See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

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 JULY 01 , 2011, and ending JUNE 30 , 2012

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

C Name of organization YOUR COMMUNITY CONNECTION OF OGDEN/
Doing Business As YOUR COMMUNITY CONNECTION (YCC)

Number and street (or P.O. box if mail is not delivered to street address): 2261 ADAMS AVENUE
Room/Suite:

City or town, state or country, and ZIP + 4: OGDEN UT 84401

D Employer identification number: 87-0213074

E Telephone number: (801)394-9456

G Gross receipts $ 1,766,905

F Name and address of principal officer:

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: ▶ N/A

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1945

M State of legal domicile: UT

Part I Summary

1 Briefly describe the organization's mission or most significant activities: SEE ATTACHMENT #1

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	24
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	24
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	68
6	Total number of volunteers (estimate if necessary)	6	1,352
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	1,360,404	1,503,562
9	Program service revenue (Part VIII, line 2g)	128,719	149,825
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	11,776	5,990
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	81,669	103,305
12	Total revenue -- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,582,568	1,762,682
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
14	Benefits paid to or for members (Part IX, column (A), line 4)		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,016,095	1,026,428
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 48,463		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	808,814	744,130
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,824,909	1,770,558.
19	Revenue less expenses. Subtract line 18 from line 12	-242,341	-7,876

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	1,736,663	1,712,231
21	Total liabilities (Part X, line 26)	85,262	68,706
22	Net assets or fund balances. Subtract line 21 from line 20	1,651,401	1,643,525

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: 10/23/12

JULEE SMITH EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☒ if self-employed	PTIN
RYAN CHILD		10-22-2012		P00862575

Firm's name ▶ WOOD RICHARDS & ASSOCIATES PC — Firm's EIN ▶ 87-0491872

Firm's address ▶ 2490 WALL AVE, OGDEN UT 84401 — Phone no (801)621-0440

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

For Paperwork Reduction Act Notice, see the separate Instructions. Form **990** (2011)

JVA 11 9901 TWF 990 Copyright Forms (Software Only) - 2011 TW

SCANNED DEC 0 & 2012

RECEIVED OGDEN, UT

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

TO PROVIDE FUNDS TO OPERATE CRISIS CENTERS, HOMELESS AND FAMILY SUPPORT SERVICES. THE YCC PROVIDES SERVICES TO THE PUBLIC IN FIVE MAIN AREAS. CRISIS INTERVENTION AND PREVENTION, EDUCATION, HOMELESS SERVICES, CHILDCARE AND FAMILY SUPPORT.

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 $ 753,661 including grants of $ _____) (Revenue $ _____)

SEE ATTACHMENT #2

4b (Code _____) (Expenses $ 383,671 including grants of $ _____) (Revenue $ _____)

4c (Code _____) (Expenses $ 313,013 including grants of $ _____) (Revenue $ 149,825)

4d Other program services (Describe in Schedule O)

(Expenses $ 171,162 including grants of $ _____) (Revenue $ _____)

4e **Total program service expenses** ▶ 1,621,507

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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
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 N/A	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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
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		X
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, line 10? If "Yes," complete Schedule D, Part VI	11a	X	
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		X
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		X
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		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
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		X
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	X	
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	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, & program service activities outside the United States, or aggregate foreign investments valued at $100,00 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
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 (see instructions)	17		X
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	X	
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		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? N/A	20b		

Part IV **Checklist of Required Schedules** (continued)

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 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		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? N/A	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? N/A	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? N/A	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		X
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		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
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		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
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 direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
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	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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		X
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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
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	X	

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	0			
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?			N/A 1c		
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	68			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	X	
	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		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			N/A 3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a		X
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			5a		X
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5b		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5c		
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			N/A		
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		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			N/A 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		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			N/A 7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			N/A 7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			N/A 7h		
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?			N/A 8		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			N/A 9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			N/A 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?			N/A 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?			N/A 13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the 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 amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			N/A 14b		

Part VI **Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 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 X

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	24		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent .	1b	24		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets? . . .	5			X
6	Did the organization have members or stockholders?	6			X
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			X
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			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
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			X

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			X
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? N/A	10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c		X	
13	Did the organization have a written whistleblower policy?	13		X	
14	Did the organization have a written document retention and destruction policy?	14		X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
a	The organization's CEO, Executive Director, or top management official	15a		X	
b	Other officers or key employees of the organization	15b		X	
	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			X
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 taken steps to safeguard the organization's exempt status with respect to such arrangements? . . . . . N/A	16b			

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ NONE

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 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 during the tax year

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ SEE ATTACHMENT #3

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 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, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons.

☐ Check this box if neither the organization nor any related organizations compensated any current 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				
JON BROWNING TREASURER	1.00	X							0	0	0
SHELLEY STEVENS PRESIDENT	1.00	X							0	0	0
JUDY CONDON 1ST VICE PRESIDENT	1.00	X							0	0	0
AARON DENNY BOARD MEMBER	1.00	X							0	0	0
JEANNE HALL BOARD MEMBER	1.00	X							0	0	0
KAREN HILL BOARD MEMBER	1.00	X							0	0	0
WAYNE TARWATER IMMEDIATE PAST PRESIDENT	1.00	X							0	0	0
SYLVIA LEMONS - LIDDLE 2ND VICE PRESIDENT	1.00	X							0	0	0
JAN LUGER BOARD MEMBER	1.00	X							0	0	0
CARLOTTA MANUEL BOARD MEMBER	1.00	X							0	0	0
GLENDON MANWARING BOARD MEMBER	1.00	X							0	0	0
CHRISTINA MYERS BOARD MEMBER	1.00	X							0	0	0
DONNA PARKER BOARD MEMBER	1.00	X							0	0	0
JULIE MOSER SECRETARY	1.00	X							0	0	0
MARA BROWN BOARD MEMBER	1.00	X							0	0	0

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

(A) Name and title	(B) Average hours per week (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				
DON CARPENTER BOARD MEMBER	1.00	X							0	0	0
KEARSTON CUTRUBS BOARD MEMBER	1.00	X							0	0	0
DENISE GREEN BOARD MEMBER	1.00	X							0	0	0
SALLY JONES BOARD MEMBER	1.00	X							0	0	0
JULEE SMITH EXECUTIVE DIRECTOR	40.00			X	X				52,667	0	0
KAREN LEONARDI BOARD MEMBER	1.00	X							0	0	0
LISA NOCHOLS BOARD MEMBER	1.00	X							0	0	0
DENA SERIO BOARD MEMBER	1.00	X							0	0	0
MEL SOWERBY BOARD MEMBER	1.00	X							0	0	0
JIM STAVRAKAKIS BOARD MEMBER	1.00	X							0	0	0
1b Sub-total ▶									52667	0	0
c Total from continuation sheets to Part VII, Section A ▶											
d Total (add lines 1b and 1c) ▶									52667	0	0

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 ▶

			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		X
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		X
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		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization 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

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 ▶

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 AMTS	1a Federated campaigns	1a					
	b Membership dues	1b	1,535				
	c Fundraising events	1c	13,778				
	d Related organizations	1d					
	e Government grants (contributions)	1e	566,271				
	f All other contributions, gifts, grants, & similar amounts not included above	1f	921,978				
	g Noncash contributions included in lines 1a-1f	$	375,838				
	h **Total.** Add lines 1a-1f ▶			1,503,562			
PROGRAM SERVICE REVENUE		**Business Code**					
	2a CHILD CARE FEES	3		149,825	149,825		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g **Total.** Add lines 2a-2f ▶			149,825			
OTHER REVENUE	3 Investment income (including dividends, interest, and other similar amounts) ▶			5,990			5,990
	4 Income from investment of tax-exempt bond proceeds ▶						
	5 Royalties ▶						
		(i) Real	(ii) Personal				
	6a Gross Rents	30,293					
	b Less rental expenses						
	c Rental income or (loss)	30,293					
	d Net rental income or (loss) ▶			30,293			30,293
		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory						
	b Less cost or other basis and sales expenses						
	c Gain or (loss)						
	d Net gain or (loss) ▶						
	8a Gross income from fundraising events (not including $ 13,778 of contributions reported on line 1c) See Part IV, line 18	a	41,594				
	b Less direct expenses	b	4,223				
	c Net income or (loss) from fundraising events ▶			37,371			37,371
	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 ▶						
	10a Gross sales of inventory, less returns and allowances	a	35,641				
	b Less cost of goods sold	b					
	c Net income or (loss) from sales of inventory ▶			35,641			35,641
	Miscellaneous Revenue		**Business Code**				
	11a						
	b						
	c						
	d All other revenue						
	e **Total.** Add lines 11a-11d ▶						
	12 **Total revenue.** See instructions ▶			1,762,682	149,825		109,295

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				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	52,667	35,287	6,847	10,533
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	816,181	742,795	44,890	28,496
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	60,276	52,804	4,259	3,213
10 Payroll taxes	97,304	87,687	5,482	4,135
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	25,044	23,917	1,127	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	4,070	189	3,881	
g Other				
12 Advertising and promotion	2,256	1,678		578
13 Office expenses	12,662	9,577	3,085	
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	11,777	10,109	1,043	625
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	87,512	77,084	10,428	
23 Insurance	35,112	33,538	1,574	
24 Other expenses Itemize expenses not covered above. (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a IN KIND	375,837	375,837		
b UTILITIES	56,772	53,604	3,168	
c REPAIRS	36,757	30,181	6,576	
d SPECIFIC CLIENT ASSISTANCE	24,400	24,400		
e All other expenses	71,931	62,820	8,228	883
25 **Total functional expenses.** Add lines 1 through 24e	1,770,558	1,621,507	100,588	48,463
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
ASSETS	1	Cash -- non-interest-bearing	5,602	1	215,164
	2	Savings and temporary cash investments	265,753	2	126,431
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	94,985	4	73,716
	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)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501 (c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	14,148	9	11,806
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 2,894,511			
	b	Less accumulated depreciation — 10b: 1,656,512	1,313,277	10c	1,237,999
	11	Investments -- publicly traded securities	42,898	11	47,115
	12	Investments -- other securities See Part IV, line 11		12	
	13	Investments -- program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	1,736,663	16	1,712,231
LIABILITIES	17	Accounts payable and accrued expenses	84,190	17	68,706
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	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		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	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	1,072	25	
	26	**Total liabilities.** Add lines 17 through 25	85,262	26	68,706
NET ASSETS OR FUND BALANCES		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	1,644,401	27	1,586,170
	28	Temporarily restricted net assets	7,000	28	57,355
	29	Permanently restricted net assets		29	
		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	1,651,401	33	1,643,525
	34	Total liabilities and net assets/fund balances	1,736,663	34	1,712,231

Part XI Reconciliation 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	1,762,682
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,770,558
3	Revenue less expenses Subtract line 2 from line 1	3	-7,876
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,651,401
5	Other changes in net assets or fund balances (explain in Schedule O)	5	
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	1,643,525

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		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	X	
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 separate 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		X
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 N/A	3b		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization	**Employer identification number**
YOUR COMMUNITY CONNECTION OF OGDEN/NORTHERN UTAH	87-0213074

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

The organization is not a private foundation because it is. (For lines 1 through 11, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☒ An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions--subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III-Functionally integrated **d** ☐ Type III-Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box . . . . ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		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 supported organization?	11g(i)	X
(ii)	A family member of a person described in (i) above?	11g(ii)	X
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	X

h Provide the following information about the supported organization(s)

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

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,803,630	1,820,267	1,426,294	1,360,404	1,382,829	7,793,424
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	291,149	219,836	185,502	179,005	221,712	1,097,204
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	2,094,779	2,040,103	1,611,796	1,539,409	1,604,541	8,890,628
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)						8,890,628

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	2,094,779	2,040,103	1,611,796	1,539,409	1,604,541	8,890,628
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	12,359	9,693	4,970	16,643	36,283	79,948
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b	12,359	9,693	4,970	16,643	36,283	79,948
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)	2,107,138	2,049,796	1,616,766	1,556,052	1,640,824	8,970,576

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	99.11 %
16	Public support percentage from 2010 Schedule A, Part III, line 15	16	99.36 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2011** (line 10c, column (f) divided by line 13, column (f))	17	0.89 %
18	Investment income percentage from **2010** Schedule A, Part III, line 17	18	0.64 %

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 ▶ ☐

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, 8, 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
YOUR COMMUNITY CONNECTION OF OGDEN/NORTHERN UTAH

Employer identification number
87-0213074

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 can 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 education)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

2 Complete lines 2a through 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 Tax 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, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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 section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III **Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" to Form 990, Part IV, line 8

1a If the organization elected, as permitted under SFAS 116 (ASC 958), 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 (ASC 958), 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 (ASC 958) 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 acquisition, 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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ▶ _____ %
b Permanent endowment ▶ _____ %
c Temporarily restricted endowment ▶ _____ %

The percentages in lines 2a, 2b, and 2c should equal 100%

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)		
(ii) related organizations	3a(ii)		
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		254,272		254,272
b Buildings		2,383,105	1,462,756	920,349
c Leasehold improvements				
d Equipment		257,134	193,756	63,378
e Other				
Total. Add lines 1a through 1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				1,237,999

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		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must 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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must 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
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must 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) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) ▶	

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 (ASC 740).

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,762,682
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,770,558
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-7,876
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	-169,243
9	Total adjustments (net). Add lines 4 through 8	9	-169,243
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	-177,119

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	1,609,247
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b	2,067		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	2,067
3	Subtract line **2e** from line **1**			3	1,607,180
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	155,502		
c	Add lines **4a** and **4b**			4c	155,502
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12.)			5	1,762,682

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

1	Total expenses and losses per audited financial statements			1	1,786,366
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	2,067		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV.)	2d			
e	Add lines **2a** through **2d**			2e	2,067
3	Subtract line **2e** from line **1**			3	1,784,299
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	-13,741		
c	Add lines **4a** and **4b**			4c	-13,741
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	1,770,558

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, line 2; 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

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
YOUR COMMUNITY CONNECTION OF OGDEN/NORTHERN UTAH

Employer identification number
87-0213074

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

- a ☐ Mail solicitations
- b ☐ Internet and email 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.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fund-raiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total ..... ▶						

3 List all states in which the organization is registered or licensed to solicit contributions 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 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b List events with gross receipts greater than $5,000

		(a) Event #1 REAL MEN CAN (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
REVENUE	1 Gross receipts	55,372			55,372
	2 Less: Charitable contributions	13,778			13,778
	3 Gross income (line 1 minus line 2)	41,594			41,594
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	4,223			4,223
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				(4,223)
	11 Net income summary. Combine line 3, column (d), and line 10 ▶				37,371

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) thru col (c))
REVENUE	1 Gross revenue				
DIRECT EXPENSES	2 Cash prizes				
	3 Noncash 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 line 1, column d, and line 7 ▶				

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 Enter 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 of the third party

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 to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions)

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

▶ Attach to Form 990.

OMB No 1545-0047

2011

Open To Public Inspection

Name of the organization
YOUR COMMUNITY CONNECTION OF OGDEN/NORTHERN UTAH

Employer identification number
87-0213074

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art -- Works of art				
2	Art -- Historical treasures				
3	Art -- Fractional interests				
4	Books and publications				
5	Clothing and household goods	X		333,089	FMV/LB S. ARMY
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities -- Publicly traded				
10	Securities -- Closely held stock				
11	Securities -- Partnership, LLC, or trust interests				
12	Securities -- Miscellaneous				
13	Qualified conservation contribution -- Historic structures				
14	Qualified conservation contribution -- Other				
15	Real estate -- Residential				
16	Real estate -- Commercial				
17	Real estate -- Other				
18	Collectibles				
19	Food inventory	X		42,749	FMV/LB S. ARMY
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archaeological artifacts				
25	Other ▶ ( )				
26	Other ▶ ( )				
27	Other ▶ ( )				
28	Other ▶ ( )				

			Yes	No
29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	29		
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		X
b	If "Yes," describe the arrangement in Part II			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31		X
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
b	If "Yes," describe in Part II			
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990-EZ	OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ.	2011 Open to Public Inspection

Name of the organization	Employer identification number
YOUR COMMUNITY CONNECTION OF OGDEN/NORTHERN UTAH	87-0213074

PAGE 6, PART VI, SECTION B, LINE 11B:
THE 990 IS GIVEN TO THE EXECUTIVE AND FINANCE DIRECTOR FOR REVIEW, THEN THE 990 IS GIVEN TO THE EXECUTIVE COMMITTEE FOR APPROVAL FOR FILING.

PAGE 6, PART VI, SECTION B, LINE 12C:
A CONFLICT OF INTEREST POLICY AND CODE OF CONDUCT IS SIGNED BY BOARD MEMBERS. ANY CONFLICTS ARE REQUIRED TO BE DISCLOSED AT THE TIME THE CONFLICT ARISES.

PAGE 6, PART VI, SECTION B, LINE 15B:
THE BOARD OF DIRECTORS REVIEWS AND APPROVES THE YCC'S ANNUAL BUDGET INCLUDING THE STAFF COMPENSATION.

PAGE 6, PART VI, SECTION C, LINE 19:
THE 990 AND CONFLICTS OF INTEREST STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST. THE FINANCIAL STATEMENTS OF THE ORGANIZATION ARE PUBLISHED ANNUALLY AS AN ANNUAL REPORT AND ARE MAILED TO MEMBERS. THE ANNUAL REPORT IS AVAILABLE IN THE YCC'S RECEPTION AREA FOR PUBLIC ACCESS. IT IS ALSO AVAILABLE UPON REQUEST.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
YOUR COMMUNITY CONNECTION OF OGDEN/NORTHERN UTAH

Employer identification number
87-0213074

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
YOUR COMMUNITY CONNECTION FOUNDATION 2261 ADAMS AVENUE OGDEN UT 84401 87-0569256	SUPPORTING ORGANIZATION FOR YOUR COMMUNITY CONNECTION OF OGDEN/NORTHERN UTA	UTAH	501C3	TYPE I SUPPORT			X

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

Schedule R (Form 990) 2011

JVA 11 990R1 TWF 990 Copyright Forms (Software Only) - 2011 TW

Part III **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Dispro-portionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

Part V **Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

			Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a	Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity	1a		X
b	Gift, grant, or capital contribution to related organization(s)	1b		X
c	Gift, grant, or capital contribution from related organization(s)	1c		X
d	Loans or loan guarantees to or for related organization(s)	1d		X
e	Loans or loan guarantees by related organization(s)	1e		X
f	Sales of assets to related organization(s)	1f		X
g	Purchase of assets from related organization(s)	1g		X
h	Exchange of assets with related organization(s)	1h		X
i	Lease of facilities, equipment, or other assets to related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets from related organization(s)	1j		X
k	Performance of services or membership or fundraising solicitations for related organization(s)	1k		X
l	Performance of services or membership or fundraising solicitations by related organization(s)	1l		X
m	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1m		X
n	Sharing of paid employees with related organization(s)	1n		X
o	Reimbursement paid to related organization(s) for expenses	1o		X
p	Reimbursement paid by related organization(s) for expenses	1p		X
q	Other transfer of cash or property to related organization(s)	1q		X
r	Other transfer of cash or property from related organization(s)	1r	X	

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

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
YOUR COMMUNITY CONNECTION FOUNDATION 87-0569256	R	122,801	TRANSFER

990 PRIMARY EXEMPT PURPOSE

ATTACHMENT 1: FORM 990 PAGE 1, PART I

OPEN TO PUBLIC INSPECTION	For calendar year 2011 or tax period beginning 07-01 , and ending 06-30-2012

Name of Organization	Employer Identification Number
YOUR COMMUNITY CONNECTION OF OGDEN/NORTHERN UTAH	87-0213074

Primary Purpose
TO PROVIDE FUNDS TO OPERATE CRISIS CENTERS, HOMELESS AND FAMILY SUPPORT SERVICES. THE YCC PROVIDES SERVICES TO THE PUBLIC IN FIVE MAIN AREAS. CRISIS INTERVENTION AND PREVENTION, EDUCATION, HOMELESS SERVICES, CHILDCARE AND FAMILY SUPPORT.

990 PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 2: FORM 990 PAGE 2, PART III

OPEN TO PUBLIC INSPECTION	For calendar year 2011, or tax period beginning 07-01-2011, and ending 06-30-2012

Name of Organization	Employer Identification Number
YOUR COMMUNITY CONNECTION OF OGDEN/NORTHERN UTAH	87-0213074

Part III - Statement of Program Service Accomplishments

Code	Expenses 753,661	including Grants of	Revenue

Exempt Purpose Achievements

DOMESTIC VIOLENCE VICTIM ASSISTANCE CENTER ----------
454 WOMEN & CHILDREN (281 WOMEN AND 167 CHILDREN) WERE PROVIDED SAFETY F OR A COMBINED 7,550 NIGHTS SHELTER STAY.2345 HOURS OF CASE WORK WERE PROVI DED VICTIMS OF DOMESTIC VIOLENCE.117 WOMEN AND CHILDREN RECEIVED AFTERCARE SERVICES FOR A TOTAL FO 268 HOME & OFFICE VISITS.THE 24HR CRISIS HOTLINE R ESPONDED TO 1150 DOMESTIC VIOLENCE & SEXUAL ASSAULT CALLS.SHELTERED AND NO N-SHELTERED VICTIMS OF DOMESTIC VIOLENCE ATTENDED 116 VICTIM SUPPORT GROUP S WITH A TOTAL ATTENDANCE OF 756(ENGLISH SPEAKING VICTIMS).A TOTAL OF 42 S UPPORT GROUPS WERE HELD FOR SPANISH SPEAKING VICTIMS, WITH A TOTAL ATTENDA NCE OF 68.47 LOVE & LOGIC PARENTING CLASSES WERE PROVIDED TO SPANISH SPEAK ING VICTIMS WITH A TOTAL ATTENDANCE OF 44. 14TH ANNUAL FOOTSTEPS TO LIGHT EVENT EITH AN ATTENDANCE OF 200 PARTICIPANTS.THE DOMESTIC VIOLENCE VICTIM ADVOCACY PROGRAM PROVIDED SERVICES TO 827 INDIVIDUALS.PROTECTIVE ORDER ADV OCACY WAS PROVIDED TO 731 VICTIMS OTHER COURT ADVOCACY FOR 131 VICTIMS IN THE JUSTICE AND DISTRICT COURTS IN WEBER&MORGAN COUNTIES.187 ON SCENE RESP ONSES TO DOMESTIC VIOLENCE CALLS WERE PROVIDED BY VICTIM ADVOCATES.IN OCT 2011 86 LAW ENFORCEMENT OFFICERS PARTICIPATED IN ANNUAL DOMESTIC VIOLENCE TRAINGING PROVIDED BY WEBER-MORGAN DOMESTIC VIOLENCE COALITION & YCC.RAPE RECOVERY PROGRAM PROVIDED 48 SUPPORT GROUPS FOR VICTIMS, 88 PARTICIPANTS. ANNUAL SEXUAL ASSAULT AWARENESS EVENT TAKE BACK THE NIGHT 50 PARTICIPANTS HOSTED UCASA VICTIM ADVOCATE TRAINING, 10 VOLUNTEER ADVOCATES CERTIFIED

990 PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 2: FORM 990 PAGE 2, PART III

OPEN TO PUBLIC INSPECTION	For calendar year 2011, or tax period beginning 07-01-2011, and ending 06-30-2012

Name of Organization	Employer Identification Number
YOUR COMMUNITY CONNECTION OF OGDEN/NORTHERN UTAH	87-0213074

Part III - Statement of Program Service Accomplishments

Code	Expenses	383,671	including Grants of:	Revenue

Exempt Purpose Achievements

TRADITIONAL HOUSING/HOMELESS ASSISTANCE CENTER----------
25 FAMILIES(26 ADULTS & 47 CHILDREN)RECEIVED TRANSITIONAL HOUSING IN OUR A
PARTMENTS LAST YEAR,INCLUDING FURNITURE, HOUSEHOLD ITEMS, FOOD, CLOTHING,&
ASSISTANCE WITH MEDICAL NEEDS. CLIENTS ALSO RECEIVE SELF ESTEEM ENHANCEMEN
T,PARENTING,& DOMESTIC VIOLENCE CLASSES.PARENTS ARE ALSO GIVEN FINANCIAL A
SSISTANCE TO ATEND ADULT EDUCATION &ATC COURCES TO HELPO INCREASE JOB SKIL
LS &MAKE THEM MORE EMPLOYABLE.YCC PROVIDED 9248 TRANSITIONAL HOUSING STAY
TO THESE FAMILIES IN OUR 9 APARTMENTS, 10 OF THE 25 FAMILIES SERVED SUCCES
SFULLY COMPLETED OUR PROGRAM AND MOVED TO PERMANENT HOUSING,10 ARE STILL I
N THE TH PROGRAM,4 FAMILIES LEFT THE PROGRAM EARLY,1 FAMILY WAS ASKED TO L
EAVE FOR NONPARTICIPATION.4032 THRIFT STORE VOUCHERS WERE ISSUED BENEFITTI
ING 11538 INDIVIDUALS.160 SINGLE ADULTS IN NEED OF FOOD ASSISTANCE RECEIVE
D SHARE EMERGENCY FOOD BAGS VALUED AT $5600.ALSO PROVIDED FOOD TO MANY FAM
ILIES. YCC PROVIDED AN AVERAGE 60 HYGIENE KITS A WEEK.DONATED IN-KIND ITEM
S VALUED AT $198878.YCC WORKED WITH CATHOLIC COMMUNITY SERVICES FOR HOUSIN
G ASSISTANCE. YCC PARTNERED WITH OGDEN HOUSING TO PROVIDE OFF-SITE HOUSING
TO ANOTHER HOMELESS FAMILY.CLIENTS RECEIVED 792 CRITICAL/MINOR HOME REPAIR
S IN 389 REPAIR VISITS FROM THE SENIOR LIFE PROGRAM.SENIOR LIFE CARE VOLUN
TEERS FACILITATED 6 PROGRAMS FOR A TOTAL OF 117 HOURS.85 REFERRALS WERE MA
DE TO DIFFERENT AGENCIES IN OUT COMMUNITY FROM SENIOR LIFE CARE.7 HOME VIS
ITS AND 602 PHONECALLS TO SENIOR LIFE CARE HELPED COMBAT LONLINESS AND ISO
LATION. SENIOR LIFE CARE GAINED 16 NEW CLIENTS,16 HOUSHOLDS,W 21 NEW CLIEN

990 PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 2: FORM 990 PAGE 2, PART III

OPEN TO PUBLIC INSPECTION	For calendar year 2011, or tax period beginning 07-01-2011, and ending 06-30-2012

Name of Organization	Employer Identification Number
YOUR COMMUNITY CONNECTION OF OGDEN/NORTHERN UTAH	87-0213074

Part III - Statement of Program Service Accomplishments

Code: Expenses 313,013 including Grants of: Revenue 149,825

Exempt Purpose Achievements

CHILD CARE PROGRAM----------
PROVIDED CHILD CARE FOR 191 CHILDREN FROM THE COMMUNITY.PROVIDED CHILD CAR E FOR 83 CHILDREN FROM THE DOMESTIC VIOLENCE SHELTER.PROVIDED CHILD CARE F OR 73 CHILDREN FROM DOMESTIC VILOENCE ENVIRONMENTS WITHIN THE COMMUNITY. PROVIDED CHILD CARE FOR 36 CHILDREN FROM THE FAMILY ENRICHMENT CENTER.PROV IDED CHILD CARE FOR 38 CHILDREN FROM THE HOMELESS HOUSEING ASSISTANCE CENT ER.PROVIDED CHILD CARE FOR 81 CHILDREN FOR DROP OFF CARE FROM OUT PARTNERS HIP WITH THE DEPARTMENT OF WORKFORCE SERVICES.PROVIDED 10 CHILDREN FROM CH ILD CARE THE OPPORTUNITY TO PARTICIPATE WITH OUR HEAD START PROGRAM ON SIT E THAT YCC PARTNERED WITH.PROVIDED 35 CHILDREN THE OPPORTUNITY TO ATTEND A ND PARTICIPATE IN FOUR FIELD TRIPS THAT HELPED THEM TO LEARN AND UNDERSTAN D THEIR SURROUNDINGS.

990 PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 2: FORM 990 PAGE 2, PART III

OPEN TO PUBLIC INSPECTION	For calendar year 2011, or tax period beginning 07-01-2011, and ending 06-30-2012	
Name of Organization		Employer Identification Number
YOUR COMMUNITY CONNECTION OF OGDEN/NORTHERN UTAH		87-0213074

Part III - Statement of Program Service Accomplishments

Code: Expenses: 171,162 including Grants of: Revenue:

Exempt Purpose Achievements

FAMILY ENRICHMENT CENTER----------

107 CLIENTS WERE PROVIDED WITH SYSTEMATIC TRAINING FRO EFFECTIVE PARENTING CLASSES.43 MOTHERS WERE PROVIDED WITH LOVE AND LOGIC PARENTING CLASSES.438 PANPHLETS DEALING WITH PARENTING ISSUES WERE DISTRIBUTED FROM MCKAY DEE HO SPITAL.75 SESSIONS OF ALTERNATIVES TO VIOLENCE CLASSES WERE PRESENTED TO 1238 STUDENTS IN OGDEN AND WEBER SCHOOL DISTRICTS.* SESSIONS OF THE HELPIN G HANDS SELF-ESTEEM PROGRAM WERE PRESENTED TO 46 STUDENTS IN OGDEN SCHOOL DISTRICT.88 OPEN GYM CLASSES WERE CONDUCTED INVOLVING 2028 CHILDREN.234 SE SSIONS OF HEALTHY RELATIONSHIPS, SEXUAL ASSAULT AWARENESS, AND DATING VIOL ENCE WERE PRESENTED TO 5374 STUDENTS IN THE OGDEN CITY AND WEBER COUNTY SC HOOL DISTRICTS.64 PRESENTATIONS WERE MADE TO 952 YOUTH JUVENILE JUSTICE SE RVICE PROGRAMS IN WEBER COUNTY.20 PRESENTATIONS WERE GIVEN TO 214 PEOPLE I N DIFFERENT ORGANIZATIONS THROUGHOUT WEBER COUNTY.THANKS TO THE MASONIC GRANT FOUNDATION, YCC PROVIDED 84 COPAYS FOR MEDICAL TREATMENT AND 184 PRE SCRIPTIONS TO CLIENTS THROUGH MIDTOWN COMMUNITY HEALTH CENTER.

990 BOOKS ARE IN CARE OF

ATTACHMENT 3: FORM 990 PAGE 6, PART VI, SECTION C, LINE 20

OPEN TO PUBLIC INSPECTION

For calendar year 2011 or tax period beginning 07-01 , and ending 06-30-2012.

Name of Organization	Employer Identification Number
YOUR COMMUNITY CONNECTION OF OGDEN/NORTHERN UTAH	87-0213074

Part VI - Line 20

Individual Name or Business Name: JULEE SMITH

Street Address: 2261 ADAMS AVENUE

U S. Address

Zip code 84401 City OGDEN State UT

or

Foreign Address

City

Province or State

Country

Postal code

Phone Number (801)394-9456

Fax Number

990 SCHEDULE OF DEPRECIATION AND DEPLETION

ATTACHMENT 4: FORM 990 PAGE 10, PART IX, LINE 22

OPEN TO PUBLIC INSPECTION

For Calendar year 2011, or tax year period beginning 07-01-2011 and ending 06-30-2012

Name of Organization
YOUR COMMUNITY CONNECTION OF OGDEN/NORTHERN UTAH

Employer Identification Number
87-0213074

Description of Property	Date Acquired	Cost or Other Basis	Prior Year Depreciation	Method of Computation	Rate (%) or Life (Years)	Depreciation This Year
BUILDING	1987-07	2,383,105	1,390,605	STRAIGHT LINE	4	72,151
EQUIPMENT	2000-06	257,134	193,756	STRAIGHT LINE	10	15,361
Total:		2,640,239	1,584,361			87,512

990 PAGE 10, OTHER EXPENSES

ATTACHMENT 5: FORM 990 PAGE 10, LINE 24 - OTHER EXPENSES

OPEN TO PUBLIC INSPECTION | For calendar year 2011 or tax period beginning 07-01-2011, and ending 06-30-2012

Name of Organization: YOUR COMMUNITY CONNECTION OF OGDEN/NORTHERN UTAH

Employer Identification Number: 87-0213074

Other Expenses	(A) Total	(B) Program Services	(C) Management and General	(D) Fundraising
FOOD	24,245	24,245		
GENERAL SUPPLIES	14,708	14,708		
TELEPHONE	12,626	10,954	1,532	140
AUDIT EXPENSE	5,749	2,585	3,164	
TRAINING, BOOKS, SUPPLIES	3,992	3,409	583	
DUES & LICENSES	3,221	2,096	1,125	
PROGRAM EXPENSE	3,168	2,373	795	
POSTAGE	1,883	1,501	182	200
PRINTING & PUBLICITY	1,006	630	136	240
MISCELLANEOUS	688	23	665	
JANITORIAL SUPPLIES	342	296	46	
GIFTS	303			303
Total:	71,931	62,820	8,228	883

STATEMENT #1 - OTHER (SCH D PG 4 LINE 4B)

YCC FOUNDATION INTEREST	-6	
YCC FOUNDATION DIVIDENDS	-23,455	
YCC FOUNDATION UNREALIZED GAIN	60,385	
DIRECT FUNDRAISING EXPENSES	-4,223	
PROCEEDS FROM YCC FOUNDATION	122,801	
TOTAL CARRIED TO SCH D PG 4 LINE 4B		155,502

STATEMENT #2 - OTHER (SCH D PG 4 LINE 4B)

FUNDRAISING DIRECT EXPENSE	-4,223	
YCC FOUNDATION INVESTMENT FEES	-9,518	
TOTAL CARRIED TO SCH D PG 4 LINE 4B		-13,741

STATEMENT #3 - OTHER (SCH D PG 4 LINE 8)

YCC FOUNDATION DIVIDENDS	23,455	
YCC FOUNDATION INTEREST	5	
YCC FOUNDATION UNREALIZED GAIN	45,161	
YCC FOUNDATION INVESTMENT FEES	-9,517	
YCC FOUNDATION REALIZED GAIN	-105,546	
YCC FOUNDATION PROCEEDS	-122,801	
TOTAL CARRIED TO SCH D PG 4 LINE 8		-169,243