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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 Open to Public Inspection

A F	or th	e 2012 calendar year, or tax year beginning and en	nding		
B	Check of applicab	C Name of organization		D Employer identifi	cation number
	Addre				
	Name			01-0	211569
	Initial		om/suite	E Telephone numbe	
	Termi ated			•	)288-5008
	Amen	ded O		G Gross receipts \$	1,347,579.
	Application			H(a) Is this a group re	
	pendi	F Name and address of principal officer SARAH FLYNN	-	for affiliates?	Yes X No
		PO BOX 504, MOUNT DESERT, ME 04660		H(b) Are all affiliates inc	cluded? Yes No
	Гах-ех	empt status X 501(c)(3)	<b>527</b>	If "No," attach a	list. (see instructions)
J	<b>N</b> ebsi	te: ► N/A		H(c) Group exemptio	n number 🕨
K F	orm o	organization: X Corporation Trust Association Other	L Year o	of formation: 1904 N	State of legal domicile: ME
Pá	art I	Summary			
Ö	1	Briefly describe the organization's mission or most significant activities THE YW			
Activities & Governance		ELIMINATE RACISM AND EMPOWER WOMEN, INCLUI	DING .	AFFORDABLE_	HOUSING FOR
er	1	Check this box  if the organization discontinued its operations or disposed	d of more	than 25% of its net as	
Š	1	Number of voting members of the governing body (Part VI, line 1a)		3	11
ಷ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	11
ë	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)		_5_	10
₹	6	Total number of volunteers (estimate if necessary)		6_	50
Aci	l .	Total unrelated business revenue from Part VIII, column (C), line 12		<u>7a</u>	0.
	Ь	Net unrelated business taxable income from Form 990-T, line 34		7b_	0.
l		0	<u> </u>	Prior Year	Current Year
è è	I .	Contributions and grants (Part VIII, line 1h)	-	65,964.	64,653.
Revenue	ľ	Program service revenue (Part VIII, line 2g)	-	92,048.	91,472.
è i		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-	207,546.	150,209. 2,329.
ĺ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-	1,372.	
Expenses	12	Total revenue (a) (Filmes & Though 11 (must equal Part VIII, column (A), line 12)		366,930.	308,663.
3	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
)   	14	Benefits paid to or for members (Part IX, column (A), line 4)	<u> </u>	183,610.	177,933.
Ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	-	183,610.	177,933.
ĕ	103	Professional fundraising fees (Part IX, column (A), line 11e)  Total fundraising experises (Part IX, column (D), line 25)	٠ <del> </del>	<u> </u>	
찣	17	Total fundraising experises (Part IX, column (D), line 25)   1,289  Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<del>-</del>	147,822.	159,569.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	-	331,432.	337,502.
		Revenue less expenses. Subtract line 18 from line 12		35,498.	
es		Trevende less expenses. Cubitact line 10 horn line 12	Red	ginning of Current Year	End of Year
and	20	Total assets (Part X, line 16)	1 20	4,563,869.	4,545,644.
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)		72.	322.
至	22	Net assets or fund balances. Subtract line 21 from line 20		4,563,797.	4,545,322.
Pa	art II	Signature Block			
Und	er pena	lities of perjury, I declare that I have examined this return, including accompanying schedules ar	ınd stateme	ents, and to the best of m	ny knowledge and belief, it is
true,	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which	h preparer	has any knowledge.	
		M. Amoutto M. Hyras			
Sig	n	Signature of officer		Date	
Her	e	Annette M. Higgins		10/8	31/13
		Type or print name and title		·	
		Print/Type preparer's name Preparer's signature		Date Check [	PTIN
Paid		JAMES E. MCFARLAND	1	0/28/13 setf-emplo	
Prep		Firm's name HORTON, MCFARLAND & VEYSEY, LLC		Firm's EIN	01-0219197
Use	Only	Firm's address P.O. BOX 543			00 660 5500
		ELLSWORTH, ME/04605		Phone no. 2	07-667-5529
		RS discuss this return with the preparer shown above? (see instructions)			X Yes No
2320	01 12-1	0-12 LHA For Paperwork Reduction Act Notice, see the separate instructions	S.		Form <b>990</b> (2012)

Form 990 (2012)

	The one of the quite a concauted	-	Ves	No
	In the example than described in section 501(a)(2) as 4047(a)(1) (ather than a private foundation)?		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?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
3	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			
7	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
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	1	X
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, for escrow or custodial account liability; 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		<u>X</u>
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	<del> </del>
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			1
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		7.7	
	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			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110		х
<b>~</b> 1	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  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	11c	-	
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
۵	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	1.0		
•	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 and XII	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 and XII is optional	12b	<u> </u>	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, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	ļ	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	<del> </del>	<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
4-	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,			x
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	├	+^-
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		X
10	1c and 8a? If "Yes," complete Schedule G, Part II  Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII. line 9a? If "Yes."	18	1	<b>↑</b> ^
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	1	_x_
20-2	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	t	X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	t	+
	165 to line 20a, did the organization attach a copy of its addited finalicial statements to this return.		. 000	(0012

Form 990 (2012) YWCA OF MOUNT DESERT ISLAND
Part IV Checklist of Required Schedules (continued)

			V	NI-
	Did the second s		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		х
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		$\mathbf{x}_{-}$
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
20	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		<u> </u>
b		24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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, highest 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			1,7
	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).	-00-		- V
а		28a 28b		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	280	-	<u>A</u>
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	28c		x
29	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV  Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	х	† <u></u>
2 <del>9</del> 30	Did the organization receive more than \$25,000 in non-cash contributions? If res, complete schedule in		_ <del></del> -	
30	contributions? If "Yes," complete Schedule M	30		Х
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, Part II, III, or IV, and		l	
	Part V, line 1	34	ļ	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	<u> </u>	<u> </u>
b	If "Yes" to line 35a, 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	├─-	+
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	├	<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	1		,,
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	<del>}</del> —	<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	<u>X</u>	(2012

Form 990 (2012) YWCA OF MOUNT DESERT ISLAND
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			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
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 Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 10			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	<u> </u>	
	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		<u> X</u>
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, 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			٠,,
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a_		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	_5b_		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c_		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	ا ۔ ا		x
	any contributions that were not tax deductible as charitable contributions?	6a_		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	_ <u></u>		
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		х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	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			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		ļ <u>-</u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 <u>g</u>	ļ	<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		ļ—
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			1
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8_		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a_		<del>                                     </del>
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b_		<del>                                     </del>
10 a	Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on Part VIII, line 12  10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	i		
11	Section 501(c)(12) organizations. Enter:	1		
а	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 )		Ì	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	ļ.,	<u> </u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u> </u>	<u> </u>	<del> </del>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	<u> </u>	
	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		1	1
	organization is licensed to issue qualified health plans	4		
	Enter the amount of reserves on hand	-		+-
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<del> </del>	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	, 000	1/2012

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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
<u>Sec</u>	tion 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 1			
	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 0.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 1			
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		<u>X</u> _
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		<u>x</u>
7a		<del> </del>		
7 4	more members of the governing body?	7a		x
		/a		
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			x
_	persons other than the governing body?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		₹.	
_	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		<u>X</u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)		<u> </u>	
			Yes	No
	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?	10b		
	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.	İ		
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		
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	İ		
	in Schedule O how this was done	12c		L_
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			İ
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	1		
а	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 take steps to safeguard the organization's		1	
	exempt status with respect to such arrangements?	16b		
Sec	tion 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)	availal	nle	
	for public inspection. Indicate how you made these available. Check all that apply.	a rundi		
10		ad fina	noisi	
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, a	iu iina	iicial	
00	statements available to the public during the tax year	b		
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organized operations of the or	ation	_	
	THE ORGANIZATION - (207)288-5008			
232006	36 MOUNT DESERT STREET, BAR HARBOR, ME 04609			

					04'0044'560	
orm 990 (2012)	YWCA OF	MOUNT	DESERT	ISLAND	01-0211569	Page 7

## 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 in	nor any related	orga	anıza	ation	COL	mper	nsat	ed any current officer, of	director, or trustee	
(A)	(B) (C)							(D)	(E)	(F)
Name and Title	Average	(40		Pos		than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week		1	nd a d	Irecto	or/trus	tee)	from	from related	other
	(list any	ĘĘ	1					the	organizations	compensation
	hours for	5	, e			ated		organization	(W-2/1099-MISC)	from the
	related	stee	trust		92	bens		(W-2/1099-MISC)		organization and related
	organizations below	ualtı	lonal	İ	e è	100 an				organizations
	line)	Individual trustee or director	Institutional trustee	Officer	ey en	Highest compensated employee	ia o			Organizations
(1) SARAH FLYNN	1.00	_			_		-			
PRESIDENT		X		X				0.	0.	0.
(2) DEBBIE MITCHELL-DOW	1.00									_
VICE PRESIDENT		X		X				0.	0.	0.
(3) LESLEY BECHTOLD	1.00		l						_	
DIRECTOR		X		1	<u> </u>	<u> </u>		0.	0.	0.
(4) ANNETTE HIGGINS	1.00	ļ								•
TREASURER		X		X	ļ	<u> </u>	_	0.	0.	0.
(5) MAE CORRION	1.00	┨		ļ		ľ				•
DIRECTOR	1 00	X	<u> </u>	<u> </u>	_	-	<u> </u>	0.	0.	0.
(6) ALLIE NOLAN	1.00	I								0
DIRECTOR	1 00	X	├	<u> </u>	Ͱ		_	0.	0.	0.
(7) MARTHA ABBOTT	1.00	<b></b>								_
SECRETARY	1 00	X	├	X	<del> </del>	<del> </del>	-	0.	0.	0.
(8) THERESA HODGDON	1.00	٠,								0.
DIRECTOR	1 00	X	<del> </del>	<u> </u>		1	-	0.	0.	
(9) KATIE DYER	1.00	x					1	0.	0.	0.
DIRECTOR	1.00	^	-	-	┢╌	┼	$\vdash$		<u> </u>	
(10) MEAGAN KELLY DIRECTOR	1.00	X						0.	0.	0.
(11) BENITA MCMULLEN	40.00	1	<u> </u>	<u> </u>						
EXECUTIVE DIRECTOR	40.00	$\mathbf{x}$						48,075.	0.	18,495.
EMBCOTTVI DIRECTOR	- <del> </del>	<u></u>	İ		t	<del>                                     </del>	一	3073		
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	tees, itey Lill	יייי	<u> </u>		<u>и</u> пі	gne	<u> </u>	ompensated Employed	es (continueu)			
(A) Name and title	(B) Average hours per week (list any hours for	(do box offi	not c	Pos heck sspe	ition more rson irecto	than is bot or/trus	one h an itee)	( <b>D)</b> Reportable compensation from the	(E) Reportable compensation from related organizations	com	nount other pensa	of ation
	related organizations below line)	Individual trustee or	Institutional trustee	Officer	Key employee	Highest compensate employee	Former	(W-2/1099-MISC)		org an	anızat d relat	ion ted
		_								ļ		
										1		
						ļ				ļ		
	<u> </u>											
			-		-					<u> </u>		
								-		<u> </u>		
Sub-total	<u></u> _	L						48,075.	0	. 1	8,4	95.
	I, Section A					<b>•</b>		0.	0	•		0.
	ot limited to th	080	liete	nd at	2016	<b>→</b>				. 1	8,4	95.
compensation from the organization						<i>-</i> ,						
Did the organization list any former officer	director or tri	etor	, ka	v on	nnlo		ork	highest compansated o	mployee on	[	Yes	No
		13100	, NO	y Cii	пріс	yee,	OI I	riighest compensated e	mployee on	3		X
	-							•	the organization	١.		х
									dual for services	•		**
	plete Schedule	e J f	or su	ıch į	pers	on				5		X
	mpensated inc	depe	nde	nt c	ontr	acto	rs tl	hat received more than	\$100,000 of compen	sation	from	
	the calendar ye	ear e	endii	ng w	vith (	or w	ithin		year		~	
	address	NC	NE	<u> </u>					ervices			on
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	<del>-</del> ,						$\dashv$					
<del></del>		_					$\dashv$					
Total number of independent contractors (	antudina Filik :	nt !		4 • -	•ha	no l		about who received	oro than			
	-	ot III	intec	J 10	_		rea	above) who received m	iore man			
	Sub-total Total from continuation sheets to Part VI Total (add lines 1b and 1c) Total number of individuals (including but n compensation from the organization   Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for si For any individual listed on line 1a, is the su and related organizations greater than \$150 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com tion B. Independent Contractors  Complete this table for your five highest co- the organization. Report compensation for it (A) Name and business  Total number of independent contractors (iii	Name and title  Name and title  Average hours per week (list any hours for related organizations below line)  Sub-total  Total from continuation sheets to Part VII, Section A  Total (add lines 1b and 1c)  Total number of individuals (including but not limited to the compensation from the organization list any former officer, director, or truline 1a? If "Yes," complete Schedule J for such individual and related organizations greater than \$150,000? If "Yes, Did any person listed on line 1a receive or accrue compensation and related to the organization? If "Yes," complete Schedule tion B. Independent Contractors  Complete this table for your five highest compensated incidence or accruence or the organization. Report compensation for the calendar year.  (A)  Name and business address	Sub-total Total from continuation sheets to Part VII, Section A Total (add lines 1b and 1c) Did the organization ist any former officer, director, or trusted line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable coand related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable coand related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual For any individual listed on line 1a receive or accrue compensation and related organization? If "Yes," complete Schedule J for such individual For any individual listed on line 1a receive or accrue compensation for the calendar year of the organization. Report compensation for the calendar year of the organization. Report compensation for the calendar year of the organization. Report compensation for the calendar year of the organization. Report compensation for the calendar year of the organization. Report compensation for the calendar year of the organization. Report compensation for the calendar year of the organization. Report compensation for the calendar year of the organization. Report compensation for the calendar year of the organization. Report compensation for the calendar year of the organization.	Name and title  Name and business address  None	Name and title    Average   hours perweek (list any hours for related organizations below line)   Name and little   Name	Name and title  None  None  None	Name and title  Name and title  Average hours per week (list any hours for related organizations below line)  Sub-total  Total from continuation sheets to Part VII, Section A  Total (add lines 1b and 1c)  Did the organization list any former officer, director, or trustee, key employee, line 1a? If "Yes," complete Schedule J for such individual sited on line 1a receive or accrue compensation from any unrendered to the organization? If "Yes," complete Schedule J for such person tion B. Independent Contractors  Complete this table for your five highest compensated independent contractor the organization. Report compensation for the calendar year ending with or we (A)  Name and business address  NONE	Name and title  Average hours per week (list any hours for related organizations below line)  Sub-total  Total from continuation sheets to Part VII, Section A  Total qualities band 1e)  Did the organization if mid the organization or independent contractors  Did the organization if mid the organization of the table for your five highest compensation from any or independent contractors  Longier that stable for your five highest compensated independent contractors the organization. Report compensation from any or within (A)  Name and business address  NONE	A Name and title  A varage hours per veek (list any hours for related organizations below line)  Sub-total  Total from continuation sheets to Part VII, Section A  Total add lines 1b and 1c)  Did the organization ist any former officer, director, or trustee, key employee, or highest compensated eline 1a? If "Yes," complete Schedule J for such individual sted on line 1a, set the sum of reportable compensation from and related organizations greater than \$150.000? If "Yes," complete Schedule J for such individual listed on line 1a, set the sum of reportable compensation from and related organization? If "Yes," complete Schedule J for such individual listed on line 1a, set the sum of reportable compensation from and related organization? If "Yes," complete Schedule J for such individual Set on line 1a, set the sum of reportable compensation from and related organization? If "Yes," complete Schedule J for such individual Set on line 1a, set the sum of reportable compensation from and related organization? If "Yes," complete Schedule J for such individual Set on line 1a, set the sum of reportable compensation from and related organization? If "Yes," complete Schedule J for such person tion B. Independent Contractors  (A)  Name and business address  NONE  Total number of independent contractors (including but not limited to those listed above) who received more than the organization. Report compensation for the calendar year ending with or within the organization or individual Name and business address  NONE  Total number of independent contractors (including but not limited to those listed above) who received more than the organization or individual person tion B. Independent contractors (including but not limited to those listed above) who received more than the organization or individual person tion B. Independent contractors (including but not limited to those listed above) who received more than the organization or individual person tion B. Independent contractors that including but not limited to those listed abo	Name and title    Average   Pour spring   Post from   Post from the compensation of the compensation   Post from the compensation	Name and title    Average   Nours per   No	Name and title    Average   Name and title   Average   Nours pat

		Check if Schedule O cont	ains a res	ponse	to any question in				
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
t ts	1 a	Federated campaigns		1a		-			
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues	Г	1b	3.000.				
E, E	C	_		1c	,,,,,,,,,				
# F		I Related organizations		1d					
S,E	е	0		1e					
Ë	f	A11 11 1 1 1 1 1 1							
돌		similar amounts not included above	1	1f	61,653,				
들임	g	Noncash contributions included in lines	1a-1f \$		28,291.				
3 5	_	Total. Add lines 1a-1f			<u> </u>	64 653.			
					Business Code				
g.	2 a	RESIDENCE			531110	73,641,	73,641,		
اھ∑	b				900099	12,904,	12,904.		
8 5	С				531390	4,927,	4.927.		
Program Service Revenue	d								
P. C.	е	•				·			
<u>م</u> ا	f	All other program service reve	nue						
	a	Total. Add lines 2a-2f			<b>•</b>	91,472,			
	3	Investment income (including	dıvıdend	s, inter	est, and				
		other similar amounts)		•	· •	145,594.			145,594.
Progr	4	Income from investment of tax	x-exempt	bond p	proceeds				
	5	Royalties	•	•	▶ [				
	_	•	(ı) R	eal	(II) Personal				
	6 a	Gross rents			1 ) /				
	b	Less rental expenses							
	c	: Rental income or (loss)							
	d	Net rental income or (loss)			<b>•</b>				
	7 a	Gross amount from sales of	(i) Secu	ırıtıes_	(II) Other	<del></del>			
		assets other than inventory	1.043						
	b	Less. cost or other basis	-	-					
		and sales expenses	1,038	916.	,				
	С	: Gain or (loss)	4	615	,				
	d	Net gain or (loss)				4,615,	4,615.		
a	8 a	Gross income from fundraising	g events	(not		•			
Other Revenue		including \$	of	:					
ě		contributions reported on line	1c) See		i				
<u>*</u>		Part IV, line 18		а					
£	b	Less: direct expenses		b					
0	c	: Net income or (loss) from fund	fraising e	vents					
	9 a	Gross income from gaming ac	tivities S	ee					
		Part IV, line 19		а					
	b	Less: direct expenses		b					
	C	: Net income or (loss) from gam	ıng actıvı	ties					
	10 a	Gross sales of inventory, less	returns						
		and allowances		а	1,093.				
	b	Less. cost of goods sold		b	0.				
	С	: Net income or (loss) from sale	s of inver	itory	<b>•</b>	1 093.	1,093,		
		Miscellaneous Revenu	e		Business Code				}
	11 a	MISCELLANEOUS			900099	1,236	1,236.		<u></u>
	b								
	c								
	d	All other revenue							
	е	Total. Add lines 11a-11d			<b></b>	1,236.			
	12	Total revenue. See instructions.				308 663		0.	
23200	9 · 12								Form <b>990</b> (2012)

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). Check if Schedule O contains a response to any question in this Part IX (B) Program service (C) Management and general expenses (D) Fundraising (A) Total expenses Do not include amounts reported on lines 6b. 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 Grants and other assistance to individuals in the United States See Part IV, line 22 Grants and other assistance to governments. organizations, and individuals outside the United States See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 24,038. 48,076. 24,038. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 81,077. 77,264. 3,813 7 Other salaries and wages Pension plan accruals and contributions (include 8,321 10,725 2,404 section 401(k) and 403(b) employer contributions) 6,020.22,236. 16,216. Other employee benefits Payroll taxes 15,819. 13,411. 2,408. 10 Fees for services (non-employees) 4,275 2,137 2,138 Management Legal b 4,689 4,689 С Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 1,289. 1,289. 2,578. Advertising and promotion 12 Office expenses 7,377 7,377 13 Information technology 14 Royalties 15 44,710. 44,710 16 Occupancy 3,016. 3.016. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 8,017. 8,017 Conferences, conventions, and meetings 19 Interest 20 1,815 1,815 21 Payments to affiliates 11,550. Depreciation, depletion, and amortization 11,550. 22 1,607. 18,489. 16,882. 23 Insurance Other expenses, Itemize expenses not covered 24 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.) 28,011 28,011 OTHER INVESTMENT EXPENS DIRECT PROGRAM EXPENSES 14,927. 14,927 3,796. 3,796. c SUPPLIES 3,108. d MISCELLANEOUS 3,108. 1,168. e All other expenses 3.211. 2,043. 1,289. Total functional expenses. Add lines 1 through 24e 337,502 257,227. 78,986. 25 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

Check if Schedule O contains a response to any question in this Part X (B) End of year (A) Beginning of year Cash - non-interest-bearing 1 267,826. 225,491 2 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Loans and other 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 instr). Complete Part II of Sch L **Assets** 7 Notes and loans receivable, net Inventories for sale or use 8 Я 18,719. 5,606. Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other 509,822. basis Complete Part VI of Schedule D 10a 399,688. 110,134. 411,238. 10c 10b b Less: accumulated depreciation 3,819,067. 3,881,446. Investments - publicly traded securities 11 11 40,345. 40,088. 12 12 Investments - other securities. See Part IV, line 11 Investments - program-related See Part IV, line 11 13 13 14 14 Intangible assets Other assets. See Part IV, line 11 15 15 4,545,644. 4,563,869. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 Accounts payable and accrued expenses 17 17 18 18 Grants payable Deferred revenue 19 19 Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Liabilities Loans and other 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 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of 72. 322. Schedule D 25 322. 72. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 631,843. 675,472. 27 Unrestricted net assets 27 3,869,850. 3,931,954. 28 Temporarily restricted net assets Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds 4,545,322. 4,563,797. 33 33 Total net assets or fund balances 4,545,644. Total liabilities and net assets/fund balances 4,563,869. 34

		11569	Pag	<sub>e</sub> 12
Pa	rt 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)		3,6	
2	Total expenses (must equal Part IX, column (A), line 25)		7,5	
3	Revenue less expenses. Subtract line 2 from line 1			<u>39.</u> >
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4,563		
5	Net unrealized gains (losses) on investments	1	),3	<u>64.</u>
6	Donated services and use of facilities . 6			
7	Investment expenses 7			
8	Prior period adjustments 8			
9	Other changes in net assets or fund balances (explain in Schedule O)			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,			
	column (B))	4,54	5,3	<u>22.</u>
Pa	rt XIII Financial Statements and Reporting			
	Check if Schedule O contains a response to any question in this Part XII		1	
			Yes	No
1	Accounting method used to prepare the Form 990: X 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	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a			
	separate basis, consolidated basis, or both			
	X Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,	1 1		
	consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
C	If "Yes" to line 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?	2c	_X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
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		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	206	
		Form	990	(2012)

### **SCHEDULE A**

Department of the Treasury

(Form 990 or 990-EZ)

**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

Open to Public Inspection

Internal Revenue Service Employer identification number Name of the organization 01-0211569 YWCA OF MOUNT DESERT ISLAND Reason for Public Charity Status (All organizations must complete this part ) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 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). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X 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) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 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 ) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 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. c 🗌 a L Type ! **b** Type II Type III - Functionally integrated Type III - Non-functionally integrated 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) 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 Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, 11g(i) the governing body of the supported organization? (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s) h (vi) Is the (iv) Is the organization (v) Did you notify the (i) Name of supported (vii) Amount of monetary (iii) Type of organization (ii) EIN organizátion in col in col. (i) listed in your organization in col. organization (described on lines 1-9 (i) organized in the U.S.? support above or IRC section governing document? (i) of your support? (see instructions)) Yes Yes No Yes No No

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2012

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

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

Se	ction A. Public Support	.,	•	,			
	ndar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Gifts, grants, contributions, and	10/-000	(3) = 333	10/ = 0.10	147-3-1		
-	membership fees received (Do not	1			İ		
	include any "unusual grants.")	42,117.	66,565.	60,469.	65,964.	64,653.	299,768.
2	Tax revenues levied for the organ-	•	•				
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	42,117.	66,565.	60,469.	65,964.	64,653.	299,768.
	The portion of total contributions		3073331	00,1000	00,7502.	00,000	
•	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)				i		53,221.
_	''						246,547.
	Public support. Subtract line 5 from line 4 ction B. Total Support	<u> </u>					<u> 240, 347.</u>
	ndar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(=) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 4	42,117.	66,565.	(c) 2010 60, 469.	65,964.	64,653.	299,768.
-	Gross income from interest,	42,11/0	00,303.	00,403.	05,304.	04,055.	233,100:
•	· ·						
	dividends, payments received on						
	securities loans, rents, royalties	207 600	E1 261	414 224	207 546	150 200	1031040.
_	and income from similar sources	207,600.	51,361.	414,324.	207,546.	150,209.	1031040.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain						
	or loss from the sale of capital	100	0 004	405	4.45	1 226	4 222
	assets (Explain in Part IV.)	108.	2,034.	407.	447.	1,236.	
	Total support. Add lines 7 through 10						1335040.
	Gross receipts from related activities,		-		•	12	486,525.
13	First five years. If the Form 990 is for	-	first, second, third	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	. $\Box$
6-	organization, check this box and stop						
	ction C. Computation of Publ		<del></del> _			I <del></del>	40.45
14	Public support percentage for 2012 (I	ine 6, column (f) div	vided by line 11, c	olumn (f))		14	18.47 %
	Public support percentage from 2011	*				15	16.92 %
16a	33 1/3% support test - 2012. If the o	organization did not	check the box or	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	ox and
	stop here. The organization qualifies		-		•		
t	33 1/3% support test - 2011. If the o	organization did not	check a box on l	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check the	nis box
	and stop here. The organization qual	· · · · · · · · · · · · · · · · · · ·					
17a	10% -facts-and-circumstances tes	_					
	and if the organization meets the "fac	ts-and-circumstand	es" test, check th	ns box and stop h	ere. Explain in Pa	rt IV how the organ	nization
	meets the "facts-and-circumstances"	test The organizat	ion qualifies as a	publicly supported	dorganization		▶□
t	10% -facts-and-circumstances tes	t - <b>2011</b> . If the orga	inization did not c	heck a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets th	ne "facts-and-circur	nstances" test, ch	eck this box and	<b>stop here.</b> Explair	n in Part IV how the	
	organization meets the "facts-and-circ	cumstances" test.	The organization o	ualifies as a publi	cly supported orga	anızatıon	
18	Private foundation. If the organization	n did not check a t	oox on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a	and see instruction	s X
							or 990-EZ) 2012

## Schedule A (Form 990 or 990 EZ) 2012 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	Joiow, piodoc com	pioto i dit ii j				
Calendar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants ")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in any activity that is related to the						
organization's tax-exempt purpose						
3 Gross receipts from activities that			-			
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and				<del> </del>	<del>                                     </del>	
3 received from disqualified persons	.]				1	
<b>b</b> Amounts included on lines 2 and 3 received		<del>                                     </del>		1	+	·
from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year				-	<del></del>	
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6) Section B. Total Support	<u></u>				1	<del></del>
	T (10000	4 , 0000	4 3 2040	1 4 0 0044	4-) 0010	(O Total
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6		-	-	<del> </del>		
10a Gross income from interest, dividends, payments received on						
securities loans, rents, royalties						
and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975					<u> </u>	
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b,						
whether or not the business is						
regularly carned on			. <u> </u>			
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)					<u> </u>	
14 First five years. If the Form 990 is for	or the organization	's first, second, thir	d, fourth, or fifth t	tax year as a secti	on 501(c)(3) organiz	ation,
check this box and stop here	_					<u>▶</u>
Section C. Computation of Pub	lic Support Pe	ercentage				
15 Public support percentage for 2012	(line 8, column (f) o	divided by line 13, o	column (f))		15	
16 Public support percentage from 201	1 Schedule A, Par	t III, line 15			16	
Section D. Computation of Inve	stment Incom	ne Percentage				
17 Investment income percentage for 2	012 (line 10c, colu	mn (f) divided by lir	ne 13, column (f))		17	(
18 Investment income percentage from					18	
19a 33 1/3% support tests - 2012. If the			on line 14, and lin	e 15 is more than	33 1/3%, and line	17 is not
more than 33 1/3%, check this box	=					▶□
b 33 1/3% support tests - 2011. If the	*	=				and
line 18 is not more than 33 1/3%, ch	_					
20 Private foundation. If the organizati						<b>▶</b> [

### **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.

CMB No 1545-0047 Inspection

Name of the organization

Employer identification number

	YWCA OF MOUNT DESER			01-0211569		
Par	t I Organizations Maintaining Donor Advised	l Funds or Other Similar Fund:	s or Acc	counts. Complete if the		
	organization answered "Yes" to Form 990, Part IV, line					
		(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 w	riting that the assets held in donor advi	sed funds			
	are the organization's property, subject to the organization's e	xclusive legal control?		☐ Yes ☐ No		
6	Did the organization inform all grantees, donors, and donor ad	visors in writing that grant funds can be	used onl	y		
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose	e confernn	g		
	impermissible private benefit?			Yes No		
Pai	t II Conservation Easements. Complete if the orga	anization answered "Yes" to Form 990,	Part IV, lin	e 7		
1	Purpose(s) of conservation easements held by the organizatio	n (check all th <u>at a</u> pply)				
	Preservation of land for public use (e.g , recreation or ed	lucation) Preservation of an hi	storically	mportant land area		
	Protection of natural habitat	Preservation of a cer	tified histo	oric structure		
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form	of a cons	servation easement on the last		
	day of the tax year		_			
			_	Held at the End of the Tax Year_		
а	Total number of conservation easements		<u> </u>	2a		
b	Total acreage restricted by conservation easements		<u> </u>	2b		
C	Number of conservation easements on a certified historic stru	cture included in (a)	<u></u>	2c		
d	Number of conservation easements included in (c) acquired at	fter 8/17/06, and not on a historic struc	ture			
	listed in the National Register	2d				
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by th	ne organiz	ation during the tax		
	year ▶					
4	Number of states where property subject to conservation ease	·				
5	Does the organization have a written policy regarding the period		•			
	violations, and enforcement of the conservation easements it			└ Yes └ No		
6	Staff and volunteer hours devoted to monitoring, inspecting, a			· ·		
7	Amount of expenses incurred in monitoring, inspecting, and e					
8						
	and section 170(h)(4)(B)(ii)?			Yes No		
9	In Part XIII, describe how the organization reports conservation					
	include, if applicable, the text of the footnote to the organization	on's financial statements that describes	s the orga	nization's accounting for		
Da	t III Organizations Maintaining Collections of	Art Historical Treasures or (	Wher Si	milar Accete		
Га	Complete if the organization answered "Yes" to Form 9	·		iiiidi A330ta.		
	If the organization elected, as permitted under SFAS 116 (ASC		mont and	halance sheet works of art		
ıa	historical treasures, or other similar assets held for public exhi					
	the text of the footnote to its financial statements that describ		ance or p	ublic service, provide, in rait XIII,		
L	If the organization elected, as permitted under SFAS 116 (ASC		nt and hal	ance sheet works of art, historical		
D	treasures, or other similar assets held for public exhibition, ed					
		ucation, or research in furtherance of p	ublic selv	ice, 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	europ or other amular acceta for fire-	iol acia =	roudo		
2	If the organization received or held works of art, historical trea		iai yain, pi	TOVICE		
	the following amounts required to be reported under SFAS 11	o (MOC 908) relating to these items:		<b>*</b>		
a	Revenues included in Form 990, Part VIII, line 1			<b>▶</b> \$		
b	Assets included in Form 990, Part X			<b>&gt;</b> \$		

		MOUNT DESI						11569	Page 2	
Par	t III   Organizations Maintaining C	<u>ollections of Ar</u>	t, Historical Tre	easures, or	r Othe	er Similar A	\sset	S(continue	d)	
3	Using the organization's acquisition, accession	on, and other records	s, check any of the	following that	are a si	gnificant use	of its c	collection it	ems	
	(check all that apply)									
а	Public exhibition	d	Loan or excl	nange progran	ns					
b	Scholarly research	е	Other							
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explair	how they further th	ne organizatioi	n's exe	mpt purpose ii	n Part	XIII		
5	During the year, did the organization solicit or	receive donations of	f art, historical treas	sures, or other	r sımılaı	assets				
	to be sold to raise funds rather than to be ma	intained as part of the	ne organization's co	llection?				Yes	No	
Paı	t IV Escrow and Custodial Arranger reported an amount on Form 990, Par	-	te if the organization	n answered "Y	es" to	Form 990, Par	rt IV, lı	ne 9, or		
12	Is the organization an agent, trustee, custodia		any for contribution	e or other age	ete not	included				
ıa	on Form 990, Part X?	an or other intermed	lary for continuation	S OF OTHER ASS	ets not	included		] Yes	No	
<b>h</b>	·	and complete the fel	lowing table:					1163		
D	If "Yes," explain the arrangement in Part XIII	and complete trie for	lowing table.					Amount		
_	Paginning halange					40		Amount		
	Additions during the year					1c				
d	Additions during the year					1d				
e	Distributions during the year					1e				
f	Ending balance	000 D-+V I	040			1f		1	No	
	Did the organization include an amount on Fo	• •					ـــا	Yes		
Pa	If "Yes," explain the arrangement in Part XIII.					10				
Га	t V Endowment Funds. Complete if						. baali	4.3 Faur va	ora baak	
	<u> </u>	(a) Current year	(b) Prior year	(c) Two years		(d) Three years		<b>(e)</b> Four ye		
1a	Beginning of year balance	607,773.	559,918.		429.	572	906.	5	77,243,	
b	Contributions	28,291.	26 156.	26	,249,					
С	Net investment earnings, gains, and losses	8,834,	53,859.	33	727.	<28_	546.	<u> </u>	<u>18,491,</u>	
d	Grants or scholarships	-								
e	Other expenditures for facilities									
	and programs	9,380.	26,520.	17	,520,	17_	520.		<u>17,520.</u>	
f	Administrative expenses	5,512,	5,640.	_4	967.	4,	411.		5 308.	
g	End of year balance	630,006.	607,773.	559	918.	522,	429.	5	<u>72,906.</u>	
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1g, column (a	a)) held as:						
а	Board designated or quasi-endowment	100.00	_%							
b	Permanent endowment >	%								
С	Temporarily restricted endowment ▶	%								
	The percentages in lines 2a, 2b, and 2c should	ld equal 100%								
3a	Are there endowment funds not in the possession of the organization that are held and administered for the organization									
	(i) unrelated organizations							3a(i)	X_	
	(ii) related organizations							3a(ii)	X	
b	If "Yes" to 3a(II), are the related organizations	listed as required o	n Schedule R?					3b		
4	Describe in Part XIII the intended uses of the	organization's endo	wment funds.							
Pa	t VI Land, Buildings, and Equipm	ent. See Form 990	, Part X, line 10							
	Description of property	(a) Cost or of basis (investing		or other (other)		accumulated preciation		(d) Book	value	
	Lond	<del>-</del>		(52161)			+	150	,000.	
_	Land	150,		5 904		93 522	-		,382	
b	Buildings	<del></del>		5,904.		83,522	-	444	, 204.	
C	Leasehold improvements				-		-			
d	Equipment		<del>-   -</del>	2 010		26 612		7	,306.	
	Other (C)			3,918.		26,612	-		, 688.	
rota	l. Add lines 1a through 1e. (Column (d) must e	guai ⊦orm 990. Part	x, column (B), line 1	TU(C) )			<b>&gt;</b>	333	,000.	

Schedule D (Form 990) 2012

YWCA OF MOUNT DESERT ISLAND

Schedule D (Form 990) 2012

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	dule D (Form 990) 2012 YWCA OF MOUNT DESERT ISLA			<u>0211569</u>	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Staten		Retun	n	
1	Total revenue, gains, and other support per audited financial statements		1		
2	Amounts 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	2b	_		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d		1	
е	Add lines 2a through 2d		2e	_	
3	Subtract line 2e from line 1		3		
4	Amounts 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			
b	Other (Describe in Part XIII)	4b	_		
С	Add lines 4a and 4b		4c		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5		
Pa	rt XII Reconciliation of Expenses per Audited Financial State	ments With Expenses pe	r Retu	urn	
1	Total expenses and losses per audited financial statements		1		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
а	Donated services and use of facilities	2a	_		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII )	2d			
е	Add lines 2a through 2d		2e		
3	Subtract line 2e from line 1		3		
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	-		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b		4c		
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5		
Pai	rt XIII Supplemental Information				<u>-</u>
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Par e 2; Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part			2b, Part V, line	4, Fait

Schedule D (Form 990) 2012

### SCHEDULE M (Form 990)

### **Noncash Contributions**

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

➤ Attach to Form 990.

2012

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

YWCA OF MOUNT DESERT ISLAND

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

Employer identification number 01-0211569

Schedule M (Form 990) (2012)

Pai	rt I Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash con amounts rep Form 990, Part	orted on	Method noncash co	(d) d of determi ontribution a		:s
1	Art - Works of art		items contributed	1 01111 330, 1 art	VIII, IIIIC 19				
2	Art - Historical treasures								
3	Art - Fractional interests				···				
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles			-			-		
7	Boats and planes						_		
8	Intellectual property	-			•				
9	Securities - Publicly traded	Х	1	25	,218.	SELLING	PRICE	OF	STO
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								
20	Drugs and medical supplies								
21	Taxidermy							_	
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other • ()								
26	Other • ()								
27	Other • ()								
28	Other ()		<u> </u>			<u></u>			
29	Number of Forms 8283 received by the organi		-						
	for which the organization completed Form 82	83, Part IV, I	Donee Acknowled	gement	29				<del></del>
								Yes	No
30a	During the year, did the organization receive b							1	
	at least three years from the date of the initial	contribution	, and which is not	required to be us	sed for exer	npt purposes fo	r		
	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 re	equires the review	of any non-stand	dard contrib	outions?	31	1	X
32a	Does the organization hire or use third parties	or related or	ganızatıons to solı	cit, process, or s	sell noncash	1			
	contributions?						32a	Ц	X
b	If "Yes," describe in Part II.								
33	If the organization did not report an amount in	column (c) f	or a type of prope	rty for which col	umn (a) is cl	necked,			
	describe in Part II								

### **SCHEDULE O**

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Department of the Treasury

OMB No 1545-0047

Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

Inspection

Name of the organization  YWCA OF MOUNT DESERT ISLAND	Employer identification number 01-0211569							
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MIS	SION:							
WOMEN & GIRLS, TEEN EDUCATION AND ACTIVITIES FOR CHILDREN.								
FORM 990, PART VI, SECTION B, LINE 11: THE BOARD OF DIRECT	TORS REVIEWS FORM							
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION M GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS AVAILABLE TO								
REQUEST.								