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Form **990-EZ**Department of the Treasury
Internal Revenue Service**Short Form**
Return of Organization Exempt From Income TaxUnder 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.

OMB No 1545-1150

2011**Open to Public Inspection**

A For the 2011 calendar year, or tax year beginning , 2011, and ending , 20

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization **STEVENS POINT AREA YOUNG MEN'S CHRISTIAN ASSOCIATION INC. FOUNDATION**
 Number and street (or P O box, if mail is not delivered to street address) Room/suite
1000 DIVISION STREET
 City or town, state or country, and ZIP + 4
STEVENS POINT WI 54481

D Employer identification number
23-7428559

E Telephone number
(715) 342-2980

F Group Exemption Number ►

G Accounting Method. ☒ Cash ☐ Accrual Other (specify) ►

H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ►

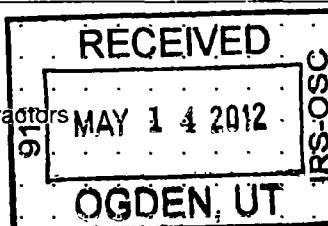
J Tax-exempt status (check only one) — ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

K Check ☐ if the organization is not a section 509(a)(3) supporting organization or a section 527 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.

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. \$

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)Check if the organization used Schedule O to respond to any question in this Part I. ☐

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	26,208
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	7,600
	5a	Gross amount from sale of assets other than inventory	5a	22,958
	b	Less: cost or other basis and sales expenses	5b	22,425
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	533
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b	Gross income from fundraising events (not including \$ of contributions 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)	7c		
8	Other revenue (describe in Schedule O) . INCR. CASH SURRENDER VALUE 997 UNREALIZED (LOSSES) (16,533)	8	(15,536)	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	18,805	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	14,863
	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	4,182
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O)	16	
	17	Total expenses. Add lines 10 through 16	17	19,045
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	(240)
	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	414,369
	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	414,129



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

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

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

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

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

Form **990-EZ** (2011)

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V ☐

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		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)		X
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	N/A	
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		X
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		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?	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?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9		
b Gross receipts, included on line 9, for public use of club facilities		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
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		X
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 ▶ N/A		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 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.		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 AVENUE, MARSHFIELD WI ZIP + 4 ▶ 54449-0510		
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)?		X
If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .		
c At any time during the calendar year, did the organization maintain an office outside the U.S.?		X
If "Yes," enter the name of the foreign country: ▶		
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		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		X
c Did the organization receive any payments for indoor tanning services during the year?		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		X
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
45b 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)		X

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. Yes ☐ No ☒

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 ☐

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II. Yes ☐ No ☒

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. Yes ☐ No ☒

49a Did the organization make any transfers to an exempt non-charitable related organization? Yes ☐ No ☒

b If "Yes," was the related organization a section 527 organization? Yes ☐ No ☐

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) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE		-0-	-0-	-0-

f Total number of other employees paid over \$100,000 ▶

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: *Gary Pucci* Date: *5/3/2012*
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name GARY PUCCI	Preparer's signature <i>Gary Pucci</i>	Date <i>4-24-12</i>	Check <input type="checkbox"/> if self-employed	PTIN P00026278
Firm's name ▶ CHEREK PUCCI & QUICK, SC	Firm's EIN ▶ 39-1205411		Phone no (715) 344-4200	
Firm's address ▶ P O BOX 658, STEVENS POINT WI 54481				

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

2011

**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?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		
- (ii) A family member of a person described in (i) above?

11g(ii)		
---------	--	--
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

11g(iii)		
----------	--	--
- h Provide the following information about the supported organization(s).

(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)									
Total									

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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	6,500	200	5,459	254	26,208	38,621
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						-0-
4 Total. Add lines 1 through 3	6,500	200	5,459	254	26,208	38,621
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-
6 Public support. Subtract line 5 from line 4.						38,621

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	6,500	200	5,459	254	26,208	38,621
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	10,450	8,702	6,816	8,346	8,133	42,447
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.)	3,162	(92,477)	71,150	34,412	(15,536)	711
11 Total support. Add lines 7 through 10						81,779
12 Gross receipts from related activities, etc. (see instructions)					12	81,779
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 2011 (line 6, column (f) divided by line 11, column (f))	14	47.23 %
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	15.99 %
16a 33 1/3% support test—2011. 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—2010. 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—2011. 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—2010. 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 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 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 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2011. 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 <input type="checkbox"/>		
b 33 1/3% support tests—2010. 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 <input type="checkbox"/>		
20 Private foundation. 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:

	2007	2008	2009	2010	2011	TOTAL
INCREASE IN CSV	1,606	283	2,032	1,095	997	6,013
UNREALIZED SECURITY GAIN (LOSS)	1,556	(92,760)	69,118	33,317	(16,533)	(5,302)
	3,162	(92,477)	71,150	34,412	(15,536)	711

Stevens Point Area YMCA, Inc. Foundation
23-7428559
Attachment to 2011 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 2011 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 2011, \$4,100 was distributed from the YMCA Strong Kids Trust Fund to the YMCA Annual Campaign. It was one of many vital gifts that allowed 4,255 individuals to experience the positive effects of our YMCA programs and activities.

In 2011, \$10,763 was distributed from the YMCA Program Enhancement Trust Fund. These enhancements greatly improved the overall experience YMCA members and participants.

\$1,300	Adaptive Recreation Created and printed birthday cards for YMCA members.
\$1,300	Child Care and Drop In Care Purchased culturally diverse books, dolls and other curriculum used to explore and teach about our different backgrounds.
\$1,800	Camp and Early Childhood Education

Purchased Camcorder and DVD Duplicator used to create DVD's for children graduating 4K and campers who attend summer camp. Duplicator also used for training videos, promotional videos, etc.

\$1,000

Great Escape After School Care

Paid conference fees for 8 After School Site Supervisors who learned more about Curriculum Planning, Behavior Plans and Networking Opportunities.

\$4,000

Variety of Staff Training Opportunities originally cut from the 2011 Operating Budget.

\$1,300

Teen Department

Purchase Wireless Microphones for Sound System (Part 2 of 2010 Request) to complete the new sound system used for Teen Nights as well as Special Events, All Staff Meetings, Gymnastic and Swim Meets.

**Stevens Point Area YMCA Foundation
2011-2012 Board of Trustees and Officers**

Board Members

Term

Ex Officio Member, YMCA Board of Directors President
Dale Warner

2010-2012

1. George May	2011-2014 (3rd Term)
2. Mary Berard	2011-2012 (1-Yr. Extension)
3. Keith Pilger	2009-2012 (2nd Term)
4. Jerry Corgiat	2009-2012 (2nd Term)
5. Karen Henneghan	2009-2012 (2nd Term)
6. Jerry O'Brien	2010-2013 (2nd Term)
7. Marg Coker Nelson	2011-2014 (2nd Term)
8. Gary Rogers	2011-2014 (2nd Term)
9. Jay Warner, Sr.	2011-2014 (2nd Term)
10. Sue Koehl	2009-2012 (1st Term)
11. Judy Rowe	2010-2013 (1st Term)
12. Geoffrey Mburu	2010-2013 (1st Term)
13. John Jury	2010-2013 (1st Term)
14. Lizz Schneider	2011-2014 (1st Term)
15. Kris Firminhac	2011-2014 (1st Term)
16. Ben Martinsen	2011-2014 (1st Term)

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

Foundation Executive Committee (2-Year Terms)

George May, Chairperson

Keith Pilger, Chairperson-Elect

Geoffrey Mburu, Treasurer

Kelly Caughlan, Ex Officio, Staff

Dave Morgan, Ex Officio, Staff

FORM 940-EZ - DECEMBER 31, 2011
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

23-7428559

<i>PART I - LINES - SALE OF SECURITIES</i>	Description	Date Acquired	Date Sold	Gross Sales Price	Cost or Other Basis	Long-term Gain/Loss *
15%	RATE CAPITAL GAINS (LOSSES)					
88.	ASSOCIATED INTERMEDIATE TERM BOND COMMON FUND	09/25/2009	10/31/2011	1,200.42	1,194.31	6.11
220.	ASSOCIATED INTERMEDIATE TERM BOND COMMON FUND	09/25/2009	10/31/2011	3,001.06	2,985.80	15.26
576.	ASSOCIATED SHORT TERM BOND FUND	09/25/2009	10/31/2011	2,005.65	2,027.13	-21.48
56.29	DAVIS N Y VENTURE FD INC CL Y	09/25/2009	10/31/2011	5,001.09	5,054.61	-53.52
5.301	DODGE & COX STOCK FD	02/22/2008	02/23/2011	2,000.00	2,128.33	-128.33
22.548	FAIRHOLME FUND	12/31/2007	02/23/2011	600.00	742.37	-142.37
30.06 *	GOLDMAN SACHS TR	05/05/2006	02/23/2011	800.00	621.65	178.35
40.08 *	GROWTH OPPORTUN INSTL	12/11/2007	02/23/2011	750.00	691.19	58.81
45.201	HARBOR FD CAPITAL APPRECIATION FD	12/09/2005	02/23/2011	1,000.00	890.97	109.03
157.025	ROYCE FDS PENNSYLVANIA MUTUAL FD	02/22/2008	02/23/2011	1,700.00	1,514.69	185.31
19.103	WASATCH ADVISORS FDS	02/22/2008	02/23/2011	1,900.00	1,574.96	325.04
57.31	WASATCH ADVISORS FDS INC	11/18/2005	02/23/2011	750.00	789.32	-39.32
TOTAL 15% RATE CAPITAL GAINS (LOSSES)		06/08/2006	02/23/2011	2,250.00	2,209.27	40.73
				22,958.00	22,425.00	534.00
Totals	LONG TERM CAPITAL GAINS \$(LOSSES)			22,958.00	22,425.00	534.00