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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

Open to Public Inspection

		pplicable	C Name of organization		.2	D Employe	r identification number		
☐ Add			SHERIDAN COUNTY YOUNG MEN'S CHRISTIAN	ASSOCIATION		83-018			
┌ Nan	ne cha	nge	Doing Business As			E Telephon			
☐ Inıtı	al retu	m	Number and street (or P O box if mail is not de	elivered to street address) Room/s	uite		74-7488 eipts \$ 6,643,928		
Ten	minate	d	417 N JEFFERSON ST			G Gloss lece	eipts \$ 0,043,920		
∏ Ame	ended	return	City or town, state or country, and ZIP + 4 SHERIDAN, WY 828013827	•					
App	lication	pending	·		_				
			F Name and address of principal offi JAY MCGINNIS	cer		nis a group re ates?	eturn for Yes 🔽 No		
			417 N JEFFERSON ST SHERIDAN, WY 828013827						
			SHERIDAN, WI GZGGISGZY			all affiliates ind	cluded? Tyes No list (see instructions)		
I Tax	-exem	pt status	▼ 501(c)(3)	4947(a)(1) or 527		up exemptioi			
J W	ebsite	e: ► WW	W SHERIDANYMCA ORG						
K Form	n of org	ganızatıon	Corporation Trust Association Other	F	L Year of fo	ormation 1959	_		
Pai	rt I	Sum	mary				WY		
			escribe the organization's mission or mos	t significant activities					
Activities & Governance	(ORGANI RELIGIO	AN COUNTY YOUNG MEN'S CHRISTIA ZATION THAT INCLUDES MEN, WOME DNS WE ARE DEDICATED TO STRENGT NG, A COMMUNITY OF APPROXIMATEL	N AND CHILDREN OF ALL A	GES, ABILIT	TIES, INCON	ME, RACES AND		
ove Ove	-								
ট ৺	2 (Check th	is box দ if the organization discontinue	ed its operations or disposed	of more than	25% of its ne	et assets		
& \$	3	Number	of voting members of the governing body	(Part VI, line 1a)			3 17		
			of independent voting members of the gov	- ' '	•	· —	4 17		
F F			mber of individuals employed in calendar mber of volunteers (estimate if necessary			<u> </u>	5 195 6 503		
			related business revenue from Part VIII,			<u> </u>	7a 0		
	b	Net unre	lated business taxable income from Form	1990-T, line 34		7	7b 0		
					Pri	or Year	Current Year		
o o	8		butions and grants (Part VIII, line 1h)			422,40			
Revenue	 Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 					1,758,67 1,689,52	_		
歪						15,63			
	12 Total revenue—add lines 8 through 11 (must equal Pa			qual Part VIII, column (A), lır	ne	<u> </u>			
	13		and sımılar amounts paıd (Part IX, colur			3,886,23	3 3,190,059		
	14		ts paid to or for members (Part IX, colum			149,84	8 108,320		
rib.	15	Salarıe	es, other compensation, employee benefit			1 526 04	4 1 517 246		
χ Σ	16a	5-10)	sional fundraising fees (Part IX, column ((A.) lino 110)		1,536,94	4 1,517,246 0 0		
Expenses	b		ndraising expenses (Part IX, column (D), line 25) I						
ın	17		expenses (Part IX, column (A), lines 11a			1,255,367 1,398,			
	18		expenses Add lines 13–17 (must equal F			2,942,15			
	19	Reveni	ue less expenses Subtract line 18 from l	ine 12		944,07	4 166,115		
Net Assets or Fund Balances						ig of Current Year	End of Year		
SSet 3afai	20	Totala	assets (Part X, line 16)			21,903,61	4 23,542,469		
ભ્રેમ mdE	21		iabilities (Part X, line 26)			269,45	7 1,047,175		
	22		sets or fund balances Subtract line 21 fr	om line 20		21,634,15	7 22,495,294		
	penal edge a	ties of pe	ature Block erjury, I declare that I have examined this re- f, it is true, correct, and complete. Declaration						
		****			2	013-03-13			
Sign		Signa	ture of officer			ate			
Here	•		OCGINNIS CEO or print name and title						
Paid		Preparer signature	's L	Date 2013-03-11	Check if self-employed	Preparer's to (see instruc P01380935	axpayer identification number tions)		
Prepa			ame (or yours RUCKI MARSHALL NEWBROUGH	CPA'S PC		EIN ▶ 83-0			
Use C	лпу		and ZIP + 4 109 SOUTH MAIN STREET			Dhare -	/207\ 674 6600		
		1	SHERIDAN WY 82801			Phone no	(307) 674-6609		

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

▼Yes 「No

Form	990 (2	2011)							Page 2
Part	ш		Program Service			D 111			<u> </u>
	Briofi		le O contains a respor ganization's mission	ise to any qu	lestion in this	s Part III .			ᅜ
ORGA ARE D PRING DEVE YMCA	SHERI NIZA DEDIC CIPLE LOPM REG	DAN COUNTY YOU TION THAT INC ATED TO BUILD S INTO PRACTION ENT, COMMUNI ARDLESS OF THE	DUNG MEN'S CHRIST LUDES MEN, WOMEN ING STRONG KIDS, S CE THROUGH PROGE TY INTERACTION AN EIR ABILITY TO PAY AS MENTORS, COAC	AND CHILE STRONG FA AMS THAT ID INTERNA OUR YMCA	OREN OF ALI MILIES AND PROMOTE H ATIONAL UN IS FOUNDE	_ AGES, ABILIT STRONG COM IEALTHY LIFES DERSTANDING D AND LED BY	TIES, INCOME, R MUNITIES BY P STYLES, STRONG G ALL PERSONS VOLUNTEERS F	ACES AND F UTTING CHF VALUES, LE ARE WELCO	RELIGIONS WE RISTIAN EADERSHIP DME AT OUR
	the pr	ıor Form 990 or 9	dertake any significan 90-EZ?		rvices during	the year which	were not listed o	n ┌ Yes	▽ No
3	Did th servic	e organization ce	ase conducting, or ma	ke sıgnıfıcan	t changes in	how it conducts	, any program	┌ Yes	√ No
4	Descr expen	· ibe the organizati ses Section 501	e changes on Schedule on's program service a (c)(3) and 501(c)(4) o to others, the total exp	accomplishm organizations	and section	4947(a)(1) trus	sts are required t	o report the a	
4a	OPPOI RELAT PROGI DIREC	H DEVELOPMENT OU RTUNITY TO DISCOVE TONSHIPS THAT LEAD RAM, OFFER A RANG CT FINANCIAL ASSISTA) (Expenses \$ R YMCA IS COMMITTED TO R WHO THEY ARE AND WH O TO POSITIVE BEHAVIORS, E OF EXPERIENCES THAT E ANCE THAT ALLOW US TO P OR ADDITIONAL DETAILS, S	AT THEY CAN A BETTER HEALTI NRICH COGNIT ROVIDE AT LEA	CHIEVE THAT'S H AND EDUCATI IVE, SOCIAL, PH ST 10% OF OUR	OF EVERY CHILD AN WHY WE HELP YOU ONAL ACHIEVEMEN' YSICAL, AND EMOT	UNG PEOPLE CULTIVA TS OUR YMCA PROGI IONAL GROWTH EXP	THAT ALL KIDS TE THE VALUES, RAMS, SUCH AS ENSES INCLUDE	, SKILLS AND THE AFTERSCHOOL SUBSIDIES AND
4b	CONN AND R AN OB \$110,	THY LIVING THE Y IS ECTIONS THROUGH F RESOURCES THEY NE BESITY CRISIS, FAMIL) (Expenses \$ A LEADING VOICE ON HEAL FITNESS, SPORTS, FUN AND ED TO ACHIEVE GREATER H IES STUGGLE WITH WORK/ SISTANCE TO PEOPLE WHO	SHARED INTE EALTH IN SPIR LIFE BALANCE,	RESTS AS A RE: IT, MIND, AND E AND INDIVIDUA	IG FAMILIES CLOSE SULT PEOPLE IN OU BODY THIS IS PART LS SEARCH FOR PE	IR COMMUNITY ARE I ICULARLY IMPORTAN RSONAL FULFILLMEN	RAGE GOOD HE RECEIVING THE T AS OUR NATIO F IN 2011-2012	SUPPORT, GUIDANCE ON STRUGGLES WITH P, WE PROVIDED
4-	/Codo) (Expenses \$	264,854	ıncludıng gran	to of ¢) (Revenue	. ¢	169,306)
4c	COMM NEIGH	L RESPONSIBILITY C IUNITY'S MOST CRITI IBORS TO EFFECT CH	DUR YMCA BELIEVES IN GIV CAL SOCIAL NEEDS FOR MO IANGE, BRIDGE GAPS AND O HEN OUR COMMUNITY AND	ING BACK AND DRE THAN 50 Y OVERCOME OBS	SUPPORTING OU EARS Y PROGRA STACLES IN 201	JR NEIGHBORS WE AMS DELIVER TRAII 1-2012, WE ENGAG	E HAVE BEEN LISTENI NING, RESOURCES AN GED 13,191 Y MEMBEI	NG AND RESPONID SUPPORT TH	IDING TO OUR AT EMPOWERS OUR TS AND VOLUNTEERS II
	(Code	<u> </u>) (Expenses \$	0	ıncludıng gran	ts of \$) (Revenue	÷ \$	0)
	THESE TOTAL THEIR THOSE BEING NUTR: GOAL HEALT SPORT PARTI GOAL SOCIA WHILE FOR PAREN ENVIR PROW AND E PAREN ENVIR PROW AND S CHILD FAMIL WAY ESTEE WAY A PARTI PHYSI HUMA AND N	E 984 RECEIVED FINA ING \$28,973 IN 2011 ITIME AT \$15 PER HO E WHO CANNOT AFFOC IS PROGRAMS ARE MEI ITION, STRESS MANA OF BUILDING A HEAL* IN THROUGH REGULA ITS PROGRAMS THES CIPATION OF ALL EV RAMS EMPHASIZE DE ROLE IN YOUTH SPOI FOR THE YMCA YMC ALL GROWTH, AND AW. E PROMOTING THE CO PARENTS IN THE SUM ALE TO AFFORD THE FI ITH AND DEVELOPMENT IN THE SUM ALE TO AFFORD THE FI ITH AND DEVELOPMENT IN THE CONTIDENCE AND INTEREM AND THEIR PARE IN THE TO SU ABOUT 945 PARTICIP IN CONFIDENCE AND APPROACH TO WORK CIPANTS YMCA SPEC CAL DISABILITIES AND IN SPIRIT, MIND AND ING, THEATER CLUB, MUSICALS CULTURAL	STIMATES GIVEN) IN 2011/ NCIAL AID, VALUED AT \$81. //2012, 30 POLICY MAKING DUR ALL SERVICES ARE OFF PRO THE FULL FEE YMCA HE DICALLY-BASED PROGRAMS GEMENT AND HEALTH EDUC THY SPIRIT, MIND AND BOI RE EXERCISE THEY ALSO PIE E PROGRAMS PROMOTE AN PERY CHILD PLAYS IN EVERY VELOPMENT OF SKILL, HEAL RTS ABOUT 2,198 PARTICI A CAMPING PROGRAMS AR ARENESS OF ONE'S NATURA DIE VALUES OF CARING, HE MERTIME, ALLOWING THEM JULL FEE ABOUT 739 PARTICI NT, NOT ONLY IN CHILDRET ELF-ESTEEM, AND LEADERS N IN OUR PROGRAMS TO R NTS WHO CANNOT AFFORD A REDUCED COST SO THAT PROGRAM YMCA AFTER SC THE AFTER SCHOOL HOUF BOUT 94 PARTICIPANTS YM ENTS WITH ACTIVITIES THA JPPORT EACH OTHER PARE ANTS YMCA TEEN LEADERS O LEADERSHIP SKILLS ABOU WITH SENIORS INVOLVING IAL POPULATIONS THE YM BODY - REMAINING A FORI VIDEO PRODUCTION AND LYD DIVERSE ART RESIDENC COTICAL ABOUT 327 PARTIC	,147 IN ADDITIVOLUNTEERS IS FERED AT AFFO ALTH & WELL-IS THAT STRESS CATION ABOUT BY IN ADDITION APPRECIATION APPRECIATION APPRECIATION AL SURROUNDII DNESTY, RESPETO REMAIN GAINFU THE FULL FER MEMBERS CAINFOLD FOR AMERICA CAINFOLD FOR AMERI	ION, THE YMCA DONATED 1000 IN RDABLE FEES FO BEING WELL-BE THE VALUE OF IT 4,200 PARTICIE IN TO PROVIDING VORK, SELF-CO IN OF ONE'S OWN ES ARE ORGANI SS, SAFETY, CO AMPING REVER IN THEY PROMO NGS YMCA CAM INFULLY EMPLO CHILD CARE IT THEIR PARENTS PLAY AN IMPORITY IN EXERCISE WHI IN THIS FUN FILL I OPPORTUNITIE ESE PROGRAMS DERSTANDING AN OPPORTUNITY IN EXERCISE WHI IN THIS FUN FILL I OPPORTUNITIE ESE PROGRAMS DERSTANDING AN OPPORTUNITY IN EXERCISE WHI IN THIS FUN FILL I OPPORTUNITIE ESE PROGRAMS DERSTANDING AN OPPORTUNITY IN EXERCISE WHI IN THIS FUN FILL I OPPORTUNITY IN EXERCISE WHI IN THIS FUN FILL I OPPORTUNITY IN EXERCISE WHI IN THIS FUN FILL I OPPORTUNITY IN EXERCISE WHI IN THIS FUN FILL I	SERVED 7,511 YOU HOURS, VALUED AT DRITHE COMMUNIT ING MEANS A HEAL PREVENTION THROO SPECIFIC SWIMM NFIDENCE, AND LEA WORTH WHATEVI SED ON THE BASIS OPERATION, SELF-I ING NATURE AND THE SPIRITUAL AWAI PING SEEKS TO HE WISIBILITY IN MANY OPED THE PROGRA HE CENTRAL FOCU AND FAMILIES TH TANT ROLE IN POLI KNOWING THAT TH- DED ON A BELOW-O LIE THEIR CHILDRE LED PROGRAM OFF SE ARE COMBINED N HELP PEOPLE GRO ND COMPANIONSHI TO LEARN FROM EA PROGRAMS GIVE KI VE OLDER ADULTS ACTIVITIES AND O GRAMS AND SERVIC ARTS AND HUMANI AND MOTION PRO ESSIONAL ART STU SO BEEN CENTRAL T	ITH AND ADULTS IN I \$15,000 THIS IS BAY AT LARGE, WITH FI THY SPRIRIT, MIND, UGH FOOD, EXERCISE TICS THESE PROGRAMING AND WATER SAFIADERSHIP ABOUT 5, SETTEM, AND RESPECTIVE FULLNESS OF GORENESS, MENTAL DEVILOUS AND FOR AND	IS PROGRAMS, 15ED ON THE EST NANCIAL ASSISTAND BODY YMO ETHERS AND HAS ARE PART OF THE STAND BOTH OF THE BOTH OF T	WITH FINANCIAL AID IMATED VALUE OF ITANCE AVAILABLE FOR CA HEALTH & WELL- BEALTH INCLUDING IF THE YMCA'S OVERALE IF YPROMOTE GOOD TS YMCA YOUTH BILL AND EQUAL ICA YOUTH SPORTS VOLUNTEERS PLAY A A MAJOR PROGRAM ISICAL WELL-BEING, BILLEST POTENTIAL IERVE AS CHILD CARE ASIS TO PARENTS MS IS TO FOSTER KIDS DEVELOP MORAL A CHILD CARE ALLOWS AFE, SUPPORTIVE IS THE YMCA ALSO ARE ABOUT 596 CARING AND QUALIFIED DEVELOP SELF-ESTEEM MILIES THEY PROVIDE IG GROUPS OF REN IN AN ENJOYABLE THEM DEVELOP SELF- M STRESSES A THREE- BOUT 678 ELUDING THOSE WITH EASURABLE AS THE MBAS, NATURE ABPRINTH BUILDING DEPORATED INTO OUR
	AND M	IUSÍCALS CULTURAL		IES IN THE SC	HOOLS HAVE ALS	O BEEN CENTRAL T	O OÚR PROGRAMMIN	IG ART IS INCO	RPORATED INTO

4d Other program services (Describe in Schedule O)

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

4e Total program service expenses►\$

2,648,536

)

CHECKIIST OF REGULE CO SCHEDULE	art IV	Checklist o	f Required	Schedule
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	•		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? <i>If</i> "Yes," complete Schedule C, Part II	4		No
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		No
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 1	6	Yes	
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 $\sqrt{2}$	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			
а	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	Yes	
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	Yes	
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		No
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
	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		Νo
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		No
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		No
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		

1 01111	990 (2011)			Page •
Par	t 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		No
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		No
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		No
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? <i>If</i> "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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			i
		28a		Νo
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	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		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "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? <i>If</i> "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		Νo
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 $2 \cdot \cdot \cdot$.	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	•	<u>.</u>	
			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			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	IC		
	Statements filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		No
	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
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	_		
5a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	5c 6a		
.	organization solicit any contributions that were not tax deductible?			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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		N o
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	7e		
f	contract?	7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	71 7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a			
8	Form 1098-C?	7h		
•	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
.		8		
•	Sponsoring organizations maintaining donor advised funds.	_		
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
LO	Section 501(c)(7) organizations. Enter Instruction face and control control to the section of the section face and control to the section of the section face and control to the section of the section face and control to the section of the sectio			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
D	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	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		
ь	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			
С	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
L	If "Vac " has it filed a Form 720 to report these payments? If "Ma" provide an evaluation in Schedule O	1.46		

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.

Se	ection A. Governing Body and Management						
			Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax						
Ia	year						
b	Enter the number of voting members included in line 1a, above, who are independent						
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		No			
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		No			
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		No			
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						
а	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			
	ection B. Policies (This Section B requests information about policies not required by the Internal						
Re	evenue Code.)						
10-	Did the commented have lead about an househor confillators	10-	Yes	No			
	Did the organization have local chapters, branches, or affiliates?	10a		No			
ь	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					
11a							
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?						
а	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	16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with taxable entity during the year?						
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					
Se	ection C. Disclosure						
17							

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 Vpon 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 ► JEANETTE REPSIS
 417 N JEFFERSON

SHERIDAN, WY 82801 (307)674-7488

<u>Part VII</u> Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

1a Complete this table for all persons required to be listed 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

Check this box if neither the organization nor any related organizations compensated any current or former officer, director, or trustee

◆ 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

(A) Name and Title	(B) Average hours per week (describe hours	(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
	for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		MISC)	organizations
(1) BROCK BOEDECKER DIRECTOR	1 00	х						0	0	0
(2) RICH DESTEFANO PRESIDENT	1 00	х		Х				0	0	0
(3) SCOTT DAVIS DIRECTOR	1 00	Х						0	0	0
(4) PAT THUESEN TREASURER	1 00	х		х				0	0	0
(5) AMY ALBRECHT DIRECTOR	1 00	х						0	0	0
(6) MITCH CRAFT DIRECTOR	1 00	х						0	0	0
(7) JIM GILLESPIE DIRECTOR	1 00	х						0	0	0
(8) GINGER STOUT SECRETARY	1 00	Х		Х				0	0	0
(9) BRUCE GARBER DIRECTOR	1 00	х						0	0	0
(10) DICK HALL DIRECTOR	1 00	х						0	0	0
(11) WILLY MORRIS HONOR DIRECTOR	1 00	х						0	0	0
(12) DON GRIFFITH HONOR DIRECTOR	1 00	Х						0	0	0
(13) TEMPE MURPHY DIRECTOR	1 00	х						0	0	0
(14) LINDA PINDER VICE PRESIDENT	1 00	х		Х				0	0	0
(15) JAY MCGINNIS CEO	50 00	х						81,775	0	9,800
(16) ELLEN TREIDE DIRECTOR	1 00	х						0	0	0
(17) TENILLE CASTLE DIRECTOR	1 00	Х						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	Average hours more than one box, compensation per unless person is both week (describe director/trustee) Position (do not check nore than one box, compensation compensation from the organization (W-organization (W-2/109)) (W-2/109)							Reportable compensation from related organizations (W- 2/1099-		(F) Estimated amount of other compensation from the organization and related		
		hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			MISC)		relate organiza	
(18) F	ROB FORISTER	1 00	х							0		0		0
DINE	3101													
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												+		
											+			
										+				
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												+		
							+							
												+		
												+		
1b	Sub-Total							<u> </u> ►				+		
	Total from continuation sheets	to Part VII, Sec	tion A		•	<u>.</u>		>						
d	Total (add lines 1b and 1c) .							>		81,775		0		9,800
2	Total number of individuals (incli \$100,000 of reportable compens					ted	above) who	o received m	ore tha	n			
													Yes	No
3	Did the organization list any form on line 1a? If "Yes," complete Sch					ey e	mploy	ee, c	or highest co	mpens	ated employee	3		No.
4	For any individual listed on line 1 organization and related organization	La, is the sum of	freport	able	com									110
5	Individual	receive or accri	e com	• nencs	• ation	fror	n anv	• Unre	lated organi	· ·	or individual for	4		No_
•	services rendered to the organiz											5		No
Se	ction B. Independent Con													
1	Complete this table for your five \$100,000 of compensation from or within the organization's tax y	the organizatio												
	Nan	(A) ne and business add	dress							Descr	(B) aption of services	\bot	(C) Compen	
												\dagger		
												\dashv		
	Total number of index do-bases	rn ators / m = ld	- خيط يم	.a. 1	n. t	1+-	+hc==	lict-	d phous \t	0 00000	ad mars the	1		
	Total number of independent cont \$100,000 of compensation from t			טנ ווח	iiited	י נט ו	шоѕе	nste	u above) Wh	o recei\	rea more than			

Form 99	•							Page 9
Part \	/1111	Statement o	f 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
± \$ ₹	1a	Federated camp	paigns 1a					
E E	ь	Membership du	es 1b					
s, g	c	Fundraising eve	ents 1c					
<u>≢,</u> ह	d	Related organiz	ations 1d					
# Eige	e	Government grants			ļ			
Contributions, gifts, grants and other similar amounts	f g	sımılar amounts no Noncash contri	butions included in	626,610				
and and	h		s 1a-1f	•	626,610			
an				Business Code				
ven	2a	HEALTHY LIVING		813410	894,450	894,450		
2 <u>4</u>	b c	YOUTH DEVELOPMI SOCIAL RESPONSIE		813410 813410	632,050	632,050		
Š	d	30CIAL RESPONSIL	<u>латт</u>	813410	169,306	169,306		
<u> </u>	_ e							
<u> </u>	f	All other progra	ım service revenue					
Program Service Revenue	_				1.505.005			
	g 3		ome (including dividen		1,695,806			
			ar amounts)	-	818,781	818,781		
	4		tment of tax-exempt bond	F				
	5	Royalties		▶ [
			(ı) Real	(II) Personal				
	6a	Gross rents Less rental	10,300 2,516					
	b	expenses	•					
	C	Rental income or (loss)	7,784					
	d	Net rental inco	me or (loss)		7,784	7,784		
	7a	Gross amount	(ı) Securities 3,481,157	(II) Other				
	′	from sales of assets other	, ,					
	Ь	than inventory Less cost or	3,442,693					
	"	other basis and sales expenses	3,112,033					
	c	Gain or (loss)	38,464					
	d	Net gain or (los	s)		38,464	38,464		
ė	8a	Gross income f events (not inc						
Other Revenue		\$of contributions See Part IV , lin						
<u>⊸</u>	Ь	Loca direction	a penses b					
₹	c		loss) from fundraising	events ►				
	9a	Gross income fi See Part IV, lin						
	ь		penses b					
	с 10а	Gross sales of		vities				
		returns and allo	а	11,274				
	b с		oods sold b (loss) from sales of inv	8,660 entory ►	2,614	2,614		
	Ť	Miscellaneous		Business Code	_,	-, '		
	11a				İ			
	ь							
	c							
	d	All other revenu	ue					
	e	Total. Add lines	s 11a-11d					
	12	Total revenue.	See Instructions .	· .	3,190,059	2,563,449	0	0

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

	ot include amounts reported on lines 6b, p, 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				<u> </u>
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	108,320	108,320	1	
5	Compensation of current officers, directors, trustees, and key employees	81,775		70,327	11,448
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	1,195,961	1,107,281	75,749	12,931
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				· · ·
9	Other employee benefits	143,232	114,751	24,440	4,041
10	Payroll taxes	96,278	82,799	11,553	1,926
11	Fees for services (non-employees)				
а	Management				
b	Legal				
C	Accounting	13,800	11,868	1,656	276
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses	24,814	21,340	2,978	496
14	Information technology				
15	Royalties				
16	Occupancy	322,355	277,225	38,683	6,447
17	Travel	17,834	17,834		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	10,254	8,921	1,333	_
21	Payments to affiliates	43,614	37,508	5,234	872
22	Depreciation, depletion, and amortization	469,284	403,584	56,314	9,386
23	Insurance				
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)				
а	BOARD APPROPRIATIONS	177,800	177,800		
b	SUPPLIES	173,850	149,511	20,862	3,477
c	MISCELLANEOUS	47,272	40,654	5,673	945
d	CONTRACT LABOR	37,775	37,775		
e					
f	All other expenses	59,726	51,365	7,167	1,194
25	Total functional expenses. Add lines 1 through 24f	3,023,944	2,648,536	321,969	53,439
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				rm 990 (2011)

Part X **Balance Sheet** (A) (B) Beginning of year End of year 1 1 2 1.436.662 987.283 3 519,687 3 325,054 21.602 8.610 4 4 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 6 Schedule L 7 5.654 8 4.606 9 9.021 9 21.913 Prepaid expenses and deferred charges Land, buildings, and equipment cost or other basis Complete 13,396,374 10a Part VI of Schedule D 10a 10b 6,203,478 b Less accumulated depreciation 6,034,718 10c 7,192,896 11 11 12 12,610,626 12 13,732,579 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 14 14 1,265,644 15 15 1,269,528 21,903,614 23,542,469 16 16 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 125,653 159,053 17 17 Accounts payable and accrued expenses . 18 18 19 94,487 19 104,286 20 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L \ldots . \ldots . \ldots 22 23 Secured mortgages and notes payable to unrelated third parties . . . 0 23 725.000 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 49,317 25 58,836 D 26 269,457 26 1,047,175 **Total liabilities.** Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 16,132,445 17,853,474 Unrestricted net assets 4,236,068 28 3,372,292 28 Temporarily restricted net assets Fund 29 1,265,644 29 1,269,528 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34. ö 30 Capital stock or trust principal, or current funds 30 Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 33 Total net assets or fund balances 21.634.157 33 22.495.294 34 Total liabilities and net assets/fund balances 21.903.614 34 23.542.469

Pal	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		3.1	.90,059
2	Total expenses (must equal Part IX, column (A), line 25)	2			23,944
3	Revenue less expenses Subtract line 2 from line 1	3		1	.66,115
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		21,6	34,157
5	Other changes in net assets or fund balances (explain in Schedule O)	5		6	595,022
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		22,4	195,294
Pai	TEXII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII			・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・	No
1	Accounting method used to prepare the Form 990			res	140
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 is on a separate basis, consolidated basis, or both	sued			
	Separate basis Consolidated basis Both consolidated and separated basis				1
За	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		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	quired	3b		

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As Filed Data -

DLN: 93493073006133

OMB No 1545-0047

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.

Inspection **Employer identification number**

		ie organi		HRISTIAN ASSOCIATION			•		Employer	ident if icat ic	on number
SHEKI	83-0186708										
Pa	rt I	Reas	on for Pu	ıblic Charity Sta	tus (All or	ganızatıon	s must com	olete this p			
The	rganı	zatıon ıs	not a priva	te foundation becaus	eitis (For	lınes 1 thro	ıgh 11, check	only one b	ox)		
1	Γ	A chur	ch, convent	ion of churches, or a	ssociation o	fchurches :	section 170(b)(1)(A)(i).			
2	Г			d in section 170(b)(1							
3	\sqcap	A hosp	ital or a cod	perative hospital se	rvice organiz	zatıon descr	ibed in sectio	n 170(b)(1)	(A)(iii).		
4	Γ			h organization opera ity, and state	ted in conjur	nction with a	hospital des	cribed in se d	ction 170(b)	(1)(A)(iii). E	Enter the
5	Г	_	•	perated for the benefi (A)(iv). (Complete P	=	e or universi	ty owned or o	perated by	a governmer	ital unit desc	rıbed ın
6	Γ			r local government o		tal unit desc	rıbed ın secti	on 170(b)(:	L)(A)(v).		
7	Γ	describ	oed in	at normally receives (A)(vi) (Complete P		al part of its	support from	a governme	ental unit or i	from the gen	eral public
8	\vdash			described in sectio i		(iv) (A)	mplete Part II	.)			
9	굣	An org	anızatıon th	at normally receives	(1) more th	nan 331/3%	of its support	from contri	butions, mer	nbership fee	s, and gross
		receipt	s from activ	ıtıes related to its e	xempt functi	ons—subjec	t to certain e	xceptions, a	and (2) no m	ore than 331	/3% of
		its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses									
		acquire	ed by the or	ganızatıon after June	30,1975 9	ee section	509(a)(2). (C	omplete Pa	rt III)		
10	\sqcap	An org	anızatıon or	ganized and operate	d exclusively	y to test for	public safety	Seesection	509(a)(4).		
11	Γ	one or the box	more public	ganized and operated ly supported organiz ibes the type of supp b Type I	ations descr porting organ	ribed in sect iization and	ion 509(a)(1) or section s 11e throu	509(a)(2) S gh 11h	See section 5	
e	Γ	By che	cking this b	ox, I certify that the	organization	ıs not cont	rolled directly	or indirect	ly by one or	more disqual	lified persons
			han foundat n 509(a)(2)	ion managers and ot	her than one	or more pul	olicly support	ed organiza	tions describ	oed in sectio	n 509(a)(1) or
f		If the c	rganization	received a written d	etermination	from the IR	S that it is a	Type I, Typ	e II or Type	III supporti	ng organization,
g			this box August 17,	2006, has the organ	ızatıon accej	pted any gift	or contributi	on from any	of the		ı
			ng persons?					•			
		(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? (ii) a family member of a person described in (i) above? (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11g(ii)							(i) (ii)		
h 		Provide	e the followi	ng information about	the support	ed organızat	cion(s)		_		
Name suppo		ime of (ii) (described on col (i) listed in col (i) listed in col (ii) listed in col (ii) listed in col (iii) listed in col (i		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the US?		(vii) A mount of support?			
				instructions))	Yes	No	Yes	No	Yes	No	
							1				
			I	1	I		1	1	1	1	1

Total

instructions

Sch	edule A (Form 990	or 990-EZ) 2011						Page 2
	(Com	oort Schedule 1 oplete only if you	ı checked the	box on line 5,	7, or 8 of Part	I or if the orgai	nızatıon faıle	ed to qualify
		r Part III. If the	organization f	fails to qualify ι	<u>under the tests</u>	listed below, pl	<u>lease compl</u>	ete Part III.)
	ection A. Public		1	1		Т	1	
Cal	endar year (or fisca in)	al year beginning	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	. (f) Total
1	Gifts, grants, conti	ributions, and						
	membership fees r	eceived (Do not						
	include any "unusi	ual						
_	grants ") Tax revenues levie	ad for the						
2	organization's ben							
	paid to or expende							
	behalf							
3	The value of service							
	furnished by a gov the organization w							
4	Total. Add lines 1	=						
5	The portion of tota	_						
•	by each person (ot							
	governmental unit	•						
	supported organiza							
	line 1 that exceeds amount shown on l							
	(f)	ine 11, coraiiii						
6	Public Support. Su	btract line 5 from						
	line 4 ection B. Total 3	Support						
	endar year (or fisca		(a) 2007	(b) 2009	(6) 2000	(4) 2010	(0) 2011	(5) Total
	ın)		(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line							
8	Gross income from	′						
	dividends, paymen securities loans, re							
	and income from s	, , ,						
	sources							
9	Net income from u							
	business activities	•						
	not the business is carried on	s regularly						
10	Other income (Ex	plain in Part						
	IV) Do not include	•						
	from the sale of ca							
11	Total support (Add	d lines 7						
12	through 10) Gross receipts fro	■ m related activitie	s, etc (See inst	ructions)	ı		12	<u> </u>
13	First Five Years If	the Form 990 is fo	or the organizati	on's first, second	I. third. fourth. or	fifth tax vear as a		ganization.
	check this box and		or the organizati	on 5 mot, 5000ma	., 4, 10 41 211, 01	men cax your as a	001(0)(0) 01	▶ □
_	ection C. Comp	utation of Dub	lic Support D	lorcontago				
14	Public Support Pe				11 column (f))		14	
15	Public Support Pe	-	•	. ,	(.,,		15	
	33 1/3% support 1	_	•	-	x on line 13, and	line 14 is 33 1/3%		eck this box
	and stop here. The	e organization qual	ifies as a public	ly supported orga	nızatıon			▶ ┌
b	33 1/3% support					6a, and line 15 is	33 1/3% or m	- -
17-	-	. The organization			-	no 12 165 5-10	handling 14	► I
T/q	10%-facts-and-cir is 10% or more, a							laın
	in Part IV how the							
	organızatıon							▶ ┌
b								ne
	15 is 10% or mor Explain in Part IV							hlicly
	supported organiz	_	ion meets the 1	acts and Circuilis	tances lest like	a organization qua	iiiies as a pu	▶厂
18	, ,	n If the organizatio	on did not chack	a hov on line 13	16a 16h 17a d	r 17h chack this	hov and see	• •

▶□

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.)

5.	ection A. Public Support	ation rails to qu	under the	e tests listed be	iow, piease coi	npiete Part II.)	
	ndar year (or fiscal year beginning	() 2007	(1) 2000	(),,,,,	(1) 2242	() 2244	
	ın)	(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")	1,566,753	1,914,916	1,812,104	1,510,570	1,748,271	8,552,614
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	388,336	479,325	608,834	531,725	554,165	2,562,385
3	Gross receipts from activities that are not an unrelated trade or						
4	business under section 513 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	1,955,089	2,394,241	2,420,938	2,042,295	2,302,436	11,114,999
7a	A mounts included on lines 1, 2, and 3 received from disqualified persons	147,450	1,023,288	233,162	152,462	339,853	1,896,215
b	A mounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						0
	amount on line 13 for the year						
С	Add lines 7a and 7b	147,450	1,023,288	233,162	152,462	339,853	1,896,215
8	Public Support (Subtract line 7c from line 6)						9,218,784
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	In) A mounts from line 6	1,955,089	2,394,241	2,420,938	2,042,295	2,302,436	11,114,999
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar	506,225	435,020	557,418	832,661	849,159	3,180,483
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b	506,225	435,020	557,418	832,661	849,159	3,180,483
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 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)	2,461,314	2,829,261	2,978,356	2,874,956	3,151,595	14,295,482
14	First Five Years If the Form 990 is for check this box and stop here	or the organization	on's first, second,	thırd, fourth, or fı	fth tax year as a	501(c)(3) organi	zation,
	ection C. Computation of Publ			(0)			
15	Public Support Percentage for 2011	•		L3 COIUMN (†))		15	64 490 %
16	Public support percentage from 201	0 Schedule A, Pa	art III, line 15			16	83 100 %
	ction D. Computation of Inve				(f))	11	
17	Investment income percentage for 2				(T))	17	22 250 %
18	Investment income percentage from					18	16 900 %
19a b	33 1/3% support tests—2011. If the more than 33 1/3%, check this box a 33 1/3% support tests—2010. If the 18 is not more than 33 1/3%, check	and stop here. Th organization did	e organization qu not check a box	alıfıes as a publıc on lıne 14 or lıne	ly supported org 19a, and line 16	anization is more than 33 i	▶ ✓ 1/3% and line

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

Schedule A (Form 990 or 990-EZ) 2011

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DLN: 93493073006133

OMB No 1545-0047

Open to Public Inspection

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.

	me of the organization RIDAN COUNTY YOUNG MEN'S CHRISTIAN ASSOCIATION	Employer identification number				
JIIL	NIDAN COOKET TOONG FIEN 3 CHRISTIAN ASSOCIATION	83-0186708				
Pa	rt I Organizations Maintaining Donor A		inds or Accounts. Complete if the			
	organization answered "Yes" to Form 99	(a) Donor advised funds	(b) Funds and other accounts			
1	Total number at end of year	1	(b) I unus unu otner accounts			
2	Aggregate contributions to (during year)	-				
3	Aggregate grants from (during year)	115,000				
4	Aggregate value at end of year	872,292				
5	Did the organization inform all donors and donor advi funds are the organization's property, subject to the		or advised			
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben conferring impermissible private benefit	efit of the donor or donor advisor, or for an	y other purpose			
	rt II Conservation Easements. Complete		Form 990, Part IV, line 7.			
2	Purpose(s) of conservation easements held by the o Preservation of land for public use (e.g., recreating in the protection of natural habitat. Preservation of open space. Complete lines 2a-2d if the organization held a qual easement on the last day of the tax year.	on or pleasure) Preservation of an Preservation of a c	historically importantly land area ertified historic structure of a conservation			
	,,,,,	Γ	Held at the End of the Year			
а	Total number of conservation easements		2a			
b	Total acreage restricted by conservation easements		2b			
C	Number of conservation easements on a certified his	toric structure included in (a)	2c			
d	Number of conservation easements included in (c) a	cquired after 8/17/06	2d			
3	Number of conservation easements modified, transfer the taxable year ▶	erred, released, extinguished, or terminated	d by the organization during			
4	Number of states where property subject to conserva	ation easement is located ►	<u>_</u>			
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds		ling of violations, and Yes No			
6	Staff and volunteer hours devoted to monitoring, insp	pecting and enforcing conservation easeme	ents during the year ►			
7	A mount of expenses incurred in monitoring, inspecti	ng, and enforcing conservation easements	during the year			
8	Does each conservation easement reported on line 2 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	(d) above satisfy the requirements of sect	rion Yes No			
9	In Part XIV, describe how the organization reports of balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easer	the footnote to the organization's financial :				
Par	Organizations Maintaining Collection		or Other Similar Assets.			
1a	Complete if the organization answered ' If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fire	116, not to report in its revenue statemer for public exhibition, education or researc	h in furtherance of public service,			
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research in				
	(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					

Revenues included in Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

Part	Organizations Maintaining Co	<u>llections of Art,</u>	His	tori	cal Tre	<u>asu</u>	res, or Ot	<u>ner</u>	Similar Asse	ets (co	ntınued)
3	Using the organization's accession and other items (check all that apply)	records, check any	ofth	ie foll	owing th	at ar	e a significar	nt us	e of its collection	า	
а	Public exhibition		d	Γ	Loan or	rexcl	hange progra	ms			
b	Scholarly research		е	Γ	Other						
С	Preservation for future generations										
4	Provide a description of the organization's co	llections and explai	n hov	v they	/ further	the c	organization's	exe	empt purpose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t								lar $ar{}$	Yes	┌ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an an						n answered	"Ye	s" to Form 990),	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	dıary	for c	ontrıbutı	ons o	or other asse	ts n		Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	and complete the f	ollow	ıng ta	able				Amou	ınt	
_	Danimina balanca							+	Allot	11111	
c d	Additions during the year							Lc Ld			
e	Additions during the year Distributions during the year						<u> </u>	le			
f	Ending balance						<u> </u>	Lf			
	•		. 212				L	LI		V	
2a	Did the organization include an amount on Fo		21,						ı	Yes	│ No
	If "Yes," explain the arrangement in Part XIV				ad IIVaal	" .	Forms 000 I	Do wh	TV line 10		
Par	t V Endowment Funds. Complete	(a)Current Year)Prior)Four Y	ears Back
1a	Beginning of year balance	13,296,939	(2	<i>y</i>	. cui	(0)	70 Tears Back	(4)	mee rears back (e	. y . ou	cars back
b	Contributions										
c	Investment earnings or losses	1,111,767									
d	Grants or scholarships	115,000									
e	Other expenditures for facilities and programs	425,100									
f	Administrative expenses	65,481									
g	End of year balance	13,803,125									
2	Provide the estimated percentage of the yea	r end balance held a	s		<u> </u>		•		•		
а	Board designated or quasi-endowment 🕨	82 000 %									
b	Permanent endowment -										
c	Term endowment ▶ 18 000 %										
3a	Are there endowment funds not in the posses	ssion of the organiza	ition 1	that a	re held a	and a	dministered	for t	he		
	organization by									Yes	No
	(i) unrelated organizations			•				•	3a(i)	Yes	
	(ii) related organizations							•	3a(ii)		No
ь 4	If "Yes" to 3a(II), are the related organization Describe in Part XIV the intended uses of the	•						•	<u>3b</u>		
Раг	Land, Buildings, and Equipme	int. See rollii 990	0, Pa	T				Т			
	Description of property				Cost or o		(b) Cost or oth basis (other		(c) Accumulated depreciation	(d) Bo	ok value
	and						236,2	232			236,232
b E	Buildings		•	<u> </u>			7,372,4	176	4,094,295		3,278,181
c L	easehold improvements			<u> </u>			3,172,3	338	1,116,626		2,055,712
d E	quipment						1,351,5	517	992,557		358,960
_	Other			1				544 L			1 262 011
	. Add lines 1a-1e <i>(Column (d) should equal Fo</i>	<u> </u>	•				1,263,8	311			1,263,811

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		od of valuation f-year market value
(1)Financial derivatives			•
(2)Closely-held equity interests			
(3)Other (A)CORPORATE BOND FUNDS	3,410,126		F
	3,110,120		<u> </u>
(B) FHLB NOTES	104,193		F_
(C) GOVERNMENT BOND FUNDS	1,004,525		F
(D) MARKET EQUITY SECURITIES	744,939		F
(E) MUTUAL FUNDS	8,468,796		F
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	13,732,579		
Part VIII Investments—Program Related. See	Form 990, Part X, line :		
(a) Description of investment type	(b) Book value		od of valuation f-year market value
		Cost of end of	year market varue
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, lir	ne 15.		
(a) Descrip			(b) Book value
(1) ASSETS HELD WITH WYOMING COMMUNITY FOUND	DATION		1,269,528
Tabal (Column (b) should agual Form 000, Dark V sal (B) line 1	<i>E</i>)		1 260 529
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X			1,269,528
1 (a) Description of Liability	(b) A mount		
Federal Income Taxes			
AGENCY OBLIGATIONS	58,336		
RENTAL DEPOSITS	500		
Total (Column (h) chould agual Form 200, Part V1 (h) (25)			
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	58,836		

	Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	ITS	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	3,190,059
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,023,944
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	166,115
4	Net unrealized gains (losses) on investments	4	757,748
5	Donated services and use of facilities	5	
6	Investment expenses	6	-66,610
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	3,884
9	Total adjustments (net) Add lines 4 - 8	9	695,022
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	861,137
Part	Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	3,881,197
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	757,748
3	Subtract line 2e from line 1	3	3,123,449
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 66,610		
b	Other (Describe in Part XIV) 4b		
C	Add lines 4a and 4b	4c	66,610
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	3,190,059
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	0
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	<u> </u>	
a	Donated services and use of facilities		
b	Prior year adjustments	1	
c	Other losses		
d	Other (Describe in Part XIV) 2d	1	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	0
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
ь	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	0
Par	t 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 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
PART XI, LINE 8 - OTHER		INCREASE IN ASSETS HELD BY WYOMING COMMUNITY
ADJUSTMENTS		FOUNDATION 3,884

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OMB No 1545-0047

2011

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Supplemental Information to Form 990 or 990-EZ

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

Name of the organization SHERIDAN COUNTY YOUNG MEN'S CHRISTIAN ASSOCIATION

Employer identification number

83-0186708

ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	THE BOARD OF DIRECTORS REVIEW THE 990 BEFORE IT WAS FILED WITH THE INTERNAL REVENUE SERVICE
	FORM 990, PART VI, SECTION B, LINE 12C	ANNUALLY THE BOARD OF DIRECTORS COMPLETES THE CONFLICT OF INTEREST QUESTIONAIRE. THE QUESTIONAIRES ARE REVIEWED AND ANY CONFLICTS ARE DISCUSSED
	FORM 990, PART VI, SECTION B, LINE 15	THE YMCA HAS A PROCESS FOR DETERMINING SALARY INCREASES WHICH REQUIRES FINAL APPROVAL FROM THE BOARD
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION PROVIDES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS TO THE PUBLIC UPON REQUEST
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 757,748 INVESTMENT EXPENSES -66,610 INCREASE IN ASSETS HELD BY WYOMING COMMUNITY FOUNDATION 3,884 TOTAL TO FORM 990, PART XI, LINE 5 695,022
THE AUDIT PROCESS		THE AUDIT PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR

Software ID: Software Version:

EIN: 83-0186708

Name: SHERIDAN COUNTY YOUNG MEN'S CHRISTIAN

ASSOCIATION

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services) (Expenses \$ 0 including grants of \$) (Revenue \$ 0) (Code MEMBERS (REASONABLE ESTIMATES GIVEN) IN 2011/2012 THERE WERE 5,680 YMCA MEMBERS, INCLUDING 1988 YOUTH, 3,067 ADULTS, AND 625 SENIORS OF THESE 984 RECEIVED FINANCIAL AID, VALUED AT \$81,147 IN ADDITION, THE YMCA SERVED 7,511 YOUTH AND ADULTS IN ITS PROGRAMS, WITH FINANCIAL AID TOTALING \$28,973 IN 2011/2012, 30 POLICY MAKING VOLUNTEERS DONATED 1000 HOURS, VALUED AT \$15,000 THIS IS BASED ON THE ESTIMATED VALUE OF THEIR TIME AT \$15 PER HOUR ALL SERVICES ARE OFFERED AT AFFORDABLE FEES FOR THE COMMUNITY AT LARGE, WITH FINANCIAL ASSISTANCE AVAILABLE FOR THOSE WHO CANNOT AFFORD THE FULL FEE YMCA HEALTH & WELL-BEING WELL-BEING MEANS A HEALTHY SPRIRIT, MIND, AND BODY YMCA HEALTH & WELL-BEING PROGRAMS ARE MEDICALLY-BASED PROGRAMS THAT STRESS THE VALUE OF PREVENTION THROUGH FOOD, EXERCISE HABITS, AND HEALTH INCLUDING NUTRITION, STRESS MANAGEMENT AND HEALTH EDUCATION ABOUT 4,200 PARTICIPANTS YMCA AQUATICS THESE PROGRAMS ARE PART OF THE YMCA'S OVERALL GOAL OF BUILDING A HEALTHY SPIRIT, MIND AND BODY IN ADDITION TO PROVIDING SPECIFIC SWIMMING AND WATER SAFETY SKILLS, THEY PROMOTE GOOD HEALTH THROUGH REGULAR EXERCISE THEY ALSO PROMOTE TEAMWORK, SELF-CONFIDENCE, AND LEADERSHIP ABOUT 5,261 PARTICIPANTS YMCA YOUTH SPORTS PROGRAMS THESE PROGRAMS PROMOTE AN APPRECIATION OF ONE'S OWN WORTH WHATEVER THE SPORT, THE FOCUS IS ON FULL AND EQUAL PARTICIPATION OF ALL EVERY CHILD PLAYS IN EVERY GAME LEAGUES ARE ORGANIZED ON THE BASIS OF SKILL CLINICS WIN OR LOSE, YMCA YOUTH SPORTS PROGRAMS EMPHASIZE DEVELOPMENT OF SKILL, HEALTH AND FITNESS, SAFETY, COOPERATION, SELF-ESTEEM, AND RESPECT FOR OTHERS VOLUNTEERS PLAY A VITAL ROLE IN YOUTH SPORTS ABOUT 2,198 PARTICIPANTS YMCA CAMPING REVERING NATURE AND THE FULLNESS OF GOD'S BOUNTY IS A MAJOR PROGRAM GOAL FOR THE YMCA YMCA CAMPING PROGRAMS ARE EDUCATIONAL THEY PROMOTE SPIRITUAL AWARENESS, MENTAL DEVELOPMENT, PHYSICAL WELL-BEING, SOCIAL GROWTH, AND AWARENESS OF ONE'S NATURAL SURROUNDINGS YMCA CAMPING SEEKS TO HELP PARTICIPANTS ACHIEVE THEIR FULLEST POTENTIAL WHILE PROMOTING THE CORE VALUES OF CARING, HONESTY, RESPECT AND RESPONSIBILITY IN MANY INSTANCES, CAMPING PROGRAMS SERVE AS CHILD CARE FOR PARENTS IN THE SUMMERTIME, ALLOWING THEM TO REMAIN GAINFULLY EMPLOYED THE PROGRAM IS OFFERED ON A BELOW-COST BASIS TO PARENTS UNABLE TO AFFORD THE FULL FEE ABOUT 739 PARTICIPANTS YMCA CHILD CARE THE CENTRAL FOCUS OF ALL YMCA CHILD CARE PROGRAMS IS TO FOSTER GROWTH AND DEVELOPMENT, NOT ONLY IN CHILDREN BUT ALSO IN THEIR PARENTS AND FAMILIES THESE EDUCATIONAL PROGRAMS HELP KIDS DEVELOP MORAL AND ETHICAL BEHAVIOR, SELF-ESTEEM, AND LEADERSHIP PARENTS PLAY AN IMPORTANT ROLE IN POLICY AND PROGRAM DECISIONS YMCA CHILD CARE ALLOWS PARENTS OF THE CHILDREN IN OUR PROGRAMS TO REMAIN GAINFULLY EMPLOYED, KNOWING THAT THEIR CHILDREN ARE THRIVING IN A SAFE, SUPPORTIVE ENVIRONMENT FOR PARENTS WHO CANNOT AFFORD THE FULL FEE, CARE IS PROVIDED ON A BELOW-COST BASIS ABOUT 50 PARTICIPANTS THE YMCA ALSO PROVIDES CHILD CARE AT A REDUCED COST SO THAT MEMBERS CAN EXERCISE WHILE THEIR CHILDREN ARE WATCHED WITH QUALIFIED CARE ABOUT 596 REGISTRATIONS FOR THE PROGRAM YMCA AFTER SCHOOL PROGRAM THIS FUN FILLED PROGRAM OFFERS A SAFE ENVIRONMENT WITH A CARING AND QUALIFIED STAFF FOR YOUTH DURING THE AFTER SCHOOL HOURS EDUCATION OPPORTUNITIES ARE COMBINED WITH PHYSICAL ACTIVITIES TO HELP DEVELOP SELF-ESTEEM AND SELF-CONFIDENCE ABOUT 94 PARTICIPANTS YMCA FAMILY THESE PROGRAMS HELP PEOPLE GROWAS RESPONSIBLE MEMBERS OF FAMILIES THEY PROVIDE CHILDREN AND THEIR PARENTS WITH ACTIVITIES THAT FOSTER UNDERSTANDING AND COMPANIONSHIP ACTIVITIES ARE PLANNED TO BRING GROUPS OF FAMILIES TOGETHER TO SUPPORT EACH OTHER PARENTS HAVE THE OPPORTUNITY TO LEARN FROM EACH OTHER AND FROM THEIR CHILDREN IN AN ENJOYABLE WAY ABOUT 945 PARTICIPANTS YMCA TEEN LEADERSHIP YMCA YOUTH AND TEEN PROGRAMS GIVE KIDS POSITIVE ROLE MODELS TO HELP THEM DEVELOP SELF-ESTEEM, CONFIDENCE AND LEADERSHIP SKILLS ABOUT 50 PARTICIPATE YMCA ACTIVE OLDER ADULTS THE ACTIVE OLDER ADULT PROGRAM STRESSES A THREE-WAY APPROACH TO WORK WITH SENIORS INVOLVING HEALTH AND FITNESS, SOCIAL ACTIVITIES AND OPPORTUNITIES FOR VOLUNTEERS ABOUT 678 PARTICIPANTS YMCA SPECIAL POPULATIONS THE YMCA OFFERS A VARIETY OF PROGRAMS AND SERVICES TO PEOPLE OF ALL ABILITIES, INCLUDING THOSE WITH PHYSICAL DISABILITIES ABOUT 135 PARTICIPANTS YMCA ARTS & HUMANITIES THE ARTS AND HUMANITIES ARE AS MEASURABLE AND IMMEASURABLE AS THE HUMAN SPIRIT, MIND AND BODY - REMAINING A FORM OF DISCOVERY, REFLECTION AND MOTION PROGRAMMING IS AS DIVERSE AS MARIMBAS, NATURE DRAWING, THEATER CLUB, VIDEO PRODUCTION AND COMMERCIALS, VISITING PROFESSIONAL ART STUDIOS, BOOK DISCUSSION GROUPS, LABYRINTH BUILDING AND MUSICALS CULTURALLY DIVERSE ART RESIDENCIES IN THE SCHOOLS HAVE ALSO BEEN CENTRAL TO OUR PROGRAMMING ART IS INCORPORATED INTO OUR PROGRAMMING WHEN PRACTICAL ABOUT 347 PARTICIPANTS FINANCIAL ASSISTANCE IS AVAILABLE TO THOSE WHO CAN'T AFFORD THE WHOLE FEE