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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

<u>A</u> 1	or the	2012 calendar year, or tax year beginning and en	ıding					
B	heck if	C Name of organization		D Employer identification number				
	Addres change Name	SO. DISTRICT YMCA/CAMP LINCOLN, INC.		04-3383996				
늗	_Jchange _Initial							
	_lreturn ∏Termina ated	67 BALL ROAD	oom/suite	E Telephone number 603 642-3361				
<u>_</u>	Amend	City, town, or post office, state, and ZIP code		G Gross receipts \$ 2,196,431.				
L	Application toon pengin	KINGBION, NII 03040		H(a) Is this a group return				
	pendin	F Name and address of principal officer: ROB MCGREGOR		for affiliates? Yes X No				
		24 FRONT STREET, EXETER, NH 03833		H(b) Are all affiliates included? Yes No				
		mpt status. X 501(c)(3)	<u> </u>	d ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '				
		e: ► WWW.YMCACAMPLINCOLN.ORG	1	H(c) Group exemption number ►				
	art I	organization X Corporation		of formation 1997 M State of legal domicile NH				
φ	1	Briefly describe the organization's mission or most significant activities. $\overline{ ext{TO}}$ PUT	r Chr	RISTIAN PRINCIPLES INTO				
anc		PRACTICE THROUGH PROGRAMS THAT BUILD HEALT	THY S	SPIRIT, MIND, AND BODY.				
Ē	2	Check this box 🕨 🔲 if the organization discontinued its operations or disposed	d of more	e than 25% of its net assets				
Activities & Governance	1	Number of voting members of the governing body (Part VI, line 1a)		3 12				
8	ſ	Number of independent voting members of the governing body (Part VI, line 1b)		4 12				
ies		Total number of individuals employed in calendar year 2012 (Part V, line 2a)		5 188				
ŧi	l .	Total number of volunteers (estimate if necessary)		$\frac{6}{7a}$ $\frac{20}{0}$				
Aci	1	Total unrelated business revenue from Part VIII, column (C), line 12		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\				
	b	Net unrelated business taxable income from Form 990 I line 84 - VED		7ь 0.				
		()	-	Prior Year Current Year 69,523. 71,261.				
Revenue	1	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)	· [	1,929,103. 2,118,589.				
Ver		Program service revenue (Part VIII, line 2g)	-	7,527. 6,581.				
æ	10	investment income (Part VIII, column (A), lines 3; 4, and 7d)	<u> </u>	0. 0,				
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII dolumn (A), line 12)	<i>j</i>	2,006,153. 2,196,431.				
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0. 0.				
		Benefits paid to or for members (Part IX, column (A), line 4)		0. 0.				
s	l	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,155,775. 1,253,941.				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0. 30,125.				
be	ь.	Total fundraising expenses (Part IX, column (D), line 25)  86,023	3.					
ũ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		670,293. 671,884.				
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,826,068. 1,955,950.				
	19	Revenue less expenses Subtract line 18 from line 12		180,085. 240,481.				
OF			Ве	eginning of Current Year End of Year				
Sets	20	Total assets (Part X, line 16)		1,375,127. 1,714,111.				
Net Assets or Find Balances	21	Total liabilities (Part X, line 26)		61,002. 152,061.				
		Net assets or fund balances Subtract line 21 from line 20		1,314,125. 1,562,050.				
		Signature Block						
		ities of perjury, I declare that I have examined this return, including accompanying schedules a						
true	, correc	t, and complete Declaration of preparer (other than officer) is based on all information of whic	n prepare					
٥.		Signature of officer		Date				
Sig		ROB MCGREGOR, EXECUTIVE DIRECTOR						
He	re	Type or print name and title						
_				Date Check PTIN				
Paı	d	Print/Type preparer's name  ABBY T. DAWSON, CPA  ABBY T. DAWSON, CPA	i i	03/20/13 self-employed P00525871				
	parer	Firm's name F.G. BRIGGS, JR., CPA, PROF. ASSI		Firm's EIN > 02-0381649				
	Only	Firm's address 98 SALMON STREET						
		MANCHESTER, NH 03104		Phone no (603)668-1340				
Ma	May the IRS discuss this return with the preparer shown above? (see instructions)							
	001 12-1		ns.	Form <b>990</b> (2012)				
	16-1	VIE ser experimental residence in the separate management	•					

	990 (2012) SO. DISTRICT YMCA/CAMP LINCOLN, INC. U4-3383996 Page 2
Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission:  TO DIM CURTOMAN PRINCIPLES TAMO PRACTICE THROUGH PROCESSES THAT BILLID
	TO PUT CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT BUILD
	A HEALTHY SPIRIT, MIND, AND BODY.
2	Dud the average to the desire of the second
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes X No
3	If "Yes," describe these new services on Schedule O  Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes X No
3	3, 3, 3
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
4a	revenue, if any, for each program service reported.  (Code ) (Expenses \$ 840,793. including grants of \$ ) (Revenue \$ 1,063,181.)
40	(Code)(Expenses \$ 840,793. including grants of \$ ) (Revenue \$ 1,063,181.)  CAMP PROGRAM - OFFERS A CAMPING EXPERIENCE FOR YOUTH THROUGH A VARIETY
	OF CAMPS INCLUDING; TRADITIONAL CAMP, TRAVEL CAMP, SPECIALTY CAMP AND
	ADVENTURE CAMP.
	ADVENTORE CAPIF.
	(Code ) (Expenses \$ 785,689 • Including grants of \$ ) (Revenue \$ 1,055,408 • )
4b	(Code) (Expenses \$/85,689. Including grants of \$) (Revenue \$1,055,408.) THE SCHOOLS OUT PROGRAM PROVIDES BEFORE AND AFTER SCHOOL PROGRAMS FOR
	CHILDREN AT FOURTEEN DIFFERENT LOCATIONS IN NH.
4c	(Code) (Expenses \$
	NATIONAL FAIR SHARE - PAYMENTS TO NATIONAL AFFILIATE
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ► 1,666,150.
	Form <b>990</b> (2012)

	,		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		3,7	
_	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	^	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	2		Х
4	public office? If "Yes," complete Schedule C, Part I	3_		
•	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		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		Х
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		Х
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		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			٠,,
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	11a	x	
h	Part VI  Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	IIa		
b	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
Ť	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
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	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		١	ļ
	Schedule D, Parts XI and XII	12a	<u>X</u>	<del> </del>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			X
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	├	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	-	X
	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a	<del> </del> -	<del></del>
U	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			1
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	<u> </u>	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	]		1,7
	complete Schedule G, Part III	19	<del> </del>	X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	<del> </del> -	^
<u>þ</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	990	(2012)

Form 990 (2012) SO. DISTRICT YMCA/Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			}
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		X
ь	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		1	!
	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	ļ	X
b	is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			1
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete		ļ	
	Schedule L, Part I	25b	ļ	<u>X</u>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified		ļ	ļ
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	ļ	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27	-	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):		1	.,
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			v
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	-	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	-	<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		X
	contributions? If "Yes," complete Schedule M	30	<del> </del>	A
31	Did the organization liquidate, terminate, or dissolve and cease operations?	24	1	Х
	If "Yes," complete Schedule N, Part I	31	<del> </del>	-
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		X
22	Schedule N, Part II	32		- 21
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		x
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	- 55		
34		34		х
250	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	<b>!</b> —	X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
U	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?			1
-	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	<del></del>		†
٠,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			1
	Note. All Form 990 filers are required to complete Schedule O	38	X	
	TOTAL TOTAL COO MOTO DE TOTAL CO COMPLETO COMPLETO CO			(2012)

rar	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	10		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			1
	(gambling) winnings to prize winners?	1c	X	
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	88		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	_2b		X
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	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		İ	.,
	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.	_		· ·
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	-	
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		<del>                                     </del>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			X
	any contributions that were not tax deductible as charitable contributions?	6a		<del>  ^</del>
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6.		
_	were not tax deductible?	6ь		
7	Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the pay	/or? 7a		X
a	terre management and the state of the state	7b		<del> </del>
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	1.5	†——	†
C	to file Form 8282?	7c		X
d	74			
e	Color to the state of the state	7e	İ	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	to the state of th	7g		
h	to the state of th			
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	2 8	ļ	
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		ļ
ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	ļ	<u> </u>
10	Section 501(c)(7) organizations. Enter:			1
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	,			
	amounts due or received from them.)	— . <u>.</u>		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	ļ	<del> </del>
ь	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.	10	<del> </del>	+
а		13a	-	+
_	Note. See the instructions for additional information the organization must report on Schedule O			
b	1		[	
	organization is licensed to issue qualified health plans	$\dashv$	1	
C	· · · · · · · · · · · · · · · · · · ·	14a	<del> </del>	X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b	-	+**
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	140	<del></del>	

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		
Sec	tion A. Governing Body and Management				1			
_		1. 1	10		Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	12					
	If there are material differences in voting rights among members of the governing body, or if the governing							
_	body delegated broad authority to an executive committee or similar committee, explain in Schedule O		12					
	Enter the number of voting members included in line 1a, above, who are independent	1b						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	ip with a	any other			v		
	officer, director, trustee, or key employee?			2		<u>X</u>		
3	Did the organization delegate control over management duties customarily performed by or under the	ne direc	supervision			v		
	of officers, directors, or trustees, or key employees to a management company or other person?			3 4		X		
4								
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5		X		
6	Did the organization have members or stockholders?			6		X		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint	one or			47		
	more members of the governing body?			7a		<u>X</u>		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	stockho	lders, or			.,		
	persons other than the governing body?			7b		X		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye	ar by the	following					
а	The governing body?			8a	X			
b	Each committee with authority to act on behalf of the governing body?			8b	Х			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ached a	t the			.,		
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		<u>X</u>		
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal R	Revenue	Code.)					
					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 c	hapters	s, affiliates,					
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b 11a		X		
11a	1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?							
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				,,			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X			
þ	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х			
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	Yes," de	escribe					
	in Schedule O how this was done			12c	X			
13	Did the organization have a written whistleblower policy?			13	X	<u> </u>		
14	Did the organization have a written document retention and destruction policy?			14	Х			
15	Did the process for determining compensation of the following persons include a review and approve	al by in	dependent					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	?						
а	The organization's CEO, Executive Director, or top management official			15a	X			
þ	Other officers or key employees of the organization			15b	ļ	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 arrange	ement w	rith a					
	taxable entity during the year?			16a	ļ	X		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its p	articipation					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization	anızatıo	า'ร					
	exempt status with respect to such arrangements?			16b	L	<u> </u>		
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed ▶NH							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	·T (Sect	on 501(c)(3)s only)	avaılat	ole			
	for public inspection. Indicate how you made these available. Check all that apply.							
	Own website Another's website X Upon request Other (explain	n in Scl	nedule O)					
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, c	onflict	of interest policy, ar	id finai	ncıal			
	statements available to the public during the tax year.							
20	State the name, physical address, and telephone number of the person who possesses the books a	and rec	ords of the organiza	ition 🕨	<b>-</b>			
	ROB MCGREGOR - 603 642-3361							
	24 FRONT STREET, EXETER, NH 03833							

orm	000	100	101

#### SO. DISTRICT YMCA/CAMP LINCOLN, INC.

04-3383996

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

X Check this box if neither the organiza (A)	(B)			(0		<u> </u>		(D)	(E)	(F)
Name and Title	Average hours per	Position (do not check more than one				than	h an	Reportable compensation	Reportable compensation	Estimated amount of
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) J. DOUGLAS DEIHL, III	2.00							]		
BOARD MEMBER		Х				<u> </u>		0.	0.	0.
(2) KEVIN FARRAR	2.00									
BOARD MEMBER		Х	ļ					0.	0.	0.
(3) CAROLE MATTHEWS	2.00									!
BOARD MEMBER		X	l	l	İ			0.	0.	0.
(4) JOSEPH GRILLO	2.00									
BOARD MEMBER		X						0.	0.	0.
(5) SUZANNE HANSEN	2.00									
BOARD MEMBER		X						0.	0.	0.
(6) SUSAN JANETOS	2.00									
BOARD MEMBER		X						0.	0.	0.
(7) KATHY SHEEHAN	2.00									
BOARD MEMBER		X						0.	0.	0.
(8) ROBERT MITCHELL	2.00									
BOARD MEMBER		X						0.	0.	0.
(9) TERRY SULLIVAN	2.00									
BOARD CHAIR				X				0.	0.	0.
(10) CYNTHIA DOMINGUEZ	2.00			<b> </b>						
VICE-CHAIR				X				0.	0.	0.
(11) BRENDAN POWER	2.00									
BOARD SECRETARY		1		X				0.	0.	0.
(12) JEFF JACKSON	2.00									
TREASURER		1		X				0.	0.	0.
			1	1						
		1								
	*****		<del>                                     </del>	<del> </del>	ऻ			· · · · · · · · · · · · · · · · · · ·		
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		1		1			1			
	ı								1	

	<b>(A)</b> Name and title	(B) Average hours per week (list any hours for related organizations below line)	offi offi offi offi offi offi offi offi	not c	Pos heck ss pe	more rson recto	Highest compensated by the service battering b	n an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensatio from related organizations (W-2/1099-MIS	s	com froorga	(F) timate nount of other pensa om the anizat direlate unization	of tion e ion ed
			-	_		×								-
-							$\vdash$						-	
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	· · · · · · · · · · · · · · · · · · ·													
				-										
					-								<del></del>	
	Sub-total  Total from continuation sheets to Part	VII Costion A					<b>\</b>		0.		0.			0.
d	Total (add lines 1b and 1c)						<u> </u>		0.		0.			0.
2	Total number of individuals (including but compensation from the organization	t not limited to th	nose	e liste	ed a	bov	e) w	no r	eceived more than \$100	0,000 of reportab	le			0
_													Yes	No
3	Did the organization list any <b>former</b> officine 1a? If "Yes," complete Schedule J for			e, Ke	еу ег	npi	oyee	, or	nignest compensated e	employee on		3		х
4	For any individual listed on line 1a, is the and related organizations greater than \$	-								the organization		4		х
5	Did any person listed on line 1a receive	or accrue compe	nsa	tion 1	from	an	y uni			ridual for services				
Sec	rendered to the organization? If "Yes," continuous B. Independent Contractors	omplete Schedu	le J	for s	<u>uch</u>	per	son		<del>.</del>			5		<u> </u>
1	Complete this table for your five highest										npens	ation f	rom	
	the organization. Report compensation (A)	_				with	Or W	rtru	(B)			(0		
	Name and busine	ess address	N	ON	E				Description of	services		ompe	nsatio	on
		· · · · · · · · · · · · · · · · · · ·						• • •						
	Total number of independent contractor	e (including but	20+ 1	Inché :		, +h-	nee li	eto	d above) who received	more than				
2	Total number of independent contractor \$100,000 of compensation from the org			minte	.u (C		0	310		nore triair				

ГФ	LK A1	<del></del>			and Albert Dead VIIII			
		Check if Schedule O contain	ns a response	to any question	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1	<ul> <li>a Federated campaigns</li> <li>b Membership dues</li> <li>c Fundraising events</li> <li>d Related organizations</li> <li>e Government grants (contribution</li> <li>f All other contributions, gifts, grants similar amounts not included above</li> <li>g Noncash contributions included in lines 1:</li> <li>h Total. Add lines 1a-1f</li> </ul>	, and 1f	71,261.	71,261.			
Program Service Revenue	2 i		JE-RELA	Business Code 624410		2,118,589.		
Program Rev	1	d e f All other program service reven g Total. Add lines 2a-2f			2,118,589.			
	3 4 5	Investment income (including dother similar amounts) Income from investment of tax-Royalties	·	<b>&gt;</b>	6,581.			6,581.
	,	a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss)	(i) Real	(II) Personal				***************************************
	7 :		(I) Securities	(II) Other				
nue	l	<ul> <li>c Gain or (loss)</li> <li>d Net gain or (loss)</li> <li>a Gross income from fundraising including \$</li> </ul>	events (not	<b>&gt;</b>				
Other Revenu		contributions reported on line 1 Part IV, line 18 b Less direct expenses	c). See a b					**************************************
	9	<ul> <li>a Gross income from gaming action</li> <li>Part IV, line 19</li> <li>b Less: direct expenses</li> <li>c Net income or (loss) from gaming</li> </ul>	ivities. See a b					
	10	<ul><li>a Gross sales of inventory, less reand allowances</li><li>b Less: cost of goods sold</li></ul>	eturns a b					
	11	Miscellaneous Revenue  a b c		Business Code				
	12	d All other revenue e Total. Add lines 11a-11d		<b>&gt;</b>	2,196,431.	2,118,589.	0.	6,581.

# Form 990 (2012) SO. DISTRICT Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp			mplete column (A)	
	Check if Schedule O contains a respon-		Part IX (B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
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	1,081,793.	979,396.	57,223.	45,174.
8	Pension plan accruals and contributions (include	_			
	section 401(k) and 403(b) employer contributions)	27,835. 52,390.	20,898.	4,928. 8,310.	2,009.
9	Other employee benefits	52,390.	40,738.	8,310.	2,009. 3,342. 3,456.
10	Payroll taxes	91,923.	74,387.	14,080.	3,456.
11	Fees for services (non-employees):				
а	Management				
ь	Legal	4.6.750		46 750	
c	Accounting	46,750.	, -	46,750.	
d	Lobbying	00 105			20 125
е	Professional fundraising services See Part IV, line 17	30,125.			30,125.
f	Investment management fees				
9	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O)	10 720	F 0F0	4 000	<del> </del>
12	Advertising and promotion	10,730. 58,073.	5,850. 19,740.	4,880. 37,279.	1,054.
13	Office expenses	38,073.	19,740.	31,219.	1,054.
14	Information technology				
15	Royalties	00 712	75 442	5,270.	
16	Occupancy	80,712. 107,456.	75,442. 104,668.	2,788.	
17	Travel	107,430.	104,000.	2,700.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	19,026.	7,448.	11,578.	
19	Conferences, conventions, and meetings	17,020.	// 110.	11,3700	
20	Interest Payments to affiliates	39,668.	39,668.		
21 22	Depreciation, depletion, and amortization	56,975.	56,975.		
23	Insurance	46,722.	42,209.	3,650.	863.
23 24	Other expenses Itemize expenses not covered	,,	,		
4-7	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 0)				
a	PROGRAM SUPPLIES	173,007.	173,007.		
b	BANK AND CREDIT CARD FE	25,724.	25,724.		
c	DUES AND SUBSCRIPTIONS	7,041.		7,041.	
ď					
	All other expenses				
25	Total functional expenses Add lines 1 through 24e	1,955,950.	1,666,150.	203,777.	86,023.
26	Joint costs Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
	Check here ▶				
					Form <b>990</b> (2012)

Par	tΧ	Balance Sheet	· · · · · · · · · · · · · · · · · · ·			
		Check if Schedule O contains a response to any	question in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing		54,456.	1	44,305.
	2	Savings and temporary cash investments		489,546.	2	357,245.
	3	Pledges and grants receivable, net			3	5,000.
	4	Accounts receivable, net	20,300.	4	47,000.	
	5	Loans and other receivables from current and fo				
		trustees, key employees, and highest compensa				
		Part II of Schedule L		5		
	6	Loans and other receivables from other disquali	er			
		section 4958(f)(1)), persons described in section				
		employers and sponsoring organizations of sect				
		employees' beneficiary organizations (see instr).			6	
Assets	7	Notes and loans receivable, net			7	
\ss	8	Inventories for sale or use			8	
•	9	Prepaid expenses and deferred charges		14,473.	9	12,614.
	10a					
		basis. Complete Part VI of Schedule D	10a 1,788,94 10b 645,08	4.		
	ь	Less: accumulated depreciation	1. 699,711.	10c	1,143,863.	
	11	Investments - publicly traded securities		11		
	12	Investments - other securities See Part IV, line		12		
	13	Investments · program-related. See Part IV, line		13	3111	
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11		96,641.	15	104,084.
	16	Total assets. Add lines 1 through 15 (must equ	al line 34)	1,375,127.	16	1,714,111.
	17	Accounts payable and accrued expenses	59,363.	17	1,714,111. 107,916.	
	18	Grants payable		18		
	19	Deferred revenue		1,639.	19	44,145.
	20	Tax-exempt bond liabilities			20	
ģ	21	Escrow or custodial account liability Complete	Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and forme				
abi		key employees, highest compensated employee	es, and disqualified persons.	İ		
		Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrel	ated third parties		23	
	24	Unsecured notes and loans payable to unrelate			24	
	25	Other liabilities (including federal income tax, pa	yables to related third			
		parties, and other liabilities not included on line	s 17-24). Complete Part X of			
	1	Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		61,002.	26	152,061.
,		Organizations that follow SFAS 117 (ASC 958	ß), check here ► 🗓 an	d		
S		complete lines 27 through 29, and lines 33 ar				
Š	27	Unrestricted net assets		1,217,484.	27	1,457,966.
Sala	28	Temporarily restricted net assets		28		
Ā	29	Permanently restricted net assets	_	96,641.	29	104,084.
Ē	İ	Organizations that do not follow SFAS 117 (A	SC 958), check here 🕨 🗌			
9		and complete lines 30 through 34.				
ets	30	Capital stock or trust principal, or current funds			30	
\ss	31	Paid-in or capital surplus, or land, building, or e	quipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in	come, or other funds		32	
Ž	33	Total net assets or fund balances		1,314,125		1,562,050.
	۱	T 4 11 1 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1.375.127.	34	1.714.111.

Total liabilities and net assets/fund balances

orn	990 (2012) SO. DISTRICT YMCA/CAMP LINCOLN, INC. 0	4-3383	996	Pag	ge 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)		,19		
2	Total expenses (must equal Part IX, column (A), line 25)	1	,95		
3	Revenue less expenses. Subtract line 2 from line 1				81.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	1	<u>,31</u>	4,1	<u> 25.</u>
5	Net unrealized gains (losses) on investments	1		7,4	<u>44.</u>
6	Donated services and use of facilities 6				
7	Investment expenses 7				
8	Prior period adjustments				
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,				
		o 1	,56	2,0	50.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X 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	ı a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2ь	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate base	asis,			
	consolidated basis, or both.				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the at	udit,			
	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 Schedu	ile 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		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	d audit		-	
	or sudits, explain why in Schedule O and describe any steps taken to undergo such audits		36		

Form **990** (2012)

### SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

**Public Charity Status and Public Support** 

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

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization

SO. DISTRICT YMCA/CAMP LINCOLN, INC. Employer identification number 04-3383996

Part I	Reason	for Public Cha	rity Status (All organiza	ations mus	st complet	te this part	.) See inst	ructions.				
he organ	nization is not a	private foundation	because it is (For lines 1	through 1	1, check	only one b	ox.)					
1			es, or association of churc									
2			70(b)(1)(A)(ii). (Attach Sch									
з 🗔			oital service organization of	•	n section	170(b)(1)(	A)(iii).					
4	•		operated in conjunction					(b)(1)(A)(ii	i). Enter th	ne hospital	's nam	e.
	city, and stat	-	opolatoa III oonjanotton	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	p.n.a., 0000.			(-)(-)(-,4	.,			•
5 🔲			benefit of a college or un	iversity ov	vned or or	perated by	a governr	mental uni	t describe	d in		
		(b)(1)(A)(iv). (Compi			·		-					
6 🔲	A federal, sta	ite, or local governn	nent or governmental unit	described	ın sectio	n 170(b)(1	)(A)(v).					
7 🔲			ceives a substantial part o					r from the	general p	ublic desc	rıbed ı	n
	section 170(	b)(1)(A)(vi). (Comple	ete Part II.)									
8 🔲			section 170(b)(1)(A)(vi). (	Complete	Part II.)							
9 X	An organizati	on that normally red	ceives: (1) more than 33 1	/3% of its	support f	rom contri	butions, m	nembershi	p fees, an	d gross red	ceipts	from
	-	•	inctions - subject to certa		• •				•	-	· ·	
		•	taxable income (less sect	•		•				-		
		<b>509(a)(2).</b> (Complet	·		,		•	, ,			•	
10 🔲			perated exclusively to tes	st for publi	c safetv. S	See <b>sectio</b>	n 509(a)(4	<b>\$</b> ).				
11 🔲	-	-	pperated exclusively for th	•	-			-	v out the i	ourposes o	of one	or
		•	ations described in section									
			organization and comple				,		-/(-/-			
	a Type I			pe III · Fur	_		c	Typ	e III - Non	-functional	lv inted	orated
е 🗀	• •		at the organization is not	•		-					•	-
	• •	-	than one or more publicly		_	•	•					
f		-	itten determination from t	• • •	-				<i>σ</i> (α)(1) στ σ	,000,000	(4)(4)	
•		rganization, check t		ine ino the	шизату	pe i, Type	ii, or Type	<b>5 III</b>				
		-		walt or o	antribuition	from one	of the fall	oudoo oor	00002			
9	-		organization accepted an			-					Yes	No
	•		directly controls, either al	one or tog	etner with	persons	escribed	iii (ii) anu (	iii) below,	44-6	163	140
	-	• •	supported organization?							11g(i)	_	
	•	•	on described in (i) above?							11g(ii)		ļ
		<del>-</del>	a person described in (i) o							11g(iii)	L	<u> </u>
h	Provide the f	ollowing information	n about the supported org	ganization(	(S).							
413.51			T	(m) ic the o	raanization	(v) Did you	u notify the	(vi) Is	the			
	e of supported	(II) EIN	(iii) Type of organization (described on lines 1-9	in col (I) lis				organizati	on in col 🍴	(vii) Amouni		netary
org	janization		above or IRC section	governing			r support?	(i) organiz U S	ed in the	ne support		
			(see instructions))	Yes	No	Yes	No	Yes	No			
			<del></del>			1.55	1.10	1.00				
				<del>                                     </del>								
									<u> </u>			
									<del> </del>			
				ļ		ļ			<u> </u>			
~_4_1												

ection A. Public Support						
alendar 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	(4) 2000	(5) 2000	(0) 2010	(-, 2011	1 1-1	
membership fees received. (Do not						
Include any "unusual grants.")						
2 Tax revenues levied for the organ-				-		
ization's benefit and either paid to	ľ			ļ		
or expended on its behalf						
The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions						
by each person (other than a						
governmental unit or publicly						
supported organization) included						
on line 1 that exceeds 2% of the						
amount shown on line 11,						
column (f)		1				
6 Public support. Subtract line 5 from line 4						
ection B. Total Support						
lendar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4						
Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties						
and income from similar sources						
Net income from unrelated business	3					
activities, 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.)					ļ	
1 Total support. Add lines 7 through 10			<u> </u>			
2 Gross receipts from related activities	•	•			12	
3 First five years. If the Form 990 is t	or the organization	's first, second, thi	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3)	
organization, check this box and st						<u> </u>
ection C. Computation of Pul	olic Support Pe	ercentage				
Public support percentage for 2012			column (f))		14	<del> </del>
5 Public support percentage from 20					15	<del></del>
Sa 33 1/3% support test - 2012. If the				14 is 33 1/3% or	more, check this bo	ox and
stop here. The organization qualifie						
b 33 1/3% support test - 2011. If the				d line 15 is 33 1/3	% or more, check to	his box
and <b>stop here</b> . The organization qu	• •					►l
7a 10% -facts-and-circumstances to						
and if the organization meets the "f					art IV how the orga	nization
meets the "facts-and-circumstance	-					•
b 10% -facts-and-circumstances to						

more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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.)

<u></u>	qualify under the tests listed by	elow, please comp	olete Part II.)				
	ction A. Public Support	4 ) 0000	#1.0000	110010	( 0 0044	(-) 0040	(O T - 1 - 1
	ndar 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	6 070	70 246	E4 C44	72 666	71 261	275 007
	include any "unusual grants.")	6,070.	70,246.	54,644.	73,666.	71,261.	275,887.
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	1884241.	1916317.	2074062.	1926103.	2118589.	9919312.
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			- <del>-</del> -			
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	1890311.	1986563.	2128706.	1999769.	2189850.	10195199.
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						0.
C	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
•	Add lines 7a and 7b						0.
8	Public support (Subtract line 7c from line 6)						10195199.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 6	1890311.	1986563.	2128706.	1999769.	2189850.	10195199.
	Gross income from interest,		****				
	dividends, payments received on securities loans, rents, royalties and income from similar sources	6,217.	3,366.	6,381.	7,227.	6,581.	29,772.
Ł	Unrelated business taxable income	· · · · · · · · · · · · · · · · · · ·	•		*		
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b	6,217.	3,366.	6,381.	7,227.	6,581.	29,772.
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on		, , , , ,	,	,		·
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12)	1896528.	1989929.	2135087.	2006996.	2196431.	10224971.
	First five years. If the Form 990 is fo	r the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a section	n 501(c)(3) organi	zation,
	check this box and stop here	J			•		▶□
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2012 (			column (f))		15	99.71 %
16	Public support percentage from 2011			( //		16	99.69 %
	ction D. Computation of Inve	•		-			
17					-	17	.29 %
18	Investment income percentage from	•		(1)		18	.31 %
	33 1/3% support tests - 2012. If the			on line 14, and line	e 15 is more than :		
190	more than 33 1/3%, check this box a						<b>►</b> X
	33 1/3% support tests - 2011. If the						
	line 18 is not more than 33 1/3%, cho						
20							<b>▶</b> □
	iounidation. Il tile organization	an alla not oncon a	OUN OIL HIGHT 17, 10	a, or root officer t	357. 4114 300 111		

### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

# Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

➤ 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.

2012
Open to Public Inspection

Name of the organization

SO. DISTRICT YMCA/CAMP LINCOLN, INC.

Employer identification number

D	SO. DISTRICT YMCA/C		1 04-3383996
Par	<del></del>		as or Accounts. Complete If the
	organization answered "Yes" to Form 990, Part IV, line		4)5
	1	(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		<u> </u>
5	Did the organization inform all donors and donor advisors in w	writing that the assets held in donor ad	vised funds
	are the organization's property, subject to the organization's e	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ac	dvisors in writing that grant funds can l	be used only
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for any other purpo:	se conferring
	impermissible private benefit?		Yes No
Pa	t II Conservation Easements. Complete if the organization	anization answered "Yes" to Form 990	, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply)	
	Preservation of land for public use (e.g., recreation or ed	ducation) Preservation of an	historically important land area
	Protection of natural habitat	Preservation of a c	ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	led conservation contribution in the for	m of a conservation easement on the last
	day of the tax year.		
	,		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	· •	ucture
	listed in the National Register	•	2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by	the organization during the tax
	year ▶		ů ů
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the peri		_ of
	violations, and enforcement of the conservation easements it	- · · · · · · · · · · · · · · · · · · ·	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		s during the year
7	Amount of expenses incurred in monitoring, inspecting, and e		
8	Does each conservation easement reported on line 2(d) above		
_	and section 170(h)(4)(B)(II)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and exper	<del></del> - <del></del> _
•	include, if applicable, the text of the footnote to the organizat		
	conservation easements		
Pa	rt III Organizations Maintaining Collections of	f Art, Historical Treasures, or	Other Similar Assets.
	Complete if the organization answered "Yes" to Form 9	•	
1a	If the organization elected, as permitted under SFAS 116 (AS		tement and balance sheet works of art.
	historical treasures, or other similar assets held for public exh	-	
	the text of the footnote to its financial statements that describ		, , , , , , , , , , , , , , , , , , , ,
b	If the organization elected, as permitted under SFAS 116 (AS		ent and balance sheet works of art, historical
-	treasures, or other similar assets held for public exhibition, ed	•	
	relating to these items:	addation, or rescaron in fortheraries of	paolio dol vico, provido tilo follovillig almostito
	(i) Revenues included in Form 990, Part VIII, line 1		<b>▶</b> \$
			► \$ ► \$
•	(ii) Assets included in Form 990, Part X	seurce or other similar seeds for fines	
2	if the organization received or held works of art, historical treating following amounts required to be reported under SEAS 1.		ciai gaiii, piovide
_	the following amounts required to be reported under SFAS 1:	To (ASC 930) relating to these items:	<b>•</b> •
a	Revenues included in Form 990, Part VIII, line 1		<b>~</b>
ь	Assets included in Form 990, Part X		<b>*</b> *

	dule D (Form 990) 2012 SO. DISC	TRICT	YMCA,	/CAM	P LINC	COLN, I	NC.		04 - 33	83996	Page 2
Par	rt III Organizations Maintaining C	ollectio	ns of Ar	t, Hist	orical Tr	easures,	or Othe	er Simil	ar Asse	<b>ts</b> (continu	ed)
3	Using the organization's acquisition, accession	on, and oth	er record	s, check	any of the	following th	at are a s	ignificant	use of its	collection	tems
	(check all that apply):										
а	Public exhibition		đ	<u></u> ι	oan or exc	hange prog	rams				
b	Scholarly research		е		Other	_					
С	Preservation for future generations										
4	Provide a description of the organization's co	llections a	nd explair	n how th	ey further t	he organiza	tion's exe	mpt purp	ose in Par	t XIII.	
5	During the year, did the organization solicit or	r receive d	onations o	of art, his	storical trea	sures, or ot	her sımılaı	r assets			
	to be sold to raise funds rather than to be ma	untained a	s part of t	he orgar	nization's c	ollection?				Yes	No_
Par	rt Ⅳ Escrow and Custodial Arrang	gements	. Comple	te if the	organizatio	on answered	l "Yes" to	Form 990	), Part IV, I	ine 9, or	
	reported an amount on Form 990, Par	t X, line 21									
1a	Is the organization an agent, trustee, custodia	an or other	ıntermed	liary for d	contribution	ns or other a	ssets not	ıncluded			
	on Form 990, Part X?									Yes	No No
þ	If "Yes," explain the arrangement in Part XIII a	and compl	ete the fol	llowing t	able <sup>.</sup>						
										Amount	
c	Beginning balance							1c			
d	Additions during the year							1d			
е	Distributions during the year							1e			
f	Ending balance							1f			
2a	Did the organization include an amount on Fo	orm 990, P	art X, line	21?						Yes	No No
ь	If "Yes," explain the arrangement in Part XIII.	Check her	e if the ex	planatio	n has been	provided in	Part XIII				
Par	rt V Endowment Funds. Complete if	the organ	ization an	swered	"Yes" to Fo	orm 990, Par	t IV, line 1	0.			
		(a) Curre	nt year	<b>(b)</b> P	rior year	(c) Two ye	ars back	(d) Three	years back	(e) Four y	ears back
1a	Beginning of year balance										
b	Contributions										
C	Net investment earnings, gains, and losses										
d	Grants or scholarships								·		
е	Other expenditures for facilities					1					
	and programs										
f	Administrative expenses										
g	End of year balance						ŀ			<u> </u>	
2	Provide the estimated percentage of the curr	ent year e	nd balanc	e (line 1	g, column (a	a)) held as:					
а	Board designated or quasi-endowment			_%							
b	Permanent endowment	%									
С	Temporarily restricted endowment ▶		%								
	The percentages in lines 2a, 2b, and 2c shou	•									
3a	Are there endowment funds not in the posses	ssion of th	e organiza	ation tha	t are held a	and administ	tered for t	he organı	zation		
	ph.									\	<u>′es No</u>
	(i) unrelated organizations									3a(i)	
	(ii) related organizations									3a(ii)	
Ь	If "Yes" to 3a(II), are the related organizations									3b	
4	Describe in Part XIII the intended uses of the										
Pai	rt VI Land, Buildings, and Equipm	ent. See	Form 990	, Part X,	line 10.						
	Description of property	, , ,	Cost or o			t or other	1	ccumulate		(d) Book	value
		bas	ıs (ınvestn	nent)		(other)		preciation			05.4
1a	Land					19,854.		~~~			,854.
b	Buildings	<u> </u>			1,25	3,960.	·	292 <b>,</b> 8	11.	961	,149.
c	Leasehold improvements						ļ				
d	Equipment					16,730.		201,0			<u>,667.</u>
	Other					58 <b>,</b> 400.	•	151,2			<u>,193.</u>
Total	I. Add lines 1a through 1e (Column (d) must e	qual Form	990, Part	X, colun	nn (B), line	10(c).)			<b>D</b>	1,143	<u>,863.</u>

Schedule D (Form 990) 2012

Schedule D (Form 990) 2012 SO. DISTRIC'S  Part VII Investments - Other Securities. See	Form 990, Part X, line 1		04-	3383996 Page <b>3</b>
(a) Description of security or category (including name of security)	(b) Book value		luation: Cost or end-	of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other			···	
(A)	<del></del>			
(B)	··			
(C)				
(D)				
(E)				-
(F) (G)	<del></del>	<del>- </del>	<del></del>	<del></del>
(G) (H)				
(1)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related. Se	e Form 990, Part X, line	13.		
(a) Description of investment type	(b) Book value	(c) Method of va	luation: Cost or end-	of-year market value
(1)				
(2)				,
(3)				
(4)				
(5)				<del>-</del>
(6)				
(7)			· · · · · · · · · · · · · · · · · · ·	
(8)	······			
(9) (10)		-		
Total (Col (b) must equal Form 990, Part X, col (B) line 13)				
Part IX Other Assets. See Form 990, Part X, line	15.			
	Description			(b) Book value
(1) BENEFICIAL INTEREST IN PE	RPETUAL TR			104,084.
(2)				
(3)				
(4)				
(5)	·			· · · · · · · · · · · · · · · · · · ·
(6)	<del></del>			
(7)				
(8)				
(9)				
(10) Total. (Column (b) must equal Form 990, Part X, col. (B) line	15)		•	104,084.
Part X Other Liabilities. See Form 990, Part X, I				
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)	- 05 )			
Total. (Column (b) must equal Form 990, Part X, col. (B) line		Proposition of the second	niniamenta il si si si	uto the greenings.
<ol><li>FIN 48 (ASC 740) Footnote. In Part XIII, provide the tex liability for uncertain tax positions under FIN 48 (ASC 7</li></ol>				

	dule D (Form 990) 2012 SO. DISTRICT YMCA/CAMP LIN				3383996	Page 4
		ients wi	ın kevenue per k		2,300	124
1	Total revenue, gains, and other support per audited financial statements			1	2,300	, 124.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	اما	7 112			
a	3	2a	7,443. 96,250.			
b		2b	90,230.			
	Recoveries of prior year grants	2c				
	Other (Describe in Part XIII.)	2d	<del></del>		102	602
	Add lines 2a through 2d			2e	2,196	121
3	Subtract line 2e from line 1			3	2,190	,431.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 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	0 106	431
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	2,196	,431.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stater	nents W	ith Expenses per	Retu		200
1	Total expenses and losses per audited financial statements			1	2,052	,200.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		06.050			
а	Donated services and use of facilities	2a	96,250.			
b	Prior year adjustments	2b				
C	Other losses	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e		,250.
3	Subtract line 2e from line 1			3	1,955	<u>,950.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				_
C	Add lines 4a and 4b			4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	1,955	<u>,950.</u>
Pa	rt XIII Supplemental Information					
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part e 2; Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part				2b; Part V, line	4; Part

## SCHEDULE G

Supplemental Information Regarding Fundraising or Gaming Activities (Form 990 or 990-EZ)

OMB No 1545-0047

Open To Public

Department of the Treasury Internal Revenue Service

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

Inspection Employer identification number

Name of the organization					1 ' -	ntification number
SO. DIS	STRICT YMCA/CAMP L	INCO	LN,	INC.	<u> 04-</u> 3383	996
Part I Fundraising Activities required to complete this pa	Complete if the organization answrt	ered "Y	es" to	Form 990, Part IV, I	ne 17. Form 990-EZ	filers are not
<b>b</b> If "Yes," list the ten highest paid inc	e X Solicità s f Solicità g Specia or oral agreement with any individua Part VII) or entity in connection with dividuals or entities (fundraisers) puri	ation of ation of al fundra al (includ profess	non-g gover ilsing ding o ional f	overnment grants nment grants events fficers, directors, true fundraising services?	stees or X Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) funda have con contrib	troi or	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
DONOR BY DESIGN GROUP, LLC -	PROFESSIONAL FUNDRAISING	Yes	No			
725 W. GILBERT ROAD,	SERVICES		X	0.	30,125.	<30,125.>
Total			<u> </u>	1 1 15	30,125.	<del></del>
3 List all states in which the organization licensing.	on is registered or licensed to solicit	CONTRIB	oution:	s or has been notified	o it is exempt from r	egistration

				ed "Yes" to Form 990, Part		
		of fundraising event contributions and gr	oss income on Form 99 (a) Event #1	90-EZ, lines 1 and 6b List (b) Event #2	(c) Other events	pts greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
ne			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue	1	Gross receipts				
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
SS	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
rect E	7	Food and beverages				
	8	Entertainment				
		Other direct expenses				<del> </del>
	10 11	Direct expense summary. Add lines 4 through Net income summary. Combine line 3, column	* *			(
Pa		If Gaming. Complete if the organization		m 990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.			•	
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
Re	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Noncash prizes			<del></del>	
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes 9	6 Yes %	Yes %	
	7	Direct expense summary. Add lines 2 through	h 5 ın column (d)		•	(
	8	Net gaming income summary. Combine line	I, column d, and line 7			
а	ls ti	er the state(s) in which the organization operate organization licensed to operate gaming action." explain:	ctivities in each of these			Yes No
		re any of the organization's gaming licenses re			/ear?	Yes No
						·

Sch	redule G (Form 990 or 990-EZ) 2012 SO. DISTRICT YMCA/CAMP LINCOLN, INC. 04-3	<u>3383996</u>	Page 3
11		Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity operated in:		
a	The organization's facility	13a	%
t	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
t	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party > \$		
c	If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information		
	Name ▶		
	Gaming manager compensation > \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	☐ No
t	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year ▶ \$		
Þε	Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information		
-			<u> </u>
<u>SC</u>	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISE	X5:	
_			
<u>(</u> I	) NAME OF FUNDRAISER: DONOR BY DESIGN GROUP, LLC		
<u>(I</u>	) ADDRESS OF FUNDRAISER: 725 W. GILBERT ROAD, PALATINE, IL 60	0067	,
		-	
	<del></del>		

#### 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.

Attach to Form 990 or 990-EZ.

2012
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

SO. DISTRICT YMCA/CAMP LINCOLN, INC.

Employer identification number 04-3383996

50. DISTRICT TMCA/CAMP LINCOLN, INC. 04-3303990
FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS REVIEWED BY THE
EXECUTIVE DIRECTOR AND SELECTED BOARD MEMBERS BEFORE SUBMISSON.
FORM 990, PART VI, SECTION B, LINE 12C: BOARD MEMBERS SIGN A CONFLICT OF
INTEREST POLICY ANNUALLY AND ARE REQUIRED TO DISCLOSE CHANGES AT ANY TIME
DURING THEIR TERM OF OFFICE.
FORM 990, PART VI, SECTION B, LINE 15A: THE BOARD OF DIRECTORS DETERMINES
THE EXECUTIVE DIRECTOR'S SALARY. IT IS REVEIWED ANNUALLY AND IS ADJUSTED
FOR ANY INCREASES IN THE COST OF LIVING.
FORM 990, PART VI, SECTION C, LINE 19: REQUESTORS ARE FURNISHED
PHOTOCOPIES OF THE DOCUMENTS.

Department of the Treasury Internal Revenue Service

Name(s) shown on return

#### **Depreciation and Amortization**

(Including Information on Listed Property)

See separate instructions.

Attach to your tax return.

Business or activity to which this form relates

990

OMB No. 1545-0172

Sequence No 179 Identifying number

SO. DISTRICT YMCA/CAMP LINCOLN, FORM 990 PAGE 10 04-3383996 INC. Part | Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I 500,000. 1 Maximum amount (see instructions) 2 2 Total cost of section 179 property placed in service (see instructions) 2,000,000. 3 3 Threshold cost of section 179 property before reduction in limitation 4 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-5 5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions (a) Description of property (c) Elected cost (b) Cost (business use only) 6 7 Listed property Enter the amount from line 29 7 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction. Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2011 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 12 13 Carryover of disallowed deduction to 2013. Add lines 9 and 10, less line 12 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year 14 15 Property subject to section 168(f)(1) election 15 56,975 16 Other depreciation (including ACRS) 16 MACRS Depreciation (Do not include listed property.) (See instructions) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2012 17 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2012 Tax Year Using the General Depreciation System (b) Month and year placed in service (c) Basis for depreciation (business/investment use only - see instructions) (d) Recovery (a) Classification of property (a) Degreciation deduction 19a 3-year property b 5-year property 7-year property C d 10-year property 15-year property f 20-year property 25-year property S/L 25 yrs. g 27.5 yrs. MM S/L h Residential rental property S/L 27.5 yrs. MM S/L MM 39 yrs i Nonresidential real property MM S/L Section C - Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System 20a Class life b 12-year 12 yrs. S/L 40-year 40 yrs. MM S/L Summary (See instructions) 21 Listed property Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. 56,975. Enter here and on the appropriate lines of your return. Partnerships and S corporations · see instr. 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23

Form, 4562 (2012) Part V Liste		SO. DIST									ed for er			996 reation. o	
amus Note	ement ) : <i>For any vehicle</i>	e for which you a	are using th	e standard	d mil	eage	rate or	-		•					
		n A, all of Section reciation and O						netnic	tions for li	mits for	naccenn	er autor	mobiles 1		
					T	7		_						Yes	- Na
24a Do you have evidence to support the business/investr					J Ye	(e)	_ No_				Γ			<u>No</u>	
Type of property (list vehicles first )  Type of property (list vehicles first )  Service Use percer		ness/ ment	other basis		Basis for depreciat (business/investme use only)		stment	(f) Recovery period			Depr	(h) eciation uction	Elected section 179 cost		
25 Special depreciation allowance for qualified listed				<u>~</u>			service during the t		av voor on	nd		-			
		lified business u		ty placed	111 50	SI VICE	e dunng	, ine ia	ax year an	u	25				
26 Property used				— — — — — — — — — — — — — — — — — — —					<del></del>	<del></del>	1 20	·			
20 112 2117 2222			%						1			····-			
		•	%	-											
			%							_		T			
27 Property used	50% or less in	a qualified busin						_	·		<del></del>				
		•	%				•			S/L -					
			%							S/L					
			%							S/L·				1	
28 Add amounts	n column (h), lir	nes 25 through	27 Enter he	ere and on	line	21,	page 1				28				
29 Add amounts	n column (ı), lın	e 26. Enter here	and on line	7, page	1			_					29		
Section B - Information on Use of Vehicles															
Complete this sectify you provided vel those vehicles.				questions		ectio	on C to s		ou meet a	an excep	otion to	complet			
O Total business/investment miles driven during the			V	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
year (do not include commuting miles)														_	
31 Total commuting miles driven during the year														ļ	
32 Total other per	sonal (noncomi	muting) miles										1			
driven			ļ												
33 Total miles driv		ear.								1					
Add lines 30 through 32			<u> </u>		1					<del> </del>		<del> </del>	Τ	1	
34 Was the vehicle available for personal use			Yes	No_	Ye	es	No	Yes	No No	Yes	No	Yes	No	Yes	No
during off-duty hours?  35 Was the vehicle used primarily by a more								<del> </del>	+	<del></del>	-	<del>                                     </del>	<del>                                     </del>	<u> </u>	
than 5% owner or related person?										ļ					
36 Is another vehicle available for personal															
use?								}		1	<u> </u>		-		
	Sect	tion C - Questi	ons for Em	plovers W	/ho l	Provi	ide Veh	icles	for Use b	v Their I	Employe	ees	1		
Answer these que				-						-			re not m	ore than	5%
owners or related		•	•			•					1,				
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?										Yes	No				
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your															
employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners  39 Do you treat all use of vehicles by employees as personal use?														+	
40 Do you provide more than five vehicles to your employees, obtain information from your employees about														<del>                                     </del>	
		-			111101	mativ	OII II OIII	your t	employee.	s about					
the use of the vehicles, and retain the information received?  41 Do you meet the requirements concerning qualified automobile demonstration use?												}	1		
	-	, 39, 40, or 41 is							covered ve	hicles					-1
Part VI Amort		, , , , , , , , , , , , , , , , , , , ,													
(a)			(b) Date amortization				(c) Amortizable amount		(d) Code section		(e) Amortization period or percentage		(f) Amortization for this year		
42 Amortization o	f costs that bec	ains durina vour		ear:	J.1				2001011		Porior or her	ounage		,	
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								1	·						
43 Amortization o	f costs that beg	gan before your	2012 tax ye	tax year								43			
44 Total, Add am	-	•	-		ren	ort						44			