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Short Form  
Return of Organization Exempt From Income Tax

2010

Open to Public  
Inspection

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

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000  
at the end of the year may use this form

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

<b>A For the 2010 calendar year, or tax year beginning</b>		<b>, 2010, and ending</b>		<b>, 20</b>
<b>B Check if applicable:</b>		<b>C Name of organization</b>		<b>D Employer identification number</b>
<input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		<b>STEVENS POINT AREA YOUNG MEN'S CHRISTIAN ASSOCIATION INC. FOUNDATION</b> Number and street (or P O box, if mail is not delivered to street address) <b>1000 DIVISION STREET</b>		<b>23-7428559</b> <b>E Telephone number</b> <b>(715) 342-2986</b>
		Room/suite City or town, state or country, and ZIP + 4 <b>STEVENS POINT, WI 54481</b>		<b>F Group Exemption Number ►</b>
<b>G Accounting Method:</b>		<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual   Other (specify) ►		<b>H Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).</b>
<b>I Website:</b> ►				
<b>J Tax-exempt status (check only one) —</b>		<input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) <input type="checkbox"/> (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>K Check ► <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.</b>				
<b>L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ</b>		► \$ <b>53,456</b>		
<b>Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances</b> (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I				
<b>Revenue</b>	1 Contributions, gifts, grants, and similar amounts received	5a	10,444	1 254
	2 Program service revenue including government fees and contracts	5b	13,253	2
	3 Membership dues and assessments			3
	4 Investment income			4 8,346
	5a Gross amount from sale of assets other than inventory			5c (2,809)
	b Less: cost or other basis and sales expenses			
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)			
	6 Gaming and fundraising events			
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	of contributions	
b Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b			
c Less: direct expenses from gaming and fundraising events	6c			
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d			
7a Gross sales of inventory, less returns and allowances	7a			
b Less: cost of goods sold	7b			
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)				
8 Other revenue (describe in Schedule O)	INCR CASH SURRENDER VALUE 1,095		8 34,412	
9 <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►	UNREALIZED GAIN 33,317		9 40,203	
<b>Expenses</b>	10 Grants and similar amounts paid (list in Schedule O)			10 15,237
	11 Benefits paid to or for members			11
	12 Salaries, other compensation, and employee benefits			12
	13 Professional fees and other payments to independent contractors			13 3,987
	14 Occupancy, rent, utilities, and maintenance			14
	15 Printing, publications, postage, and shipping			15
	16 Other expenses (describe in Schedule O)			16
	17 <b>Total expenses.</b> Add lines 10 through 16 ►			17 19,224
<b>Net Assets</b>	18 Excess or (deficit) for the year (Subtract line 17 from line 9)			18 20,979
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)			19 393,390
	20 Other changes in net assets or fund balances (explain in Schedule O)			20
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 ►			21 414,369
	22 <b>Change in net assets for the year.</b> Add lines 18 and 21 ►			22 36,990

## Part II Balance Sheets. (see the instructions for Part II.)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year	
22 Cash, savings, and investments . . . . .	393,390	22	414,369
23 Land and buildings . . . . .		23	
24 Other assets (describe in Schedule O) . . . . .		24	
<b>25 Total assets</b> . . . . .	<b>393,390</b>	<b>25</b>	<b>414,369</b>
<b>26 Total liabilities</b> (describe in Schedule O) . . . . .	0	26	0
<b>27 Net assets or fund balances</b> (line 27 of column (B) <b>must agree</b> with line 21) . . . . .	<b>393,390</b>	<b>27</b>	<b>414,369</b>

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III.)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? **SEE ATTACHED**

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title. SEE ATTACHED

## Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated. (see the instructions for Part IV.)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
SEE SCHEDULE		0	0	0

**Part V Other Information** (Note the statement requirements in the instructions for Part V.)  
 Check if the organization used Schedule O to respond to any question in this Part V. 

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O 33 X

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) 34 X

35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.

a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements? 35a X

b If "Yes," has it filed a tax return on **Form 990-T** for this year (see instructions)? 35b N/A

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 36 X

37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a

b Did the organization file **Form 1120-POL** for this year? 37b N/A

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38a X

b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b

39 Section 501(c)(7) organizations. Enter:

a Initiation fees and capital contributions included on line 9 39a

b Gross receipts, included on line 9, for public use of club facilities 39b

40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under:

section 4911 ► 0 ; section 4912 ► 0 ; section 4955 ► 0 40a X

b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I. 40b N/A

c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. ► 40c N/A

d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ► 40d N/A

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T. 40e X

41 List the states with which a copy of this return is filed. ► **WISCONSIN**

42a The organization's books are in care of ► **ASSOCIATED TRUST COMPANY** Telephone no. ► **715-389-7272**  
 Located at ► **400 S. CHESTNUT AVE., MARSHFIELD, WI** ZIP + 4 ► **54449-0510** 42a X

b 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)?  
 If "Yes," enter the name of the foreign country: ► 42b X  
 See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts**.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ► 42c X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ►  43

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a X

b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44b X

c Did the organization receive any payments for indoor tanning services during the year? 44c X

d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d X

	Yes	No
45		X
a		
46		X

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?  
 a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions).  
 46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47		X
48		X
49a		X
b		
50		

47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II.  
 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.  
 49a Did the organization make any transfers to an exempt non-charitable related organization?  
 b If "Yes," was the related organization a section 527 organization?  
 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

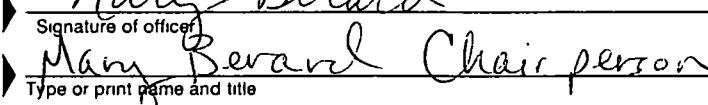
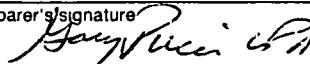
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE		0	0	0

f Total number of other employees paid over \$100,000 ► 0  
 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE	N/A	0

d Total number of other independent contractors each receiving over \$100,000 ►  
 52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A. ►  Yes  No

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

Sign Here	► 	Signature of officer	Date		
	► 				
Paid Preparer Use Only	Print/Type preparer's name GARY PUCCI	Preparer's signature 	Date 4-24-11	Check <input type="checkbox"/> if self-employed	PTIN P00026278

Firm's name ► CHEREK, PUCCI, & QUICK	Firm's EIN ► 39-1205411
Firm's address ► 2301 COUNTRY CLUB DR. STEVENS POINT, WI 54481	Phone no 715-344-4200

May the IRS discuss this return with the preparer shown above? See instructions ►  Yes  No

**SCHEDULE A**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization **STEVENS POINT AREA YOUNG MEN'S CHRISTIAN ASSOCIATION INC FOUNDATION** Employer identification number **23-7428559**

**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: (For lines 1 through 11, check only one box.)

- 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).
- 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)(vi). (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 Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 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 supported organization(s).

	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	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	1,500	6,500	200	5,459	254	13,913
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 . . . . .						
<b>4 Total.</b> Add lines 1 through 3 . . . . .	<b>1,500</b>	<b>6,500</b>	<b>200</b>	<b>5,459</b>	<b>254</b>	<b>13,913</b>
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) . . . . .						0
<b>6 Public support.</b> Subtract line 5 from line 4.						<b>13,913</b>

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4 . . . . .	1,500	6,500	200	5,459	254	13,913
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	9,887	10,450	8,702	6,816	8,346	44,201
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.) . . . . .	12,661	3,162	(92,477)	71,150	34,412	28,908
<b>11 Total support.</b> Add lines 7 through 10						<b>87,022</b>
12 Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	<b>87,022</b>
<b>13 First five years.</b> 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 <b>stop here</b> . . . . . ► <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	15.99	%
15 Public support percentage from 2009 Schedule A, Part II, line 14 . . . . .	15	24.27	%
<b>16a 33½% support test—2010.</b> If the organization did not check the box on line 13, and line 14 is 33½% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>			
<b>b 33½% support test—2009.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33½% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>			
<b>17a 10%-facts-and-circumstances test—2010.</b> 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 <b>stop here</b> . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ► <input checked="" type="checkbox"/>			
<b>b 10%-facts-and-circumstances test—2009.</b> 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 <b>stop here</b> . 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>18 Private foundation.</b> 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 or if the organization failed to qualify under Part II.  
If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 <b>Total.</b> Add lines 1 through 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 \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b . . .						
8 <b>Public support</b> (Subtract line 7c from line 6) . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 <b>Total support.</b> (Add lines 9, 10c, 11, and 12.) . . .						
14 <b>First five years.</b> 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 2010 (line 8, column (f) divided by line 13, column (f)) . . .	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15 . . .	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) . . .	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17 . . .	18	%
19a <b>33½% support tests—2010.</b> If the organization did not check the box on line 14, and line 15 is more than 33½%, and line 17 is not more than 33½%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b <b>33½% support tests—2009.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33½%, and line 18 is not more than 33½%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
20 <b>Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

PART II, SECTION B, LINE 10 - OTHER INCOME:

	2006	2007	2008	2009	2010	TOTAL
INCREASE IN CSV	11,365	1,606	283	2,032	1,095	16,381
UNREALIZED SECURITY GAIN (LOSS)	1,296	1,556	(92,760)	69,118	33,317	12,527
	12,661	3,162	(92,477)	71,150	34,412	28,908

QUESTION 17A 10% FACTS AND CIRCUMSTANCES TEST - SEE ATTACHED NARRATIVE

**Stevens Point Area YMCA, Inc. Foundation  
23-7428559  
Attachment to 2010 Form 990**

**Part III: Primary Exempt Purpose**

**STEVENS POINT AREA YMCA FOUNDATION MISSION**

The mission of the Stevens Point Area YMCA Foundation is to support the goals and objectives of the YMCA by providing financial support to ensure Christian values, advanced through programs and services, are preserved for future generations and for the collective benefit of our community.

**YMCA FOUNDATION PURPOSE**

The purpose of the Stevens Point Area YMCA Foundation is to provide financial stability and future support to sustain and improve YMCA programs and services.

**YMCA FOUNDATION OBJECTIVES**

The **YMCA Foundation** was established to meet two specific objectives:

1. To create and maintain a permanent and perpetual foundation for the exclusive benefit of the YMCA and its related programs and activities; and
2. To make funds accessible to the Stevens Point Area YMCA for the purpose of accomplishing its mission.

**Part III: Line a – Exempt Purpose Achievements**

**YMCA FOUNDATION FUNDS**

***YMCA Program Enhancement Trust Fund***

The Stevens Point Area YMCA is committed to providing the best and most innovative programs available. The purpose of the YMCA Program Enhancement Trust Fund is to grant money to those YMCA departments offering such programs.

The Stevens Point Area YMCA serves all people, regardless of their faith, race, ability, age or income, with programs that develop the spirit, mind and body. Our YMCA provides traditional daycare, an after school enrichment program, youth sports, gymnastics, aquatics, adaptive recreation, teen leadership and day camp activities. Each program maintains an emphasis on teaching values. Placing an importance on the four core values of Caring, Honesty, Respect and Responsibility is what defines us and what will help us and our community to be successful in the future.

**Stevens Point Area YMCA, Inc. Foundation  
23-7428559  
Attachment to 2010 Form 990**

Donations to the YMCA Foundation can be earmarked specifically for the YMCA Program Enhancement Trust Fund. In accordance with the spending policy of the YMCA Foundation Board of Trustees an annual distribution in the amount of up to 4% of a 12 quarter fund balance rolling average will be made.

***YMCA Strong Kids Trust Fund***

The Stevens Point Area YMCA believes in providing membership and program services to all who desire to participate. The purpose of YMCA Strong Kids Trust Fund is to provide scholarships through annual distributions to the Stevens Point Area YMCA financial assistance program.

Donations to the YMCA Foundation can be earmarked specifically for the YMCA Annual Campaign through the YMCA Strong Kids Trust Fund. In accordance with the spending policy of the YMCA Foundation Board of Trustees, an annual distribution to the YMCA Annual Campaign in the amount of up to 4% of a 12 quarter fund balance rolling average will be made.

This annual distribution will help ensure that everyone wishing to participate in YMCA programs can do just that, even if they cannot afford to pay.

**In 2010, \$4,217 was distributed from the YMCA Strong Kids Trust Fund to the YMCA Annual Campaign. It was one of many vital gifts that allowed 4,419 individuals to experience the positive effects of our YMCA programs and activities.**

**In 2010, \$11,020 was distributed from the YMCA Program Enhancement Trust Fund for training equipment for aquatics, teen center enhancements, staff training and employee wellness incentives. These enhancements greatly improved the overall experience and safety for YMCA members and participants.**

**Stevens Point Area YMCA Foundation  
2010-2011 Board of Trustees and Officers**

**Board Members**

**Term**

Ex Officio Member, YMCA Board of Directors President

**Dale Warner**

**2010-2012**

1. George May	2008-2011 (2 <sup>nd</sup> Term)
2. Don Bachleitner	2008-2011 (3 <sup>rd</sup> Term)
3. Mary Berard	2008-2011 (3 <sup>rd</sup> Term)
4. Keith Pilger	2009-2012 (2 <sup>nd</sup> Term)
5. Jerry Corgiat	2009-2012 (2 <sup>nd</sup> Term)
6. Karen Henneghan	2009-2012 (2 <sup>nd</sup> Term)
7. Marie Burns	2010-2013 (2nd Term)
8. Jerry O'Brien	2010-2013 (2nd Term)
9. Marg Coker Nelson	2008-2011 (1 <sup>st</sup> Term)
10. Gary Rogers	2008-2011 (1 <sup>st</sup> Term)
11. Jay Warner, Sr.	2008-2011 (1 <sup>st</sup> Term)
12. Sue Koehl	2009-2012 (1 <sup>st</sup> Term)
13. Judy Rowe	2010-2013 (1 <sup>st</sup> Term)
14. Geoffrey Mburu	2010-2013 (1 <sup>st</sup> Term)
15. John Jury	2010-2013 (1 <sup>st</sup> Term)

**Director Emeritus: Edie Kraus, Bob Taylor, Helen Godfrey, Joan Joerns**

**Foundation Executive Committee (2-Year Terms)**

Mary Berard, Chairperson

George May, Chairperson-Elect

Keith Pilger, Treasurer

Kelly Caughlan, Ex Officio, Staff

Dave Morgan, Ex Officio, Staff

FORM 140-52 - DECEMBER 31, 1960

STEVENS POINT YMCA FDN REV TRUST 41S013007  
 Schedule D Detail of Short-term Capital Gains and Losses  
 STEVENS POINT YMCA YOUNG MEN'S CHESTERIAN ASSOCIATION

**SCHEDULE D  
Detail of Short-term Capital Gains and Losses  
STEVENS POINT AREA YOUTH & MEN'S CHRISTIAN ASSOCIATION INC FOUNDATION**

23-744285579

JSA

Year 490-EZ - December 31, 2010  
 STEVENS POINT YMCA FDN REV TRUST 41S013007  
 Schedule D Detail of Long-term Capital Gains and Losses  
 STEVENS POINT AREA YOUNG MEN'S CHRISTIAN ASSOCIATION INC FOUNDATION

23-7428859

Part I - Lines - Sale of Securities		Date Acquired	Date Sold	Gross Sales Price	Cost or Other Basis	Long-term Gain/Loss
15% RATE CAPITAL GAINS (LOSSES)						
20.	DAVIS N Y VENTURE FD INC	02/22/2008	02/25/2010	617.00	756.20	-139.20
35.	DODGE & COX STOCK FD COM	11/16/2007	02/22/2010	3,372.96	5,378.41	-2,005.45
30.	FAIRHOLME FUND	05/05/2006	02/22/2010	958.50	827.10	131.40
50.	* GOLDMAN SACHS TR GROWTH					
	OPPORTUN INSTL	12/11/2007	02/22/2010	1,019.00	1,157.21	-138.21
75.	AM FDS GROWTH FD OF					
	AMERICA CL F2	09/04/2007	02/22/2010	2,028.00	2,661.85	-633.85
TOTAL 15% RATE CAPITAL GAINS (LOSSES)				7,995.00	10,781.00	-2,785.00
Long-term Capital Gains (Losses)						
Totals						7,995.00 10,781.00 -2,785.00

