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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)

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

OMB No 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

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

C Name of organization
YOUNG MEN'S CHRISTIAN ASSOCIATION OF NORTHWEST NORTH CAROLINA

Doing Business As
YMCA OF NORTHWEST NORTH CAROLINA

Number and street (or P O box if mail is not delivered to street address) | Room/suite
301 North Main Street

City or town, state or country, and ZIP + 4
WinstonSalem, NC 27101

D Employer identification number
56-0530015

E Telephone number
(336)777-6232

G Gross receipts $ 27,900,767

F Name and address of principal officer
CURTIS HAZELBAKER
301 North Main Street Suite 1900
WinstonSalem, NC 27101

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW YMCANWNC ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1888

M State of legal domicile NC

Part I Summary

1 Briefly describe the organization's mission or most significant activities
HELPING PEOPLE REACH THEIR GOD-GIVEN POTENTIAL IN SPIRIT, MIND AND BODY SEE SCHEDULE O FOR DESCRIPTIONS OF SIGNIFICANT ACTIVITIES

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	56
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	54
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	**5**	2,114
6	Total number of volunteers (estimate if necessary)	**6**	4,373
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	3,866,479	4,233,967
	9 Program service revenue (Part VIII, line 2g)	21,976,586	23,148,848
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	62,293	-43,225
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	194,402	231,023
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	26,099,760	27,570,613
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,558,124	1,611,358
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	13,068,055	13,849,151
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶594,835		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	12,137,240	12,601,093
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	26,763,419	28,061,602
	19 Revenue less expenses Subtract line 18 from line 12	-663,659	-490,989

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	42,204,075	42,266,643
	21 Total liabilities (Part X, line 26)	14,270,825	15,048,088
	22 Net assets or fund balances Subtract line 21 from line 20	27,933,250	27,218,555

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

▶ Signature of officer — Date: 2012-06-18

▶ CURTIS HAZELBAKER PRESIDENT & CEO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ David Vogler | Date | Check if self-employed ▶☐ | Preparer's taxpayer identification number (see instructions) P00187735

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ DIXON HUGHES GOODMAN LLP
ONE WEST FOURTH STREET SUITE 700
WINSTONSALEM, NC 27101

EIN ▶ 56-0747981

Phone no ▶ (336) 714-8100

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III . . . . . ☑

1 Briefly describe the organization's mission

HELPING PEOPLE REACH THEIR GOD-GIVEN POTENTIAL IN SPIRIT, MIND AND BODY SEE SCHEDULE O FOR VALUES, AREAS OF FOCUS, AND OTHER PERTINENT INFORMATION

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 organization's program service accomplishments for each of its three largest program services, as measured 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

4a (Code) (Expenses $ 15,212,770 including grants of $ 953,332) (Revenue $ 17,073,192)

HEALTHY LIVING - THE Y IS A LEADING VOICE ON HEALTH AND WELL-BEING WE BRING FAMILIES CLOSER TOGETHER, ENCOURAGE GOOD HEALTH, AND FOSTER CONNECTIONS THROUGH FITNESS, SPORTS, FUN, AND SHARED INTERESTS AS A RESULT, 135,918 PEOPLE IN OUR COMMUNITY RECEIVED THE SUPPORT, GUIDANCE, AND RESOURCES THEY NEED TO ACHIEVE GREATER HEALTH IN SPIRIT, MIND, AND BODY THIS IS PARTICULARLY IMPORTANT AS OUR NATION STRUGGLES WITH AN OBESITY CRISIS AND INCREASINGLY HIGH RATES OF PREVENTABLE DISEASES, FAMILIES STRUGGLE WITH WORK/LIFE BALANCE, AND INDIVIDUALS SEARCH FOR PERSONAL FULFILLMENT THE Y IS A PLACE FOR PEOPLE OF ALL AGES TO PURSUE WELLNESS GOALS, WHETHER IT IS YOUNG CHILDREN LEARNING LIFELONG HEALTHY HABITS, ADULTS WORKING TO PREVENT CHRONIC DISEASE THROUGH EXERCISE AND NUTRITION, OR SENIORS MAINTAINING A HIGH QUALITY OF LIFE THROUGH PHYSICAL ACTIVITY AND FRIENDSHIP OUR PROGRAMS ARE ACCESSIBLE, AFFORDABLE, AND OPEN TO ALL FAITHS, BACKGROUNDS, ABILITIES, AND INCOME LEVELS IN 2011, WE PROVIDED $1,515,608 IN FINANCIAL ASSISTANCE TO PEOPLE WHO OTHERWISE WOULD HAVE FACED ECONOMIC BARRIERS TO PARTICIPATION FOR ADDITIONAL DETAILS REGARDING THESE CRITICAL PROGRAMS AND THEIR IMPACT, SEE SCHEDULE O

4b (Code) (Expenses $ 9,028,300 including grants of $ 608,583) (Revenue $ 5,490,999)

YOUTH DEVELOPMENT - OUR YMCA IS COMMITTED TO NURTURING THE POTENTIAL OF EVERY CHILD AND TEEN WE BELIEVE THAT ALL KIDS DESERVE THE OPPORTUNITY TO DISCOVER WHO THEY ARE AND WHAT THEY CAN ACHIEVE THAT'S WHY WE HELP YOUNG PEOPLE CULTIVATE THE VALUES, SKILLS, AND RELATIONSHIPS THAT LEAD TO POSITIVE BEHAVIORS, BETTER HEALTH, AND EDUCATIONAL ACHIEVEMENT OUR YMCA PROGRAMS (SUCH AS CHILD CARE, CAMPING, YOUTH SPORTS, YOUTH AND GOVERNMENT, GRADUATE OUR FUTURE, AQUATICS AND WATER SAFETY, AND BLACK AND LATINO ACHIEVERS) OFFER A RANGE OF EXPERIENCES THAT ENRICH COGNITIVE, SOCIAL, PHYSICAL, AND EMOTIONAL GROWTH EXPENSES INCLUDE SUBSIDIES AND DIRECT FINANCIAL ASSISTANCE THAT MAKE PARTICIPATION POSSIBLE FOR MANY OF THE YOUNG PEOPLE WE ENGAGE FOR ADDITIONAL DETAILS REGARDING THESE CRITICAL PROGRAMS AND THEIR IMPACT, SEE SCHEDULE O

4c (Code) (Expenses $ 652,133 including grants of $ 49,443) (Revenue $ 584,657)

SOCIAL RESPONSIBILITY - OUR YMCA BELIEVES IN GIVING BACK AND SUPPORTING OUR NEIGHBORS WE HAVE BEEN LISTENING AND RESPONDING TO OUR COMMUNITY'S MOST CRITICAL SOCIAL NEEDS FOR MORE THAN 120 YEARS Y PROGRAMS, SUCH AS OUR LITERACY INITIATIVE, ENGLISH AS A SECOND LANGUAGE, PIONEERING HEALTHIER COMMUNITIES, OUTDOOR EDUCATION, AND PARTNERSHIPS WITH UNDER-SERVED COMMUNITIES ARE EXAMPLES OF HOW WE DELIVER TRAINING, RESOURCES, AND SUPPORT THAT EMPOWER OUR NEIGHBORS TO EFFECT CHANGE, BRIDGE GAPS, AND OVERCOME OBSTACLES IN 2011, WE ENGAGED OVER 10,000 YMCA MEMBERS, PARTICIPANTS, AND VOLUNTEERS IN ACTIVITIES THAT STRENGTHEN OUR COMMUNITY AND PAVE THE WAY FOR FUTURE GENERATIONS TO THRIVE FOR ADDITIONAL DETAILS REGARDING THESE CRITICAL PROGRAMS AND THEIR IMPACT, SEE SCHEDULE O

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses** ▶ $ 24,893,203

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)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** 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*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Part I*	14b		No
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 U S ? *If "Yes," complete Schedule F, Part II and IV*	15	Yes	
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 U S ? *If "Yes," complete Schedule F, Part III and IV*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
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? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
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? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	**35a**		No
b	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," complete Schedule R, Part V, line 2*	**35b**		No
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
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? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response to any question in this Part V . . . . . .

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	**1a**	60		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			**1c**	Yes	
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	**2a**	2,114		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			**2b**	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			**3a**		No
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 or securities account)?			**4a**		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			**6a**		No
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 receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**	Yes	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**	Yes	
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			**8**		
9	**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					
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					
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	**12b**				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state			**13a**		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**				
c	Enter the aggregate amount of reserves on hand	**13c**				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**		

Part VI **Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	56		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	54		
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		No
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .		5		No
6	Did the organization have members or stockholders?		6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, 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		9		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
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	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes," to line 15a or 15b, 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		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take 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 ▶

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made 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 made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

YMCA of Northwest North Carolina
301 N Main Street Suite 1900
WinstonSalem, NC 27101
(336) 777-6232

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

Check if Schedule O contains a response to any question in this Part VII . . . . . .☐

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- 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 all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- 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, or 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 neither the organization nor any related organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
See Additional Data Table										
1b **Sub-Total** ▶										
c **Total from continuation sheets to Part VII, Section A** ▶										
d **Total (add lines 1b and 1c)** ▶								677,227	0	111,513

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 5

			Yes	No
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*	**3**		No
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*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

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 Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
IL LONG CONSTRUCTION CO INC 4117 INDIANA AVENUE WINSTONSALEM, NC 27115	CONSTRUCTION SERVICES	1,015,388
BUDD GROUP PO BOX 890856 CHARLOTTE, NC 28289	JANITORIAL & LANDSCAPING SERVICES	996,718
WINSTON-SALEM FORSYTH COUNTY SCHOOLS PO BOX 2513 WINSTONSALEM, NC 27102	TUTORS FOR GRADUATE OUR FUTURE PROGRAM	671,025
DAXKO 600 UNIVERSITY PARK PLACE BIRMINGHAM, AL 35209	OPERATIONS & ACCTG SOFTWARE AS A SERVICE	223,362
BB&T 110 S STRATFORD ROAD WINSTONSALEM, NC 27104	TREASURY MGT, TRUSTEE, MERCHANT CREDIT CARDS	211,600

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 11

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	1a	Federated campaigns	1a 1,567,048				
	b	Membership dues	1b 0				
	c	Fundraising events	1c 68,190				
	d	Related organizations	1d 0				
	e	Government grants (contributions)	1e 819,991				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 1,778,738				
	g	Noncash contributions included in lines 1a-1f $ 24,917					
	h	**Total.** Add lines 1a-1f		4,233,967			
Program Service Revenue			Business Code				
	2a	HEALTHY LIVING	900099	17,073,192	17,073,192	0	0
	b	YOUTH DEVELOPMENT	900099	5,490,999	5,490,999	0	0
	c	SOCIAL RESPONSIBILITY	900099	584,657	584,657	0	0
	d						
	e						
	f	All other program service revenue		0	0	0	0
	g	**Total.** Add lines 2a–2f		23,148,848			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		80,981	0	0	80,981
	4	Income from investment of tax-exempt bond proceeds		0	0	0	0
	5	Royalties		0	0	0	0
			(i) Real / (ii) Personal				
	6a	Gross rents					
	b	Less rental expenses					
	c	Rental income or (loss)	0 / 0				
	d	Net rental income or (loss)		0	0	0	0
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	0 / 0				
	b	Less cost or other basis and sales expenses	0 / 124,206				
	c	Gain or (loss)	0 / -124,206				
	d	Net gain or (loss)		-124,206	0	0	-124,206
	8a	Gross income from fundraising events (not including $ 68,190 of contributions reported on line 1c) See Part IV, line 18	a 355,699				
	b	Less direct expenses	b 180,899				
	c	Net income or (loss) from fundraising events		174,800		0	174,800
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities		0	0	0	0
	10a	Gross sales of inventory, less returns and allowances	a 81,272				
	b	Less cost of goods sold	b 25,049				
	c	Net income or (loss) from sales of inventory		56,223	0	0	56,223
		Miscellaneous Revenue	Business Code				
	11a	0		0	0	0	0
	b						
	c						
	d	All other revenue		0	0	0	0
	e	**Total.** Add lines 11a–11d		0			
	12	**Total revenue.** See Instructions		27,570,613	23,148,848	0	187,798

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)
Check if Schedule O contains a response to any question in this Part IX . . . . . ☐

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 United States See Part IV, line 21	8,750	8,750		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	1,574,108	1,574,108		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	28,500	28,500		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	384,810	31,630	254,063	99,117
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	10,912,987	9,531,200	1,147,259	234,528
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	711,077	543,597	139,696	27,784
9	Other employee benefits	789,162	641,308	126,898	20,956
10	Payroll taxes	1,051,115	909,900	117,637	23,578
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	1,338		1,338	
c	Accounting	36,865		36,865	
d	Lobbying	5,054	5,054		
e	Professional fundraising *See Part IV, line 17* . .	0			
f	Investment management fees	15,456			15,456
g	Other	1,269,442	894,700	374,728	14
12	Advertising and promotion	548,968	480,611		68,357
13	Office expenses	1,857,853	1,701,866	86,415	69,572
14	Information technology	356,610	256,951	92,209	7,450
15	Royalties . .	0			
16	Occupancy	5,394,125	5,328,150	65,975	
17	Travel	294,019	237,446	47,359	9,214
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	118,150	75,664	35,745	6,741
20	Interest	430,348	428,985	112	1,251
21	Payments to affiliates	242,549	242,471	78	
22	Depreciation, depletion, and amortization	1,877,537	1,856,593	16,916	4,028
23	Insurance	107,657	98,387	8,534	736
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	DUES	39,026	14,689	21,737	2,600
b	VOLUNTEER RECOGNITION	3,953	500		3,453
c	RECRUITMENT	2,143	2,143		
d					
e					
f	All other expenses	0	0	0	0
25	**Total functional expenses.** Add lines 1 through 24f	28,061,602	24,893,203	2,573,564	594,835
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	0			

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		8,325	1	6,825
	2	Savings and temporary cash investments		4,022,543	2	4,720,991
	3	Pledges and grants receivable, net		1,543,108	3	1,143,027
	4	Accounts receivable, net		696,467	4	839,643
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 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		84,916	7	0
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		387,920	9	311,126
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 62,153,103			
	b	Less accumulated depreciation	10b 28,632,397	33,671,863	10c	33,520,706
	11	Investments—publicly traded securities		1,647,834	11	1,597,697
	12	Investments—other securities See Part IV, line 11		0	12	0
	13	Investments—program-related See Part IV, line 11		0	13	0
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		141,099	15	126,628
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		42,204,075	16	42,266,643
Liabilities	17	Accounts payable and accrued expenses		691,141	17	1,274,308
	18	Grants payable			18	
	19	Deferred revenue		769,649	19	841,260
	20	Tax-exempt bond liabilities		10,200,000	20	9,650,000
	21	Escrow or custodial 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		400,000	23	300,000
	24	Unsecured notes and loans payable to unrelated third parties		1,000,000	24	1,450,000
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		1,210,035	25	1,532,520
	26	**Total liabilities.** Add lines 17 through 25		14,270,825	26	15,048,088
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		25,388,507	27	25,634,544
	28	Temporarily restricted net assets		1,463,505	28	502,773
	29	Permanently restricted net assets		1,081,238	29	1,081,238
		Organizations that do not follow SFAS 117, check here ▶ ☐ 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		27,933,250	33	27,218,555
	34	Total liabilities and net assets/fund balances		42,204,075	34	42,266,643

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	27,570,613
2	Total expenses (must equal Part IX, column (A), line 25)	2	28,061,602
3	Revenue less expenses Subtract line 2 from line 1	3	-490,989
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	27,933,250
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-223,706
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	27,218,555

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☐

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . .	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separated basis			
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?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . .	3b	Yes	

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SCHEDULE A (Form 990 or 990EZ)

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
YOUNG MEN'S CHRISTIAN ASSOCIATION OF NORTHWEST NORTH CAROLINA

Employer identification number
56-0530015

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 **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?

	Yes	No
(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 the supported organization? **11g(i)**		
(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? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
Total									

Part II **Support Schedule for Organizations Described in IRC 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 ")	3,353,932	4,472,536	5,950,501	3,866,479	4,233,967	21,877,415
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
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	3,353,932	4,472,536	5,950,501	3,866,479	4,233,967	21,877,415
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)						717,003
6 **Public Support.** Subtract line 5 from line 4						21,160,412

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	3,353,932	4,472,536	5,950,501	3,866,479	4,233,967	21,877,415
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	215,567	111,213	86,832	56,515	80,981	551,108
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						0
11 **Total support** (Add lines 7 through 10)						22,428,523

12	Gross receipts from related activities, etc (See instructions)	12	23,371,120

13 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

14	Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14	94 350 %
15	Public Support Percentage for 2010 Schedule A, Part II, line 14	15	92 480 %

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 ▶☑

b **33 1/3% support test—2010.** If the organization did not check the 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 ▶☐

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 ▶☐

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 ▶☐

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 ▶☐

Part III **Support Schedule for Organizations Described in IRC 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 501(c)(3) organization, check this box and **stop here** ▶☐

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 ▶☐

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 ▶☐

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

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

Facts And Circumstances Test

Explanation

OTHER INCOME, SCHEDULE A, PART II, LINE 10, DESCRIPTION - , COLUMN A - , COLUMN B - , COLUMN C - , COLUMN D - , COLUMN E - , COLUMN F - ,,

Additional Data

Software ID: 11000230
Software Version: v2011.1.0
EIN: 56-0530015
Name: YOUNG MEN'S CHRISTIAN ASSOCIATION OF NORTHWEST NORTH CAROLINA

Form 990, Special Condition Description:

Special Condition Description

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
CHAD NOLAN TRESURER	3 00	X		X				0	0	0
DAVID FAIN CHIEF VOLUNTEER OFFICER	4 00	X		X				0	0	0
JOAN HEALY SECRETARY	3 00	X		X				0	0	0
LINDA WOOD VICE CHAIR/CVO ELECT	3 00	X		X				0	0	0
ALLAN YOUNGER DIRECTOR	2 00	X						0	0	0
ANDY CARMEN DIRECTOR	2 00	X						0	0	0
BILL HAYES DIRECTOR	2 00	X						0	0	0
BILL PHIPPS DIRECTOR	2 00	X						0	0	0
BOB SULLIVAN DIRECTOR	2 00	X						0	0	0
BRAD UNDERDAL DIRECTOR	2 00	X						0	0	0
BRENT WADDELL DIRECTOR	2 00	X						0	0	0
BRIAN HERNDON DIRECTOR	2 00	X						0	0	0
BRIAN MCMILLAN DIRECTOR	2 00	X						0	0	0
CURTIS LEONARD DIRECTOR	2 00	X						0	0	0
CYNTHIA CHARLES DIRECTOR	2 00	X						0	0	0
DAVID C HINTON DIRECTOR	2 00	X						0	0	0
DAVID DOYLE DIRECTOR	2 00	X						0	0	0
DAVID R PLYER DIRECTOR	2 00	X						0	0	0
DEBORAH L BEST DIRECTOR	2 00	X						0	0	0
DREW VEACH DIRECTOR	2 00	X						0	0	0
ED CROWDER DIRECTOR	2 00	X						0	0	0
EVELYN MOXLEY DIRECTOR	2 00	X						0	0	0
FRED TRIVETTE DIRECTOR	2 00	X						0	0	0
HELEN JENNETT DIRECTOR	2 00	X						0	0	0
HONORABLE CHESTER DAVIS DIRECTOR	2 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
J DUDLEY WATTS DIRECTOR	2 00	X						0	0	0
JANEEN LALIK DIRECTOR	2 00	X						0	0	0
JENNIFER NEEDHAM DIRECTOR	2 00	X						0	0	0
JERRY JONES DIRECTOR	2 00	X						0	0	0
JERRY SNEED DIRECTOR	2 00	X						0	0	0
JIMMY LIPPARD DIRECTOR	2 00	X						0	0	0
JULIE TOWNSEND DIRECTOR	2 00	X						0	0	0
KEITH KISER DIRECTOR	2 00	X						0	0	0
LARETTA RIVERA-WILLIAMS DIRECTOR	2 00	X						0	0	0
LESLIE HAYES DIRECTOR	2 00	X						0	0	0
LISA FEATHERNGILL DIRECTOR	2 00	X						0	0	0
MARK LAND DIRECTOR	2 00	X						0	0	0
MICHAEL LISCHKE DIRECTOR	2 00	X						0	0	0
MOLLY KREMIDAS MARKETING COMMITTEE CHAIR	2 00	X						0	0	0
MURPHY GREGG DIRECTOR	2 00	X						0	0	0
NORMAN POTTER DIRECTOR	2 00	X						0	0	0
PAUL BO FULTON DIRECTOR	2 00	X						0	0	0
PAUL HAMMES HR COMMITTEE CHAIR	2 00	X						0	0	0
PAUL NORBY PROPERTY & RISK COMM CHAIR	2 00	X						0	0	0
REV DARRYL AARON DIRECTOR	2 00	X						0	0	0
ROBERT BOB MOODY DIRECTOR	2 00	X						0	0	0
ROBERT PARKER DIRECTOR	2 00	X						0	0	0
ROBIN RICHARDS DIRECTOR	2 00	X						0	0	0
ROBIN RJ SPEAKS DIRECTOR	2 00	X						0	0	0
SCOTT CARPENTER DIRECTOR	2 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
SHANNON HURLEY DIRECTOR	2 00	X						0	0	0
SUE HENDERSON DIRECTOR	2 00	X						0	0	0
SYLVIA OBERLE DIRECTOR	2 00	X						0	0	0
TIM WHITENER DIRECTOR	2 00	X						0	0	0
TOM MCDANIEL DIRECTOR	2 00	X						0	0	0
WAYNE HOSCH DIRECTOR	2 00	X						0	0	0
CURTIS HAZELBAKER PRESIDENT/CEO	55 00			X				212,820	0	34,973
DONNA V RODGERS SENIOR VP/CFO	55 00			X				117,744	0	19,274
JOAN MARIE BELNAP VP/CHIEF DEVELOPMENT OFFICER	55 00					X		101,879	0	17,837
MARK BACHMAN SENIOR VP/COO	55 00					X		138,077	0	26,656
TIMOTHY O'CONNELL VP OF OPERATIONS/EXEC DIRECTOR	55 00					X		106,707	0	12,773

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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

▶ **Complete if the organization is described below.**

▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No 1545-0047

2011

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, 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) or Form 990-EZ, line 35c (Proxy Tax), then

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

Name of the organization	Employer identification number
YOUNG MEN'S CHRISTIAN ASSOCIATION OF NORTHWEST NORTH CAROLINA	56-0530015

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities on behalf of or in opposition to candidates for public office in Part IV

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

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 Complete if the organization is exempt under section 501(c) except section 501(c)(3).

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 funtion activities ▶ $ _____

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $ _____

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were 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 **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

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
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)	5,054	
c Total lobbying expenditures (add lines 1a and 1b)	5,054	0
d Other exempt purpose expenditures	28,056,548	
e Total exempt purpose expenditures (add lines 1c and 1d)	28,061,602	0
f Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000	0

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)	250,000	0
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-	0	0

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 on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying non-taxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	0	0	0	5,054	5,054
d Grassroots non-taxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures	0	0	0	0	0

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(a) Yes	(a) No	(b) 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?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities? If "Yes," describe in Part IV			
j	Total lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
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 Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			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 Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

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 (see instructions)	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.

Identifier	Return Reference	Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
YOUNG MEN'S CHRISTIAN ASSOCIATION OF NORTHWEST NORTH CAROLINA

Employer identification number
56-0530015

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	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

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 for any other purpose conferring 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)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ 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, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation 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 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 Escrow and Custodial Arrangements. Complete if the 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

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	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 the 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	1,643,867	1,521,034	449,503	594,774	
b Contributions	2,240	50	1,014,533		
c Investment earnings or losses	-15,696	146,027	84,551	-140,458	
d Grants or scholarships	0				
e Other expenditures for facilities and programs	46,979	15,018	23,712		
f Administrative expenses	15,456	8,226	3,841	4,813	
g End of year balance	1,567,976	1,643,867	1,521,034	449,503	

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

- a Board designated or quasi-endowment ▶ 31 040 %
- b Permanent endowment ▶ 68 960 %
- c Term endowment ▶ 0 %

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

		Yes	No
(i) unrelated organizations	3a(i)	Yes	
(ii) related organizations	3a(ii)		No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	5,082,273			5,082,273
b Buildings	39,333,975		16,365,955	22,968,020
c Leasehold improvements	1,433,408		569,642	863,766
d Equipment	6,353,151		5,755,831	597,320
e Other	9,950,296		5,940,969	4,009,327
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				33,520,706

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	0
COMMITMENTS UNDER DERIVATIVE CONTRACTS	755,740
REFUNDABLE ADVANCES	381,303
OTHER ACCRUED EXPENSES	395,477
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	1,532,520

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

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	27,570,613
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	28,061,602
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-490,989
4	Net unrealized gains (losses) on investments	4	-87,032
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-136,674
9	Total adjustments (net) Add lines 4 - 8	9	-223,706
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-714,695

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	25,795,299
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	-87,032		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	0		
e	Add lines **2a** through **2d**			2e	-87,032
3	Subtract line **2e** from line **1**			3	25,882,331
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	1,688,282		
c	Add lines **4a** and **4b**			4c	1,688,282
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	27,570,613

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

1	Total expenses and losses per audited financial statements			1	26,509,994
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d	0		
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	26,509,994
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	1,551,608		
c	Add lines **4a** and **4b**			4c	1,551,608
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	28,061,602

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 Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
Intended uses of endowment funds	Schedule D, Part V, Line 4	AS OF DECEMBER 31, 2011, THE ASSOCIATION'S SPENDING POLICY FOR ENDOWMENT FUNDS WAS TO NOT DISTRIBUTE ANY AMOUNTS FROM THE FUNDS UNTIL SUCH ASSETS HAD REACHED A MINIMUM OF $1 MILLION SUCH LEVEL WAS MET DURING 2009, DUE TO ONE ESTATE GIFT, FROM WHICH INVESTMENT INCOME IS RESTRICTED TO CAPITAL CAMPAIGN PROJECTS UP TO $250,000 OVER A PERIOD OF NO LESS THAN 5 YEARS
FIN 48 (ASC 740) footnote	Schedule D, Part X, Line 2	THE YMCA OF NORTHWEST NORTH CAROLINA (ASSOCIATION) IS ENTITLED TO EXEMPTION FROM FEDERAL AND NORTH CAROLINA INCOME TAXATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AS A CHARITABLE ORGANIZATION, ACCORDINGLY, THE ACCOMPANYING FINANCIAL STATEMENTS DO NOT REFLECT A PROVISION OR LIABILITY FOR FEDERAL AND STATE INCOME TAXES THE ASSOCIATION HAS DETERMINED THAT IT DOES NOT HAVE ANY MATERIAL UNRECOGNIZED TAX BENEFITS OR OBLIGATIONS AS OF DECEMBER 31, 2011

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
YOUNG MEN'S CHRISTIAN ASSOCIATION OF NORTHWEST NORTH CAROLINA

Employer identification number
56-0530015

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☐ Yes ☐ No

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States

3 Activites per Region (Use Part V if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region
3a Sub-total					
b Total from continuation sheets to Part I					
c **Totals** (add lines 3a and 3b)					

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Check this box if no one recipient received more than $5,000 . . . . . ▶ ☐
Use Part V if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		RUSSIA AND THE NEWLY INDEPENDENT STATES	HIV/AIDS EDUCATION/YOUTH SPORTS/CAMPING AND THE ARTS	28,500	CHECK	0		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ 1

3 Enter total number of other organizations or entities . . . . . ▶ 0

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Part V if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)*	☐ Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? *If " Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)*	☐ Yes	☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)*	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)*	☐ Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).*	☐ Yes	☑ No

Part V Supplemental Information

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

Identifier	ReturnReference	Explanation
Accounting Method For Regions Outside the United States	Schedule F, Part I, Line 3	

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SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
YOUNG MEN'S CHRISTIAN ASSOCIATION OF NORTHWEST NORTH CAROLINA

Employer identification number
56-0530015

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

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

a ☐ Mail solicitations
b ☐ Internet and e-mail solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions?		**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
		Yes	**No**			
Total . . . . . ▶						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

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 MISTLETOE RUN (event type)	(b) Event #2 GOLF TOURNAMENT (event type)	(c) Other Events 19 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	161,811	101,890	160,188	423,889
	2 Less Charitable contributions	23,000	44,190	1,000	68,190
	3 Gross income (line 1 minus line 2)	138,811	57,700	159,188	355,699
Direct Expenses	4 Cash prizes	0	0	0	0
	5 Non-cash prizes	5,466	4,105	6,577	16,148
	6 Rent/facility costs	11,289	7,933	5,972	25,194
	7 Food and beverages	1,060	4,721	13,506	19,287
	8 Entertainment	825	0	0	825
	9 Other direct expenses	44,212	9,288	65,945	119,445
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(180,899)
	11 Net income summary Combine lines 3 and 10 in column (d) ▶				174,800

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				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ 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? ☐ Yes ☐ No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," Explain _____

11 Does the organization operate gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

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

13 Indicate the percentage of gaming activity operated in

a	The organization's facility	**13a**	
b	An outside facility	**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? . . . . . ☐ Yes ☐ No

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? . . . . . ☐ Yes ☐ No

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 ▶ $

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
YOUNG MEN'S CHRISTIAN ASSOCIATION OF NORTHWEST NORTH CAROLINA

Employer identification number
56-0530015

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . . ▶ ☑

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ _____

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ _____

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to 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
(1) FINANCIAL ASSISTANCE FOR MEMBERSHIP AND PROGRAM PARTICIPATION	14972	1,551,608	0		
(2) BLACK ACHIEVERS COLLEGE SCHOLARSHIPS	14	19,500			
(3) STOKES FAMILY YMCA COLLEGE SCHOLARSHIPS	3	3,000			

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

Identifier	Return Reference	Explanation
Procedures for monitoring use of grant funds	Schedule I, Part I, Line 2	FINANCIAL ASSISTANCE FOR MEMBERSHIP & PROGRAM PARTICIPATION- THE HEART OF THE YMCA'S MISSION IS TO REACH OUT AND SERVE PEOPLE IN OUR COMMUNITIES WHO ARE IN NEED THE YMCA STRIVES TO TURN NO ONE AWAY DUE TO AN INABILITY TO PAY A PROGRAM OR MEMBERSHIP FEE OUR OPEN DOORS PROGRAM ALLOWS INDIVIDUALS AND FAMILIES TO ACCESS YMCA MEMBERSHIP AND PROGRAMS ON A SLIDING-FEE SCALE THAT IS DESIGNED TO RESPOND TO INDIVIDUAL CIRCUMSTANCES (WHEN A PARENT LOSES HIS/HER JOB, WHEN MEDICAL BILLS BECOME OVERWHELMING, WHEN LIVING ON A FIXED-INCOME, ETC) APPLICATIONS AND AWARDS OF FINANCIAL ASSISTANCE ARE REVIEWED PERIODICALLY TO DETERMINE IF SAME LEVEL OF AWARD IS APPROPRIATE, I E HAVE CIRCUMSTANCES CHANGED FOR THE RECIPIENT BLACK ACHIEVERS SCHOLARSHIPS - ALL PARTICIPATING HIGH SCHOOL SENIORS WHO WERE PROGRAM PARTICIPANTS AS OF THE BEGINNING OF THE PREVIOUS SCHOOL YEAR ARE ELIGIBLE FOR SCHOLARSHIPS AND/OR CASH AWARDS SCHOLARSHIP RECIPIENTS MUST COMPLETE A TWO-PHASE APPLICATION PROCESS THAT INCLUDES SUBMISSION OF THEIR HIGH SCHOOL TRANSCRIPT, SAT TEST SCORES, AN ESSAY THAT ELABORATES ON THE STUDENTS' ASPIRATIONS, CAREER OPTIONS, AND STRENGTHS AND WEAKNESSES THE SECOND PHASE OF THE APPLICATION IS AN INTERVIEW PROCESS A POINT SYSTEM IS FOLLOWED BY THE SCHOLARSHIP COMMITTEE TO EVALUATE AND RANK EACH APPLICANT ON THE ABOVE AREAS PAYMENTS ARE MADE DIRECTLY TO THE COLLEGE OR UNIVERSITY WHICH THE STUDENT WILL BE ATTENDING AFTER PROOF OF ACCEPTANCE IS SUPPLIED TO THE SCHOLARSHIP COMMITTEE CASH AWARDS ARE ALSO MADE DIRECTLY TO THE COLLEGE/UNIVERSITY EACH PARTICIPANT IS ATTENDING ON THEIR BEHALF BASED ON THE NUMBER OF CAREER CLUSTER MEETINGS THEY HAVE ATTENDED SINCE THEIR JUNIOR YEAR OF HIGH SCHOOL STOKES FAMILY YMCA COLLEGE SCHOLARSHIPS - APPLICATIONS FROM LOCAL HIGH SCHOOL SENIORS ARE ACCEPTED AND EVALUATED BY A GROUP OF VOLUNTEERS AND STAFF BASED ON FINANCIAL NEED, SCHOLASTICS, COMMUNITY INVOLVEMENT, VOLUNTEER HOURS, YMCA INVOLVEMENT AND SPIRITUALITY FINALISTS ARE CHOSEN FROM THE APPLICATIONS - 3 FROM EACH HIGH SCHOOL - AND INTERVIEWS ARE CONDUCTED THREE RECIPIENTS ARE SELECTED BASED ON HOW THEY PRESENT THEMSELVES IN THE INTERVIEWS, IF THEIR FINANCIAL NEEDS HAVE CHANGED, AND HOW THEY PLAN TO USE THE SCHOLARSHIP IF SELECTED CASH AWARDS ARE MADE DIRECTLY TO THE COLLEGE/UNIVERSITY OF EACH RECIPIENT TO BE USED FOR TUITION ONLY

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
YOUNG MEN'S CHRISTIAN ASSOCIATION OF NORTHWEST NORTH CAROLINA

Employer identification number
56-0530015

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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 idemnification and gross-up payments ☑ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
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?	**2**	Yes	
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 with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	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 only must complete lines 5-9.			
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?	**5a**		No
b	Any related organization?	**5b**		No
	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?	**6a**		No
b	Any related organization?	**6b**		No
	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	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured 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	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) CURTIS HAZELBAKER	(i)	191,535	0	21,285	26,408	8,565	247,793	0
	(ii)	0	0	0	0	0	0	0
(2) MARK BACHMAN	(i)	132,665	0	5,412	17,355	9,301	164,733	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation
Health or social club dues or initiation fees	Schedule J, Part I, Line 1a	THE ASSOCIATION PAID INITIATION FEES FOR THE CEO'S MEMBERSHIP INTO THE LOCAL COUNTRY CLUB ALL AMOUNTS WERE TREATED AS TAXABLE COMPENSATION TO THE EMPLOYEE

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
YOUNG MEN'S CHRISTIAN ASSOCIATION OF NORTHWEST NORTH CAROLINA

Employer identification number
56-0530015

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	(c) Corrected? No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	(b) From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	(e) No	(f) Approved by board or committee? Yes	(f) No	(g) Written agreement? Yes	(g) No
Total . . . . . ▶ $										

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	(e) Sharing of organization's revenues? No
(1) JIMMY LIPPARD	DIRECTOR	996,718	BUDD GROUP PROVIDES JANITORIAL AND LANDSCAPING SERVICES TO THE YMCA OF NORTHWEST NORTH CAROLINA MR LIPPARD IS A KEY EMPLOYEE FOR BUDD GROUP		No
(2) BRENT WADDELL	DIRECTOR	211,601	BB&T PROVIDES TREASURY MANAGEMENT SERVICES AND MERCHANT CREDIT CARD SERVICES TO THE YMCA OF NORTHWEST NORTH CAROLINA MR WADDELL IS A KEY EMPLOYEE FOR BB&T		No

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
YOUNG MEN'S CHRISTIAN ASSOCIATION OF NORTHWEST NORTH CAROLINA

Employer identification number
56-0530015

Identifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990, PART III, LINE 1	MISSION HELPING PEOPLE REACH THEIR GOD-GIVEN POTENTIAL IN SPIRIT, MIND AND BODY VALUES CARING, HONESTY, RESPECT, RESPONSIBILITY, AND FAITH ARE THE VALUES WE STRIVE TO WEAVE INTO EVERY YMCA PROGRAM AND, WE BELIEVE, BUILD THE MORAL AND ETHICAL FOUNDATION FOR LIFE PROFILE THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF NORTHWEST NORTH CAROLINA IS AN ASSOCIATION OF MEN, WOMEN, AND CHILDREN OF ALL AGES, ABILITIES, INCOMES, RACES, AND RELIGIONS SERVING FORSYTH, DAVIE, STOKES, WILKES, AND YADKIN COUNTIES, OUR YMCA, THROUGH THE DEDICATED EFFORTS OF VOLUNTEERS, MEMBERS, AND STAFF, PROVIDES PROGRAMS THAT PROMOTE YOUTH DEVELOPMENT, HEALTHY LIVING, AND SOCIAL RESPONSIBILITY THE YMCA OF NORTHWEST NORTH CAROLINA IS COMPRISED OF TEN FACILITY BRANCHES, ONE NON-FACILITY BRANCH, A RESIDENT CAMP, AND AN ADMINISTRATIVE OFFICE AREAS OF FOCUS THE Y STRIVES TO STRENGTHEN THE FOUNDATIONS OF THE COMMUNITIES WE SERVE THROUGH PROGRAMS AND SERVICES THAT PROMOTE YOUTH DEVELOPMENT, HEALTHY LIVING, AND SOCIAL RESPONSIBILITY MEMBERS THROUGHOUT 2011, THE YMCA OF NORTHWEST NORTH CAROLINA SERVED 87,824 MEMBERS WITH 21,602 UNDER THE AGE OF 18 AND 14,239 OVER THE AGE OF 65 IN ADDITION, 36,452 INDIVIDUALS WERE PROGRAM MEMBERS OF THE YMCA, PARTICIPATING IN CHILD CARE, SUMMER CAMP, SWIM LESSONS, MENTORING PROGRAMS, ETC 78% OF PROGRAM MEMBERS WERE UNDER THE AGE OF 18 APPROXIMATELY 16% OF ALL MEMBERS AND 17% OF PROGRAM PARTICIPANTS RECEIVED CHARITABLE FINANCIAL ASSISTANCE VALUED AT $1 6 MILLION DONORS 6,458 INDIVIDUALS MADE A CHARITABLE CONTRIBUTION TO THE YMCA'S ANNUAL GIVING CAMPAIGN THE CAMPAIGN RAISED $1,557,443 IN SUPPORT OF THE Y'S FINANCIAL ASSISTANCE PROGRAM THE TOTAL DOLLARS RAISED INCLUDES SOME SPECIAL EVENTS HELD SPECIFICALLY FOR THE PURPOSE OF THE CAMPAIGN VOLUNTEERS VOLUNTEERS ARE A VITAL PART OF THE SUCCESS OF THE YMCA IN 2011, 4,373 INDIVIDUALS VOLUNTEERED AT THE YMCA IN ROLES AS VARIED AS YOUTH SPORTS COACHES, LITERACY TUTORS, MENTORS TO TEENS, OR BOARD/COMMITTEE MEMBERS VOLUNTEER HOURS GIVEN TO THE YMCA AND THEIR VALUE WERE ESTIMATED TO BE 157,690 HOURS AND $3 MILLION, RESPECTIVELY FINANCIAL ASSISTANCE POLICY THE HEART OF THE YMCA'S MISSION IS TO REACH OUT AND SERVE PEOPLE IN OUR COMMUNITIES WHO ARE IN NEED THE YMCA STRIVES TO TURN NO ONE AWAY DUE TO AN INABILITY TO PAY A PROGRAM OR MEMBERSHIP FEE OUR OPEN DOORS PROGRAM ALLOWS INDIVIDUALS AND FAMILIES TO ACCESS YMCA MEMBERSHIP AND PROGRAMS ON A SLIDING-FEE SCALE THAT IS DESIGNED TO RESPOND TO INDIVIDUAL CIRCUMSTANCES (WHEN A PARENT LOSES HIS/HER JOB, WHEN MEDICAL BILLS BECOME OVERWHELMING, WHEN LIVING ON A FIXED-INCOME, ETC) APPLICATIONS AND AWARDS OF FINANCIAL ASSISTANCE ARE REVIEWED PERIODICALLY TO DETERMINE IF SAME LEVEL OF AWARD IS APPROPRIATE, I E HAVE CIRCUMSTANCES CHANGED FOR THE RECIPIENT THE YMCA'S EFFORTS TO STRENGTHEN THE FOUNDATIONS OF THE COMMUNITIES WE SERVE ARE ENHANCED THROUGH COLLABORATIONS WITH OTHER COMMUNITY-SERVING GROUPS, A PARTIAL LIST OF WHICH INCLUDES AMERICAN CANCER SOCIETY AMERICAN RED CROSS BIG BROTHERS/BIG SISTERS BOY/GIRL SCOUTS OF AMERICA CANCER SERVICES CHURCHES & PUBLIC LIBRARIES CITY/COUNTY PLANNING COMMUNITY HEALTH DEPARTMENTS DEPARTMENT OF JUVENILE JUSTICE DEPARTMENT OF SOCIAL SERVICES ENRICHMENT CENTER FAMILY SERVICES OF FORSYTH COUNTY FORSYTH TECHNICAL COMMUNITY COLLEGE FORSYTH-STOKES MENTAL HEALTH ASSOC GOODWILL INDUSTRIES HISPANIC LEAGUE OF THE PIEDMONT TRIAD HOLA OF WILKES COUNTY LOCAL CHAMBERS OF COMMERCE & BUSINESSES NOVANT HEALTH/FORSYTH MEDICAL CENTER PARKS & RECREATION DEPARTMENTS PARTNERSHIP FOR A DRUG-FREE NC PUBLIC AND PRIVATE SCHOOLS ROTARY INTERNATIONAL SECOND HARVEST FOOD BANK SMART START UNITED FUND OF YADKIN COUNTY UNITED WAY OF DAVIE COUNTY UNITED WAY OF FORSYTH COUNTY UNITED WAY OF STOKES COUNTY UNITED WAY OF WILKES COUNTY WAKE FOREST BAPTIST HEALTH WAKE FOREST UNIVERSITY WILKES REGIONAL MEDICAL CENTER WINSTON-SALEM POLICE DEPARTMENT WINSTON-SALEM STATE UNIVERSITY

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HEALTHY LIVING	FORM 990, PART III, LINE 4A	1 THE ICONIC AND HISTORIC YMCA TRIANGLE EMPHASIZES THE ONENESS OF SPIRIT, MIND AND BODY YMCA WELLNESS PROGRAMS ACHIEVE THIS UNITY THROUGH PROGRAMS THAT STRESS PROPER EXERCISE, NU TRITION, STRESS MANAGEMENT, AVOIDANCE OF DRUG AND ALCOHOL ABUSE AND HEALTH EDUCATION, AS W ELL AS MENTAL AND SPIRITUAL BALANCE 2 YMCA FACILITIES ARE STRUCTURED TO PROVIDE MEMBERS WITH THE OPPORTUNITY TO PARTICIPATE IN A WIDE RANGE OF WELLNESS ACTIVITIES SUCH AS GROUP E XERCISE CLASSES, STRENGTH TRAINING, PERSONAL FITNESS, CYCLING, AQUATIC PROGRAMS AND OTHER FITNESS CLASSES FINDING AN ACTIVITY THAT INTERESTS THE INDIVIDUAL IS A CRITICAL COMPONENT TO BUILDING HEALTHY EXERCISE HABITS THE Y WORKS WITH TRAINED, CARING STAFF TO CONNECT ME MBERS WITH OPTIONS THAT BECOME LIFESTYLE CHOICES TO HELP THEM LIVE HEALTHIER, HAPPIER LIVE S 3 GROUP EXERCISE CLASSES ARE A CORNERSTONE OF THE YMCA EXPERIENCE. PASSIONATE, ENGAGED INSTRUCTORS HELP MEMBERS DISCOVER A LOVE FOR EXERCISE AND CONTINUE TO CHALLENGE THEMSELVE S PHYSICALLY WITH EXPANSIVE CLASS OFFERINGS RANGING FROM YOGA TO BOOT CAMPS AND KICKBOXIN G, GROUP EXERCISE CLASSES ALLOW MEMBERS TO TRY NEW ACTIVITIES, MEET NEW FRIENDS, AND FIND THE MOTIVATION TO STAY WITH AN EXERCISE PROGRAM 4 LIVESTRONGÂ® AT THE YMCA IS A PHYSICAL ACTIVITY AND WELL-BEING PROGRAM DESIGNED TO HELP ADULT CANCER SURVIVORS ACHIEVE THEIR HOL ISTIC HEALTH GOALS THE RESEARCH-BASED, 12-WEEK PROGRAM OFFERS PEOPLE AFFECTED BY CANCER A SUPPORTIVE ENVIRONMENT TO PARTICIPATE IN PHYSICAL ACTIVITIES FOCUSED ON STRENGTHENING THE WHOLE PERSON, AS WELL AS A FREE Y MEMBERSHIP FOR THE SESSION'S DURATION DURING 2011, 36 INDIVIDUALS AT TWO BRANCHES OF THE ASSOCIATION PARTICIPATED IN THE PILOT LIVESTRONG AT THE YMCA PROGRAM 4 THROUGH YMCA RACES AND TRIATHLON EVENTS OPEN TO THE COMMUNITY AND SUPPOR TING FINANCIAL ASSISTANCE SCHOLARSHIPS, THE Y IS ABLE TO APPEAL TO A WIDE RANGE OF PEOPLE TO SET AND ACHIEVE PHYSICAL FITNESS GOALS THE WILKES FAMILY YMCA HOSTS THE ANNUAL BANDITS TRIATHLON FOR ADULTS AND LITTLE BANDITS TRIATHLON FOR CHILDREN THE WILLIAM G WHITE, JR FAMILY YMCA HOSTED THE 28TH ANNUAL YMCA MISTLETOE 5K AND HALF MARATHON IN 2011 THE EVENT DRAWS PARTICIPANTS OF ALL AGES FROM AROUND THE REGION OTHER YMCAS HOSTS COMMUNITY 5K RAC ES AND ACCOMPANY ING TRAINING PROGRAMS 5 DURING 2011, OUR ASSOCIATION CONDUCTED OVER 40 H EALTH FAIRS, SCREENINGS, AND INFORMATION SESSIONS, WORKING WITH FIVE COUNTY HEALTH DEPARTM ENTS, THE AMERICAN RED CROSS, THE AMERICAN CANCER SOCIETY, THE AMERICAN DIABETES ASSOCIATI ON, THE AMERICAN HEART ASSOCIATION, POSITIVE WELLNESS ALLIANCE, ALL LOCAL COLLEGES AND UNI VERSITIES, NC ADOLESCENT PREGNANCY PREVENTION COALITION, NC DIVISION OF CHILD DEVELOPMENT, SMART START OF FORSYTH COUNTY, AREA HOSPITALS AND BUSINESSES TO PROVIDE IMPORTANT WELLNES S INFORMATION TO THE COMMUNITY ADDITIONALLY, OVER 3,500 INDIVIDUALS PARTICIPATED IN HEALT HY KIDS DAY, A FAMILY EVENT HELD AT ALL BRANCHES IN THE ASSOCIATION 5 PACES, PROGRAM FOR ACTIVE CHILDREN EATING SMARTER, WAS ESTABLISHED BY THE YMCA OF NORTHWEST NORTH CAROLINA I N 2004 TO FOCUS ON BOTH PREVENTION OF CHILDHOOD OBESITY IN OUR COMMUNITY AND INTERVENTION FOR CHILDREN DIAGNOSED AS OVERWEIGHT OR OBESE. RECOGNIZING THAT CHILDREN CANNOT BATTLE THI S PROBLEM ALONE, PACES INCLUDES DIET AND WELLNESS-RELATED EDUCATION AND ACTIVITIES FOR BOT H THE CHILDREN AND THE PARENTS THE PROGRAM IS FOCUSED ON STUDENTS IN SECOND TO FOURTH GRA DE AT FIVE SCHOOLS THE YMCA PROVIDES STRUCTURED FITNESS PROGRAMS DURING RECESS FOR THE EN TIRE SCHOOL YEAR FOR OVER 600 CHILDREN EACH CHILD IS ASSESSED FOR FITNESS LEVELS AND NUTR ITIONAL HABITS PRE AND POST TESTING IS PERFORMED TO MEASURE THE OUTCOMES OF THE PROGRAM 6 THE YMCA OFFERS "GET ON YOUR WEIGH", A 12-WEEK WEIGHT MANAGEMENT PROGRAM WITH SMALL TEA M WELLNESS COACHING, REALISTIC WEIGHT LOSS GOAL-SETTING AND NUTRITIONAL CLASSES, IN EVERY BRANCH THE PROGRAM HELPS PARTICIPANTS REACH GOALS THEY FELT THEY COULD NOT ACHIEVE ON THE IR OWN MEMBERS REPORT FEELING MORE CONFIDENT AND BENEFIT FROM HIGHER SELF-ESTEEM AS THIS PROGRAM HELPS GET THEM STARTED ON THE PATH TO A HEALTHIER LIFESTYLE. IN 2011, THE PROGRAM HELPED 179 MEN AND WOMEN DEVELOP HEALTHY LIFESTYLE CHANGES 7 EVERY YMCA MEMBER IS OFFERE D A FREE WELLNESS ORIENTATION WITH A WELLNESS COACH THE HOUR-LONG SESSIONS ARE AN OPPORTU NITY TO LEARN TO USE UNFAMILIAR EQUIPMENT, FEEL COMFORTABLE IN DIFFERENT AREAS OF THE BUIL DINGS AND DISCUSS STRATEGIES TO REACH WELLNESS GOALS THIS ORIENTATION IS THE FIRST POINT OF CONTACT FOR MANY YMCA MEMBERS AND LAYS THE FOUNDATION FOR A SUPPORT SYSTEM AS THEY TAKE FULL ADVANTAGE OF THEIR Y MEMBERSHIP BENEFITS 8 ADULTS SPORTS LEAGUES RANGING FROM BASK ETBALL AND VOLLEYBALL TO KICKBALL AND DODGEBALL PROVIDE AN OPPORTUNITY FOR ADULTS RELIVE T HE THRILL OF BEING PART OF A TEAM, EXPAND THEIR SOCIAL NETWORK, AND STAY ACTIVE. FRIENDLY COMPETITION IS A TREMENDOUS MOTIVATOR IN HELPING ADULTS FIND AN EXERCISE PROGRAM THAT KEEP S THEM ENGAGED AND EAGER TO RETURN 9 THE STOKES

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HEALTHY LIVING	FORM 990, PART III, LINE 4A	FAMILY BRANCH OFFERS A GRANT-FUNDED OUTREACH PROGRAM THAT EMPHASIZES HEALTH AND PHYSICAL A CTIVITY TO PRESCHOOLERS IN CHILD CARE CENTERS THROUGHOUT STOKES COUNTY A COORDINATOR TRAV ELS TO SITES TO DELIVER HEALTH INFORMATION AND PHYSICAL FITNESS TRAINING FOR CHILDREN 2 TO 5 YEARS OLD PARTICIPATION OVER THE COURSE OF THE YEAR INCLUDED 274 CHILDREN AT 15 DIFFER ENT SITES AND 23 CLASSROOMS 10 PHYSICAL EDUCATION IS A CRITICAL COMPONENT TO HELPING CHI LDREN SUCCEED NOT ONLY IN AN ACADEMIC SETTING, BUT ALSO ESTABLISH LIFELONG HEALTHY HABITS THE YADKIN FAMILY YMCA PARTNERS WITH YADKIN COUNTY SCHOOLS FOR STUDENTS TO UTILIZE THE YM CA FACILITY 2 DAYS EACH WEEK FOR PHYSICAL EDUCATION REQUIREMENTS FOR THE SUCCESS ACADEMY A ND BOONVILLE ELEMENTARY, SERVING APPROXIMATELY 30 CHILDREN EACH WEEK DURING THE SCHOOL YEA R 11 IN 2011, THE YMCA PROVIDED TRANSPORTATION TO A GROUP OF 12 DEVELOPMENTALLY DISABLED STUDENTS, A TEACHER AND CAREGIVERS FROM THE ENRICHMENT CENTER TO THE WILLIAM G WHITE JR FAMILY YMCA (WGW) TO PARTICIPATE IN GROUP FITNESS CLASSES THESE CLASSES CONSISTED OF ZUM BA, BODY PUMP, AND WATER AEROBICS AN ENRICHMENT CENTER STAFF HAS BEEN TRAINED AND CERTIFI ED TO TEACH GROUP EXERCISE CLASSES AT THE ENRICHMENT CENTER TO ADD WELLNESS TO THEIR CURRI CULUM ALSO, AN ADDITIONAL DAY EACH MONTH WAS ADDED WHEN TRANSPORTATION IS PROVIDED TO THE STUDENTS SO THAT THEY CAN VOLUNTEER AT WGW THE STUDENTS GREET MEMBERS AS THEY ENTER THE FACILITY TO HELP THE STUDENTS BUILD CONFIDENCE WHEN SPEAKING TO OTHERS AND INCREASE THEIR OVERALL SOCIAL INTERACTION SKILLS 12 IN 2011, THE YMCA CONTINUED ITS PARTNERSHIP WITH TH E MILLENNIUM STROKE RECOVERY TEAM IN A STROKE RECOVERY PROGRAM THAT WAS OFFERED AT FOUR BR ANCHES 13 THE YMCA PROVIDES NURSERY AND CHILD WATCH SERVICES (CHILDREN AGES 3 MONTHS-5 Y EARS) SO THAT PARENTS AND OLDER SIBLINGS MAY PARTICIPATE IN YMCA HEALTH AND WELLNESS ACTIV ITIES PARENTS ARE ABLE TO EXERCISE IN ANY AREA OF THE BUILDING INCLUDE FITNESS CENTERS AN D POOLS, TAKE GROUP EXERCISE CLASSES, AND SOCIALIZE WITH FRIENDS ALL WITH THE PEACE OF MIN D THAT THEIR CHILD IS SAFE AND HAVING FUN WITH Y STAFF THIS TIME ALLOWS PARENTS TO FOCUS ON THEMSELVES SO THEY CAN RETURN TO THEIR FAMILIES REFRESHED AND BETTER EQUIP TO SUPPORT T HEIR FAMILIES 14 THE AQUATIC ENVIRONMENT OFFERS A MUCH NEEDED DIVERSE CHANGE IN EVERY DAY LIFE FOR THOSE WITH SPECIAL NEEDS IT OPENS UP OPPORTUNITIES AND STRUCTURE FOR THOSE CHAL LENGED IN MANY WAYS WE WORK WITH OTHER AGENCIES AND SCHOOLS TO OFFER A SAFE, FUN ENVIRONM ENT FOR MENTAL AND PHYSICAL CLASSES IN STRUCTURED SWIMMING FROM AUTISTIC INDIVIDUALS, TO THOSE WITH SIGHT IMPAIRMENT, EVERYONE IS WELCOMED TO THE AQUATIC ENVIRONMENT TO LEARN AND GROW FROM THEIR EXPERIENCES WE HAVE MANY PARTICIPANTS IN OUR YMCAS THAT ALSO PARTICIPATE IN SPECIAL OLY MPICS AND THE PIEDMONT PLUS SENIOR GAMES 15 WARM WATER RECREATIONAL ACTIVIT IES/EXERCISES HELP IMPROVE ACTIVITIES FOR DAILY LIVING AND PROVIDE REHABILITATION ACTIVITY FOR THOSE RECOVERING FROM AUTO ACCIDENTS AND STROKES ACTIVITIES ALSO IMPROVE RANGE OF MO TION AND JOINT MOBILITY FOR PEOPLE WITH ARTHRITIS OR SENIOR CITIZENS WHO WISH TO IMPROVE T HEIR LEVEL OF FITNESS AS WELL AS SOCIALIZATION 16 THE OLDER ADULT PROGRAM DEVELOPS SENIO RS INTO AN ACTIVE, HEALTH-CONSCIOUS SOCIAL CIRCLE OF FRIENDS AND PARTICIPANTS THIS PROGRA M IS STRUCTURED FOR ACTIVE (OR NOT SO ACTIVE IF THEY SO CHOOSE) OLDER ADULTS ORGANIZED TR IPS ARE PLANNED ON A MONTHLY BASIS FROM SEPTEMBER THROUGH MAY FOR BOTH YMCA MEMBERS AND NO N-YMCA MEMBERS THE GROUP IS ENCOURAGED TO ATTEND FREE MONTHLY HEALTH-RELATED WORKSHOPS PR ESENTED BY VARIOUS PROFESSIONALS FROM WAKE FOREST BAPTIST HEALTH AND BEST HEALTH FITNESS CLASSES DEVELOPED ESPECIALLY FOR OLDER ADULTS ARE ALSO AVAILABLE DURING 2011, OVER 12,600 SILVERSNEAKERSÂ® AND ACTIVE OLDER ADULT MEMBERS MET NEW FRIENDS AND MAINTAINED THEIR HEAL TH AT Y BRANCHES

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HEALTHY LIVING (CONTINUED)	FORM 990, PART III, LINE 4A	17 THE N C SENIOR GAMES ARE AN OPPORTUNITY FOR SENIOR CITIZENS TO CONTINUE THEIR PASSION FOR COMPETITION AND ATHLETIC PURSUITS THE Y SUPPORTS SENIORS THROUGH TRAINING PROGRAMS AND REGIONAL COMPETITIONS SO THAT THEY ARE IN THE BEST POSSIBLE SHAPE TO COMPETE. THE WILKES FAMILY YMCA IS ALSO INSTRUMENTAL IN THE BLUE RIDGE SENIOR GAMES TO PROVIDE THIS OPPORTUNITY FOR SENIORS IN THEIR COMMUNITY 18 BELIEVING THAT A PART OF HEALTHY LIVING INVOLVES HEALTHY FAMILY RELATIONSHIPS, YMCA ADVENTURE GUIDES IS A PARENT-CHILD PROGRAM DESIGNED TO HELP FOSTER UNDERSTANDING AND COMPANIONSHIP, AND TO STRENGTHEN THE RELATIONSHIP BETWEEN CHILDREN AND THEIR FATHERS PARTICIPANTS JOIN A "CIRCLE" OF OTHER FATHER/CHILD GROUPS AND PARTICIPATE IN GAMES, CAMPING TRIPS, CEREMONIES AND FAMILY ADVENTURES ADVENTURE GUIDE COMPASS POINTS - FAMILY, NATURE, COMMUNITY, FUN AND THE YMCA CHARACTER DEVELOPMENT VALUES - PROVIDE A SENSE OF DIRECTION AND INSPIRATION FOR ACTIVITIES THE IMMEDIATE GAIN OF YMCA ADVENTURE GUIDES IS EVIDENT - SPENDING TIME TOGETHER - BUT THE LONG TERM GAINS ARE EVEN MORE SIGNIFICANT IN THE RELATIONSHIPS BUILT BETWEEN PARENTS AND CHILDREN IN 2011, THIS PROGRAM SERVED 470 FATHERS AND THEIR CHILDREN 19 AQUATIC SAFETY AND LIFEGUARD TRAINING PROVIDES OPPORTUNITIES FOR INDIVIDUALS TO FURTHER DEVELOP AQUATIC SAFETY SKILLS FOR YMCAS, LOCAL POOLS AND HOMEOWNERS' ASSOCIATIONS CLASSES ARE OFFERED THROUGHOUT THE YEAR 20 YMCA PROGRAMS ARE DESIGNED TO ATTRACT PEOPLE OF ALL AGES, ALL ABILITIES AND ALL INCOMES FINANCIAL ASSISTANCE POLICIES HELP ALL PEOPLE GAIN ACCESS TO THE YMCA, REGARDLESS OF INCOME LEVEL DURING TIMES OF FINANCIAL STRUGGLE IS OFTEN WHEN PEOPLE NEED A PLACE TO BELONG, RELIEVE STRESS IN A SUPPORTIVE, HEALTHY ENVIRONMENT, AND MAINTAIN THE BEST POSSIBLE HEALTH OUR FINANCIAL ASSISTANCE PROGRAM ALLOWS THE Y TO ENSURE OUR DOORS ARE ALWAYS OPEN FOR ALL MEMBER OF OUR COMMUNITY, PARTICULARLY IN TIMES OF NEED

Identifier	Return Reference	Explanation
YOUTH DEVELOPMENT	FORM 990, PART III, LINE 4B	CHILD CARE 1 BEFORE/AFTER AND OUT OF SCHOOL PROGRAMS PROVIDE CHILD CARE FOR CHILDREN 5 - 15 YEARS OF AGE MEETING THE NEEDS OF WORKING PARENTS DURING THE SCHOOL YEAR PROGRAMS INCL UDE SPORTS, GROUP GAMES, VALUES EDUCATION, ASSET DEVELOPMENT, HEALTHY SNACKS AND TUTORING WHILE SERVING APPROXIMATELY 2,100 YOUTH (479 BEFORE SCHOOL AND 1,651 AFTER SCHOOL) AT 38 S CHOOL SITES, 4 YMCA BRANCHES, AND A COMMUNITY CENTER PARENT ADVISORY COMMITTEES AND THE Y MCA MODEL CHILD CARE CURRICULUM HELP GUIDE AND DIRECT THE BEFORE/AFTER SCHOOL CHILD CARE P ROGRAMS 2 THE GOALS OF THE YMCA'S 21ST CENTURY COMMUNITY LEARNING CENTERS' "ACTION AFTER SCHOOL" PROGRAM AND BLAST PROGRAM (BETTER LEARNING AFTER SCHOOL TODAY) FUNDED BY TANF (TE MPORARY ASSISTANCE FOR NEEDY FAMILIES) ARE TO PROVIDE A SAFE, STRUCTURED, HEALTHY AFTER-SC HOOL ENVIRONMENT IN TITLE I SCHOOLS FOR AT-RISK ELEMENTARY SCHOOL STUDENTS AND THEIR FAMIL IES THE TITLE I SCHOOLS BEING SERVED ARE LOCATED IN NEIGHBORHOODS OR SERVE STUDENTS FROM NEIGHBORHOODS THAT HAVE MANY OR ALL OF THE RISK FACTORS STATED BELOW (A) LOW ACHIEVEMENT, (B) HIGH POVERTY, (C) JUVENILE CRIME, (D) HIGH LEVEL OF STUDENTS PERFORMING BELOW GRADE L EVEL, (E) HIGH DROP-OUT RATE, (F) HIGH TEEN PREGNANCY RATES, (G) HIGH STUDENT MOBILITY, (H) UNDER SKILLED CAREGIVERS, (I) LIMITED ENGLISH PROFICIENCY, AND (J) POOR HEALTH AND NUTRI TION PRACTICES THE PROGRAMS SERVE THREE ELEMENTARY SCHOOLS FROM 2 45 P M TO 5 45 P M MO NDAY THROUGH FRIDAY WITH A CURRENT ENROLLMENT OF OVER 280 STUDENTS, BUT MORE THAN 350 STUD ENTS SERVED THROUGHOUT 2011 THE PROGRAM COMPONENTS CONSIST OF HOMEWORK ASSISTANCE AND TUT ORING, A HEALTHY SNACK, PHYSICAL FITNESS, HEALTH EMPHASIS, AND ENRICHMENT THE PROGRAM AIM S TO LOWER THE ACHIEVEMENT GAP, REDUCE DISCIPLINARY ACTIONS AND INVOLVEMENT IN JUVENILE CR IME, IMPROVE SCHOOL ATTENDANCE, INCREASE PARENTAL INVOLVEMENT, IMPROVE HEALTH AND NUTRITIO N PRACTICES AND PROVIDE STRONG CHARACTER DEVELOPMENT OPPORTUNITIES 3 IN 2011, THE YMCA P ROVIDED A NUTRITIOUS HEALTHY SNACK TO 15 MAINLY AT RISK AFTER SCHOOL CARE SITES OVERALL T HE PROGRAM SERVED APPROXIMATELY 430 CHILDREN THIS PROGRAM WAS POSSIBLE DUE TO FUNDING FRO M THE NCDHHS CHILD AND ADULT CARE FOOD PROGRAM IN ADDITION TO THE HEALTHY SNACK, THE KIDS ALSO PARTICIPATED IN PHYSICAL ACTIVITIES AND HEALTHY LIFESTYLE TUTORING 4 THROUGH COLLA BORATION WITH THE SECOND HARVEST FOOD BANK, WE OPERATE A KIDS CAFE IN THE LEDEARA CREST CO MMUNITY KIDS CAFE IS AN AFTER SCHOOL PROGRAM WHERE STUDENTS RECEIVE ASSISTANCE WITH HOMEW ORK, ENRICHMENT ACTIVITIES AND A NUTRITIOUS DINNER DURING 2011, THE CAFÃ‰ SERVED A TOTAL OF 32 STUDENTS 5 YMCA PROGRAMS ARE DESIGNED TO A HELP CHILDREN REACH THEIR FULL POTENTIA L IN A SAFE, SUPPORTIVE ENVIRONMENT REGARDLESS OF THEIR FAMILY'S CIRCUMSTANCES FINANCIAL ASSISTANCE POLICIES HELP ALL PEOPLE GAIN ACCESS TO THE YMCA, REGARDLESS OF INCOME LEVEL E DUCATION & LEADERSHIP 1 THE GRADUATE OUR FUTURE INITIATIVE IS A UNITED WAY FUNDED COLLABO RATIVE WITH THE YMCA OF NORTHWEST NORTH CAROLINA, FAMILY SERVICES INC , BIG BROTHERS BIG S ISTERS AND THE WINSTON-SALEM/FORSYTH COUNTY SCHOOL SYSTEM THE COLLABORATION IS A COMPREHE NSIVE PROGRAM DESIGNED TO ADDRESS THE HIGH SCHOOL GRADUATION RATES WITHIN PARKLAND MAGNET HIGH SCHOOL, ATKINS HIGH SCHOOL, CARVER HIGH SCHOOL, PHILO MAGNET ACADEMY, MINERAL SPRINGS MIDDLE SCHOOL, AND EAST FORSYTH MIDDLE SCHOOL THE ELEMENTS OF ACADEMIC SUPPORT, FAMILY S UPPORT, STUDENT ENGAGEMENT AND POSITIVE ROLE MODELING ARE ALL INTEGRAL PARTS IN OUR APPROA CH TO ADDRESSING HIGH SCHOOL GRADUATION AND TRUANCY KEY COMPONENTS INCLUDE AFTER SCHOOL T UTORING, CONCENTRATED TUTORING EFFORTS FOCUSED AROUND END-OF-COURSE TESTING, A TWO-WEEK SU MMER TRANSITION PROGRAM FOR RISING 6TH AND 9TH GRADERS (SUMMER SUCCESS ACADEMIES), COUNSEL ING AND MENTORING IN 2011, THERE WERE MORE THAN 16,430 TUTORING HOURS DOCUMENTED AND 280 STUDENTS BENEFITED FROM THE SUMMER TRANSITION PROGRAMS 2 OUR YOUTH & GOVERNMENT PROGRAM INTRODUCES LOCAL MIDDLE AND HIGH SCHOOL STUDENTS TO THE LEGISLATIVE PROCESS OF CITY, COUNT Y, STATE, NATIONAL, AND INTERNATIONAL GOVERNMENTS THROUGH A HANDS-ON APPROACH PROGRAMS SU CH AS YOUTH LEGISLATURE (CULMINATING WITH A WEEKEND TRIP TO THE STATE CAPITAL IN RALEIGH W HERE THE STUDENTS AUTHOR, INTRODUCE AND VOTE TO ACCEPT OR REJECT BILLS OF THEIR OWN CREATI ON), CONFERENCE ON NATIONAL AFFAIRS, AND MODEL UN ENABLE YOUNG PEOPLE TO PREPARE FOR MORAL AND POLITICAL LEADERSHIP THROUGH TRAINING IN THE THEORY AND PRACTICE OF DEVELOPING PUBLIC POLICY STUDENTS SHARPEN THEIR LEADERSHIP SKILLS AND IMPROVE THEIR PROBLEM SOLVING AND CR ITICAL THINKING ABILITIES WHILE BECOMING MORE ADEPT AT DEBATING AND PUBLIC SPEAKING IN 20 11, 489 STUDENTS FROM MIDDLE AND HIGH SCHOOLS WITHIN OUR ASSOCIATION PARTICIPATED IN THESE PROGRAMS, MANY RETURNING HOME WITH RECOGNITION AWARDS AND HAVING BEEN ELECTED TO A STATE OFFICE BY THEIR PEERS 3 THE BLACK ACHIEVERS PROGRAM GIVES TEENS (9TH - 12TH GRADE) IN FO RSYTH COUNTY DIRECT ACCESS TO 40 VOLUNTEER LEADERS

Identifier	Return Reference	Explanation
YOUTH DEVELOPMENT	FORM 990, PART III, LINE 4B	(ADULT ACHIEVERS) REPRESENTING BUSINESS AND INDUSTRY, PUBLIC HEALTH AND SAFETY, EDUCATION AND COMMUNITY BASED ORGANIZATIONS OUR VOLUNTEERS SERVE AS ROLE MODELS AND NURTURING FIGU RES WHO EMPHASIZE THE IMPORTANCE OF EDUCATION THE PROGRAM PROVIDES CAREER EXPLORATION WIT H STUDENT ACHIEVERS WORKING WITH ADULT ACHIEVERS TO LEARN ABOUT DIFFERENT CAREER PATHS - A RCHITECTURE AND ENGINEERING, HEALTH AND MEDICAL, BUSINESS, EDUCATION, COMPUTERS, ETC ADDI TIONALLY, COLLEGE PREPARATION IS ENCOURAGED WITH SAT PREPARATION AND COLLEGE TOURS BEING A PART OF THE NINE-MONTH PROGRAM THE GRADUATING TEENS COMPETE FOR COLLEGE SCHOLARSHIPS AND AWARDS IN 2011, 15 SENIORS RECEIVED SCHOLARSHIPS TOTALING $19,000 THE LATINO ACHIEVERS PROGRAM IS A MENTORING PROGRAM FOR HISPANIC ESL HIGH SCHOOL STUDENTS (GRADES 9-12) THE PR OGRAM IS DESIGNED TO ADDRESS THE GROWING DROP-OUT RATE OF HISPANIC STUDENTS IN FORSYTH COU NTY HIGH SCHOOLS THE PROGRAM IS OFFERED AT REYNOLDS, NORTH FORSYTH, EAST FORSYTH AND PARK LAND MAGNET HIGH SCHOOLS LATINO ACHIEVERS PARTNER WITH HISPANIC AND BILINGUAL PROFESSIONA LS (ADULT ACHIEVERS) IN CAREER FIELDS SUCH AS FINANCE, MEDIA/COMMUNICATIONS, BUSINESS, HEA LTH/MEDICAL, EDUCATION, AND LAW/GOVERNMENT AND ENCOURAGES ACADEMIC ACHIEVEMENT, SOCIAL DEV ELOPMENT AND PERSONAL GROWTH AMONG HISPANIC YOUTH LATINO ACHIEVERS USES A CAREER-BASED CU RRICULUM WHERE STUDENTS MEET DURING SCHOOL HOURS TWICE A MONTH, AS WELL AS A DIVERSE CHOIC E OF MONTHLY EDUCATIONAL FIELD TRIPS AND AN END-OF-YEAR RECOGNITION BANQUET IN 2011, 405 TEENS GOT A TASTE OF HIGHER EDUCATION AND CAREER OPTIONS WHILE LEARNING THE TOOLS THEY NEE D TO SUCCEED THROUGH THESE TWO ACHIEVERS PROGRAMS THE ORIGINAL ACHIEVERS PROGRAM WAS FUND ED BY A FEDERAL GRANT FROM THE DEPARTMENT OF EDUCATION IT IS NOW FUNDED BY UNITED WAY AND ALSO SPONSORED BY THE HISPANIC LEAGUE OF THE PIEDMONT TRIAD 4 LEADER'S CLUB IS A LEADER SHIP TRAINING PROGRAM BASED ON PHY SICAL EDUCATION THAT NOT ONLY HELPS MIDDLE AND HIGH SCHO OL STUDENTS IN THEIR PERSONAL HEALTH AND FITNESS GOALS BUT ALSO ALLOWS THEM TO LEARN HOW T O LEAD OTHERS IN ACHIEVING THEIR FITNESS GOALS VOLUNTEER SERVICE AND COMMUNITY SERVICE AR E KEY COMPONENTS TO THIS TEEN LEADERSHIP PROGRAM PARTICIPANTS ATTEND LECTURES THAT RANGE FROM BUSINESS ETIQUETTE TO PUBLIC SPEAKING THE PROGRAM IS DESIGNED TO FOSTER GOOD CITIZEN SHIP, MORAL RESPONSIBILITY AND CIVIC INVOLVEMENT IN 2011, APPROXIMATELY 15 STUDENTS IN TW O COUNTIES PARTICIPATED IN THIS PROGRAM 5 HELPING CHILDREN BECOME STRONG LEADERS FOR THE FUTURE IS A COMMUNITY EFFORT THE YMCA TAKES A PROACTIVE APPROACH TO MENTOR-SHIP AND LEAD ERSHIP DEVELOPMENT PROGRAMS AND PROVIDES FINANCIAL ASSISTANCE SO THAT ALL HAVE ACCESS, REG ARDLESS OF INCOME LEVEL

Identifier	Return Reference	Explanation
YOUTH DEVELOPMENT (CONTINUED)	FORM 990, PART III, LINE 4B	SWIM, SPORTS & PLAY 1 TEAM SPORTS ARE PROVIDED AT BOTH THE YOUTH AND ADULT LEVELS THE YO UTH BASKETBALL PROGRAM HAD OVER 3,300 BOYS AND GIRLS UNDER THE AGE OF 18 PARTICIPATE AND T HEY WERE LED BY OVER 500 VOLUNTEER COACHES EACH YOUNGSTER PLAYED A MINIMUM OF ONE-HALF OF EACH GAME WITH A VALUES SESSION CONDUCTED BEFORE EACH GAME THE PROGRAM COLLABORATES WITH LOCAL SCHOOL SYSTEMS AND CHURCHES IN ORDER TO HAVE ADEQUATE GYM SPACE OTHER TEAM SPORTS INCLUDE YOUTH SOCCER (2,500+), FLAG FOOTBALL (560+), YOUTH BASEBALL (680+), VOLLEYBALL (20 0+), AND ROLLER & FIELD HOCKEY (50+) WITH ALL YMCA SPORTS, THE INTENT IS FOR THE PARTICIP ANTS TO HAVE FUN WHILE LEARNING TO PLAY THE SPORT IN AN ENVIRONMENT THAT PLACES WINNING AS SECONDARY PARENTS AND VOLUNTEERS WORK TOGETHER TO MAKE EACH SEASON SPECIAL FOR EVERY TEA M MEMBER 2 LESSONS IN SWIMMING TEACH AQUATIC SKILLS TO YOUTH AND ADULTS (AGES 6 MONTHS T HROUGH SENIOR CITIZENS) SWIMMING IS A LIFE-LONG ACTIVITY THAT IMPROVES HEALTH AND FITNESS IN ADDITION TO TEACHING KIDS AND FAMILIES TO BE SAFE IN AND AROUND WATER AT THE DAVIE FA MILY YMCA, A PARTNERSHIP WITH THE DAVIE COUNTY SCHOOLS AND THE UNITED WAY OF DAVIE COUNTY PROVIDES EVERY 2ND GRADE STUDENT WITH THE OPPORTUNITY TO LEARN HOW TO BE SAFE IN AND AROUN D WATER THROUGH THE WATER SAFETY EDUCATION PROGRAM IN 2011, 531 STUDENTS RECEIVED THIS IN STRUCTION AT A VALUE OF OVER $40,000 3 OVER 200 CHILDREN AND ADULTS OF ALL INCOME LEVELS TOOK PART IN ONE FREE WEEK OF WATER SAFETY AWARENESS/SWIM LESSONS AT THE WILKES FAMILY YM CA ADDITIONALLY, WE PARTNERED WITH THE WILKES COUNTY SCHOOLS' MORE AT FOUR PROGRAM TO PRO VIDE SWIM LESSONS FOR 713 PRE-K STUDENTS THESE FREE SERVICES HAVE A VALUE OF OVER $60,000 AND ARE FUNDED IN PART BY THE UNITED WAY OF WILKES COUNTY ($25,000) 4 COMPETITIVE AND D EVELOPMENTAL SWIMMING PROVIDES ACTIVITIES FOR SWIMMERS OF ALL AGES FROM FOUR YEARS OLD TO ADULT THROUGH OUR SWIM TEAM, TYDE THIS PROGRAM NOT ONLY IMPROVES PHYSICAL FITNESS AND ENH ANCES AQUATIC SKILLS, BUT ALSO TEACHES THE IMPORTANCE OF TEAMWORK, GOAL ORIENTATION AND TI ME MANAGEMENT OVER 400 SWIMMERS WERE DIRECTLY INVOLVED WITH OUR YEAR-ROUND YMCA SWIM TEAM WITH AN ADDITIONAL 500+ AREA SUMMER LEAGUE SWIMMERS INVOLVED IN YMCA SPONSORED COMPETITIV E EVENTS DURING 2011, OUR YMCA SWIMMERS PARTICIPATED IN VARIOUS NATIONAL AND INTERNATIONA L EVENTS AND BOAST TWO GRADUATING SENIORS WHO WILL BE RECEIVING COLLEGE SCHOLARSHIPS FOR T HEIR SWIMMING EFFORTS, AS WELL AS, A US OLYMPIC TRIALS QUALIFIER AND A CANADIAN OLYMPIC TR IALS QUALIFIER YMCA AQUATIC FACILITIES ARE ALSO UTILIZED BY AREA HIGH SCHOOL SWIM TEAMS F OR PRACTICES AND COMPETITIONS 5 SPORTS, SWIMMING AND EXPOSURE TO WATER SAFETY ARE CRITIC AL TO CHILDREN'S DEVELOPMENT YMCA PROGRAMS PROVIDE FINANCIAL ASSISTANCE TO HELP ALL PEOPL E GAIN ACCESS TO THE YMCA, REGARDLESS OF INCOME LEVEL CAMPING 1 DAY CAMPING PROVIDES FUL L DAY RECREATIONAL, EDUCATIONAL AND/OR SPECIALIZED CHILD CARE FOR YOUTH AGES 5 - 13 (14 AN D 15 YEAR-OLDS ENTER OUR COUNSELOR-IN-TRAINING (CIT) PROGRAM TO BECOME SUMMER CAMP COUNSEL ORS AT AGE 16) MULTIPLE DAY CAMP AND SPORTS CAMP SITES ACROSS 5 COUNTIES PROVIDE A VARIET Y OF OPPORTUNITIES DURING THE SUMMER FOR GROUP GAMES, SWIMMING, AND ARTS AND CRAFTS EDUCA TIONAL CAMP COLLABORATES WITH LOCAL SCHOOLS AND SUMMER SCHOOL PROGRAMS TO PROVIDE A SUMMER ENRICHMENT PROGRAM SPORTS CAMPS TEACH BASKETBALL, SOCCER, VOLLEYBALL AND GOOD SPORTSMANS HIP SKILLS APPROXIMATELY 880 YOUTH PER DAY WERE SERVED 2 CAMP HIGH HOPES IS A SUMMER TU TORING CAMP FOR ACADEMICALLY AT-RISK ELEMENTARY STUDENTS IN A SAFE, STRUCTURED ENVIRONMENT THAT REIGNITES A PASSION FOR LEARNING AND PROVIDES THE SUPPLEMENTARY ATTENTION NEEDED TO SUCCEED THE MAJORITY OF STUDENTS ARE HISPANIC/LATINO STUDENTS WHO ARE BELOW GRADE LEVEL OR OTHERWISE IDENTIFIED BY SCHOOL STAFF AS NEEDING SUPPORT WITHIN TITLE I SCHOOLS ARE INVI TED TO ATTEND FOR CHILDREN WHO ARE ALREADY STRUGGLING WITH ACADEMICS, SUMMER MONTHS WITHO UT ACADEMIC ENRICHMENT PUTS THEM EVEN FURTHER BEHIND THEIR PEERS CAMP HIGH HOPES WORKS TO CHANGE THAT OUTCOME AND REDUCE SUMMER LEARNING LOSS THE SIX-WEEK PROGRAM IS HELD AT DIGG S LATHAM ELEMENTARY SCHOOL AND THE DAILY SCHEDULE INCLUDES TUTORING, ACADEMIC ENRICHMENT, A PHYSICAL FITNESS COMPONENT, LUNCH AND A HEALTHY SNACK THE CAMP IS FREE, THANKS TO FUNDI NG FROM THE ANNUAL GIVING CAMPAIGN, THE UNITED WAY OF FORSYTH COUNTY, AND A 21ST CENTURY C OMMUNITY LEARNING CENTER GRANT PARENTS ARE REQUIRED TO ATTEND A WEEKLY WORKSHOP, FACILITA TED BY A LICENSED FAMILY THERAPIST, TO GAIN TOOLS TO SUPPORT THEIR CHILDREN AND THEIR EDUC ATION FOR THE SUMMER OF 2011, 71% OF PARTICIPANTS MAINTAINED GRADE LEVEL OR IMPROVED IN M ATH AND 82% OF PARTICIPANTS MAINTAINED GRADE LEVEL OR IMPROVED IN READING 3 RESIDENT CAM PING IS DESIGNED TO HELP CAMPERS ENHANCE THEIR SPIRITUAL AWARENESS, MENTAL DEVELOPMENT, PH YSICAL WELL-BEING, SELF-ESTEEM, SOCIAL GROWTH, AND RESPECT FOR THE ENVIRONMENT IN 2011, S UMMER CAMPER WEEKS (ONE CHILD ATTENDING CAMP FOR O

Identifier	Return Reference	Explanation
YOUTH DEVELOPMENT (CONTINUED)	FORM 990, PART III, LINE 4B	NE WEEK) AT YMCA CAMP HANES TOTALED 2,171 THERE WERE 52 TEENS PARTICIPATING IN LEADERSHIP DEVELOPMENT PROGRAMS, 279 TEEN CAMPERS, 5 INTERNATIONAL CAMP COUNSELORS, AND 200 AMERICAN DIABETIC ASSOCIATION CAMPERS THE GOALS OF THE PROGRAM INCLUDE TEACHING LIFE SKILLS WHILE DEVELOPING AN APPRECIATION OF NATURE AND AN UNDERSTANDING OF POSITIVE GROUP LIVING AND IN DEPENDENCE 4 ADVENTURE TRIPS, HORSEBACK RIDING, PAINTBALL AND 5 STAND SKEET SHOOTING PRO GRAMS ARE OFFERED DURING SUMMER CAMP SESSIONS TO GIVE MANY YOUTH THEIR FIRST EXPERIENCE EV ER WITH CAVING, WHITE WATER RAFTING, HORSES, AND GUN SAFETY IN 2011, 340 CAMPERS PARTICIP ATED IN THESE SPECIALTY PROGRAMS WHILE ATTENDING YMCA CAMP HANES 5 THE CAMP EXPERIENCE I S MONUMENTAL TO MANY CHILDREN'S DEVELOPMENT IT BUILDS CONFIDENCE, INDIVIDUALITY AND SELF- ESTEEM THAT STAY WITH THE CHILD FOR THE REST OF THEIR LIFE. WITHOUT THE YMCA'S FINANCIAL A SSISTANCE, MANY FAMILIES WOULD NOT BE ABLE TO PROVIDE A CAMP EXPERIENCE FOR CHILDREN

Identifier	Return Reference	Explanation
SOCIAL RESPONSIBILITY	FORM 990, PART III, LINE 4C	1 FINANCIAL ASSISTANCE PROGRAM THE HEART OF THE YMCA'S MISSION IS TO REACH OUT AND SERVE PEOPLE IN OUR COMMUNITIES WHO ARE IN NEED THE YMCA STRIVES TO TURN NO ONE AWAY DUE TO AN INABILITY TO PAY A PROGRAM OR MEMBERSHIP FEE OUR OPEN DOORS PROGRAM ALLOWS INDIVIDUALS A ND FAMILIES TO ACCESS YMCA MEMBERSHIP AND PROGRAMS ON A SLIDING-FEE SCALE THAT IS DESIGNED TO RESPOND TO INDIVIDUAL CIRCUMSTANCES (WHEN A PARENT LOSES HIS/HER JOB, WHEN MEDICAL BIL LS BECOME OVERWHELMING, WHEN LIVING ON A FIXED-INCOME, ETC) APPLICATIONS AND AWARDS OF F INANCIAL ASSISTANCE ARE REVIEWED PERIODICALLY TO DETERMINE IF SAME LEVEL OF AWARD IS APPRO PRIATE, I E HAVE CIRCUMSTANCES CHANGED FOR THE RECIPIENT DURING 2011, $1,551,608 OF FINA NCIAL ASSISTANCE WAS PROVIDED FOR Y PROGRAMS AND MEMBERSHIP FEES TO MORE THAN 15,690 INDIV IDUALS 2 AT YMCA CAMP HANES, THE OUTDOOR EDUCATION PROGRAM TAKES CLASSROOM LESSONS AND B RINGS THEM TO LIFE WITH EDUCATIONAL, HANDS-ON ACTIVITIES THAT COMPLEMENT THE CURRICULUM BA SED ON THE NORTH CAROLINA STATE STANDARD COURSE OF STUDY FOR EDUCATION STUDENTS BEGIN TO UNDERSTAND WHAT THEY'RE LEARNING FROM A TEXTBOOK IN A NEW AND DIFFERENT WAY TIME AT CAMP ALLOWS STUDENTS TO SEE EACH OTHER IN A DIFFERENT SETTING THAT PROMOTES AND ENCOURAGES COOP ERATION, TEAMWORK, AND UNDERSTANDING OF THEIR OWN ABILITIES AND POTENTIAL TRAINED PROFESS IONALS FACILITATE THE LEARNING EXPERIENCE THROUGH GROUP WORK, GUIDED DISCOVERY, PARTICIPAT ORY DISCUSSIONS, AND FUN ACTIVITIES IN 2011, OVER 5,000 STUDENTS FROM 57 SCHOOLS EXPERIEN CED THIS HANDS-ON LEARNING AT YMCA CAMP HANES 3 RAISING LITERACY LEVELS IS AN INTEGRAL P ART OF OUR MISSION OF "HELPING PEOPLE REACH THEIR GOD-GIVEN POTENTIAL IN SPIRIT, MIND, AND BODY " THE YMCA OF NORTHWEST NORTH CAROLINA PROVIDES ADULT AND FAMILY LITERACY SERVICES A T NO COST TO PARTICIPANTS THROUGH OUR LITERACY INITIATIVE PROGRAM PROGRAM STAFF RECRUIT, TRAIN, AND SUPPORT VOLUNTEERS WHO TUTOR INDIVIDUALS OR SMALL GROUPS OF ADULTS IN 40-HOUR P ROGRAMS OF ENGLISH AS A SECOND LANGUAGE AND BASIC READING AND COMPUTER LITERACY DURING 20 11, PROGRAM STAFF, 2 AMERICORPS MEMBERS AND 84 VOLUNTEERS HELPED 165 ADULTS (58 BASIC READ ING AND 107 ESL) WORK TOWARD THEIR GOALS OF ENTERING EMPLOY MENT, JOB TRAINING OR GED PROGR AMS, OR BECOMING MORE INVOLVED IN THEIR CHILDREN'S EDUCATION THE LITERACY INITIATIVE'S EL NIDO FAMILY LITERACY PROGRAM PROVIDED HOMEWORK HELP AND LITERACY ENRICHMENT ACTIVITIES FO R 50 PRESCHOOL AND ELEMENTARY CHILDREN 6 HOURS EACH WEEK WHILE THEIR PARENTS WERE TAKING E SL CLASSES 4 PIONEERING HEALTHIER COMMUNITIES (PHC) IS A COALITION OF COMMUNITY LEADERS DEDICATED TO CREATING POLICY AND ENVIRONMENTAL CHANGE THAT WILL IMPROVE THE HEALTH AND WEL LNESS OF THE COMMUNITY SPEARHEADED BY THE YMCA OF NORTHWEST NORTH CAROLINA, PHC FOCUSES O N PHYSICAL ACTIVITY, THE BUILT ENVIRONMENT AND NUTRITION TO CREATE A HEALTHIER COMMUNITY THE COALITION ENGAGES OVER 40 COMMUNITY LEADERS WITH A DIVERSE RANGE OF EXPERTISE THE PHC COALITION IN WINSTON-SALEM/FORSYTH COUNTY INCLUDES THE MAYOR, A COUNTY COMMISSIONER, A SC HOOL BOARD MEMBER, DIRECTORS AND LEADERSHIP FROM WINSTON-SALEM/FORSYTH COUNTY CITY /COUNTY PLANNING DEPARTMENT, THE DEPARTMENT OF TRANSPORTATION, RECREATION AND PARKS DEPARTMENT, L EADERSHIP FROM WINSTON-SALEM/FORSYTH COUNTY SCHOOLS, PHYSICIANS AND RESEARCHERS FROM THE M AJOR MEDICAL CENTERS, LOCAL BUSINESS LEADERS AND STAFF FROM LOCAL COLLEGES/UNIVERSITIES 5 THE JERRY LONG FAMILY YMCA, THROUGH COMMUNITY OUTREACH TO LOCAL CHURCHES, DEVELOPED A PA RTNERSHIP WITH THE PROPERTY MANAGER OF A LOCAL MOBILE HOME PARK LESS THAN TWO MILES FROM T HE Y PEACEHAVEN MOBILE ESTATES IS AN UNDER-SERVED COMMUNITY WITHIN THE VILLAGE OF CLEMMON S, NC OF THE CURRENT 246 MOBILE HOMES, 65% OF THE FAMILIES ARE HISPANIC OR LATINO, 30% WH ITE, 4% AFRICAN AMERICAN, AND 1% ASIAN THROUGH THIS PARTNERSHIP, THE Y WAS ABLE TO RECRUI T MORE THAN 25 FAMILIES (IN ENGLISH AND SPANISH) FOR A WEEK OF FREE SWIM LESSONS CONDUCTED BY BI-LINGUAL Y STAFF THE PROGRAM WAS A GREAT SUCCESS, WITH OVER 50% OF PARTICIPANTS COM ING TO THE YMCA FOR ADDITIONAL LESSONS THE PROPERTY MANAGER HAS SHARED THAT THE FAMILIES OF THE MOBILE HOME PARK WERE INTERESTED IN CONTINUING TO PARTICIPATE IN Y PROGRAMS TO IMPR OVE THEIR HEALTH, PROVIDE ENRICHMENT FOR THEIR FAMILIES AND LOOK FORWARD TO THE CONTINUED PROGRAM OFFERINGS AT THE MOBILE-HOME PARK AND YMCA THE Y'S BI-LINGUAL STAFF PROVIDES THES E ACTIVITIES FOR THIS COMMUNITY, AS WELL AS WORKS TO CONNECT RESIDENTS WITH OTHER APPROPRI ATE Y PROGRAMS SUCH AS YOUTH SPORTS THIS PARTNERSHIP LAID THE GROUND WORK FOR THE SALSA, SABOR Y SALUD GRANT AT THIS BRANCH 6 THE YMCA OF NORTHWEST NORTH CAROLINA IS ONE OF 48 Y MCAS NATIONWIDE SELECTED TO RECEIVE A GRANT FROM THE KRAFT FOODS FOUNDATION TO IMPLEMENT S ALSA, SABOR Y SALUD (FOOD, FUN AND FITNESS), A NATIONAL HEALTHY LIFESTYLES PROGRAM FOR HIS PANIC/LATINO FAMILIES DEVELOPED BY THE NATIONAL LATINO CHILDREN'S INSTITUTE (NLCI) AND KR AFT FOODS, SALSA, SABOR Y SALUD IS DESIGNED TO RAI

Identifier	Return Reference	Explanation
SOCIAL RESPONSIBILITY	FORM 990, PART III, LINE 4C	SE AWARENESS OF THE IMPORTANCE OF GOOD NUTRITION, INCREASE LEVELS OF PHYSICAL ACTIVITY AND ENCOURAGE HEALTHY LIFESTYLE HABITS FOR THE WHOLE FAMILY THE EIGHT-WEEK INTERACTIVE, BI-L INGUAL COURSE PROMOTES HEALTHY LIVING WHILE CELEBRATING HISPANIC/LATINO TRADITION AND CULT URE THE CURRICULUM IS BASED ON FOUR MESSAGES *EAT FROM ALL FOOD GROUPS EVERY DAY *BE SEN SIBLE ABOUT PORTIONS *BE PHYSICALLY ACTIVE EVERY DAY *TAKE SMALL STEPS FOR SUCCESS THE PRO GRAM IS TAKING PLACE AT THREE BRANCHES OF THE YMCA OF NORTHWEST NORTH CAROLINA INCLUDING T HE WILKES FAMILY YMCA IN WILKESBORO, THE WINSTON LAKE FAMILY YMCA IN WINSTON-SALEM, AND TH E JERRY LONG FAMILY YMCA IN CLEMMONS 7 DURING 2011, 351 INDIVIDUALS JOINED THE Y THROUGH THE YMCA MILITARY OUTREACH INITIATIVE BENEFITING FAMILIES OF ACTIVE AND DEPLOYED SOLDIERS LAUNCHED IN OCTOBER 2008, THE YMCA MILITARY OUTREACH INITIATIVE PROVIDES GOVERNMENT FUND ING FOR ELIGIBLE MILITARY FAMILIES TO RECEIVE FREE MEMBERSHIPS AT FULL-FACILITY YMCAS IN T HEIR COMMUNITIES 8 IN 2011, THE YMCA OF NORTHWEST NORTH CAROLINA HOSTED THE FALL CHRISTI AN LEADERSHIP CONFERENCE (CLC) AT CAMP HANES OVER 90 ATTENDEES FROM APPROXIMATELY 15 DIFF ERENT YMCAS AND THREE STATES ATTENDED TRAINING WORKSHOPS WITH A CHRISTIAN EMPHASIS IN PROG RAMMING AND FELLOWSHIP CLC IS A LONGSTANDING PROGRAM IN THE YMCA, AND DUE TO THE MANY SUC CESSFUL CLCS WE HAVE HOSTED, OUR ASSOCIATION HAS BEEN SELECTED AGAIN TO HOST THE EVENT IN THE FALL OF 2012 9 THE YMCA OF NORTHWEST NORTH CAROLINA HAS STRONG INTERNATIONAL TIES TH ROUGH A LONG STANDING RELATIONSHIP WITH THE YMCA OF THE UKRAINE OUR RELATIONSHIP HAS SUPP ORTED STRONG PROGRAMS IN HIV/AIDS EDUCATION, YOUTH SPORTS, CAMPING AND THE ARTS IN THE UKR AINE ADDITIONALLY, THIS RELATIONSHIP HAS PROVIDED INTERNSHIP OPPORTUNITIES FOR BOTH ORGAN IZATIONS, AS WELL AS SERVICE LEARNING CAMPS FOR OUR OWN YOUNG PEOPLE 10 IN RECOGNITION O F THE NATIONAL DAY OF PRAYER, EACH OF THE YMCA FACILITIES HOSTED AN ANNUAL PRAYER BREAKFAS T IN MAY THESE EVENTS BROUGHT TOGETHER OVER 800 MEMBERS OF THE COMMUNITIES SERVED TO PRAY , FELLOWSHIP, AND HEAR SPEAKERS AND MUSIC 11 NON-SUMMER CONFERENCE/RETREAT PROGRAMS ARE DESIGNED TO ALLOW CAMPERS THE SAME OPPORTUNITIES AS A RESIDENT CAMPER EXCEPT ON A SMALLER SCALE OVER A LONG WEEKEND THE CONFERENCE CENTER AT YMCA CAMP HANES WAS UTILIZED BY OVER 7 ,200 INDIVIDUALS FROM 122 DIFFERENT GROUPS IN 2011

Identifier	Return Reference	Explanation
Delegate broad authority to a committee	Form 990, Part VI, Section A, Line 1a	THE EXECUTIVE COMMITTEE CONSISTS OF THE ASSOCIATION BOARD OF DIRECTORS' OFFICERS, THE CHAIRPERSON OF EACH STANDING COMMITTEE, THE CHAIRPERSON OF EACH BRANCH BOARD OF MANAGEMENT AND UP TO FOUR AT-LARGE BOARD MEMBERS APPOINTED BY THE CHIEF VOLUNTEER OFFICER (CVO) THE EXECUTIVE COMMITTEE MEETS FIVE TIMES PER YEAR MAY ACT ON BEHALF OF THE ASSOCIATION BOARD OF DIRECTORS, AND IS RESPONSIBLE FOR THE GENERAL BUSINESS OF THE ASSOCIATION, INCLUDING STRATEGIC PLANNING, GOVERNANCE, LEGAL MATTERS, INTERNATIONAL PARTNERSHIPS, CHRISTIAN EMPHASIS AND THE DEVELOPMENT OF POSITIVE RELATIONSHIPS WITH NATIONAL, STATE AND LOCAL LEVELS OF GOVERNMENT

Identifier	Return Reference	Explanation
Significant changes to organizational documents	Form 990, Part VI, Section A, Line 4	THE YMCA OF NORTHWEST NORTH CAROLINA WAS IN A MANAGEMENT AGREEMENT WITH THE YMCA OF IREDELL COUNTY THROUGHOUT THE MAJORITY OF 2011, WITH THE ULTIMATE INTENT TO MERGE THE TWO ORGANIZATIONS THE BY-LAWS OF THE YMCA OF NORTHWEST NORTH CAROLINA WERE AMENDED TO INCLUDE THE SERVICE AREA FOR THE YMCA OF IREDELL COUNTY

Identifier	Return Reference	Explanation
Classes of members or stockholders	Form 990, Part VI, Section A, Line 6	THE YMCA OF NORTHWEST NORTH CAROLINA IS A MEMBERSHIP ASSOCIATION OF MEN, WOMEN, AND CHILDREN OF ALL AGES, ABILITIES, INCOMES, RACES, AND RELIGIONS THE ASSOCIATION IS DEDICATED TO "HELPING PEOPLE REACH THEIR GOD-GIVEN POTENTIAL IN SPIRIT, MIND AND BODY " CHRISTIAN PRINCIPLES ARE PUT INTO PRACTICE THROUGH PROGRAMS THAT PROMOTE HEALTHY LIVING, YOUTH DEVELOPMENT, AND SOCIAL RESPONSIBILITY BY ENROLLING AS YMCA MEMBERS, INDIVIDUALS MAY PARTICIPATE IN THE PROGRAMS DESCRIBED ABOVE AND UTILIZE THE INDOOR AND OUTDOOR FACILITIES OF THE YMCA IN ADDITION, YMCA MEMBERS SERVE AS THE PRIMARY SOURCE OF PROGRAM AND POLICY-MAKING VOLUNTEERS, AS WELL AS, DONORS TO THE ANNUAL FUND-RAISING CAMPAIGN, WHICH SUPPORTS THE YMCA'S FINANCIAL ASSISTANCE PROGRAM OUR BYLAWS CREATE TWO CLASSES OF MEMBERS THE FIRST GROUP INCLUDES ANY PERSON WHO SUPPORTS THE PURPOSE OF THE ORGANIZATION, PAYS MEMBERSHIP FEES AS ESTABLISHED BY THE BOARD OF DIRECTORS, AND ADHERES TO THE MEMBERSHIP POLICIES, PROCEDURES AND THE CODE OF CONDUCT ANY MEMBER IN GOOD STANDING AS JUST DESCRIBED AND AT LEAST 19 YEARS OF AGE IS A VOTING MEMBER AND ENTITLED TO ONE VOTE ON ANY ITEMS OF BUSINESS PROPERLY BROUGHT BEFORE THE MEMBERS FOR CONSIDERATION AT THE ANNUAL MEETING

Identifier	Return Reference	Explanation
Members or stockholders electing members of governing body	Form 990, Part VI, Section A, Line 7a	THE ROLE OF THE VOTING MEMBERS OF THE YMCA OF NORTHWEST NORTH CAROLINA IS TO ELECT THE ASSOCIATION BOARD OF DIRECTORS (THE GOVERNING BODY) AND THE BRANCH BOARDS OF MANAGEMENT AT THE ANNUAL MEETING VOTING MEMBERS MAY CAST ONE VOTE ON ANY ITEMS OF BUSINESS PROPERLY BROUGHT BEFORE THE MEMBERS FOR CONSIDERATION AT THE ANNUAL MEETING, INCLUDING ELECTION OF THE GOVERNING BODY NO DECISIONS MADE BY THE GOVERNING BODY ARE SUBJECT TO APPROVAL BY THE MEMBERS

Identifier	Return Reference	Explanation
Review of form 990 by governing body	Form 990, Part VI, Section B, Line 11b	THE AUDIT COMMITTEE REVIEWS A DRAFT OF THE FORM 990 FOR RECOMMENDATION TO THE ASSOCIATION BOARD OF DIRECTORS, EITHER IN WHOLE OR IN PART TO THE EXECUTIVE COMMITTEE (WHICH HAS FULL AUTHORITY OF THE BOARD OF DIRECTORS PER THE BYLAWS) THE FORM 990 IS PROVIDED TO THE EXECUTIVE COMMITTEE PRIOR TO MEETING FOR DISCUSSION AND APPROVAL AFTER THE FORM 990 IS APPROVED, IT IS SIGNED AND FILED WITH THE IRS A SIGNED COPY IS MADE AVAILABLE TO EACH BOARD MEMBER

Identifier	Return Reference	Explanation
Conflict of interest policy	Form 990, Part VI, Section B, Line 12c	ANNUAL DISCLOSURES BY DIRECTORS AND EMPLOYEES ARE REVIEWED BY ASSOCIATION OFFICE STAFF AND ANY CONFLICTS OR POTENTIAL CONFLICTS ARE NOTED SO THAT APPROPRIATE ACTION CAN BE TAKEN, E.G DIRECTORS WOULD BE EXCLUDED FROM APPROVAL VOTES IF PROCESS WOULD INVOLVE A TRANSACTION RELATED TO THEIR CONFLICT OF INTEREST

Identifier	Return Reference	Explanation
Process used to establish compensation of top management official	Form 990, Part VI, Section B, Line 15a	THE EVALUATION AND COMPENSATION COMMITTEE OF THE ASSOCIATION BOARD OF DIRECTORS IS COMPRISED OF THE CHIEF VOLUNTEER OFFICER (CVO), CVO-ELECT, THE IMMEDIATE PAST CVO, THE SECRETARY/TREASURER, THE CHAIR OF THE BOARD OF TRUSTEES, AND ONE OTHER MEMBER OF THE EXECUTIVE COMMITTEE APPOINTED BY THE CVO IT IS THE DUTY AND RESPONSIBILITY OF THE EVALUATION AND COMPENSATION COMMITTEE TO APPRAISE THE PERFORMANCE OF THE PRESIDENT/CEO ANNUALLY ON OR ABOUT THE END OF THE FISCAL YEAR AND BASED ON THAT APPRAISAL TO DETERMINE THE PRESIDENT/CEO'S COMPENSATION FOR THE NEXT FISCAL YEAR DETERMINATION OF THE PRESIDENT/CEO'S COMPENSATION AND REVIEW OF OTHER SENIOR STAFF COMPENSATION SHALL BE MADE AFTER AN EXAMINATION OF COMPARABILITY TO COMPENSATION LEVELS PAID BY SIMILARLY SITUATED ORGANIZATIONS TO ENSURE THAT COMPENSATION IS FAIR AND REASONABLE. THE EVALUATION AND COMPENSATION COMMITTEE SHALL ANNUALLY DOCUMENT COMPARABILITY IN WRITING AND MAINTAIN DOCUMENTATION WITH THE HUMAN RESOURCES DEPARTMENT

Identifier	Return Reference	Explanation
Process used to establish compensation of other officers/key employees	Form 990, Part VI, Section B, Line 15b	POSITIONS INCLUDED IN COMPENSATION REVIEW AND APPROVAL INCLUDE CEO, COO, CFO, CDO (CHIEF DEVELOPMENT OFFICER), AS WELL AS ALLL VICE PRESIDENT POSITIONS (OPERATIONS AND HUMAN RESOURCES)

Identifier	Return Reference	Explanation
Governing documents, conflict of interest policy and financial statements available to the public	Form 990, Part VI, Section C, Line 19	THE GOVERNING DOCUMENTS OF THE YMCA OF NORTHWEST NORTH CAROLINA (ARTICLES OF INCORPORATION, BYLAWS, 501(C)(3) EXEMPTION LETTER) AND THE CONFLICT OF INTEREST POLICY ARE MAINTAINED AT THE ADMINISTRATIVE OFFICES OF THE ORGANIZATION AND ARE AVAILABLE TO THE PUBLIC UPON REQUEST FOR INSPECTION AND/OR TO BE COPIED THE MOST RECENT AUDITED FINANCIAL STATEMENTS OF THE ORGANIZATION ARE AVAILABLE TO THE PUBLIC VIA THE ORGANIZATION'S WEBSITE UNDER THE AREA LABELED "ABOUT US"

Identifier	Return Reference	Explanation
Other changes in net assets or fund balances	Form 990, Part XI, Line 5	NET UNREALIZED GAINS (LOSSES) ON INVESTMENTS - -87032, UNREALIZED LOSS ON HEDGING ACTIVITIES - -136674,