN FROM EACH OTHER AND FROM THEIR CHILDREN IN AN ENJOYABLE WAY. WE WELCOME CHILDREN WITH SPECIAL NEEDS INTO OUR PROGRAMS. THE FATHER/DAUGHTER DANCE HAD OVER 900 PARTICIPANTS.

YMCA HEALTH AND WELLNESS -

THE YMCA TRIANGLE EMPHASIZES THE ONENESS OF SPIRIT, MIND, AND BODY. YMCA HEALTH ENHANCEMENT PROGRAMS HELP ACHIEVE THIS UNITY THROUGH MEDICALLY-BASED PROGRAMS THAT STRESS PROPER EXERCISE, NUTRITION, AND STRESS MANAGEMENT, AVOIDANCE OF DRUG AND ALCOHOL ABUSE, AND HEALTH EDUCATION. OVER 50,000 PARTICIPANTS ATTENDED LAND, WATER AND CYCLING FITNESS CLASSES. THE STRENGTH TRAINING CENTER HAD OVER 400 MEMBERS PARTICIPATING IN STRENGTH TRAINING ORIENTATIONS. POPULAR ADULT PROGRAMS WERE TRX TRAINING, YOGA, PILATES AND NOON BASKETBALL. THE 29TH ANNUAL TRIATHLON HAD OVER 500 RACERS FROM ALL OVER THE UNITED STATES. A RACQUETBALL TOURNAMENT, GOLF OUTING, FASHION SHOW, AND A CYCLING EVENT WERE HELD WITH PROCEEDS GOING TO THE INVEST IN YOUTH CAMPAIGN.

YMCAS OFFER A LIFE-LONG PROGRESSION OF MEDICALLY-BASED HEALTH AND

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Schedule O (Form 990) 2008

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FITNESS ACTIVITIES, EXPERIENCES, AND EDUCATION, INCLUDING PROGRAMS FOR CHILDREN, TEENS, FAMILIES AND SENIORS. ACTIVE OLDER ADULT PROGRAMS ARE OFFERED AT MANY DIFFERENT SKILL LEVELS TO MEET THE CHALLENGES THAT EACH PARTICIPANT NEEDS. NEW YOUTH PROGRAMS HAVE BEEN CREATED TO ENCOURAGE YOUTH TO EXERCISE AND EAT HEALTHIER IN EFFORTS TO FIGHT THE YOUTH OBESITY EPIDEMIC.

YMCA VOLUNTEERS -

VOLUNTEER CAMPAIGNERS RAISED \$190,652 IN CONTRIBUTIONS THROUGH OUR 2009 INVEST IN YOUTH CAMPAIGN, ENABLING OVER 1,600 WAUSAU AREA YOUTH TO BENEFIT FROM YMCA YOUTH MEMBERSHIPS, CAMP STURTEVANT, PRESCHOOL PROGRAMS, SWIM LESSONS OR YOUTH SPORTS. THE TRIATHLON HAD OVER 200 VOLUNTEERS HELP TO MAKE THE EVENT A VERY SUCCESSFUL ONE.

IN 2009, THE YMCA HAD 70 POLICY-MAKING VOLUNTEERS AND OVER 1,500 PROGRAM AND CAMPAIGN VOLUNTEERS FREELY GIVING AN ESTIMATED 15,000 HOURS OF THEIR TIME. AT \$7.75 PER HOUR, THIS REPRESENTS \$116,250 IN DONATED SERVICES.

YMCA FINANCIAL ASSISTANCE -

THE YMCA WORKED WITH AREA SCHOOLS, CHURCHES, SOCIAL WORKERS AND OTHER UNITED WAY AGENCIES TO HELP IDENTIFY YOUTH, ADULTS OR FAMILIES OF LOW INCOME WHO NEED YMCA EXPERIENCES THROUGH MEMBERSHIPS AND PROGRAMS.

ALTHOUGH WE CHARGE FEES FOR SERVICES BASED UPON COST OF PROVIDING THESE

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Schedule O (Form 990) 2008

SCHEDULE O
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Department of the Treasury
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SERVICES, WE MAINTAIN A POLICY OF NEVER TURNING AWAY A PERSON BECAUSE OF INABILITY TO PAY. ALL SCHOLARSHIPS ARE ADMINISTERED ON A SLIDING FEE BASIS FOLLOWING A PERSONAL INTERVIEW WITH YMCA STAFF. ON 09/30/09, OF THE 4,904 YMCA MEMBERSHIP UNITS, 815 (17%) WERE GRANTED A MEMBERSHIP THROUGH INVEST IN YOUTH SCHOLARSHIPS AND UNITED WAY FUNDING.

FORM 990, PART VI, SECTION A, LINE 6: THE INDIVIDUALS THAT TAKE OUT A MEMBERSHIP ARE MEMBERS AND CAN VOTE AT THE ANNUAL MEETING.

FORM 990, PART VI, SECTION A, LINE 7A: MEMBERS (THOSE WHO PAY FOR MEMBERSHIPS) MAY ELECT MEMBERS OF THE GOVERNING BODY AT THE ANNUAL MEETING.

FORM 990, PART VI, SECTION A, LINE 10: A COPY OF THE 990 IS PROVIDED TO THE BOARD OF DIRECTORS TO REVIEW PRIOR TO FILING THE FORM 990.

FORM 990, PART VI, SECTION B, LINE 12C: ANNUALLY, EACH MEMBER IS REQUIRED TO FILL OUT AND SIGN A NEW CONFLICT OF INTEREST FORM, WHICH IS KEPT ON FILE. IF THERE ARE ANY QUESTIONS OR CONCERNS THE BOARD DISCUSSES THE ISSUE AND MAKES A DETERMINATION AS TO WHAT ACTION IS REQUIRED. ANY CONFLICTS THAT MAY BE NOTED DURING THE YEAR ARE ALSO HANDLED BY DISCUSSION WITH THE BOARD.

FORM 990, PART VI, SECTION B, LINE 15: BRANCH DIRECTORS RANK INDIVIDUAL DIRECTORS THROUGH THE USE OF AN MBO SYSTEM. THE YEAR'S FINAL MBO RATING IS THEN USED, ALONG WITH ANY RECOMMENDATIONS FOR INCREASES, BY THE EXECUTIVE DIRECTOR, TO CREATE SALARY RECOMMENDATIONS FOR ALL STAFF. A SPREADSHEET

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IS PREPARED FOR THE PERSONNEL COMMITTEE AND DURING THE JUNE/JULY MEETING
THEY APPROVE OR DISAPPROVE. AT THAT TIME, BASED ON SURVEYS OF SIMILAR
POSITION SALARIES, THE COMMITTEE DETERMINES THE NEXT YEARS SALARY FOR THE
EXECUTIVE DIRECTOR.

FORM 990, PART VI, SECTION C, LINE 19: THEY ARE AVAILABLE IN THE FINANCE
DIRECTOR'S OFFICE. INDIVIDUALS CAN CALL OR STOP BY AND REQUEST TO LOOK AT
THEM. WE WILL ALSO MAKE COPIES AVAILABLE.

FORM 990, PART XI, LINE 2C

THE PROCESS TO REVIEW FOR 990 HAS NOT CHANGED FROM THE PRIOR YEAR.

SCHEDULE R
(Form 990)Department of the Treasury
Internal Revenue Service**Related Organizations and Unrelated Partnerships**▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
▶ See separate instructions.

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Name of the organization

WOODSON YMCA, INC.

Employer identification number
39-0808463**Part I** Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
WOODSON YMCA FDTN., INC. - 39-6066206 707 THIRD STREET WAUSAU, WI 54403	SUPPORT OF THE YMCA	WISCONSIN	501 (C) 3	509 (A) 3	

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Schedule R (Form 990) 2008

Part V Transactions With Related Organizations

Note. Complete line 1 if any entry is listed in Parts II, III, or IV

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b Gift, grant, or capital contribution to other organization(s)

c Gift, grant, or capital contribution from other organization(s)

d Loans or loan guarantees to or for other organization(s)

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

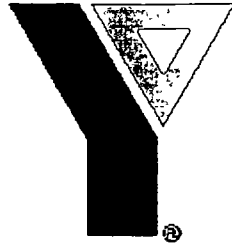
p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

	(A) Name of other organization(s)	(B) Transaction type (a-r)	(C) Amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			



WOODSON YMCA



CHARITABLE WORK COLLABORATIONS SUMMARY 2009

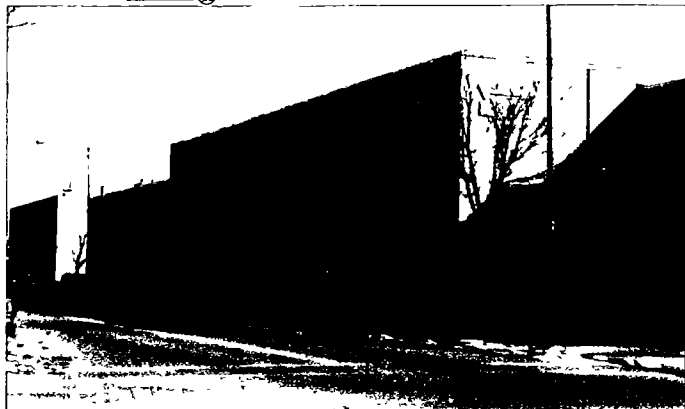
One Community, One YMCA, Two Great Locations

Wausau Branch
707 Third Street
Wausau, WI 54403
(715)845-2177

Aspirus Branch
3402 Howland Ave.
Weston, WI 54476
(715)841-1850



WOODSON YMCA MEMBERSHIP



Wausau Branch founded in 1891



Aspirus Branch founded in 2005

Benefits included in a Woodson YMCA Membership:

- Use of both the Wausau Branch and the Aspirus Branch
- Use of strength training equipment
- Use of state-of-the-art cardiovascular equipment
- Swimming during recreational and lap swim times
- Land and water group exercise classes
- Whirlpool/steam room/sauna (ages 16+)
- Personal fitness orientation
- Free "Commit to Fit" personalized exercise program
- Use of shower and locker room facilities
- Use of indoor walking/jogging track
- Open gym time
- Aspirus Branch athletic fields
- Use of racquetball courts
- Use of Youth Lobby
- Low program rates including camps, swim lessons and youth sports
- Early program registration

The Woodson YMCA also has full facility child care centers at both branches, competitive swimming pool with water slides, therapy pool, preschool pool, family fun center, Camp Sturtevant on the Eau Claire River, Aspirus Branch day camp and equestrian program, and a senior retreat center in Minocqua.

The Woodson YMCA offers many programs for all ages; including youth sports clinics and leagues, camps, youth fitness, adult sport leagues, group aerobics, dance, martial arts, and senior wellness programming.

Membership Growth:

Since opening the Aspirus Branch in 2005, membership has grown to over 5,000 membership units and has added convenience to residents of southern Marathon County. The Woodson YMCA serves a member base to include individuals and families of all ages regardless of race, gender, or financial status.

WOODSON YMCA

CHARITABLE WORK/COLLABORATIONS SUMMARY

2009

By: Tom Jackson, Executive Director of the Woodson YMCA

All too often the complete story of what the YMCA means to its community is not told. In this profile we will attempt to identify how the Woodson YMCA reaches into almost every corner of Wausau through its members, its volunteers and its collaboration and networking with other community-based agencies and organizations.

Wausau is an exceptional community, which has strongly supported its YMCA for 119 years. Established in 1891, the Wausau YMCA facilities have been made available to the community through the contributions of caring individuals, area corporations and foundations, the support of local government, and the involvement of its members. The Aspirus Branch of the YMCA opened on February 26, 2005.

The YMCA's Mission

The YMCA Mission is "To put Christian principles into practice through programs that build healthy spirit, mind and body for all." We help the people we serve put these principles into practice in their daily lives. We accomplish this by developing the character of the people we serve. We develop character by teaching positive values. The core values of the YMCA are: Caring, Honesty, Responsibility, and Respect. These values are stressed in all areas of the YMCA starting at the preschool level and running all the way through our active older adult programs.



YMCA

**We build strong kids,
strong families, strong communities.**

YMCA Managed and Operated Community Programs 2009

- Triathlon involving over 500 participants and over 200 volunteers, with proceeds providing scholarships and world service funding (help underdeveloped YMCA programs in foreign countries) or world disasters such as hurricane relief.
- Over 3,600 youth ages 3-15 participated in YMCA camping programs during 2009.
- Various youth and adult athletic tournaments and special events.
- High school fitness and health presentations presented at various schools by YMCA staff.
- Boys and Girl Scouts work with YMCA staff for fitness and swimming badges.
- Youth in Government involving 28 teens.
- Youth sports programs involving over 4,800 youth registrations in 2009.
- Classes in youth fitness, dance, martial arts, and wall climbing.
- Over 4,000 youth attended swim lessons in 2009.
- Provide youth sports and aquatics programs in Mosinee for the Mosinee School District involving over 1,000 participants in 2009.
- Coordinate the Mosinee summer swim program, after-school and summer day camp program that involved more than 800 participants in 2009.
- Provide licensed child care for over 300 preschool aged children from the Wausau Branch and the Aspirus Branch, including low-income participants.
- Over 1,800 youth were enrolled in gymnastics programs from preschool through competitive teams.
- Provide fitness assessments for both Police and Fire Departments.
- Offer lifeguarding, water safety, CPR, and AED classes and programs last year.
- Parent/child programs, including the Father/Daughter Dance, Family Fun Center, and family gym and swims.
- Fitness testing, aerobics and weight training, involving over 5,000 individuals per year.
- Free blood pressure screenings and hearing screenings to the community.
- DYG (D.A.R.E./YMCA Graduate Program) had over 320 participants in 2009.
- The YMCA takes an active role in the fight against youth obesity by offering youth fitness programs such as Cardio Kids and the Health and Nutrition Mission.
- The YMCA promotes community health by providing free community events such as Healthy Kids Day and an America On The Move initiative.
- Seventy (70) volunteers help to govern the YMCA, and over 1,600 volunteers give countless hours as teachers, coaches, mentors and program leaders.
- The YMCA employs a diverse workforce of over 300 people. It offers employment opportunities for all ages and all income levels.

**Collaborations with Organizations for
Citizens with Special Needs**

- Provide YMCA group membership opportunities for the following:
 - Aurora Residential Alternatives
 - Homme Youth & Family
 - Sekara LLC
 - Fern Cottage
 - Ho Chunk Nation Youth Group
 - NCHC Community Services
 - Randlin Adult Family Care Home
 - Wausau West High School
 - Northland House
 - Tranquility Way LLC
 - Marks Adult Family Home
- Work programs through county caseworker referrals and Attic Correctional Services.
- Over 300 individual youth annually involved in Southeast Asian and Hispanic assimilation programs.
- Host Marathon County Special Education Camp at Camp Sturtevant (Camp EJ).
- Collaborate with CIC Employment Specialists to offer skill development and job training to people with special needs.
- Provide camping opportunities for D.C. Everest ESL (English as a second language) students at Camp Sturtevant.
- Collaborate with EIP (Department of Instruction-Early Identification Education Program).
- Mainstream Down's Syndrome and Health Care Center referrals into existing programs.
- Mainstream children who are hearing impaired, have ADD, Down syndrome, learning disabled or have muscular dystrophy into swimming lessons.
- Visually impaired use of Nautilus equipment.
- Wausau West – High School Alternatives (Early Childhood Program)
- Job Placement Center
- Provide memberships to Wausau School District EEA students through a grant program.

Facility Resource Collaboration

- Three church group overnights in 2009.
- Work with the Home School program to provide educational and physical education curriculum involving 22 students.
- School Groups – Footprints to Health Program
- Northland Lutheran
- Miracle Ear
- Army
- Camp Overnights
- Transition Program
- Collaborate with the Girl Scouts to offer overnight programs.
- Wausau Area School Groups: Fun Day at the YMCA – 8



Financial Assistance and Volunteers

- Last year, over 1,500 volunteers helped make YMCA programs possible in our community, representing roughly 15,000 hours of their time. At \$7.75 per hour, this represents \$116,250 in donated services.
- YMCA volunteers raised over \$190,000 from YMCA members to provide 1,598 scholarships to help under-privileged youth in our community participate in YMCA membership, camps, youth sports and preschool programs.
- The YMCA worked with area schools, churches, social workers and other United Way agencies to help identify youth, adults or families who need YMCA experiences through memberships and programs.
- We provided full or partial membership scholarships for 394 families, 231 adults, and 205 youth in need of financial assistance.
- The YMCA family brings together many segments of the community dedicated to improving the quality of life for all citizens who wish to participate.
- Although we charge fees for services based upon cost of providing these services, we maintain a policy of never turning away a person because of inability to pay. Scholarships are administered on a sliding fee basis following a personal interview with YMCA staff.

YMCA Public Benefits

Since it first opened in 1891, the Woodson YMCA has been a unifying force in the greater Wausau area. In 2005 the Aspirus YMCA opened its doors. The YMCA has responded to the needs of each new generation with a succession of innovative programs and services for families, children, youth, adults, older adults, disabled individuals, and financially needy individuals/families. The YMCA links individuals from diverse social and economic backgrounds by providing a framework within which individuals from all walks of life can come together. Because of YMCA programs and services, the quality of life for all residents of the Wausau area is improved.

- The YMCA membership serves more than 13,000 residents of Marathon County.
- Program memberships served over 2,165 participants in 2009.
- Membership demographics are diverse, including people of all ages, incomes and abilities. Roughly 33% of YMCA members are children under the age of 18, and nearly one of nine members is involved through financial assistance.
- In the year 2009 the Woodson YMCA provided full or partial membership scholarships for 332 families and 177 individual adults on a monthly basis and 203 low income youth through referrals by other United Way agencies, clergy, school, state and county social workers, and the police. Funding is provided through donations, special events and the United Way.
- The YMCA Scholarship Referral Network includes the following:

- American Heart Association
- Big Brothers/Big Sisters
- Family Counseling Service
- Head Start
- Salvation Army
- Storefront Learning Center
- The Neighbor's Place
- Opportunity, Inc.
- Wausau Area Hmong Association
- United Way 211
- American Red Cross
- Boys and Girls Clubs, Inc.
- Children's Service Society
- Family Resource Center – Wausau
- Lutheran Social Services
- Marathon County Social Services
- Samoset Council Boy Scouts
- Girl Scouts
- Special Olympics
- Wausau Child Care
- The Women's Community
- YWCA
- Marathon County UW Coop
- Marathon County Special Ed.
- Northwoods Alliance
- Family Resource Center – Mosinee
- Northland House Group Home
- Wisconsin Woodchucks
- North Central Health Care
- Dept. of Public Instruction
- Peaceful Solutions Counseling
- Everest Metro Police Dept.
- Rothschild Police Dept.
- Wausau Police Dept.
- Marathon County Health Dept.
- Elmergreen Associates, Inc.
- Local Labor Unions
- Community Care of Central Wisconsin

- Wausau Heart and Vascular Institute
- Marathon County Community Response
- Marathon County Tobacco Free Coalition

Churches:

- First Hmong Missionary Alliance Church
- First United Methodist Church
- Mount Olive Lutheran Church
- Trinity Lutheran Church
- New Hope Church
- First Presbyterian Church
- Highland Community Church

Schools:

- A.C. Kiefer Educational Center
- Easton School
- Riverside School
- Rothschild School
- D.C. Everest Senior High School
- G.D. Jones School
- Hawthorn Hills School
- John Marshall School
- Maine School
- Hatley School
- Evergreen School
- D.C. Everest Junior High/Middle School
- Franklin School
- Grant School
- Hewitt-Texas School
- Lincoln School
- Rib Mountain School
- South Mountain School
- Thomas Jefferson School
- John Muir Middle School
- West High School
- Riverview School
- Stettin School

- Horace Mann Middle School
- East High School
- Weston School
- St. Anne Catholic School
- Wisconsin Valley Lutheran High School
- Newman High School
- St. Michaels School
- St. Marks School
- Northland Lutheran High School
- Mosinee Middle School
- Mountain Bay School
- UW – Marathon County
- North Central Technical College

kp
1/26/10

COLLABORATIONS WITH THE WOODSON YMCA 2009-2010

STAFF LIAISON	AGENCY NAME / ADDRESS	AGENCY CONTACT	AGENCY PHONE #	CONTACT TIMELINE	RELATIONSHIP
Lori	American Heart Association 903 Grand Avenue Rothschild, WI 54474	Ray Yeager	675-9996	Biannually	Referrals for Family/Adult sliding fee placements CPR & First Aid Certification
Lon	American Red Cross 1602 Second Street Wausau, WI 54403	Laural Harder	W 715-842-2156 Fax 715-842-1599	Ongoing	Referrals for Family/Adult sliding fee placements Health/Safety/Aquatic programs
Doua	Big Brothers/Big Sisters 2801 N. 7 th Street, Suite 500D Wausau, WI 54403	Tom Kellnhauser Tammy Gardner	W 715-848-7207 Fax 715-842-3254 Email tonk@bbbsmc.org	Ongoing	Referrals for camp/program scholarships Referrals for Youth/Century placements
Kathy	Girl Scouts of the Northwestern Great Lake 3511 Camp Phillips Road Weston, WI 54476	Mary Radke	W 715-355-9850 ext 4516 Fax 715-355-0250 Email mradke@gsnwg.org	Biannually	Referrals for camp/program scholarships Referrals for Youth/Century placements
Cheryl Pat	Boys and Girls Clubs, Inc. P.O. Box 2386 Wausau, WI 54403	Brian Stezenski-Williams Kim Galetka Scott Domico	W 715-845-2582 ext. 205 Fax 715-845-0940 Email brian@bgclub.com 845-2582 Ext 215 Helps us out with programming for leadership camp	Biannually	Referrals for camp/program Scholarships Referrals for Youth/Century placements
Jodi	Bricklayers & Allied Craftworkers Local 6 Wisconsin Valley T5205 Co Rd W Wausau, WI 54401	Don Cline	715-370-8908	Ongoing	Referrals for Adult/Family Sliding fee placements
Jodi	Central WI Uniserv Council 30 Orbiting Dr. Mosinee, WI 54455	Don Cline	715-370-8908	Ongoing	Referrals for Adult/Family sliding fee placements
Doua	Children's Service Society 705 S 24 th Avenue, Suite 402 Wausau, WI 54401	Jeff Sargent Linda Salzman	W 715-848-1457 Fax 715-848-2959 Email jeff@cssw.org linda@cssw.org	Biannually	Referrals for camp/program scholarships Referrals for Youth/Century placements
Jodi	Communications Workers of America Local 4672 320 S 3 rd Avenue Wausau, WI 54401	Don Cline	715-370-8908	Ongoing	Referrals for Adult/Family sliding fee placements
Doua	Community Care of Central WI 1200 Lake View Drive Wausau, WI 54403	Tina Plachettes	715-301-1702		Referrals for Adult/Family sliding fee placements
Dave	Elmergreen Associates, Inc Individual, Group, and Family Counseling 114 Grand Ave Wausau, WI 54403	Katie George-Bol	715-845-7175	March	Referrals for camp/program scholarships Referrals for Youth Century placement Referrals for adult & family sliding fee memberships
Kathy	Family Counseling Services 903 N. Second St Wausau, WI 54403	Colleen Rinken	W 715-842-3346 Fax 715-3344	Biannually	Referrals for Youth/Century placements
Jessica	Family Resource Center-Mosinee 700 High Street Mosinee, WI 54455	Linda Salzman	715-848-1457 E-Mail linda@cssw.org	Biannually	Referrals for camp/program scholarships Referrals for Youth/Century placements
Doua	Family Resource Center -Wausau 705 S. 24 th Ave , Ste 400 Wausau, WI 54401	Linda Salzman	715-845-6747 E-Mail linda.salzman@cssw.org	Biannually	Referrals for camp/program scholarships Referrals for Youth/Century placements

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Melissa B.	Head Start 720 Grant Street Wausau, WI 54403	Cindy Thorpe	W 715-845-2947 Fax 715-845-0909 E-Mail cthorpe@mccdahs	Biannually	Referrals for camp/program Scholarships Referrals for Youth/Century placements Swim program
Jodi	Labor Local 268 320 S 3 rd Avenue Wausau, WI 54401	Don Cline	715-370-8908	Ongoing	Referrals for Adult/Family sliding fee placements
Kathy	Lutheran Social Services 516 McClellan Street Wausau, WI 54403	Rita Porter	W 715-842-5577	Biannually	Referrals for camp/program scholarships Referrals for Youth/Century placements
Jodi	Machinist Union District Lodge W3 718 Grand Avenue, Ste 1 Schofield, WI 54476	Don Cline	715-370-8908	Ongoing	Referrals for Adult/Family sliding fee placements
Dave	Marathon County UW Coop Extension Service 212 River Drive, Suite #3 Wausau, WI 54403	Jean Berger	W 715-261-1243 Fax 715-261-1238 JeanT.Berger@uwex.edu	Biannually	Referrals for camp/program scholarship Referral for Youth/Century placements
Doua	North Central Health Care	Gina Rutzen	715-848-4508	Biannually	Referrals for Youth/Century/ Family Sliding Fees/ Program Scholarships
Doua	Northland House Group Home 102 McClellan St Wausau, WI 54403	Jan Nissan Kelly Carson	W 715-845-4898	Biannually	Referrals for Youth/Century
Pat	Northwoods Alliance	Gina Rutzen	715-848-4500 715-848-4551	Biannually	Referrals for Youth/Century/ Family sliding fee placements
Jodi	NWRC of Carpenters 1630 Co. Rd XX Mosinee, WI 54455	Don Cline	715-370-8908	Ongoing	Referrals for Adult/Family sliding fee placements
Kathy	Opportunity, Inc 740 N Third Street Wausau, WI 54403	Mary James Heidi Elgersma	W 715-842-8700 Fax 715-848-3511 715-847-1175	Biannually	Referrals for Family/Adult sliding fee placements Group Memberships
Jodi	Plumbers and Steamfitters Union 912 N View Drive Mosinee, WI 54455	Don Cline	715-370-8908	Ongoing	Referrals for Adult/Family sliding fee placements
Doua	Public Instruction	Sharon Hunter	842-0871	Biannually	Referrals for Youth/Century/ Program Scholarships
Kathy	Salvation Army 202 Callon Street Wausau, WI 54401	Capt Brian Goodwill Katrina Goodwill	W 715-845-4272 Fax 715-845-6774	Biannually	Referrals for camp/program scholarships Referrals for Youth/Century/ Family sliding fee placements
Pat	Samoset Council Boy Scouts 3511 Camp Phillips Weston, WI 54476	Bruce Mickelson	W 715-355-1450 Fax 715-355-9849	Biannually	Referrals for camp/program scholarships Referrals for Youth/Century placements
Jodi	Sheet Metal Workers Local 565 1326 Schofield Avenue Schofield, WI 54476	Don Cline	715-370-8908	Ongoing	Referrals for Adult/Family sliding fee placements
Lori	Special Olympics-Wausau 200 S 58 th Ave Wausau, WI 54401	Dave & Carol Krause	715-845-5454	Feb-March	Referrals for Youth/ Century/ Family sliding fee placements Facility use for Special Olympic athletes
Doua	Storefront Learning Center 605 1/2 Third Street Wausau, WI 54403	Tim Harvey	W 715-842-7556	Biannually	Referrals fro camp/program scholarships Referrals for Youth/Century placement
Lisa	Peaceful Solutions Counseling 1720 Merrill Ave Ste 404 Wausau, WI 54401	Todd Werner	715-675-3458	Biannually	Referrals for Adult/Family Sliding fee placements Referrals for Youth/Century placements

Doua	The Neighbor's Place 745 Scott Street Wausau, WI 54403	Tom Rau	W 715-845-1966 ext 206 Fax 715-845-6420	Biannually	Referrals for camp/program scholarships Referrals for Youth /Century/ Family sliding fee placements Host fall food drive
Kathy	The Women's Community 2801 N 7 th Street, Suite 300 Wausau, WI 54403	Kimberly Pufahl	W 715-842-5663 Fax 715-842-7051 Email kimberly@womenscommunity.org	Biannually	Referrals for camp/program scholarships Referrals for Youth/Century/ Family placements
Brian	United Way 211 137 River Drive Wausau, WI 54403	Julie Grip	848-2927	Biannually	Referrals for camp/program scholarships Referrals for Youth/Century/ Family/Adult sliding fee placements
Doua	Wausau Area Hmong Assoc. 1109 N 6 th Street Wausau, WI 54403	Peter Yang Shu Blong Her	W 715-842-8390 Fax 715-842-9202	Monthly	Referrals for camp/program scholarships Referrals for Youth/Century placements
Lori	Wausau Child Care, Inc 505 N 28 th Avenue Wausau, WI 54401	Samantha Hines	W 715-848-1436 Fax 715-848-5070	Biannually	Referrals for camp/program scholarships Referrals for Youth/Century placements
Russ	Wisconsin Woodchucks	Ryan Treu	845-5055	Spring	
Kathy	YWCA 613 Fifth Street Wausau, WI 54403	Cheryl Davis	W 715-842-3381 ext 103 Fax 715-845-3473 Email ywcao1pcpros.net	March	Referrals for camp/program scholarships Referrals for Youth/Century placements

CHURCHES

STAFF LIAISON	AGENCY NAME / ADDRESS	AGENCY CONTACT	AGENCY PHONE #	CONTACT TIMELINE	RELATIONSHIP
Doua	First Hmong Missionary Alliance Church 5500 Stettin Drive Wausau, WI 54401	Sr Pastor Paulo Xiong	715-842-9218	Biannually	Referrals for camp/program scholarships Referrals for Youth Century/Family/Adult sliding fee placements
Lori	First Presbyterian Church 406 Grant Street Wausau, WI 54403	Sr Pastor Steve H Wright Youth Pastor Scott Arambel	715-842-2116	Biannually	Referrals for camp/program scholarships Referrals for Youth Century/Family/Adult sliding fee placements
Russ	First United Methodist Church 903 N 3 rd Avenue Wausau, WI 54401	Youth Pastor Cathy Hamblin Sr. Pastor Karen Ebert	715-842-3337	Biannually	Referrals for camp/program scholarships Referrals for Youth Century/Family/Adult sliding fee placements
Russ	Highland Community Church 1005 N 28 th Avenue Wausau, WI 54401	Steve Clements	715-842-5683	Biannually	Referrals for camp/program scholarships Referrals for youth Century/Family/Adult sliding fee placements Teen Lock-in Events

Dave	Mount Olive Lutheran Church 6203 Alderson St Schofield, WI 54476	Pastor Ray Connor Youth Pastor Lances Hoelscher Brad Hubbard	715-842-0769	Biannually	Referrals for camp/program scholarships Referrals for Youth Century/Family/Adult sliding fee placements
Doua	New Hope Community Church E1045 S Hwy J Wausau, WI 54403	Youth Pastor Barb Fraaza	715-845-8541	Biannually	Referrals for camp/program scholarships Referrals for Youth Century/Family/Adult sliding fee placements
Doua	Trinity Lutheran Church 501 Stewart Avenue Wausau, WI 54401	Pastor Gary Schultz	715-842-0769	Biannually	Referrals for camp/program scholarships Referrals for Youth/Century/Family/Adult sliding fee placements

SCHOOLS

STAFF LIAISON	AGENCY NAME / ADDRESS	AGENCY CONTACT	AGENCY PHONE #	CONTACT TIMELINE	RELATIONSHIP
Barb Z	A.C. Kiefer Educational Center 700 W Strowbridge St Wausau, WI 54401	Julie Bumesch	715-261-2506	Biannually	Referrals for camp/program scholarships
Dave	DC Everest Senior High 6500 Alderson St Schofield, WI 54476	Thomas Johansen, (Principal) Robert Hinck, Pete Newton, Marcia Tokarz, Jack Volovsek Guidance Counselors Rose Matthiae Career Ctr	715-359-6561	Biannually	Referrals for camp/program scholarships Referrals for Youth/Century/Family sliding fee placements
Pam	DC Everest Junior High 1000 Machmueller Schofield, WI 54476	Jenny Oosterhuis Teresa Pederson Mike Salter	715-359-0511	Biannually	Referrals for camp/program scholarships Referrals for Youth/Century/Family sliding fee placements
Pam	DC Everest Middle School 9302 Schofield Ave Weston, WI 54476	Mike Wolfe Lynn Lawson	715-359-0511	Biannually	Referrals for camp/program scholarships Referrals for Youth/Century/Family sliding fee placements
Russ	East High School 2607 N 18 th Street Wausau, WI 54403	John Boulanger	715-261-0650	Biannually	Referrals for camp/program scholarships Referrals for Youth/Century/Family sliding fee placements
Levi	Easton School E3640 County Road Q Ringle, WI 54471	Julie Fondell Diana Reinardy	715-446-3600	Biannually	Referrals for camp/program Scholarships Referrals for Youth/Century/Family sliding fee placements
Levi	Evergreen School 1610 Pine Road Mosinee, WI 54455	Rick Koepke Principal Kevin Kampmann, Counselor	715-359-4221 Ext 5422	Biannually	Referrals for camp/program scholarships Referrals for Youth/Century/Family sliding fee placements

Melissa B	Franklin School 1509 N. 5 th Street Wausau, WI 54403	Andy Grimm (Counselor)	715-261-0000 Fax 261-2144 E-Mail agrimm@wausau.k12.wi.us	Biannually	Referrals for camp/program scholarships Referrals for Youth/Century/ Family sliding fee placements
Melissa B	GD Jones School 1018 S. 12 th Ave Wausau, WI 54401	Andy Grimm	715-261-0950 Fax 261-2157 agrimm@wausau.k12.wi.us	Biannually	Referrals for camp/program scholarships Referrals for Youth/Century/ Family sliding fee placements
Melissa B	Grant School 500 N 4 th Avenue Wausau, WI 54401	Barb Berry Mao Lee	715-261-0190 Fax 261-2223 E-Mail bberry@wausau.k12.wi.us mlee@wausau.k12.wi.us	Biannually	Referrals for camp/program scholarships Referrals for Youth/Century/ Family sliding fee placements
Levi	Hatley School 417 Emmons Road Hatley, WI 54401	Julie Fondell, Principal Diana Reinardy, Counselor	(715) 446-3336	Biannually	Referrals for camp/program scholarships Referrals for Youth/Century/ Family sliding fee placements
Doua	Hawthorn Hills School 1600 Kickbusch Street Wausau, WI 54403	Chris Budnik Principal Mao Lee Guidance Cindy Heiting 21 st Century Coordinator	715-261-0045	Biannually	Referrals for camp/program scholarships Referrals for Youth/Century/ Family sliding fee placements
Melissa B	Hewitt-Texas School, T10331 Quarry Road Wausau, WI 54403	Dan Sullivan, (Principal) Rob Stangel Counselor	715-261-0015 Fax 261-2305	Biannually	Referrals for camp/program scholarships Referrals for Youth/Century/ Family sliding fee placements
Russ	Horace Mann Middle School 3101 N 13 th Street Wausau, WI 54403	Nancy Overland	715-261-0725	Biannually	Referrals for camp/program scholarships Referrals for Youth/Century/ Family sliding fee placements
Lisa	John Marshall School 1918 Lamont St Wausau, WI 54403	Shawn Sullivan Donna Hansen Sue Doerr	715-261-0060	Biannually	Referrals for camp/program scholarships Referrals for Youth/Century/ Family sliding fee placements
Pat	John Muir Middle School 1400 W Stewart Avenue Wausau, WI 54401	Dean Hess	715-261-0100	Biannually	Referrals for camp/program scholarships Referrals for Youth/Century/ Family sliding fee placements
Russ	Lincoln School 720 S 6 th Avenue Wausau, WI 54401	Alice Kuether, (Principal) Angie Nelson – (Counselor)	715-261-0965	Biannually	Referrals for camp/program scholarships Referrals for Youth/Century/ Family sliding fee placements
Melissa B	Maine School 5901 N 44 th Avenue Wausau, WI 54401	Ken Krouse Jennifer Wood	715-261-0250 Fax 675-6852 E-Mail kkrouse@wausau.k12.wi.us jwood@wausau.k12.wi.us	Biannually	Referrals for camp/program scholarships Referrals for Youth/Century/ Family sliding fee placements
Jacque	Mountain Bay Elementary 8602 Schofield Avenue Schofield, WI 54476	Dana Schueller Melissa Meyer Patrick Phalen	715-355-0302	Biannually	Referrals for camp/program scholarships Referrals for Youth/Century/ Family Sliding Fee placements
Jessica	Mosinee Middle School 700 High Street Mosinee, WI 54455	Ron Mueller	715-693-3660	Biannually	Referrals for camp/program scholarships Referrals for Youth Century/Family sliding fee placements
Lori	NCTC 1000 W Campus Drive Wausau, WI 54401	Michelle Behm (Activities Coordinator) Sue Gitzlaff Student Life Office	715-675-3331 Ext 1266 behmm@ntc.edu Ext 1265	Biannually	Referrals for Youth/Adult/ Family sliding fee placements

Russ	Newman High School 1130 W Bridge Street Wausau, WI 54401	Kelly LeVerque, Counselor	715-845-8274	Biannually	Referrals for camp/program scholarships Referrals for Youth Century/Family sliding fee placements
Nick H	Northland Lutheran 2107 Tower Road Mosinee, WI 54455	Rick Grundman, (Principal)	715-359-3400	Biannually	Referrals for camp/program scholarships Referrals for Youth Century/Family sliding fee placements
Melissa B	Rib Mountain School 2701 Robin Lane Wausau, WI 54401	Ken Krouse, Guidance Counselor Shelly Smith Payant, Social Worker	715-261-2750 Fax 261-2752 E-Mail kkrouse@wausau.k12.wi.us ssmith@wausau.k12.wi.us	Biannually	Referrals for camp/program scholarships Referrals for Youth/Century/ Family sliding fee placements
Lisa	Riverside Elementary R12231 River Road Ringle, WI 54471	Patricia Lestrang, (Principal) Diane Reinardy, (Guidance) Patrick Fergus, (Psychologist)	715 359-2417	Biannually	Referrals for camp/program scholarships Referrals for Youth/Century/ Family sliding fee placements
Brian	Riverview School 4303 Troy Street Wausau, WI 54403	Kris Boulanger	715-261-3900	Biannually	Referrals for camp/program scholarships Referrals for Youth/Century/ Family sliding fee placements
Levi	Rothschild School 810 1 st St Rothschild, WI 54474	Ron Foreman Dawneen Schueller, Counselor	715-359-3186	Biannually	Referrals for camp/program scholarships Referrals for Youth/Century/ Family sliding fee placements
Doua	St Ann Catholic School 700 W Bridge Street Wausau, WI 54401	Emily Miller, Principal	715-845-5754	Biannually	Referrals for camp/program scholarships Referrals for Youth/Century/ Family sliding fee placements
Jen	St Marks 602 Military Road Rothschild, WI 54474	Central Office Jeanne Lang	715-359-9662	Biannually	Referrals for camp/program scholarships Referrals for Youth/Century/ Family sliding fee placements
Russ	St Michaels 615 Stark St Wausau, WI 54403 *Everything needs to be okayed Through Mr Watson	Jeanne Lang	715-848-0206	Biannually	Referrals for camp/program scholarships Referrals for Youth/Century/ Family sliding fee placements
Melissa B	South Mountain School 5400 Bittersweet Street Wausau, WI 54401	Jane Beckel	715-261-3939 Fax. 261-3930 E-Mail jbecker@wausau.k12.wi.us	Biannually	Referrals for camp/program scholarships Referrals for Youth/Century/ Family sliding fee placements
Doua	Stettin School 3515 Stewart Avenue Wausau, WI 54401	Paul Seiser, (Principal) Angle Nelsen, (Guidance)	715-261-2800	Biannually	Referrals for camp/program scholarships Referrals for Youth/Century/ Family sliding fee placements
Doua	Thomas Jefferson School 500 W Randolph Wausau, WI 54401	Maria Berg (Principle) Sue Doerr	715-261-3040	Biannually	Referrals for camp/program scholarships Referrals for Youth Century/Family sliding fee placements

Lon	UWMC 518 S. 7 th Avenue Wausau, WI 54401	Matt Greenberg -Student Act Coordinator	715-261-6236	Annually	Referrals for Century/Adult/ Family sliding fee placements
Russ	West High School 1200 W. Wausau Ave Wausau, WI 54401	Paul Brusky Sue Claimore-Dix Lisa Garr Debra Marsh Carol Pond	715-261-3140	Biannually	Referrals for camp/program scholarships Referrals for Youth Century/Family sliding fee placements
Levi	Weston School 5200 Camp Phillips Road Schofield, WI 54476	Fritz Lehrske, Principal Melissa Meyer, Counselor	715-359-4181	Biannually	Referrals for camp/program scholarships Referrals for Youth Century/Family sliding fee placements
Nick H	Wisconsin Valley Lutheran H S , 601 Maple Ridge Road Mosinee, WI 54455		715-693-2693		Referrals for camp/program scholarships Referrals for Youth Century/family sliding fee placements

CITY/COUNTY COLABORATIONS AND COALITIONS

STAFF LIAISON	AGENCY NAME / ADDRESS	AGENCY CONTACT	AGENCY PHONE #	CONTACT TIMELINE	RELATIONSHIP
Jessica/Cheryl/ Levi/Russ/Pat/Doua	All Police Departments (DYG)	Maureen Pilsner, Brenda Pellowski, Ken Muelling & Colleen Handrick	715-261-7800 Wausau 715-359-4202 Everest Metro 715-693-2000 Mosinee 715-359-3879 Rothschild	Ongoing	Referrals for Youth/Century/ Family Sliding Fee Placement
Dave	Everest Metro Police Dept 5303 Mesker St Weston, WI 54476	Wally Sparks (Chief)	715-359-4202	Biannually	Referrals for camp/program Scholarships Referrals for youth Century / family sliding fee placements
Dave/Kathy	Healthy Eating Active Living (HEAL) Coalition Marathon County Health Department 1200 Lakeview Drive, Room 200 Wausau, WI 54403	Judy Omernik Judy Burrows, Pathways Sue Gantner, Worksite Dot Kalmon, Schools	(715) 261-1905 (715) 847-2490 (715)261-1926	Monthly	Coalition member targeting decreased of incidence of obesity in Marathon County "Footprints to Health"
Jodi	Marathon County Community Response	Jess Bowers	715-261-7513	Ongoing	Referrals for Adult/Family Sliding fee placements
Cheryl	Marathon County Tobacco Free Coalition Marathon County Health Department 1200 Lakeview Drive, Room 200 Wausau, WI 54403	Renee Trowbridge	715-261-1900	Biannually	Coalition member targeting decrease of incidence of tobacco usage among youth in Marathon County
Kathy	Marathon County Social Services 400 E Thomas St Wausau, WI 54403	Carole Fox Julie Jensen	715-261-7507 715-261-7504	Monthly	Referrals for Youth Century/Family sliding fee placements Foster care membership program
Pat	Marathon County Special Ed 1200 Lakeview Drive Wausau, WI 54403	Beth Bye	715-261-1980	Biannually	Referrals to Youth/Century/ Family/Special Needs sliding fee placements
Dave	Rothschild Police Dept 211 Grand Avenue Rothschild, WI 54474	Bill Schremp	715-359-3879		Referrals to Youth/Century / Family/Special Needs sliding fee placements

Jen	Wausau Heart and Vascular Institute 333 Pine Ridge Blvd. Wausau, WI 54401	Scott Garavet	(715) 847-2490	Biannually	Referrals for Youth/Century/ Family Sliding Fee Placement
Kathy	Wausau Police Dept – Officer Friendly Program Wausau Police Dept 515 Grand Avenue Wausau, WI 54403	Maureen Pilsner	715-261-7800	August - October	Community Halloween Program

Revised 1/20/10

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868**

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed)

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*

Type or print File by the due date for filing your return. See instructions	Name of Exempt Organization WOODSON YMCA, INC.	Employer identification number 39-0808463
	Number, street, and room or suite no. If a P.O. box, see instructions 707 THIRD STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WAUSAU, WI 54403	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

BARBARA BEHM

- The books are in the care of ► **707 THIRD STREET - WAUSAU, WI 54403**

Telephone No ► **(715) 841-1806**

FAX No ►

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover

- 1** I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **MAY 15, 2010**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► ☐ calendar year _____ or
► ☒ tax year beginning **OCT 1, 2008**, and ending **SEP 30, 2009**

- 2** If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$ N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 4-2009)