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DLN: 93493179000123

Form **990** 

Department of the Treasury

#### **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)

OMB No 1545-0047

Open to Public

Internal								
A Fo	r the .	2012 cale	endar year, or tax year beginning	01-01-2012 , 2012, and ending	12-31-2012			
		pplicable	C Name of organization THE YOUNG MEN'S CHRISTIAN ASSOC	CIATION OF		D Employ	er ider	ntification number
	iress ch		BIRMINGHAM INC Doing Business As			63-02	99894	4
Na:	me cha	inge						
Init	ıal retu	ırn		all is not delivered to street address) Ro	om/suite	E Telepho	ne num	ber
Ter	mınate	ed	2101 4TH AVENUE NORTH			(205)	324-4	563
☐ Am	ended	return	City or town, state or country, and ZI BIRMINGHAM, AL 35203	IP + 4		(200)	<u> </u>	
☐ App	olication	n pending	DIKITINGHAM, AL 33203			<b>G</b> Gross re	ceipts \$	30,257,287
			F Name and address of princ	cıpal officer	H(a) I	s this a group	return	
			STAN LAW 2101 4TH AVENUE NORTH		a	ıffılıates?		┌ Yes 🔽 No
			BIRMINGHAM, AL 35203		H(b) A	re all affiliates	sinclu	ded? TYes TNo
					<b>I</b>			(see instructions)
<b>I</b> Ta	x-exem	npt status	<b>✓</b> 501(c)(3)   501(c)( ) <b>◄</b> (ır	nsert no ) 4947(a)(1) or 527	H(c)	Group exemptı	on nur	nher 🕨
J W	ebsit e	e: 🕨 WW	W YMCABHAM ORG		"(c)	oroup exempt.	o.,	
<b>K</b> For	n of org	ganızatıon	Corporation Trust Association	Other 🕨	<b>L</b> Year	of formation 188	34 <b>M</b>	State of legal domicile AL
Pa	rt I	Sumi	mary		'		•	
	I		scribe the organization's mission	-				
	I		JUDEO-CHRISTIAN PRINCIPLI DY FOR ALL	ES INTO PRACTICE THROUGH	PROGRAMST	HAT BUILD H	EALT	HY SPIRIT, MIND
3	-	AND BOL	JI TORALL					
듄	_							
ξe.	<u> </u>	Chack th	us hay <b>b</b> if the arganization dis	continued its operations or dispo	sad of more th	250/ of its	not no	cata
Governance	~ `	CHECK III	is box Fig. If the organization dis	continued its operations of dispo	sed of more th	all 25 % OF ILS	net as	5615
	3 1	Number o	of voting members of the governi	ng body (Part VI, line 1a)			3	52
ĕ	4 1	Number o	of independent voting members o	f the governing body (Part VI, lin	e 1 b)	[	4	52
Activities &	5	Total nun	nber of individuals employed in c	alendar year 2012 (Part V , line 2	2a)		5	1,792
ĕ	1			ecessary)			6	944
				rt VIII, column (C), line 12 .			7a	0
	ь	Net unrel	ated business taxable income fro	om Form 990-T, line 34	<u> </u>		7b	0
	_			413		Prior Year		Current Year
<u>a</u>	8			e 1h)		3,738,9	-	3,678,154
enne	9	Progra	m service revenue (Part VIII, lin	e 2g)		3,738,9 21,921,8	53	3,678,154 25,080,470
Ravenue	9 10	Progran Investr	m service revenue (Part VIII, lin ment income (Part VIII, column	e 2g)		3,738,9 21,921,8 325,6	53	3,678,154 25,080,470 30,795
Rayenue	9 10 11	Progran Investr Other r	m service revenue (Part VIII, lin ment income (Part VIII, column evenue (Part VIII, column (A), l	e 2g) (A), lines 3, 4, and 7d)		3,738,9 21,921,8	53	3,678,154 25,080,470 30,795
Revenue	9 10	Program Investo Other r Total re 12) .	m service revenue (Part VIII, lin ment income (Part VIII, column revenue (Part VIII, column (A), l evenue—add lines 8 through 11 (	e 2g)		3,738,9 21,921,8 325,6	53 18 .25	3,678,154 25,080,470 30,795 46,633
Revenue	9 10 11 12	Program Investm Other m Total re 12) . Grants	m service revenue (Part VIII, lin ment income (Part VIII, column revenue (Part VIII, column (A), l evenue—add lines 8 through 11 i 	(A), lines 3, 4, and 7d)	), line	3,738,9 21,921,8 325,6 26,1	53 18 25 15 0	3,678,154 25,080,470 30,795 46,633 28,836,052
Revenue	9 10 11 12 13 14	Program Investm Other r Total re 12) . Grants Benefit	m service revenue (Part VIII, lin ment income (Part VIII, column revenue (Part VIII, column (A), l evenue—add lines 8 through 11 ( 	ne 2g)		3,738,9 21,921,8 325,6 26,1	18 25	3,678,154 25,080,470 30,795 46,633 28,836,052
	9 10 11 12	Program Investm Other r Total re 12) . Grants Benefit Salarie	m service revenue (Part VIII, lin ment income (Part VIII, column revenue (Part VIII, column (A), l evenue—add lines 8 through 11 ( 	(A), lines 3, 4, and 7d)		3,738,9 21,921,8 325,6 26,1	153 18 25 15 0	3,678,154 25,080,470 30,795 46,633 28,836,052 0
	9 10 11 12 13 14	Program Investm Other r Total re 12) . Grants Benefit Salarie 10)	m service revenue (Part VIII, lin ment income (Part VIII, column revenue (Part VIII, column (A), l evenue—add lines 8 through 11 (	ne 2g)	), line	3,738,9 21,921,8 325,6 26,1 26,012,5	153 18 25 15 0	3,678,154 25,080,470 30,795 46,633 28,836,052 0 0
	9 10 11 12 13 14 15	Program Investm Other r Total re 12) . Grants Benefit Salarie 10) Profess	m service revenue (Part VIII, lin ment income (Part VIII, column revenue (Part VIII, column (A), l evenue—add lines 8 through 11 ( 	(A), lines 3, 4, and 7d)	), line	3,738,9 21,921,8 325,6 26,1 26,012,5	153 18 25 15 0 0	3,678,154 25,080,470 30,795 46,633 28,836,052 0 0
Expenses Revenue	9 10 11 12 13 14 15	Program Investm Other r Total re 12) . Grants Benefit Salarie 10) Profess Total fun	m service revenue (Part VIII, linguage) ment income (Part VIII, column revenue (Part VIII, column (A), levenue—add lines 8 through 11 to the column and similar amounts paid (Part IX) and some for members (Part IX) so their compensation, employed sional fundraising fees (Part IX) of the column (D), addraising expenses (Part IX, column (D))	(A), lines 3, 4, and 7d)	), line nes 5-	3,738,9 21,921,8 325,6 26,1 26,012,5	25 25 0 0 0 66 0	3,678,154 25,080,470 30,795 46,633 28,836,052 0 0
	9 10 11 12 13 14 15 16a b	Program Investment Other of Total re 12) . Grants Benefit Salarie 10) Profess Total fun Other of	m service revenue (Part VIII, line ment income (Part VIII, column revenue (Part VIII, column (A), levenue—add lines 8 through 11 cand similar amounts paid (Part I) spaid to or for members (Part I) s, other compensation, employed sional fundraising fees (Part IX, column (D), expenses (Part IX, column (A), liexpenses	(A), lines 3, 4, and 7d)		3,738,9 21,921,8 325,6 26,1 26,012,5	53 18 25 15 0 0 66 0	3,678,154 25,080,470 30,795 46,633 28,836,052 0 0 13,509,919 0
Expenses	9 10 11 12 13 14 15 16a b	Program Investment Other results Total results Benefit Salarie 10) Profess Total fun Other e	m service revenue (Part VIII, line ment income (Part VIII, column revenue (Part VIII, column (A), levenue—add lines 8 through 11 (a), levenue—add lines 8 through 11 (b), and similar amounts paid (Part IX) is paid to or for members (Part IX) is, other compensation, employed sional fundraising fees (Part IX, column (D), expenses (Part IX, column (A), lix) is penses Add lines 13–17 (mus	(A), lines 3, 4, and 7d)		3,738,9 21,921,8 325,6 26,1 26,012,5 12,695,6	53 18 25 15 0 0 66 0	3,678,154 25,080,470 30,795 46,633 28,836,052 0 0 13,509,919 0 12,944,264 26,454,183
Expenses	9 10 11 12 13 14 15 16a b 17	Program Investment Other results Total results Benefit Salarie 10) Profess Total fun Other e	m service revenue (Part VIII, line ment income (Part VIII, column revenue (Part VIII, column (A), levenue—add lines 8 through 11 (a), levenue—add lines 8 through 11 (b), and similar amounts paid (Part IX) is paid to or for members (Part IX) is, other compensation, employed sional fundraising fees (Part IX, column (D), expenses (Part IX, column (A), lix) is penses Add lines 13–17 (mus	(A), lines 3, 4, and 7d)		3,738,9 21,921,8 325,6 26,1 26,012,5 12,695,6  11,057,1 23,752,8 2,259,6  nning of Curren	53 18 25 0 0 0 66 0	3,678,154 25,080,470 30,795 46,633 28,836,052 0 0 13,509,919 0 12,944,264 26,454,183
Expenses	9 10 11 12 13 14 15 16a b 17 18 19	Program Investment Other of 12) Grants Benefit Salarie 10) Profess Total fun Other of Total e Revenu	m service revenue (Part VIII, line ment income (Part VIII, column revenue (Part VIII, column (A), levenue—add lines 8 through 11 cand similar amounts paid (Part IX spaid to or for members (Part IX s, other compensation, employed diagrams (Part IX, column (D), expenses (Part IX, column (A), lix xpenses Add lines 13–17 (muster less expenses Subtract line 1	(A), lines 3, 4, and 7d)		3,738,9 21,921,8 325,6 26,1 26,012,5  12,695,6  11,057,1 23,752,8 2,259,6  nning of Curren	53 18 25 15 0 0 66 0	3,678,154 25,080,470 30,795 46,633 28,836,052 0 13,509,919 0 12,944,264 26,454,183 2,381,869 End of Year
Expenses	9 10 11 12 13 14 15 16a b 17 18 19	Program Investi Other r Total re 12) . Grants Benefit Salarie 10) Profess Total fun Other e Revenu	m service revenue (Part VIII, line ment income (Part VIII, column revenue (Part VIII, column (A), levenue—add lines 8 through 11 or and similar amounts paid (Part IX spaid to or for members (Part IX s, other compensation, employed sional fundraising fees (Part IX, column (D), expenses (Part IX, column (A), lix xpenses Add lines 13–17 (musical less expenses Subtract line 1 ssets (Part X, line 16)	(A), lines 3, 4, and 7d)		3,738,9 21,921,8 325,6 26,1 26,012,5  12,695,6  11,057,1 23,752,8 2,259,6  nning of Curren Year 57,029,9	53 18 25 0 0 66 0 68 34 81 175	3,678,154 25,080,470 30,795 46,633 28,836,052 0 0 13,509,919 0 12,944,264 26,454,183 2,381,869 End of Year 66,086,852
Expenses	9 10 11 12 13 14 15 16a b 17 18 19	Program Investment Other reflection Total reflection Grants Benefit Salarie 10) Profess Total fun Other extended Revenue Total a Total li	m service revenue (Part VIII, line ment income (Part VIII, column revenue (Part VIII, column (A), levenue—add lines 8 through 11 (a) and similar amounts paid (Part IX) spaid to or for members (Part IX) s, other compensation, employed diagrams (Part IX), column (D), expenses (Part IX, column (D), expenses (Part IX, column (A), lixypenses Add lines 13–17 (musue less expenses Subtract line 1 (a) ssets (Part X, line 16)	(A), lines 3, 4, and 7d)		3,738,9 21,921,8 325,6 26,1 26,012,5  12,695,6  11,057,1 23,752,8 2,259,6  nning of Curren Year  57,029,9 31,565,5	53 18 25 0 0 0 66 0 68 34 81 175 607	3,678,154 25,080,470 30,795 46,633 28,836,052 0 0 13,509,919 0 12,944,264 26,454,183 2,381,869 End of Year 66,086,852 37,887,310
Not Assets or Expenses Fund Balances	9 10 11 12 13 14 15 16a b 17 18 19	Program Investm Other of 12) Grants Benefit Salarie 10) Profess Total fun Other of Total e Revenu  Total a Total li Net ass	m service revenue (Part VIII, line ment income (Part VIII, column revenue (Part VIII, column (A), levenue—add lines 8 through 11 cand similar amounts paid (Part IX spaid to or for members (Part IX s, other compensation, employed diagrams expenses (Part IX, column (D), expenses (Part IX, column (A), lix xpenses Add lines 13–17 (musue less expenses Subtract line 1 ssets (Part X, line 16)	(A), lines 3, 4, and 7d)		3,738,9 21,921,8 325,6 26,1 26,012,5  12,695,6  11,057,1 23,752,8 2,259,6  nning of Curren Year 57,029,9	53 18 25 0 0 0 66 0 68 34 81 175 607	3,678,154 25,080,470 30,795 46,633 28,836,052 0 0 13,509,919 0 12,944,264 26,454,183 2,381,869 End of Year 66,086,852 37,887,310
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Signature State of Expenses Expenses Expenses Expenses	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 11 r penanowledorer had	Program Investi Other r Total re 12) .  Grants Benefit Salarie 10) Profess Total fun Other e Revenu  Total a Total li Net ass Signa alties of p dge and b as any kn	m service revenue (Part VIII, line ment income (Part VIII, column revenue (Part VIII, column (A), levenue—add lines 8 through 11 to and similar amounts paid (Part IX spaid to or for members (Part IX s, other compensation, employed diagrams (Part IX, column (D), expenses (Part IX, column (A), line xpenses (Part IX, column (A), line xpenses Add lines 13–17 (mustelless expenses Subtract line 1 ssets or fund balances Subtract line ature Block regury, I declare that I have exaltered, it is true, correct, and comowledge	(A), lines 3, 4, and 7d)		3,738,9 21,921,8 325,6 26,1 26,012,5  12,695,6  11,057,1 23,752,8 2,259,6 nning of Curren Year  57,029,9 31,565,5 25,464,4	653 18 25 0 0 0 666 0 68 34 81 175 07 68	3,678,154 25,080,470 30,795 46,633 28,836,052 0 0 13,509,919 0 12,944,264 26,454,183 2,381,869 End of Year 66,086,852 37,887,310 28,199,542
Signature State of Expenses Expenses Expenses Expenses	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 11 r penanowledorer had	Program Investing Other in Total reference 12) . Grants Benefit Salarie 10) Profess Total fun Other in Total en Revenue  Total an Total in Net ass Signal alties of podge and boas any kn	m service revenue (Part VIII, line ment income (Part VIII, column revenue (Part VIII, column (A), levenue—add lines 8 through 11 (a) and similar amounts paid (Part IX) spaid to or for members (Part IX) s, other compensation, employed distributions (Part IX), column (D), expenses (Part IX, column (A), line xpenses (Part IX, column (A), line xpenses (Part IX, column (A), line xpenses Add lines 13–17 (mustre less expenses Subtract line 1 (a) ssets or fund balances Subtract line 1 (a) abilities (Part X, line 16)	(A), lines 3, 4, and 7d)		3,738,9 21,921,8 325,6 26,1 26,012,5  12,695,6  11,057,1 23,752,8 2,259,6 nning of Curren Year 57,029,9 31,565,5 25,464,4 edules and stater) is based on a	653 18 25 0 0 0 666 0 68 34 81 175 07 68	3,678,154 25,080,470 30,795 46,633 28,836,052 0 0 13,509,919 0 12,944,264 26,454,183 2,381,869 End of Year 66,086,852 37,887,310 28,199,542
Signal of Feed Balances Expenses	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 11 r penanowledorer had	Program Investing Other in Total re 12) Grants Benefit Salarie 10) Profess Total fun Other in Total e Revenu  Total a Total li Net ass Signa alties of p dge and b as any kn  ***** Signal ***** Type	m service revenue (Part VIII, line ment income (Part VIII, column revenue (Part VIII, column (A), levenue—add lines 8 through 11 (a) and similar amounts paid (Part IX) is paid to or for members (Part IX) is, other compensation, employed sional fundraising fees (Part IX, column (D), expenses (Part IX, column (A), lix is paid to or for members (Part IX, column (A), lix is paid to or for members (Part IX, column (D), expenses (Part IX, column (A), lix is paid to or for members (Part IX, column (A), lix is penses Add lines 13–17 (musice less expenses Subtract line 1 (a) seets or fund balances Subtract line 1 (a) abilities (Part X, line 26)	(A), lines 3, 4, and 7d)  Ines 5, 6d, 8c, 9c, 10c, and 11e (must equal Part VIII, column (A).  IX, column (A), lines 1-3)  IX, column (A), line 4)  Expenditure (Part IX, column (A), line 25)  Ines 25)  Ines 21a-11d, 11f-24e)  It equal Part IX, column (A), line 8  It equal Part IX, column (A), line 9  It equal Part IX, column (A), line	nes 5 –	3,738,9 21,921,8 325,6 26,1 26,012,5  12,695,6  11,057,1 23,752,8 2,259,6 nning of Curren Year 57,029,9 31,565,5 25,464,4 edules and stater) is based on a	653 18 25 0 0 66 0 68 34 81 175 67 68	3,678,154 25,080,470 30,795 46,633 28,836,052 0 0 13,509,919 0 12,944,264 26,454,183 2,381,869 End of Year 66,086,852 37,887,310 28,199,542
A Net Assets or Expenses	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 11 11 r penanowled orer had	Program Investing Other in Total re 12) .  Grants Benefit Salarie 10) Profess Total fun Other in Total e Revenu  Total a Total li Net ass Signa alties of p dge and b as any kn  ***** Signat STAN Type in	m service revenue (Part VIII, line ment income (Part VIII, column revenue (Part VIII, column (A), levenue—add lines 8 through 11 (a) and similar amounts paid (Part IX) spaid to or for members (Part IX) s, other compensation, employed distributions (Part IX), column (D), expenses (Part IX, column (A), line xpenses (Part IX, column (A), line xpenses (Part IX, column (A), line xpenses Add lines 13–17 (mustre less expenses Subtract line 1 (a) ssets or fund balances Subtract line 1 (a) abilities (Part X, line 16)	(A), lines 3, 4, and 7d)		3,738,9 21,921,8 325,6 26,1 26,012,5  12,695,6  11,057,1 23,752,8 2,259,6 nning of Curren Year  57,029,9 31,565,5 25,464,4 edules and stater) is based on a	653 18 25 0 0 0 666 0 68 34 81 175 07 68	3,678,154 25,080,470 30,795 46,633 28,836,052 0 0 13,509,919 0 12,944,264 26,454,183 2,381,869 End of Year 66,086,852 37,887,310 28,199,542 ts, and to the best of rmation of which

Firm's address 🕨 P O BOX 55765

Preparer

**Use Only** 

BIRMINGHAM, AL 35255

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

Phone no (205) 933-7822

✓ Yes No

4e

Total program service expenses ▶

23,719,496

Par	t III		Program Service O contains a respo			Part III			· · ·
DOC THE MIN AND RES	YOUN RS TO YMCA D AND ONE F	G MEN'S CHRISTI ALL WOMEN, MEI IS TO PUT JUDEO BODY FOR ALL T RETREAT CENTER BILITY INTO ALL	anization's mission AN ASSOCIATION N, FAMILIES, TEEN D-CHRISTIAN PRIN HE YMCA IS COMF INCORPORATING OF ITS PROGRAMS H DEVELOPMENT,	AGERS AND NCIPLES INT PRISED OF 1 GTHE CORE 5, THE YMCA	CHILDREN RE O PRACTICE 1 COMMUNIT CHARACTER \ IS DEDICATE	GARDLESS OF THROUGH PRO BRANCHES, O ALUES OF CAR D TO PROVIDI	THEIR ABILITY TO GRAMS THAT BUIL NE YOUTH CENTE ING, RESPECT, HC NG A FIRM FOUND	PAY THE N.D HEALTHY R, ONE RES. ONESTY AND	MISSION OF SPIRIT, IDENT CAMP
2	the pr	or Form 990 or 99	ertake any significa 90-EZ? new services on Sch		ervices during t	he year which we	ere not listed on	. \( \( \nabla \)	es 🗸 No
3	servi	es?	se conducting, or m changes on Schedul		nt changes in h	ow it conducts, a	ny program • • • • •	. FY	es 🔽 No
4	exper	ises Section 501(	n's program service c)(3) and 501(c)(4) revenue, if any, for e	organizations	s are required t	o report the amo		,	
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		NCIAL ASSISTANCE IT	) (Expenses \$ IS THE GOAL OF THE BIR TANCE IS OFFERED TO I			ANYONE AWAY BECA			
4d		er program service: enses \$	s (Describe in Scheo inclu	iule O ) ding grants o	f\$	) (Rev	renue \$	)	

Part IV	Checklist	of Rea	uired	Sched	lules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? $^{*}$	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt{2}$	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule $E$	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
	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			No
15	valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b 15		N o N o
16	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV  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		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part		Yes	
18	IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	18	Yes	
19	VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20-		No
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		
_	2	20b		

Pai	Checklist of Required Schedules (continued)			
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		Νο
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		Νο
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	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νo
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		Νο
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, 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		No
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		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part  IV	28a		No
Ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Νο
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Νo
Ь	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	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Νο
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	

# Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V	•	V	<u> </u>
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable   1a   90		Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable   1a   90    Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable   1b   0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		No
		3-		NI -
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
la	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		No
b	If "Yes," enter the name of the foreign country 🕨			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
		5с		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		N c
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		N (
,	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			
t	file Form 8282?	7c		N (
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
j	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		No
1	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7h		
	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?			
	Sponsoring organizations maintaining donor advised funds.	8		
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make any taxable distributions under section 49667	9a 9b		
	Section 501(c)(7) organizations. Enter	30		
a	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			
	Section 501(c)(12) organizations. Enter			
a	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 )			
а	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
2	Enter the amount of reserves on hand			
a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
1	TO 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	4.41		

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

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

Se	ction A. Governing Body and Management						
						Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax	1a		52			
	year						
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O						
b	Enter the number of voting members included in line 1a, above, who are independent	1b		52			
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?		•	h any •	2	Yes	
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management co				3		Νo
4	Did the organization make any significant changes to its governing documents since filed?			as	4		No
5	Did the organization become aware during the year of a significant diversion of the or				5		Νο
6	Did the organization have members or stockholders?	-			6		Νο
7a	Did the organization have members, stockholders, or other persons who had the pow more members of the governing body?	verto			7a		No
b	Are any governance decisions of the organization reserved to (or subject to approva or persons other than the governing body?	ıl by) ı	members, stockh	<b>-</b>	7b		No
8	Did the organization contemporaneously document the meetings held or written active year by the following			the			
а	The governing body?				8a	Yes	
b	Each committee with authority to act on behalf of the governing body?				8b	Yes	
_	Is there any officer, director, trustee, or key employee listed in Part VII, Section A,			H			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule				9		Νo
Se	ection B. Policies (This Section B requests information about policies not				evenu		
	ction B. Policies (This Section B requests information about policies not	requi				Yes	e.) No
10a	Did the organization have local chapters, branches, or affiliates?	requi	ired by the Into	ernal Re	venu 10a		
10a b	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization	requi	red by the Into	ernal Re		Yes	
10a b	Did the organization have local chapters, branches, or affiliates?	requi	of such chapter xempt purposes erning body befo	ernal Re	10a	<b>Yes</b> Yes	
10a b 11a	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization have their operations are consistent with the organization.	requi	of such chapter xempt purposes erning body befo	ernal Re	10a 10b	Yes Yes Yes	
10a b 11a b	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization have their operations are consistent with the organization as the organization provided a complete copy of this Form 990 to all members of it the form?	requi	of such chapter xempt purposes erning body before the control of t	ernal Re	10a 10b	Yes Yes Yes	
10a b 11a b	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization has the organization provided a complete copy of this Form 990 to all members of it the form?	requi	of such chapter xempt purposes erning body before the control of t	ernal Re	10a 10b 11a	Yes Yes Yes	
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	requi	s of such chapter xempt purposes erning body before the could be set to be s	ernal Re	10a 10b 11a	Yes Yes Yes Yes	
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	requi	s of such chapter xempt purposes erning body before the control of	ernal Re	10a 10b 11a 12a 12b	Yes Yes Yes Yes Yes	
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization has the organization provided a complete copy of this Form 990 to all members of it the form?	requi	of such chapter xempt purposes erning body before.	ernal Re	10a 10b 11a 12a 12b	Yes Yes Yes Yes Yes Yes	
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	requi	s of such chapter xempt purposes erning body before the could see that could see	ernal Re	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes Yes	
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	requi	s of such chapter xempt purposes erning body before the could be c	ernal Re	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes Yes	
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization Has the organization provided a complete copy of this Form 990 to all members of it the form?	requi	s of such chapter xempt purposes erning body before the could be set to be s	ernal Re	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes Yes Yes	
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	requi	s of such chapter xempt purposes erning body before the could be set to be s	ernal Re	10a 10b 11a 12a 12b 12c 13 14	Yes	
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	requi	s of such chapter xempt purposes erning body before the could be a could by beration and decounts.	give  describe  describe  describe	10a 10b 11a 12a 12b 12c 13 14 15a 15b	Yes	No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	requi	s of such chapter xempt purposes erning body before the could be set to be s	give  describe  describe  describe	10a 10b 11a 12a 12b 12c 13 14	Yes	
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	requires on's essential solution on simulation or simulation estep	s of such chapter xempt purposes erning body before the could be seen that could be seen that could be seen to evaluate its sto safeguard the could be seen to evaluate its sto safeguard the could be seen to evaluate its sto safeguard the could be seen to evaluate its sto safeguard the could be seen to evaluate its sto safeguard the could be seen to safeguard the could b	ernal Re	10a 10b 11a 12a 12b 12c 13 14 15a 15b	Yes	No

#### Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
  - Own website Another's website Upon request Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►JON MYER 2101 4TH AVENUE NORTH BIRMINGHAM, AL (205)801-6030

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

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

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

 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

List all of the organization's current key employees, if any See instructions for definition of "key employee"

◆ List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

◆ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations	more t perso and	han o on is a dire	one l both ector	not c box, an c r/trus	officer stee)		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related
	below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		Hisey	organizations
See Additional Data Table										
	1	1								Form <b>990</b> (2012)

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

	<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours	more t	tion ( han c on is l	ne l both	oox, an	heck unless officer stee)		(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	am co	(F) Estima ount of ompens from the	other ation ne
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)		anızatıo relate ganızat	d
1b c	Sub-Total				•	•	•	•					
d	Total (add lines 1b and 1c)	-		· .	٠.	٠.		F	802,077	0			146,445
2	Total number of individuals (in \$100,000 of reportable compe	cluding but not	limited				d abov	e) wl	ho received more th	an	•		
												Yes	No
3	Did the organization list any <b>f</b> oon line 1a? <i>If "Yes," complete S</i>					key •	emplo	yee, •	or highest compen		3	Yes	
4	For any individual listed on line organization and related organ individual										4	Yes	
5	Did any person listed on line 1									or individual for			
	services rendered to the orgar	nization <i>' It "Yes</i>	," compl	ete S	cned	uie J	) for suc	ch pe	erson		5		N o
Se	ection B. Independent Co												
1	Complete this table for your five	ve highest comp	ensate	d inde	epen	den	tcontra	acto	rs that received mo	re than \$100,000 o	of ,		

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

(A)	(B)	(C)
Name and business address	Description of services	Compensation
ROBINS MORTON 400 SHADES CREEK PKWY BIRMINGHAM AL 35209	CONSTRUCTION	3,737,347
JOHNSONKREIS CONSTRUCTION 2920 1ST AVE S BIRMINGHAM AL 35233	CONSTRUCTION	1,408,616
MCQUEARY HENRY BOWLES TROY LLP 8144 WALNUT HILL LANE 16TH FL DALLAS TX 75231	INSURNACE BROKER	559,833
PRITCHARD INDUSTRIES 216 BUSINESS CENTER DRIVE BIRMINGHAM AL 35244	JANITORIAL SERVICES	386,222
PJ CONSTRUCTION LLC 2204 1ST AVE S SUITE 200 BIRMINGHAM AL 35233	CONSTRUCTION	188,075
Takal mumban afundan andank a ankurakana (maluduna huk nak lumikad ka khasa luakad ahau)	Vb = u = = = d u= = u = #b = u	

2 Total number of independent contractors (including but not limited to those listed above) who received more than  $$100,\!000$  of compensation from the organization  $\blacktriangleright 10$ 

Part V		Statement of Re Check if Schedule O		nse to any question i	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
10	1a	Federated campaign	s <b>1a</b>	1,832,674				
Contributions, Giffs, Grants and Other Similar Amounts	ь	Membership dues .	1b					
0 12 13 13 13 13 13 13 13 13 13 13 13 13 13	c	Fundraising events	1c	73,387				
Ē,	d	Related organization						
ii Bar		Government grants (con						
ıns, Sin	е							
ig ig	f	All other contributions, gi similar amounts not inclu	ifts, grants, and <b>1f</b> ided above	1,772,093				
윤호	g	Noncash contributions inc 1a-1f \$	cluded in lines	1,425,759	İ			
Contand	h	Total. Add lines 1a-	1f		3,678,154			
				Business Code				
Program Serwce Revenue	2a	HEALTH & WELLNESS		713940	16,140,881	16,140,881		
ey eye	ь	YOUTH PROGRAMS & OT	HER	713940	6,956,837	6,956,837		
е. Н	С	CAMPING & RETREAT		713940	1,982,752	1,982,752		
ž Ž	d							
S .	e							
<u>≥</u> <u>o</u>	f	All other program se	ervice revenue					
ξ	g	Total. Add lines 2a-	·2f		25,080,470			
	3	Investment income	(ıncludıng dıvıden	ds, interest,	134,656			134,656
	4	and other similar am Income from investment		-	134,030			134,030
	5	Royalties		F				
			(ı) Real	(II) Personal				
	6a	Gross rents						
	ь	Less rental expenses						
	С	Rental income or (loss)						
	d	Net rental income of	r(loss)					
			) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	1,290,086					
	ь	Less cost or other basis and	1,393,947					
	_	sales expenses Gain or (loss)	-103,861					
	c d	Net gain or (loss)	•		-103,861			-103,861
	- 8a	Gross income from f	1		·			,
Other Revenue		events (not includin \$ 73,387 of contributions repo See Part IV, line 18	orted on line 1c)					
<del>.</del> Œ		,	а	55,721				
‡	ь	Less direct expens		27,288				
0	c	Net income or (loss)	1	events 🕦	28,433			28,433
	9a	Gross income from 9 See Part IV, line 19						
	ь	Less direct expens						
	C	Net income or (loss)	ı	vities				
	10a	Gross sales of inver returns and allowand						
	ь	Less cost of goods	sold <b>b</b>					
	С	Net income or (loss)		•				
		Miscellaneous Rev		Business Code	40.000			10.200
		INSURANCE RECO	VERY	813319	18,200			18,200
	b							
	C	A II other =====						
	d e	All other revenue .  Total. Add lines 11a	l l	▶				
					18,200			
	12	Total revenue. See I	nstructions .	►	28,836,052	25,080,470	(	77,428

#### 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	Section 5	01(c)(3)	) and 501(c)(4	organizations must com	plete all columns	All other organizations	must complete column
---	-----------	----------	----------------	------------------------	-------------------	-------------------------	----------------------

	Check if Schedule O contains a response to any question in this Pa	rt IX		<u> </u>	
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	( <b>B</b> ) Program service expenses	(C) Management and general expenses	( <b>D)</b> 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	319,741		319,741	
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	10,884,273	9,524,664	1,304,162	55,447
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	702,924	569,368	126,526	7,030
9	Other employee benefits	538,326	440,449	97,877	
10	Payroll taxes	1,064,655	864,946	194,874	4,835
11	Fees for services (non-employees)				
а	Management				
ь	Legal	60,941	42,952	17,989	
c	Accounting	44,000	33,500	10,500	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	759,252	668,388	90,864	
12	Advertising and promotion	496,489	496,489	<del>' ।</del>	
13	Office expenses	492,328	411,588	+ +	1,688
14	Information technology	364,570	278,828	<del>                                     </del>	1,000
15	Royalties	304,370	270,020	03,742	
16	Occupancy	2,356,927	2,356,927		
17	Travel	1,006,536	920,876	<del>                                     </del>	2,838
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	1,000,330	320,070	02,022	2,030
19	Conferences, conventions, and meetings				
20	Interest	1,007,105	1,007,105		
21	Payments to affiliates	233,824	233,824		
22	Depreciation, depletion, and amortization	2,941,894	2,767,760	174,134	
23	Insurance	549,787	535,387	14,400	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	SUPPLIES	1,697,717	1,668,589	28,524	604
b	REPAIRS & MAINT	730,833	696,191	34,642	
c	OTHER EXPENSES	146,222	122,082	20,366	3,774
d	DUES	94,292	79,583	14,184	525
e	All other expenses	-38,453			-38,453
25	Total functional expenses. Add lines 1 through 24e	26,454,183	23,719,496	2,696,399	38,288
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		Check if Schedule O contains a response to any question in thi	s Part	x	ı		· · · · <u>· · · · · · · · · · · · · · · </u>
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			7,910	1	6,502
	2	Savings and temporary cash investments			3,096,164	2	2,463,396
	3	Pledges and grants receivable, net			2,342,174	3	1,881,455
	4	Accounts receivable, net			223,951	4	170,599
	5	Loans and other receivables from current and former officers, of employees, and highest compensated employees. Complete P. Schedule L				5	
Assets	6	Loans and other receivables from other disqualified persons (a 4958(f)(1)), persons described in section 4958(c)(3)(B), and and sponsoring organizations of section 501(c)(9) voluntary e organizations (see instructions) Complete Part II of Schedule	contri mploy	buting employers		6	
Š	7	Notes and loans receivable, net				7	
⋖	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			656,927	9	553,198
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	1	80,453,746			
	ь	Less accumulated depreciation	10b	24,791,650	45,697,543	10c	55,662,096
	11	Investments—publicly traded securities	<u> </u>		3,848,198	11	4,643,201
	12	Investments—other securities See Part IV, line 11	761,414	12	234,993		
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			395,694	15	471,412
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			57,029,975	16	66,086,852
	17	Accounts payable and accrued expenses			2,095,673	17	1,903,071
	18	Grants payable				18	
	19	Deferred revenue			269,520	19	245,829
	20	Tax-exempt bond liabilities			23,592,929	20	31,495,624
	21	Escrow or custodial account liability Complete Part IV of Sch	edule	D		21	
ilities	22	Loans and other payables to current and former officers, direct key employees, highest compensated employees, and disqual	ors, tr				
Liabili		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third partie	es .		863,119	23	535,875
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to rela and other liabilities not included on lines 17-24) Complete Pa					
		D			4,744,266	25	3,706,911
	26	Total liabilities. Add lines 17 through 25			31,565,507	26	37,887,310
S)		Organizations that follow SFAS 117 (ASC 958), check here	✓ and	l complete			
ĕ		lines 27 through 29, and lines 33 and 34.			04 040 070		04 007 040
<u>ਲ</u> ਲ	27	Unrestricted net assets			21,648,273		24,827,846
Fund Balance	28	Temporarily restricted net assets	•		3,816,195		3,371,696
₹	29	Permanently restricted net assets				29	
or Fu		Organizations that do not follow SFAS 117 (ASC 958), check he complete lines 30 through 34.	iere 🟲	and			
	30	Capital stock or trust principal, or current funds				30	
sets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
Ą	32	Retained earnings, endowment, accumulated income, or other	funds			32	
₹	33	Total net assets or fund balances	•		25,464,468	33	28,199,542
_	34	Total liabilities and net assets/fund balances			57,029,975	34	66,086,852

Par	t XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI			• •	
	Total revenue (must acual Bort VIII column (A) line 13)				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		28,8	836,052
2	Total expenses (must equal Part IX, column (A), line 25)			26	454 102
3	Revenue less expenses Subtract line 2 from line 1	2		26,2	454,183
,	Revenue less expenses Subtract line 2 nom line 1	3		2,3	381,869
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		25.4	464,468
5	Net unrealized gains (losses) on investments				+04,408
_		5			325,000
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)				
		9			28,205
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		28 -	199,542
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				. ᅜ
				Yes	No
	Accounting method used to prepare the Form 990				
_	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revi a separate basis, consolidated basis, or both	ewed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sep basis, consolidated basis, or both	arate			
	▼ Separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig audit, review, or compilation of its financial statements and selection of an independent accountant?	ht of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	ın			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in t Single Audit Act and OMB Circular A-133?	he	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required	3 <b>b</b>		

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DLN: 93493179000123

OMB No 1545-0047

Open to Public

#### SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury

Internal Revenue Service

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.

**Public Charity Status and Public Support** 

Inspection

lame of the organization	
HE YOUNG MEN'S CHRISTIAN ASSOCIATION	OF
STRMINGHAM INC	

Employer identification number

63-0299894 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is (For lines 1 through 11, check only one box) 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, city, and state 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). 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 331/3% 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 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 11 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 Type I **b** Type II **c** Type III - Functionally integrated **d** 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? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (III) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s) h

(i) Name of supported organization	(ii) EIN (iii) Type of organization (described on lines 1-9 above or IRC section (see		on in ted in rning	(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the US?		(vii) A mount of monetary support	
		instructions))	Yes	No	Yes	No	Yes	No	
Total									

Sche	edule A (Form 990 or 990-EZ) 2012						Page <b>2</b>
Pa	rt II Support Schedule for (Complete only if you c Part III. If the organiza	hecked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	tion failed to c	qualify under
-5	ection A. Public Support	uon ians to qu	ality under the	tests listed bei	ow, piease com	piete Part III.,	)
	endar 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	Tax revenues levied for the organization'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	<b>Total.</b> 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)						
6	<b>Public support.</b> Subtract line 5 from line 4						
	ection B. Total Support						_
Cale	endar year (or fiscal year beginning in) 🟲	<b>(a)</b> 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	A mounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
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 assets (Explain in Part IV )						
11	<b>Total support</b> (Add lines 7 through 10)						
12	Gross receipts from related activities	s, etc (see inst	ructions)			12	
13	First five years. If the Form 990 is f this box and stop here	<u> </u>	<u> </u>		•	· · · · <u>· ·</u>	nization, check
	ection C. Computation of Pub Public support percentage for 2012			11 column (5)		1	
14				II, COIUMIN (T))		14	
15	Public support percentage for 2011					15	<del> </del>
	33 1/3% support test—2012. If the cand stop here. The organization qual 33 1/3% support test—2011. If the coox and stop here. The organization	ifies as a public organization did	ly supported orga not check a box o	inization on line 13 or 16a,			<b>►</b> □
17a	10%-facts-and-circumstances test- is 10% or more, and if the organizat in Part IV how the organization mee	- <b>2012.</b> If the org ion meets the "f	anızatıon dıd not acts-and-cırcum	check a box on lii stances" test, ch	eck this box and <b>s</b>	top here. Explai	n orted
b	organization  10%-facts-and-circumstances test— 15 is 10% or more, and if the organ Explain in Part IV how the organizat	zation meets th	e "facts-and-cırc	umstances" test,	, check this box ai	nd <b>stop here.</b>	
18	supported organization  Private foundation. If the organizati instructions	on dıd not check	k a box on line 13	, 16a, 16b, 17a,	or 17b, check this	s box and see	►□ ►□

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.)

Se	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	<b>(b)</b> 2009	(c) 2010	( <b>d)</b> 2011	( <b>e)</b> 20	12	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual	2,241,115	2,206,792	2,646,418	3,765,044	3,	706,587	14,565,956
2	grants ") 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	22,915,457	21,762,049	21,445,776	21,921,853	25,	.080,470	113,125,605
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
	<b>Total.</b> Add lines 1 through 5 A mounts included on lines 1, 2, and 3 received from disqualified persons	25,156,572	23,968,841	24,092,194	25,686,897	28,	.787,057	127,691,561 0
b	A mounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the							0
c 8	year Add lines 7a and 7b  Public support (Subtract line 7c from line 6)							0 127,691,561
Se	ction B. Total Support		·		•		•	
Cale	ndar year (or fiscal year	(a) 2008	<b>(b)</b> 2009	<b>(c)</b> 2010	( <b>d)</b> 2011	<b>(e)</b> 20	12	<b>(f)</b> Total
9	beginning in) ► A mounts from line 6	25,156,572	23,968,841	24,092,194	25,686,897	28,	787,057	127,691,561
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	91,096	59,167	76,705	91,899		134,656	453,523
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	91,096	59,167	76,705	91,899		134,656	453,523
с 11	Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the	91,090	39,107	70,703	91,099		134,030	433,323
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)	25,247,668	24,028,008	24,168,899	25,778,796		921,713	128,145,084
14	First five years. If the Form 990 is check this box and stop here			, thırd, fourth, or f	ifth tax year as a	501(c)(	3) organı	zation,
<u>Se</u> 15	ction C. Computation of Pub Public support percentage for 2012			13 column (f))		45		00.650.00
16	Public support percentage from 201		•	(1))		15 16		99 650 % 99 650 %
	ction D. Computation of Inv							
17	Investment income percentage for				n (f))	17		0 350 %
18 19a	Investment income percentage from 33 1/3% support tests—2012. If the				line 15 is more th	<b>18</b> nan 33 1/3	 3%, and	0 350 % Ine 17 is not
	, o .o ouppoint toolsorein till	gaeacion ala	C CITC DO	I T, unu	23 13 111010 11		, will I	

more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶✓

33 1/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Fo	rm 990 or 990-E2) 2012 Page
Part IV	<b>Supplemental Information.</b> Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).
	Facts And Circumstances Test
	Explanation

Schedule A (Form 990 or 990-EZ) 2012

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493179000123

#### OMB No 1545-0047

Inspection

#### SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

**Political Campaign and Lobbying Activities** 

If the organization answered "Yes" to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- ◆ Section 527 organizations Complete Part I-A only

If the organization answered "Yes" to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B ◆ Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then ◆ Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF BIRMINGHAM INC Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV 2 Political expenditures Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ┌ No Was a correction made? ┌ Yes b If "Yes." describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527 2 exempt function activities Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? 4 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV (e) A mount of political (a) Name (b) Address (c) EIN (d) A mount paid from contributions received filing organization's and promptly and funds If none, enter -0directly delivered to a separate political organization If none, enter -0-

Grassroots nontaxable amount

Grassroots lobbying expenditures

Grassroots ceiling amount (150% of line 2d, column (e))

	nedule C (Form 990 or 990-EZ) 2012						Page <b>2</b>
Pa	art II-A Complete if the organization under section 501(h)).	is exemp	t under	section 501(c	:)(3) and fi	led Form 5768	(election
	Check If the filing organization belongs to expenses, and share of excess lob Check If the filing organization checked both	byıng expendit	tures)		_	oup member's nam	ie, address, EIN
	Limits on Lobbying I (The term "expenditures" means a	Expenditur	es			(a) Filing organization's totals	(b) Affiliated group totals
	Total lobbying expenditures to influence public	opinion (grass	roots lob	bying)			
ь	Total lobbying expenditures to influence a legisl	latıve body (dı	rect lobby	/ing)			
С	Total lobbying expenditures (add lines 1a and 1	b)					
d	Other exempt purpose expenditures						
e	Total exempt purpose expenditures (add lines 1	.c and 1d)					
f	Lobbying nontaxable amount Enter the amount columns	from the follow	ving table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The lobbyin	g nontax	able amount is:			
	Not over \$500,000	20% of the ar	mount on lir	ne 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus	15% of the	e excess over \$500,00	00		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus	10% of the	e excess over \$1,000,	000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus	5% of the	excess over \$1,500,0	00		
	Over \$17,000,000	\$1,000,000					
g	Grassroots nontaxable amount (enter 25% of li	ne 1f)					
h	Subtract line 1g from line 1a If zero or less, ent	ter -0-					
i	Subtract line 1f from line 1c If zero or less, ent	er-0-					
j	If there is an amount other than zero on either li section 4911 tax for this year?	ine 1h or line 1	Lı, dıd the	organization file I	Form 4720 rep	orting	┌ Yes ┌ No
	4-Year A (Some organizations that made a columns below. See t	section 50	1(h) el		havè to coi		he five
	Lobbying Exp	enditures	During	4-Year Avera	ging Period	T	T
	Calendar year (or fiscal year beginning in)	(a)	2009	<b>(b)</b> 2010	<b>(c)</b> 2011	( <b>d)</b> 2012	<b>(e)</b> Total
2a	Lobbying nontaxable amount						
ь	Lobbying ceiling amount (150% of line 2a, column(e))						
c	Total lobbying expenditures						

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

To each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.  1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of  a Volunteers?  No  b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  No  d Mailings to members, legislators, or the public?	(b)
legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of  a Volunteers?  b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  No  Media advertisements?	A mount
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  No  Media advertisements?	
c Media advertisements?	
d Mailings to members, legislators, or the public?	
e Publications, or published or broadcast statements?	
f Grants to other organizations for lobbying purposes?	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? No	
i Other activities?	10,823
j Total Add lines 1c through 1:	10,823
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	
b If "Yes," enter the amount of any tax incurred under section 4912	
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912	
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	

# Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3		

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

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Tayable amount of lobbying and political expenditures (see instructions)	5	

#### Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1 Also, complete this part for any additional information

Identifier	Return Reference	Explanation
XPLANATION OF LOBBYING	PART II-B, LINE 1	THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF
CTIVITIES	·	BIRMINGHAM IS A MEMBER OF THE ALABAMA STATE
		ALLIANCE OF YOUNG MEN'S CHRISTIAN ASSOCIATIONS
		WHOSE PURPOSE IS TO UTILIZE THE COLLECTIVE
		STRENGTH OF ALL ALABAMA YMCA'S TO INCREASE THEIR
		ABILITY TO FOSTER YOUTH DEVELOPMENT, HEALTHY
		LIVING, AND SOCIAL RESPONSIBILITY THROUGHOUT THE
		STATE THROUGH STATEWIDE COMMUNICATION AND
		COOPERATION, THE STATE ALLIANCE WILL ASSIST
		MEMBER ASSOCIATIONS IN THEIR WORK OF PUBLIC
		POLICY ADVOCACY, POSITIONING, PROGRAMMING AND
		QUALITY THE STATE ALLIANCE WILL EDUCATE AND
		ENGAGE POLICY AND DECISION MAKERS ON THE YMCA'S
		MISSION, HISTORY AND PROGRAMS, AND WILL GAIN
		RECOGNITION FOR THE YMCA AS A LEADER ON ISSUES
		THAT AFFECT CHILDREN, FAMILIES, AND COMMUNITIES
		TO HELP ACCOMPLISH THIS PURPOSE, THE STATE
		ALLIANCE HAS ENGAGED A "LEGISLATIVE ANALYST" TO
		MONITOR ANY GOVERNMENTAL ISSUES, LEGISLATION OF
		PROPOSED LEGISLATION, AND OTHER MATTERS BEFORE
		THE ALABAMA LEGISLATURE, THE EXECUTIVE
		DEPARTMENTS AND AGENCIES, ALONG WITH LOCAL
		GOVERNMENTS, WHICH ARE OF DIRECT INTEREST TO THE
		YMCA'S, TO IDENTIFY FUNDING OPPORTUNITIES AND TO
		REPORT TO THE ALLIANCE ON A QUARTERLY BASIS

DLN: 93493179000123

OMB No 1545-0047

Open to Public Inspection

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

► 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.

**Supplemental Financial Statements** 

Name of the organization

Employer identification number

	YOUNG MEN'S CHRISTIAN ASSOCIATION OF MINGHAM INC		63-	0299894
Pa	organizations Maintaining Donor Adv			
		(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 advisor funds are the organization's property, subject to the or	5	nor advi	rsed Yes No
6	Did the organization inform all grantees, donors, and do used only for charitable purposes and not for the benef conferring impermissible private benefit?			
Pai	t II Conservation Easements. Complete if	the organization answered "Yes" t	o Forn	n 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the org Preservation of land for public use (e.g., recreation Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a	or education) Preservation of an Preservation of a	certıfıe	d historic structure
	easement on the last day of the tax year			
				Held at the End of the Year
а	Total number of conservation easements		2a	
Ь	Total acreage restricted by conservation easements		2b	
С	Number of conservation easements on a certified histo	. ,	2c	
d	Number of conservation easements included in (c) acq historic structure listed in the National Register	juired after 8/17/06, and not on a	2d	
3	Number of conservation easements modified, transferrenthe tax year	ed, released, extinguished, or terminate	ed by th	ne organization during
4	Number of states where property subject to conservati	ion easement is located ►		
5	Does the organization have a written policy regarding tenforcement of the conservation easements it holds?	the periodic monitoring, inspection, hand	dling of	f violations, and Yes No
6	Staff and volunteer hours devoted to monitoring, inspe	cting, and enforcing conservation easer	ments o	during the year
7	A mount of expenses incurred in monitoring, inspecting  \$\blue{\sigma}\$	, and enforcing conservation easement:	s durin	g the year
8	Does each conservation easement reported on line 2 (and section 170(h)(4)(B)(II)?	d) above satisfy the requirements of sec	tion 17	70(h)(4)(B)(ı)
9	In Part XIII, describe how the organization reports corbalance sheet, and include, if applicable, the text of the the organization's accounting for conservation easeme	e footnote to the organization's financia		
Par	Organizations Maintaining Collection Complete if the organization answered "Y		or Ot	her Similar Assets.
1a	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asse service, provide, in Part XIII, the text of the footnote t	ts held for public exhibition, education,	or rese	arch in furtherance of public
b	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asse service, provide the following amounts relating to thes	ts held for public exhibition, education,		
	(i) Revenues included in Form 990, Part VIII, line 1			<b>►</b> \$
	(ii) Assets included in Form 990, Part X			<b>▶</b> \$
2	If the organization received or held works of art, histor following amounts required to be reported under SFAS			

a Revenues included in Form 990, Part VIII, line 1

**b** Assets included in Form 990, Part X

	t IIII Organizations Maintaining Co	liections of Art	t, HIS	torical	reasu	ies, oi c	tne	<u>r Similar</u>	<u>Asse</u>	<b>TS</b> (cc	<u>ntınued)</u>
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other recor	ds, ch	ieck any of	the follo	owing that	are a	sıgnıfıcant	use of	ıts	
а	Public exhibition		d	┌ Loar	n or excl	hange prog	rams				
ь	Scholarly research		e	┌ Oth	er						
С	Preservation for future generations										
4	Provide a description of the organization's c Part XIII	ollections and expla	ain hov	v they furth	ner the o	organization	ı's e>	cempt purpo	se in		
5	During the year, did the organization solicit	or receive donation:	s of ar	t, historica	ıl treasu	res or othe	rsım	nılar	_		_
_	assets to be sold to raise funds rather than									Yes	┌ No
Pa	rt IV Escrow and Custodial Arrang Part IV, line 9, or reported an ar					n answere	d "Y	es" to Forr	n 990	,	
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?	lian or other interm	ediary	for contrib	outions o	or other ass	ets	not	Γ	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	II and complete the	follov	ving table		Г			A mou	nt	
c	Beginning balance						1c		Amou		
d	Additions during the year					}	1d				
e	Distributions during the year					}	1e				
f	Ending balance					-	1f				
	<b>J</b>	000 Dt-V I	- 242			L	11			Yes	
2a	Did the organization include an amount on F								,	Y es	No ⊏
b	If "Yes," explain the arrangement in Part XII										J
Pa	rt V Endowment Funds. Complete	<u>if the organizatio</u> (a)Current year		wered "Y Prior year				't IV, line 1 Three years ba		Four ve	ears back
1a	Beginning of year balance	4,677,073	(0)	4,969,94	+	4,537,816	_	3,217,9	_		4,127,779
ь	Contributions	58,729		, ,		41,929	+	506,2	_		610,437
c	Net investment earnings, gains, and losses	,				•		<u> </u>			•
Č		553,111		-41,75	1	607,042	2	902,4	47	-	1,412,097
d	Grants or scholarships										
е	Other expenditures for facilities and programs	148,657		139,850	o	144,712	2	56,0	43		79,539
f	Administrative expenses	106,014		111,269	9	72,132	2	32,8	18		28,635
g	End of year balance	5,034,242		4,677,07	3	4,969,943	3	4,537,8	16		3,217,945
2	Provide the estimated percentage of the cur	rent vear end balan	ce (lın	e 1a. colui	mn (a)) l	held as					
a	·	100 000 %	(	5,	(-,,						
b	Permanent endowment - 0 %										
	remailent endowment F	O %									
С	Temporarily restricted endowment F  The percentages in lines 2a, 2b, and 2c sho										
	, ,										
3a	Are there endowment funds not in the posse	ssion of the organiz	ation	that are he	ld and a	dmınıstere	d for	the			
3a	Are there endowment funds not in the posse organization by		ation	that are he	ld and a	dministere	d for	F	2-/:)	Yes	No
3a	Are there endowment funds not in the posse organization by  (i) unrelated organizations				ld and a	dministere	d for •	[	3a(i)	Yes	Νo
	Are there endowment funds not in the posse organization by  (i) unrelated organizations					dministere	d for	[	3a(i) 3a(ii) 3b	Yes	_
	Are there endowment funds not in the posse organization by  (i) unrelated organizations	ns listed as require	 d on S	 chedule R		dministere	d for	[	Ba(ii)	Yes	Νο
b 4	Are there endowment funds not in the posse organization by  (i) unrelated organizations	ns listed as require	 d on S			dministere	d for	[	Ba(ii)	Yes	Νo
ь 4	Are there endowment funds not in the posse organization by  (i) unrelated organizations  (ii) related organizations  If "Yes" to 3a(II), are the related organization describe in Part XIII the intended uses of the content of the second organization describe in Part XIII the intended uses of the content of	ns listed as require	 d on S		10.	(b)Cost or o	ther	[	3b		Νo
b 4 Pa	Are there endowment funds not in the posse organization by  (i) unrelated organizations  (ii) related organizations  If "Yes" to 3a(II), are the related organization Describe in Part XIII the intended uses of the content of the con	ns listed as require	 d on S	chedule R ent funds art X, line (a) Cost basis (inve	10.	(b)Cost or o	ther		3b	( <b>d</b> ) Boo	N o N o
b 4 Pa	Are there endowment funds not in the posse organization by  (i) unrelated organizations	ns listed as require	 d on S	chedule R ent funds Irt X, line (a) Cost basis (inve	10. or other estment)	(b)Cost or o basis (other	ther		3b	(d) Boo	N o N o ok value
b 4 Pa	Are there endowment funds not in the posse organization by  (i) unrelated organizations	ns listed as require	 d on S	chedule R ent funds ort X, line (a) Cost basis (inve	10. or other estment)	(b)Cost or o basis (other	ther	(c) Accumulat	<b>3b</b> ed 679	(d) Boo	N o N o ok value
b 4 Par  1a b c	Are there endowment funds not in the posse organization by  (i) unrelated organizations  (ii) related organizations  If "Yes" to 3a(II), are the related organization Describe in Part XIII the intended uses of the tyle Land, Buildings, and Equipment Description of property  Land	ns listed as require	 d on S	chedule R ent funds irt X, line (a) Cost basis (inve	10. or other estment) -,740,477	(b)Cost or o basis (other	ther	(c) Accumulated depreciation	3b ed 679 768	( <b>d</b> ) Boo	No No ok value 4,740,477 7,049,636
b 4 Pa  1a b c d	Are there endowment funds not in the posse organization by  (i) unrelated organizations	ns listed as require	 d on S	chedule R ent funds IT X, line (a) Cost basis (inve	10. or other estment) -,740,477 -,037,315 -,783,530	(b)Cost or o basis (other	ther	(c) Accumulated depreciation 12,987 6,176 5,545	3b ed 679 768	( <b>d</b> ) Boo	No No No ok value 4,740,477 7,049,636 7,606,762

Part VII Investments—Other Securities. See	Form 990, Part X, line 1	2.	
(a) Description of security or category	(b)Book value	(c) Metho	d of valuation
(including name of security)		Cost or end-o	f-year market value
(1)Financial derivatives			
(2)Closely-held equity interests			
Other			
	+		
Total. (Column (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) Metho	d of valuation
		Cost or end-o	f-year market value
		-	
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	•		
Part IX Other Assets. See Form 990, Part X, III			
(a) Descri			(b) Book value
(a) Descri	ption		(B) Book Value
-			
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15			
Part X Other Liabilities. See Form 990, Part X			
1 (a) Description of liability	(b) Book value		
Federal income taxes			
CAPITALIZED LEASE OBLIGATIONS			
	2,199,296		
	2,199,296		
INTEREST RATE SWAP	2,199,296 1,507,615		

·	<b>Revenue per Audited Financia</b> er support per audited financial statem		nts With Revenue	per R	29,189,257
	ut not on Form 990, Part VIII, line 12				
a Net unrealized gains on invest	tments	2a	325,000		
<b>b</b> Donated services and use of f	acılıtıes	. 2b			
<b>c</b> Recoveries of prior year grant	s	. 2c			
<b>d</b> Other (Describe in Part XIII)		2d	28,205		
e Add lines 2a through 2d .				2e	353,205
3 Subtract line 2e from line 1.				3	28,836,052
	0, Part VIII, line 12, but not on line 1	1	I		
	uded on Form 990, Part VIII, line 7b			1	
<ul><li>b Other (Describe in Part XIII)</li><li>c Add lines 4a and 4b</li></ul>		. 4b		4-	0
	d <b>4c.</b> (This must equal Form 990, Part			4c 5	28,836,052
	expenses per Audited Financia				<u> </u>
	r audited financial statements		•	1	26,454,183
·	it not on Form 990, Part IX, line 25				
a Donated services and use of fo	acılıtıes	2a			
<b>b</b> Prior year adjustments		2b			
<b>c</b> Other losses		. 2c		1	
<b>d</b> Other (Describe in Part XIII )		2d		1	
e Add lines 2a through 2d				2e	0
3 Subtract line 2e from line 1 .				3	26,454,183
4 A mounts included on Form 99	0, Part IX, line 25, but not on line 1:				
a Investment expenses not incl	uded on Form 990, Part VIII, line 7b	4a			
<b>b</b> Other (Describe in Part XIII )		4b			
c Add lines 4a and 4b				4c	0
	nd <b>4c.</b> (This must equal Form 990, Pai	rt I, lıne 18)		5	26,454,183
Part XIII Supplemental Inf	formation				
	scriptions required for Part II, lines 3, lines 2d and 4b, and Part XII, lines 2				
information	, illes zu allu 40, allu Fait AII, illes .	Zu anu 40 A	iso complete this part to	PIOVI	de any additional
Identifier	Return Reference		Explanat	ion	
DESCRIPTION OF INTENDED USE	PART V, LINE 4	THESE FU	NDS ARE ADMINISTER	ED BY	TRUSTEES WHO ARE
OF ENDOWMENT FUNDS			ED BY THE BOARD OF		
			TEES HAVE SOLE AUT ND OTHERWISE ADMI		, ,
			BENEFIT OF THE YMC		•
			E CONSIDERED UNRE: S AND REALIZED GAIN		
		OFENDOV	VMENT ASSETS ARE C	ONSI	DERED TO BE PART
			ORPUS AND ARE RETA INT FUNDS UNDER THE		
			EXPENDABLE INCOM		
			SUSED TO FUND PROG AS DESIGNATED BY 1		
			NT FUNDS	ПЕІІ	RUSIEES OF THE
DESCRIPTION OF UNCERTAIN	PART X, LINE 2		IS EXEMPT FROM FED		
TAX POSITIONS UNDER FIN 48			CTION 501(C)(3) OF T NAGEMENT BELIEVES		
			NG ACTIVITIES OF TH		
			501(C)(3) OF THE INT NGLY, NO ACCRUAL FO		
			ADOPTED ACCOUNT		
			TO UNCERTAINTY OF ENT ASSESSED WHET		
			IN TAX POSITIONS TH		
			AX LIABILITIES AND		
			SUCH MATTERS REQU MPANYING FINANCIA		
			S INCOME TAX RETU		
			TION WITH FEW EXCE UBJECT TO U S FEDER		•
		NON-US	INCOME TAX EXAMINA		
DART VI LINE OR OTHER		BEFORE 2		20.20	
PART XI, LINE 2D - OTHER ADJUSTMENTS		LUSSUNI	NTEREST RATE SWAP	28,20	75
			TO MANAGE FLUCTUA		
			THE 2008 LEASE AGF INTO AN INTEREST RA		,
			REST RATE SWAP AGR		
			CASH FLOW VARIABI		
			ST RATES THE DIFFE TO BE PAID OR THAT		
		UNDERTH	IS AGREEMENT IS AC	CRUE	D CONSISTENT WITH
			S OF THE AGREEMENT EXPENSE AS ACCRUE		
		AGREEME	NT REQUIRE THE DIFF	EREN'	TIAL INTEREST TO
			R RECEIVED MONTHL ING PRINCIPLES REQ		
			ENTS, SUCH AS INTER		
			NTS, TO BE RECOGNIZ SSETS OR LIABILITIES		
		FINANCIA	L POSITION ACCORD	INGL	Y, THE NEGATIVE
		1'''	5 AND \$1,535,820 VA NT AT DECEMBER 31, :		
			VELY, IS REPORTED A		•
			NT OF FINANCIAL POS 'S VALUE IS RECOGNI		
			CTED NET ASSETS FO		
			R 31, 2012 AND 2011		
			O BASED ON ESTIMAT O SETTLE THE AGREE		
		THE COUN	ITERPARTY TO THE SV	VAP A	GREEMENT SUCH
			「IONS WERE BASED O ONS AND/OR ASSUMPT		
		VALUATIO	N MODELS THE NOT	ONAL	PRINCIPAL
			OF THE SWAP AGREEM 06 AT DECEMBER 31,		
		RESPECTI	VELY THE AGREEMEN	T EFF	ECTIVELY FIXES THE
			ITEREST RATE EXPOS		
			N UNRESTRICTED NET RLYING BONDS RESUL		
		LOSS OF \$	(28,205) AND \$559,96	55 FO	R THE YEARS ENDÉD
			R 31, 2012 AND 2011, ' OF THE SWAP AGREE		
			HE UNDERLYING BON		

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DLN: 93493179000123

OMB No 1545-0047

**SCHEDULE G** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Form 990-EZ filers are not required to complete this part.

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

Inspection

Name of the organization THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF BIRMINGHAM INC

**Employer identification number** 

63-0299894

Part I	Fundraising	Activities.	Complete	ıf the	organization	answered	l "Yes" t	o Form	990,	Part IV,	line	17
--------	-------------	-------------	----------	--------	--------------	----------	-----------	--------	------	----------	------	----

Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations Solicitation of non-government grants Solicitation of government grants Internet and email solicitations Phone solicitations Special fundraising events In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrais custo cont	Did ser have ody or rol of outions?	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
		Yes	No			
DAXKO 600 UNIVERSITY PARK PLACE STE 500 BIRMINGHAM, AL 35209	CAPITAL CAMPAIGN & ANNUAL CAMPAIGN CONSULTANT FOR ALABASTER		No	0	17,424	-17,424
THOMPSON & ASSOCIATES 229 WARD CIRCLE SUITE A-23 BRENTWOOD, TN 37027	CONSULTING ON ESTATE PLANNED GIVING		No	0	55,000	-55,000
tal			<b>&gt;</b>		72,424	-72,424

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

Pa	rt II	Fundraising Events. Commore than \$15,000 of fundrevents with gross receipts of	aising event contributi			
		<u> </u>	(a) Event #1  RACE TO THE COURTHOUSE 5K (event type)	(b) Event #2  PELHAM GOLF TOURNAMENT (event type)	(c) O ther events  2 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1	Gross receipts	16,285	25,910	86,913	129,108
9. 6.	2	Less Contributions				
<u>~</u>	3	Gross income (line 1 minus line 2)	16,285	25,910	86,913	129,108
	4	Cash prizes				
မွာ	5	Noncash prizes	2,094	2,750	788	5,632
Expenses	6	Rent/facility costs	2,126	10,810	5,645	18,581
ă	7	Food and beverages .	27	247	113	387
Direct	8	Entertainment				
ā	9	Other direct expenses .	231	118	2,339	2,688
	10	Direct expense summary Add lir	nes 4 through 9 ın column	(d)		(27,288)
	11	Net income summary Combine li	ine 3, column (d), and line	10		101,820
Par	t III	<b>Gaming.</b> Complete if the o \$15,000 on Form 990-EZ, li		"Yes" to Form 990, Pa	ırt IV, lıne 19, or repo	rted more than
Revenue		ψ10/000 0 ro 330 22/	(a) Bingo	<b>(b)</b> Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Total gaming (add col (a) through col (c))
<u>~</u>	1	Gross revenue				
Expenses	2	Cash prizes				
Хре́г	3	Non-cash prizes				
	4	Rent/facility costs				
Direct	5	Other direct expenses				
	6	Volunteer labor	☐ Yes ☐ No	☐ Yes ☐ No	┌ Yes ┌ No	
	7	Direct expense summary Add line	s 2 through 5 in column (	d)		
	8	Net gaming income summary Com	nbine lines 1 and 7 in colu	mn (d)	<u> ▶ </u>	
9 a		er the state(s) in which the organiz the organization licensed to operate		<u> </u>		. Fyes FNo
b	If"I	No," explain				
10a	Wer	re any of the organization's gaming	licenses revoked, suspen	ded or terminated during	the tax year?	「 <sub>Yes</sub> 「 <sub>No</sub>
b		Yes," explain				

oes	the organization operate gaming a	ictivities with nonmembers?		· · ·   Yes   No
.2	Is the organization a grantor, bend	eficiary or trustee of a trust or a mem	iber of a partnership or other enti	ty
	formed to administer charitable ga	amıng?		· · · · · Fyes FNo
.3	Indicate the percentage of gaming	g activity operated in		
а	The organization's facility			. 13a
ь	An outside facility			. 13b
.4	Enter the name and address of the	e person who prepares the organization	on's gaming/special events books	s and records
	Name 🟲			
	Address 🟲			
.5a		tract with a third party from whom the		
ь		ing revenue received by the organizat		
	· · · · · · · · · · · · · · · · · · ·	ed by the third party 🟲 \$		and the
с	If "Yes," enter name and address			
	Name 🟲			
	Address 🟲			
6	Gaming manager information			
	Name 🟲			
	Gaming manager compensation	, \$		
	Description of services provided	•		
	Director/officer	Employee	Independent contractor	
7	Mandatory distributions		. 2	
	•	r state law to make charitable distribu	utions from the gaming proceeds	to
				· · · Fyes Fno
b	5 5	required under state law distributed t		
		activities during the tax year 🕨 💲	. •	
Par	Supplemental Inform columns (III) and (v), ar	nation. Complete this part to prond Part III, lines 9, 9b, 10b, 15b, ditional information (see instruction	, 15c, 16, and 17b, as applica	
	Identifier	Return Reference	Explar	nation
			•	

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DLN: 93493179000123

OMB No 1545-0047

**Schedule J** 

(Form 990)

Department of the Treasury

Internal Revenue Service

#### **Compensation Information**

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

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

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF BIRMINGHAM INC

**Employer identification number** 

63-0299894

Pa	art I Questions Regarding Compensation				
				Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to 990, Part VII, Section A, line 1a Complete Part III to provide any relevant info	•			
	First-class or charter travel Housing allowance of	or residence for personal use			
	☐ Travel for companions ☐ Payments for busine	ess use of personal residence			
	Tax idemnification and gross-up payments  Health or social club	b dues or initiation fees			
	☐ Discretionary spending account ☐ Personal services (	e g , maıd, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written poreimbursement or provision of all of the expenses described above? If "No," com	orline Deat III to conferm	ιь		
2	Did the organization require substantiation prior to reimbursing or allowing exper	nses incurred by all officers,			
	directors, trustees, and the CEO/Executive Director, regarding the items checke	ed in line 1a?	2	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the organization's CEO/Executive Director Check all that apply Do not check any bused by a related organization to establish compensation of the CEO/Executive	poxes for methods			
	Compensation committee Written employment	contract			
	☐ Independent compensation consultant ☐ Compensation surve	ey or study			
		ard or compensation committee			
		·			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a vor a related organization	vith respect to the filing organization			
а	Receive a severance payment or change-of-control payment?	4	la		Νo
ь	Participate in, or receive payment from, a supplemental nonqualified retirement p	olan? 4	ıь		Νo
с	Participate in, or receive payment from, an equity-based compensation arrangen	nent? 4	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts				
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.				
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization compensation contingent on the revenues of	pay or accrue any			
а	The organization?	5	ā		Νo
ь	Any related organization?	5	5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III				
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization compensation contingent on the net earnings of	pay or accrue any			
а	The organization?	6	ia		Νo
ь	Any related organization?	6	ь		Νο
	If "Yes," to line 6a or 6b, describe in Part III				
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization	provide any non-fixed			
	payments not described in lines 5 and 6? If "Yes," describe in Part III		7		Νo
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a subject to the initial contract exception described in Regulations section 53 495				
	in Part III		8		Νo
			-		14 0
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption pro	cedure described in Regulations	.		

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

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

l								
(A) Name and Title		(B) Breakdown of (i) Base compensation	W-2 and/or 1099-MIS  (ii) Bonus &  Incentive  compensation	C compensation (iii) Other reportable compensation	(C) Retirement and other deferred compensation	<b>(D)</b> Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	<b>(F)</b> Compensation reported as deferred in prior Form 990
(1)JON MYER CFO	(i) (ii)	157,997 0	0	0	19,121 0	7,819 0	184,937 0	0
(2)JAMES N LOMBARD FORMER PRESIDENT/CEO	(i) (ii)	113,380	0	0	13,605 0	7,819 0	134,804	0

Schedule J (Form 990) 2012

#### Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Identifier Return Reference Explanation

Schedule J (Form 990) 2012

DLN: 93493179000123

OMB No 1545-0047

**Inspection** 

#### **Schedule K** (Form 990)

**Supplemental Information on Tax Exempt Bonds** ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions,

> explanations, and any additional information in Part VI. ► Attach to Form 990. ► See separate instructions.

Department of the Treasury Internal Revenue Service Name of the organization

THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF

BIRMINGHAM INC

Employer identification number

63-0299894

#### Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	PUBLIC PARK AND RECREATION BOARD OF JEFFERSON COUNTY	20-3747932		11-01-2008	12,000,000	REDEEM SERIES 2005 BONDS AND ISSUE 2008 SERIES BONDS		x		Х		Х
В	PUBLIC PARK AND RECREATION BOARD OF JEFFERSON COUNTY	20-3747932		12-30-2010	4,780,000	SERIES 2005 BONDS REMAINING AFTER 2008 REFINANCED IN 2010		х		Х		Х
С	PUBLIC PARK AND RECREATION BOARD OF JEFFERSON COUNTY	20-3747932		12-31-2010	7,000,000	ISSUE 2010 SERIES BONDS FOR ADDITIONAL HOOVER BRANCH CONSTRUCTION COSTS		х		Х		Х
D	PUBLIC PARK AND RECREATION BOARD OF JEFFERSON COUNTY	20-3747932		12-31-2011	3,000,000	ISSUE 2011 SERIES BONDS FOR ADDITIONAL HOOVER BRANCH CONSTRUCTION COSTS		x		Х		Х

#### Part II Proceeds

		Α	В	С	D
1	A mount of bonds retired				
2	A mount of bonds legally defeased				
3	Total proceeds of issue				
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds				
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds				
11	Other spent proceeds				
12	O ther unspent proceeds				
13	Year of substantial completion				

		res	NO	res	NO	res	NO	res	NO
14	Were the bonds issued as part of a current refunding issue?		X		X		х		х
15	Were the bonds issued as part of an advance refunding issue?		Х		X		х		х
16	Has the final allocation of proceeds been made?		Х		Х		Х		Х
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?		×		×		×		Х

#### Part IIII Private Business Use

			4	1	В		С	l I	D
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		х		×		×		×
2	Are there any lease arrangements that may result in private business use of bond-financed property?		Х		Х		Х		Х

Χ

Χ

Part III Private Business Use (Continued)

Is the bond issue a variable rate issue?

Was the hedge superintegrated?

Was a hedge terminated?

Name of provider

Term of hedge

b

C

d

Has the organization or the governmental issuer entered

into a qualified hedge with respect to the bond issue?

Par	Private Business Use (Continued)									
				A		В		c		D
			Yes	No	Yes	No	Yes	No	Yes	No
3a 	Are there any management or service contracts that may result in private busi of bond-financed property?			х		×		X		х
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or othe counsel to review any management or service contracts relating to the finance property?		_							
С	Are there any research agreements that may result in private business use of financed property?	bond-		Х		x		х		х
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or othe counsel to review any research agreements relating to the financed property?	er outside								
4	Enter the percentage of financed property used in a private business use by en other than a section 501(c)(3) organization or a state or local government	ntities <b>F</b>		%		%		•	%	%
5	Enter the percentage of financed property used in a private business use as a runrelated trade or business activity carried on by your organization, another se (c)(3) organization, or a state or local government			%		%			%	%
6	Total of lines 4 and 5			%		%			%	%
7	Does the bond issue meet the private security or payment test?			Х		х		Х		Х
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds vissued?	were		х		х		х		х
ь	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disp	osed of		%		%			%	%
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sect 1 141-12 and 1 145-2?	tions								
9	Has the organization established written procedures to ensure that all nonqual bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	ıfıed		х		×		х		x
Par	t IV Arbitrage									
	<u> </u>	Α			B		С		D	I
1	Has the issuer filed Form 8038-T?	Yes	No X	Yes	No X	Ye	es	No X	Yes	No X
2	If "No" to line 1, did the following apply?					l .	I	I		•
а	Rebate not due yet?		X		Х			х		Х
ь	Exception to rebate?		Х		Х			Х		X
с	No rebate due?		Х		Х			Х		Х
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed			l		<u> </u>	I			
		J				1	1			

Х

Х

Χ

Χ

# Schedule K (Form 990) 2012

Χ

Χ

Part IV Arbitrage (Continued)

Ident if ier

Return Reference

D

Vere gross proceeds invested in a guaranteed investment ontract (GIC)?		Х		Х		.,		
				^		X		Х
lame of provider								
erm of GIC								
Vas the regulatory safe harbor for establishing the fair market alue of the GIC satisfied?								
Vere any gross proceeds invested beyond an available temporary eriod?		×		Х		Х		Х
las the organization established written procedures to monitor he requirements of section 148?		×		Х		X		Х
V Procedures To Undertake Corrective Action								
	А		В		С		D	
	Yes	No	Yes	No	Yes	No	Yes	No
las the organization established written procedures to ensure hat violations of federal tax requirements are timely identified nd corrected through the voluntary closing agreement program if elf-remediation is not available under applicable regulations?								
V a V e I h	as the regulatory safe harbor for establishing the fair market alue of the GIC satisfied?  ere any gross proceeds invested beyond an available temporary eriod?  as the organization established written procedures to monitor the requirements of section 148?  Procedures To Undertake Corrective Action  as the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if the eff-remediation is not available under applicable regulations?	as the regulatory safe harbor for establishing the fair market alue of the GIC satisfied?  ere any gross proceeds invested beyond an available temporary eriod?  as the organization established written procedures to monitor the requirements of section 148?  Procedures To Undertake Corrective Action  A Yes  as the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if the efferemediation is not available under applicable regulations?	as the regulatory safe harbor for establishing the fair market alue of the GIC satisfied?  ere any gross proceeds invested beyond an available temporary eriod?  as the organization established written procedures to monitor the requirements of section 148?  Procedures To Undertake Corrective Action  A  Yes No  as the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if elf-remediation is not available under applicable regulations?	as the regulatory safe harbor for establishing the fair market alue of the GIC satisfied?  ere any gross proceeds invested beyond an available temporary eriod?  as the organization established written procedures to monitor the requirements of section 148?  Procedures To Undertake Corrective Action  A B  Yes No Yes  as the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if the eff-remediation is not available under applicable regulations?	as the regulatory safe harbor for establishing the fair market alue of the GIC satisfied?  A	as the regulatory safe harbor for establishing the fair market alue of the GIC satisfied?  Idere any gross proceeds invested beyond an available temporary around?  Idere any gross proceeds invested beyond an available temporary around?  Idere any gross proceeds invested beyond an available temporary around a stablished written procedures to monitor are requirements of section 148?  Idereficially a stablished written procedures to monitor around a stablished written procedures to ensure and toolations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if alf-remediation is not available under applicable regulations?	as the regulatory safe harbor for establishing the fair market alue of the GIC satisfied?  ere any gross proceeds invested beyond an available temporary eriod?  as the organization established written procedures to monitor	as the regulatory safe harbor for establishing the fair market alue of the GIC satisfied?  ere any gross proceeds invested beyond an available temporary eriod? as the organization established written procedures to monitor the requirements of section 148?  Procedures To Undertake Corrective Action  A B C D  Yes No Yes No Yes No Yes No Yes No Yes No General tax requirements are timely identified and corrected through the voluntary closing agreement program if elf-remediation is not available under applicable regulations?

В

**Explanation** 

C

Schedule K (Form 990) 2012

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493179000123

OMB No 1545-0047

Schedule K (Form 990)

#### **Supplemental Information on Tax Exempt Bonds**

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI. ► Attach to Form 990. ► See separate instructions.

Open to Public **Inspection** 

Department of the Treasury Internal Revenue Service Name of the organization

THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF

BIRMINGHAM INC

Employer identification number

63-0299894

P	art I Bond Issues						•					
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) beha ISSU	alf of (1) Po		
l							Yes	No	Yes	No	Yes	No
A	HOMEWOOD DOWNTOWN REDEVELOPMENT AUTHORITY	63-6001295		12-01-2011	5,500,000	ISSUE 2011 SERIES BONDS FOR SHADES VALLEY BRANCH RENOVATIONS		Х		х		х
В	SHELBY COUNTY PARK AND RECREATION BOARD	14-1975330		08-28-2012		ISSUE 2012 SERIES BONDS FOR ALABASTER BRANCH		Х		Х		х

Pa	rt III Proceeds				
		Α	В	С	D
1	A mount of bonds retired				
2	A mount of bonds legally defeased				
3	Total proceeds of issue				
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds				
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds				
11	Other spent proceeds				
12	Other unspent proceeds				
13	Year of substantial completion		•	•	•
		Ves   No	Ves No	Ves No	Ves No

		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X						
15	Were the bonds issued as part of an advance refunding issue?		х						
16	Has the final allocation of proceeds been made?		х						
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?		Х						
Par	t IIII Private Business Use								
					<u> </u>		<u></u>	1	`

			A		В		С	ı	)
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		Х						
2	Are there any lease arrangements that may result in private business use of bond-financed property?		Х						
For I	Panerwork Reduction Act Notice see the Instructions for Form 990		at No 501	03F			Scl	aedule K (For	m 990) 2012

RENOVATIONS

Schedule K (Form 990) 2012

Part III Private Business Use (Continued)

	•			A		В		С		D
			Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private be of bond-financed property?			×						
ь	If "Yes" to line 3a, does the organization routinely engage bond counsel or counsel to review any management or service contracts relating to the final property?									
с	Are there any research agreements that may result in private business use financed property?	of bond-		х						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or counsel to review any research agreements relating to the financed propert									
4	Enter the percentage of financed property used in a private business use by other than a section 501(c)(3) organization or a state or local government	y entities <b>►</b>		%		%		%		%
5	Enter the percentage of financed property used in a private business use as unrelated trade or business activity carried on by your organization, anothe (c)(3) organization, or a state or local government			%		%		%		%
6	Total of lines 4 and 5			%		%		%	)	%
7	Does the bond issue meet the private security or payment test?			Х						
8a	Has there been a sale or disposition of any of the bond financed property to nongovernmental person other than a 501(c)(3) organization since the bond issued?			х						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or d	lisposed of		%		%		%		%
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations s 1 141-12 and 1 145-2?	sections								
9	Has the organization established written procedures to ensure that all nonq bonds of the issue are remediated in accordance with the requirements und Regulations sections 1 141-12 and 1 145-2?			×						
Par	t IV Arbitrage			<u> </u>						
		А			В		С		D	
		Yes	No	Yes	No	Ye	s	No	Yes	No
1	Has the issuer filed Form 8038-T?		Χ							
2	If "No" to line 1, did the following apply?									
а	Rebate not due yet?		Х							
ь	Exception to rebate?		X							
С	No rebate due?		X							
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed									
3	Is the bond issue a variable rate issue?		Χ							
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		Х							
<b>b</b>	Name of provider									
С	Term of hedge	-								
d	Was the hedge superintegrated?									
e	Was a hedge terminated?									

Part IV Arbitrage (Continued)

Ident if ier

Return Reference

D

Yes	No	Yes	No	Yes	No	Yes		
					Х		Were gross proceeds invested in a guaranteed investment contract (GIC)?	5a
							Name of provider	b
							Term of GIC	С
							Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	d
					X		Were any gross proceeds invested beyond an available temporary period?	6
					X		Has the organization established written procedures to monitor the requirements of section 148?	7
							rt V Procedures To Undertake Corrective Action	Pai
D		С		В		А		
Yes	No	Yes	No	Yes	No	Yes		
							Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	1
ınstructio	edule K (see	ions on Sche	ses to quest	on for respon	al informatio	ovide additiona	self-remediation is not available under applicable regulations?	Pa
	Yes	No Yes	C Yes No Yes	C No Yes No Yes	B C Yes No Yes No Yes	X	X	Were gross proceeds invested in a guaranteed investment contract (GIC)?  Name of provider  Term of GIC  Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?  Were any gross proceeds invested beyond an available temporary period?  Has the organization established written procedures to monitor the requirements of section 148?  Term of GIC  Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?  X  X  X  X  X  X  X  X  X  X  X  X  X

В

**Explanation** 

C

Schedule K (Form 990) 2012

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As Filed Data -

DLN: 93493179000123

Transactions with Interested Persons

Complete if the organization answered

"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

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

OMB No 1545-0047

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Schedule L (Form 990 or 990-EZ)

Name of the organization THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF

Employer identification number

IRMINGHAM INC							63	-0299	9894				
art I Exces	s Benefit Tran	sactions (	section 5	01(c)(3) a	nd section 5	01(c)(4) or				i			
Comple	te if the organizati									V , line 4	40b		
1 (a) Name (	of disqualified pers	1		between dis		(c) Descrip	ption o	ftrans	action	<u> </u>	<b>(d)</b> Cor	rected	
			person an	d organızatı	on						Yes	No	
												_	
												-	
												-	
					16.1					-		•	
2 Enter the am 4958	ount of tax incurre	ea by organiza	ition mana	igers or disc	qualified perso	ns during the	yearu	naers	section • •				
								•	<b>-</b> →				
• Enter the am	ount of tax, if any,	on line 2, abo	ove, reimi	ursea by th	e organization			•	<b>F</b> \$				
art II Loai	ns to and/or F	rom Inter	ested P	ersons.									
	plete if the organiz				-EZ, Part V, lı	ne 38a, or Fo	rm 99	O, Par	t IV, lın	ie 26, o	rıfthe		
	nization reported a									•			
a) Name of	(b) Relationship	(c) Purpose	(d) Loa	n to	(e)O riginal	(f)Balance	(g)	In	(h	1)	(i)W	rıtten	
nterested	with organization	of loan	or from		principal	due	defa	ult?	Appro				
person			organizat	ion	amount				by boa				
			То	From	$\dashv$		Yes	No	Yes	No	Yes	No	
			10	110111			103	110	103	110	103	110	
											_		
											_		
					+						_		
									1		_		
											_		
			<b>L</b> .						1		_		
tal			<b>▶</b> \$										
	its or Assistan					T) (   27							
	plete if the orga								1	_			
(a) Name of inte		lationship bet		c) A mount o	fassistance	<b>(d)</b> Type o	fassis	tance	(e)	Purpos	e of ass	sistanc	
person		ted person ar organization	id the										
		organization											
	1												

Part IV	Busir	ness	Transac	ctions	Involving	Inter	ested	Persons.

on answered "Yes" on F	Form 990, Part IV, lin	e 28a, 28b, or 28c.			
(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?		
			Yes	No	
YMCA BOARD MEMBER AND PRESIDENT OF SOUTHPOINT BANK	,	FOR SAVINGS DEPOSITS OF LESS THAN \$300,000 THE		No	
YMCA BOARD MEMBER AND PRESIDENT OF SOUTHPOINT BANK	·	FOR CHECKING DEPOSITS OF LESS THAN \$300,000 THE		No	
YMCA BOARD MEMBER AND TRUSTEE	·	THAT PROVIDES LEGAL		No	
YMCA BOARD MEMBER AND SR VP OF IMPACT SERVICES WITH DAXKO	,	PROVIDES ACCOUNTING		No	
	(b) Relationship between interested person and the organization  YMCA BOARD MEMBER AND PRESIDENT OF SOUTHPOINT BANK  YMCA BOARD MEMBER AND PRESIDENT OF SOUTHPOINT BANK  YMCA BOARD MEMBER AND TRUSTEE  YMCA BOARD MEMBER AND TRUSTEE  YMCA BOARD MEMBER AND SR VP OF IMPACT SERVICES WITH	(b) Relationship between interested person and the organization  YMCA BOARD 210,893  MEMBER AND PRESIDENT OF SOUTHPOINT BANK  YMCA BOARD 264,636  MEMBER AND PRESIDENT OF SOUTHPOINT BANK  YMCA BOARD 49,562  MEMBER AND TRUSTEE  YMCA BOARD 235,180  MEMBER AND SR VP OF IMPACT SERVICES WITH	between interested person and the organization  YMCA BOARD MEMBER AND PRESIDENT OF SOUTHPOINT BANK  YMCA BOARD MEMBER AND PRESIDENT OF SOUTHPOINT BANK  YMCA BOARD MEMBER AND PRESIDENT OF SOUTHPOINT BANK  264,636  YMCA BOARD MEMBER AND PRESIDENT OF SOUTHPOINT BANK  49,562  YMCA BOARD MEMBER AND TRUSTEE  YMCA BOARD MEMBER AND TRUSTEE  YMCA BOARD MEMBER AND SR VP OF IMPACT SERVICES WITH  THAT PROVIDES ACCOUNTING SOFTWARE TO THE YMCA	(b) Relationship between interested person and the organization  YMCA BOARD MEMBER AND PRESIDENT OF SOUTHPOINT BANK IS USED FOR SAVINGS DEPOSITS OF LESS THAN \$300,000 THE BALANCE OF DEPOSITS AT 12/31/12 WAS \$210,893  YMCA BOARD SOUTHPOINT BANK IS USED FOR SAVINGS DEPOSITS OF LESS THAN \$300,000 THE BALANCE OF DEPOSITS AT 12/31/12 WAS \$210,893  YMCA BOARD FOR CHECKING DEPOSITS OF LESS THAN \$300,000 THE BALANCE OF DEPOSITS AT 12/31/12 WAS \$264,636  YMCA BOARD BANK SOUTHPOINT BANK SOUTHPOINT BANK IS USED FOR CHECKING DEPOSITS AT 12/31/12 WAS \$264,636  YMCA BOARD FOR CHECKING DEPOSITS AT 12/31/12 WAS \$264,636  YMCA BOARD THE BALANCE OF DEPOSITS AT 12/31/12 WAS \$264,636  YMCA BOARD THE BALANCE OF DEPOSITS AT 12/31/12 WAS \$264,636  YMCA BOARD THE BALANCE OF DEPOSITS AT 12/31/12 WAS \$264,636  YMCA BOARD THE SOUTH THE LAW FIRM THAT PROVIDES LEGAL COUNSEL TO THE YMCA  YMCA BOARD SOUTHPOINT BANK SOUTH THAT PROVIDES ACCOUNTING SOFTWARE TO THE YMCA	

#### Part V Supplemental Information

Complete this part to pro-	vide additional illiormation for response	es to questions on schedule L (see instructions)
Ident if ier	Return Reference	Explanation

Schedule L (Form 990 or 990-EZ) 2012

## **Noncash Contributions**

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

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF

**SCHEDULE M** 

Department of the Treasury

(Form 990)

**Employer identification number** 

BIRM:	INGHAM INC				63-0299894			
Pa	rt I Types of Property							
		(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	Method of d noncash contrib	letermı	_	ts
	Art—Works of art							
	Art—Historical treasures .							
	Art—Fractional interests							
	Books and publications Clothing and household							
3	goods							
6	Cars and other vehicles							
7	Boats and planes							
	Intellectual property							
9	Securities—Publicly traded .							
10	Securities—Closely held stock .							
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
	Real estate—Commercial	X	2	1,412,000	INDEPENDENT AF	PRAIS	AL	
	Real estate—Other							
	Collectibles							
	Food inventory	X	19	4,280	AGREED VALUE			
	Drugs and medical supplies .							
	Taxidermy							
	Historical artifacts							
	Scientific specimens Archeological artifacts							
24	SUPPLIES &							
25	Other ► ( EQUIPMENT ) GIFT CARDS	X	11	6,879	AGREED VALUE			
26	& Other►(CERTIFICATES)	x	3	2,600	FACE VALUE			
	O ther ▶()							
	Other ► ()							
29	Number of Forms 8283 received for which the organization comple				29			
302	During the year, did the organiza	tion receiv	e by contribution any prope	erty reported in Part I lines	1 - 28 that it		Yes	No
Jou	must hold for at least three year			<i>,</i> ,				
	for exempt purposes for the enti				d to be used		V	
L	If "Yes," describe the arrangem					30a	Yes	
о 31	Does the organization have a gif			review of any non-standard	contributions?	31		Νo
32~	Does the organization hire or us	·		•				
JZA	contributions?	e timu parti				32a		Νo
ь	If "Yes," describe in Part II					32a		110
33		: an amount	in column (c) for a type of	property for which column (	(a) is checked,			
	describe in Part II		. , , , , , , , , , , , , , , , , , , ,		, , , , , , , , , , , , , , , , , , ,	1		

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

number of items re	terveu, or a combination or both.	Also complete this part for any additional information.
Identifier	Return Reference	Explanation
METHOD FOR DETERMINING NUMBER OF CONTRIBUTORS	PART I, COLUMN (B)	PART I, LINE 16 NUMBER OF CONTRIBUTIONS BASED ON THE QUANTITY OF ITEMS DURING 2012, THE YMCA RECEIVED DONATED PROPERTY REFERRED TO AS THE RED DIAMOND PROPERTY IN THE AMOUNT OF \$1,070,000 AND THE KENT PROPERTY IN THE AMOUNT OF \$342,000 PART I, LINES 19, 25 & 26 NUMBER OF CONTRIBUTIONS BASED ON THE NUMBER OF INDIVIDUAL CONTRIBUTIONS RECEIVED FROM AN INDIVIDUAL UNIT OR COMPANY
DESCRIPTION OF ARRANGEMENT	PART I, LINE 30B	IN FALL OF 2011, FORMER YMCA PRESIDENT, JIM LOMBARD, WAS APPROACHED BY A DONOR REGARDING AN IDLE BUILDING AND LAND LOCATED AT 1701 VANDERBILT ROAD IN BIRMINGHAM, AL LOMBARD AND PHYLLIS HALL, YMCA BOARD CHAIR, ACCEPTED THE DONOR'S OFFER THE FINAL DONATION WAS NOT MADE UNTIL FEBRUARY OF 2012 THE WARRANTY DEED GRANTED CONTAINED A RESTRICTION THAT THE PROPERTY NOT BE RESOLD BY THE YMCA BEFORE FEBRUARY 2015 THE DEED ALSO RESTRICTS THE PROPERTY USE IN FOOD, COFFEE AND TEA PRODUCTION OR STORAGE THE PROPERTY WAS OCCUPIED AND USED BY THE YMCA IN 2012 AS A REPAIR SHOP AND STORAGE FACILITY FOR ITS FLEET OF BUSSES AND CERTAIN EXERCISE EQUIPMENT DURING 2012 LOMBARD PASSED AWAY AND NEW PRESIDENT, STANLEY LAW, IS SCHEDULED TO LEAD THE BIRMINGHAM YMCA STARTING IN FEBRUARY OF 2013 THE NEW PRESIDENT AND SENIOR MANAGEMENT ALONG WITH THE BUILDING COMMITTEE WILL DETERMINE THE FINAL USE OF THE PROPERTY

Schedule M (Form 990) (2012)

#### **SCHEDULE 0**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990 or 990-EZ.

OMB No 1545-0047

Open to Public Inspection

Name of the organization
THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF
BIRMINGHAM INC

**Employer identification number** 

63-0299894

ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 2	BOARD MEMBERS CEDRIC SPARKS AND HONORABLE JUDGE ANDRA SPARKS HAVE A FAMILY RELATIONSHIP
	FORM 990, PART VI, SECTION B, LINE 11	THE AUDIT AND FINANCE COMMITTEE REVIEW A DRAFT OF THE FORM 990 FOR RECOMMENDATION TO THE ASSOCIATION'S BOARD OF DIRECTORS THE FORM 990 IS THEN DISTRIBUTED TO ALL MEMBERS OF THE BOARD OF DIRECTORS FOR REVIEW, COMMENTS AND APPROVAL AFTER THE FORM 990 IS APPROVED, IT IS SIGNED AND FILED WITH THE IRS
	FORM 990, PART VI, SECTION B, LINE 12C	THE CONFLICT OF INTEREST POLICY COVERS KEY STAFF AND DECISION-MAKING POLICY VOLUNTEERS UPON HIRE, ALL KEY STAFF MEMBERS ARE ASKED TO SIGN THE CONFLICT OF INTEREST POLICY ALL POLICY VOLUNTEERS ARE ASKED TO SIGN THE STATEMENT UPON INITIATION OF THEIR VOLUNTEER ASSIGNMENT ALL KEY STAFF MEMBERS AND POLICY VOLUNTEERS ARE REQUIRED TO UPDATE AND SIGN THE CONFLICT OF INTEREST POLICY ANNUALLY UNDER THE DIRECTION OF THE VOLUNTEER AUDIT COMMITTEE CHAIRPERSON, THE INTERNAL AUDITOR REVIEWS THE STAFF CONFLICT OF INTEREST DISCLOSURES THE INTERNAL AUDITOR AND THE AUDIT COMMITTEE CHAIR, DETERMINE WHETHER A POTENTIAL CONFLICT EXISTS ANNUALLY, THE BOARD OF DIRECTORS REVIEWS ALL POTENTIAL CONFLICTS OF INTEREST THE BOARD ASKS THE INTERESTED PERSONS TO STEP OUT OF THE MEETING FOR DELIBERATION AND VOTE PERSONS WITH A CONFLICT ARE PROHIBITED FROM PARTICIPATING IN ALL DELIBERATIONS AND DECISIONS SURROUNDING THE IDENTIFIED POTENTIAL CONFLICT OF INTEREST TRANSACTION POLICY VOLUNTEERS WITH CONFLICTS OF INTEREST ARE EXCUSED FROM MEETINGS AND CANNOT WEIGH IN OR VOTE ON TRANSACTIONS SURROUNDING THE IDENTIFIED AREA OF CONFLICT STAFF MEMBERS WITH CONFLICTS OF INTEREST DO NOT PARTICIPATE IN ANY DECISIONS SURROUNDING THE IDENTIFIED AREA OF CONFLICT
	FORM 990, PART VI, SECTION B, LINE 15	SALARIES OF ALL EMPLOYEES ARE REVIEWED ANNUALLY THE EXEMPT SALARY SCALE IS BASED ON THE RECOMMENDATION OF THE YUSA SALARY ADMINISTRATION COMMITTEE THE BIRMINGHAM YMCA REVIEWS THE MERIT INCREASE STRUCTURE BASED ON THE FOLLOWING LOCAL COMPARABLES, SULLIVAN AND COTTER SALARY SURVEYS, AND THE SALARY SURVEYS OF THE LARGEST 60 YMCAS OF THE MOVEMENT THAT COMPRISES THE URBAN GROUP AND THE METRO 30 CHIEF HR OFFICERS ORGANIZATION THE HR BOARD COMMITTEE MAKES SALARY STRUCTURE RECOMMENDATIONS TO THE BOARD OF DIRECTORS UPON APPROVAL, THE STAFF IMPLEMENTS THE RECOMMENDATIONS FOR ANNUAL MERIT INCREASES THE SALARY SCALE STRUCTURE DETERMINES COMPENSATION FOR NEW HIRES AND PROMOTIONS
	FORM 990, PART VI, SECTION C, LINE 19	THE ASSOCIATION MAKES IT GOVERNING DOCUMENTS, CONFLICT OF INTEREST AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST ADDITIONALLY, FINANCIAL INFORMATION IS REPORTED TO THE GUIDESTAR WEBSITE, WHICH IS AVAILABLE TO THE PUBLIC
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 9	LOSS ON INTEREST RATE SWAP 28,205
COMMITTEE OVERSIGHT OF AUDIT PROCESS	FORM 990, PART XII, LINES 2A, B & C	AN AUDIT COMMITTEE SELECTS THE INDEPENDENT AUDITORS AND OVERSEES THE AUDIT PROCESS

Department of the Treasury Internal Revenue Service (99) DLN: 93493179000123

OMB No 1545-0172

**Depreciation and Amortization** (Including Information on Listed Property)

► See separate instructions.

► Attach to your tax return.

Attachment Sequence No 179

Business or activity to which this form relates Name(s) shown on return FORM 990 PAGE 10

Identifying number

BIRM	INGHAM INC									63-0299894
Par		To Expense ( ou have any li					ou con	nplete Part I.		
1	Maximum amount (s								1	500,000
2	Total cost of section	n 179 property p	laced in servic	e (see inst	ructions)				2	
3	Threshold cost of se	ection 179 prope	rty before redu	ıctıon ın lım	nitation (see ins	tructi	ons)		3	2,000,000
4	Reduction in limitati	on Subtract line	3 from line 2	If zero or le	ess, enter -0-				4	
5	Dollar limitation for	tax year Subtrac	t line 4 from li	ne 1 Ifzer	o or less, enter	-0- I	f marrı	ed		
	filing separately, see	•			·				5	
6	(a)	Description of pi	roperty		(b) Cost (bu		s use	(c) Elected	cost	
6										7
<b>7</b> L	ısted property Enter	the amount from	ı lıne 29 .				7			Γ'
8	Total elected cost o	fsection 179 pro	operty Addam	nounts in co	olumn (c), lines	6 and	7 •		8	
9	Tentative deduction	Enter the small	er of line 5 or l	ıne 8 • •					9	
10	Carryover of disallor	wed deduction fro	om line 13 of y	our 2011 F	orm 4562 •				10	
11	Business income lim	nitation Enter the	e smaller of bu	siness inco	ome (not less th	nan ze	ro) or l	ne 5 (see		
	ınstructions) •								11	
12	Section 179 expens	e deduction Add	d lines 9 and 1	0. but do n	ot enter more th	nan lin	e 11		12	
	arryover of disallowe			-		.▶ [	13		1	
	e: Do not use Part					se Pa				
								<b>t</b> include listed	proper	rty ) (See instructions )
	Special depreciation									
	the tax year (see ins								14	
15	Property subject to		) election						15	
	Other depreciation (		•			_			16	2,941,894
	•	epreciation (					tructio	ne \	1 10	2,541,05
Г	HACKS DO	spreciation (	DO HOT mela		ction A	.C 1113	u ucuc	///is. <i>)</i>		
17	MACRS deductions	for assets placed	d in service in			2012	2		17	
	If you are electing to								<del></del>	1
	asset accounts, che							_		
	Section B—Ass								nreci	ation System
	7.55		(c) Basi		L IUX IUI	<u> </u>	9		<del>, , , , ,</del>	
(z	) Classification of property	(b) Month and year placed in service	deprecia (business/in- use only—see ins	ation vestment	( <b>d)</b> Recovery period	(e) (	Conven	tion <b>(f)</b> Met	hod	(g)Depreciation deduction
<b>19a</b> 3	3-year property		·	,						
b 5	-year property									
<b>c</b> 7	-year property									
<b>d</b> 1	. O - year property									
<b>e</b> 1	. 5 - year property									
<b>f</b> 2	0-year property									
g 2	25-year property				25 yrs			S/L		
h F	Residential rental				27 5 yrs		ММ	S/L		
p	property				27 5 yrs		ММ	S/L		
i N	onresidential real				39 yrs		ММ	S/L		
F	roperty						ММ	S/L		
		on C—Assets Plac	ced in Service	During 2012	2 Tax Year Using	the A	Alterna	t ive Depreciat i	on Sys	tem
	Class life	4						S/L		
	L2-year				12 yrs			S/L		
	0-year	<u> 1 ,</u>	<u> </u>		40 yrs		ММ	S/L		
		ry (see instruc							1	1
<b>21</b> L	isted property Enter	amount from line	28 • • •						21	
22 T	<b>otal.</b> Add amounts fro									
	here and on the app	ropriate lines of y	our return Pa	rtnerships	and S corporatı	ons —s	ee ins	tructions • •	22	2,941,894
	or assets shown abov ortion of the basis at:	•	_		t year, enter the		23			

Part V

Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

<b>24a</b> Do you have evider	nce to support	the business/inv	estment u	ise claime	d? <b>☐</b> Yes	. Г <sub>No</sub>		24	<b>b</b> If "Ye	s," is th	e evi	dence	written?	· Г <sub>Ү</sub> е	<u> </u>	0
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d Cost or bas	rother	(busines			(h) Depreciation/ deduction		eciation/		d 179				
25Special depreciation allo	•		ty placed	ın service	during the	tax year	and u	ised more	than	25						
26 Property used more			ulcinacc	LICA						25						
.or roperty used more	e than 50 %	%	usiness	use						I				$\top$		
		%												$\perp$		
<b>27</b> Property used 50%	- orloss in a	%	2000 110													
Frioperty used 50%	Oriessiiia	%	iless us	-					S/L -	Т				$\top$		
		%							S/L -					コ		
		%							S/L -							
<b>28</b> Add amounts in co		_				ne 21,	page	1 _	28							
<b>29</b> Add amounts in co	olumn (ı), lın					•	<u></u>	•					29			
omplete this section	· for wahialaa				mation					" 0 " "0	lata	d nor				
you provided vehicles to	your employee	es, first answer th	e propri ie questioi	etor, par ns in Secti	on C to see	e if you n	nore i neet a	n excepti	on to cor	, orre npleting	this	a per: section	son I for tho:	se vehic	les	
<b>30</b> Total business/in	vestment mi	les driven duri	na the		a)	-	<b>o</b> )		(c)		(d)		-	e)		f)
year ( <b>do not</b> inclu			•	Veh	ıcle 1	Vehi	cle 2	V e	hicle 3	<u> </u>	e h ı c	le 4	Vehi	cle 5	Veh	cle 6
-4													<del> </del>			
<b>31</b> Total commuting i		,											<del>                                     </del>			
<b>32</b> Total other persor	•	• •				-							<u> </u>			
<b>33</b> Total miles driven through 32	during the y	ear Add lines	30													
<b>34</b> Was the vehicle a	vailable for n	ersonal use		Yes	No	Yes	No	Yes	No	Ye	_	No	Yes	No	Yes	No
during off-duty ho		ersonar asc		163	140	163	140	163	110	+ ''	-	110	163	+	163	+140
35 Was the vehicle u		 / hv a more th	 an 5%											+-		+
owner or related p																
<b>36</b> Is another vehicle	available fo	r personal use	e? .													
nswer these questio	ns to determ		tanexc												<b>not</b> mo	re th
% owners or related			•					-1						<del></del>	. 1	
37 Do you maintain a employees?	written polic		nat prof		personal	use or	• •	eres, inc	• •		•	, by , • •	·our	Y	es	No
<b>38</b> Do you maintain a employees? See t												our/				
employees? See t 39 Do you treat all us						,		•	01 1110	re own	ers	•		$\vdash$		—
									• •		•		٠,٠	$\vdash$		
40 Do you provide moved vehicles, and reta		•	•	oyees, o	otain into	ormatio 	n tror	nyoure	mpioye	es abo	out t	ne us	е от			
<b>41</b> Do you meet the r					ıla damoı	netratio	n uca		instruc	tione \	-			-		
Note: If your answ	•	٠.						•		•						
		, 39, 40, 01 4.	1 15 1 6:	5, 40 110	r comple	te Sect	.1011 6	o loi tile	Covere	u veiii	.165					
Part VI Amo	rtization	(b)	1			1				(e)						
(a)		Date		-	c)			(d)	A m	ortizati	on			(f)		
Description of c	osts	amortization			izable ount			Code ection		eriod o				rtızatı hıs yea		
		begins							pe	rcentag	je					
<b>42</b> A mortization of co	sts that beg	ııns durıng you	ır 2012	tax year	(see ins	truction	ıs)				1					
									_							
											$\perp$					
<b>43</b> A mortization of co	sts that beg	an before you	r 2012 t	ax year			•			. 43	3					
<b>44 Total.</b> Add amoun	ts ın column	(f) See the in	structio	ns for wh	nere to re	port				. 44	1					

DENISE DAUPHIN

DIRECTOR

# Software ID: Software Version:

**EIN:** 63-0299894

Name: THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF

**BIRMINGHAM INC** 

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest **Compensated Employees, and Independent Contractors** (A) (B) (C) (E) Name and Title Average Position (do not check Reportable Reportable Estimated amount hours more than one box, compensation compensation of other unless person is both from the from related compensation per week an officer and a organization (Worganizations (Wfrom the (lıst director/trustee) 2/1099-MISC) 2/1099-MISC) organization and Highest conv employee any related Former Individual trustee or director hours organizations Institutional 쮼 ) employ for related organizations below ě Trustee npensated dotted line) 1 00 PHYLLIS HALL 0 0 Х CHAIRMAN OF THE BOARD 1 00 JOSEPH MAYS JR VICE CHAIRMAN OF THE BOARD 0 0 0 1 00 MICHAEL TEMPLE 0 0 0 Х **TREASURER** 1 00 DAVID WOODRUFF 0 0 0 Х **SECRETARY** 1 00 STEPHEN SMITH 0 Х 0 0 DIRECTOR 1 00 ANTHONY A JOSEPH 0 0 0 DIRECTOR 1 00 MALLIE IRELAND 0 0 0 Χ DIRECTOR 1 00 ANN D MCMILLAN 0 Х 0 0 DIRECTOR 1 00 0 0 0 Х DIRECTOR 1 00 WALKER SORRELL 0 0 0 Χ DIRECTOR 1 00 CEDRIC SPARKS 0 Χ 0 0 DIRECTOR 1 00 MICHAEL SUCO Χ 0 0 0 DIRECTOR 1 00 CHIP WATTS Χ 0 0 0 **DIRECTOR** 1 00 0 0 Х DIRECTOR 1 00 FRANK S JAMES III 0 0 0 Χ **TRUSTEE** 1 00 JOHN OTT 0 0 0 Х **DIRECTOR** 1 00 HENRY RAY JR 0 0 Х 0 DIRECTOR 1 00 ANN HUCKSTEP Χ 0 0 0 CHAIRMAN, BOARD OF TRUSTEE 1 00 WILLIAM N CLARK VICE CHAIRMAN, BOARD OF TRUSTEE 0 0 0 1 00 JAMES W SHEPHERD 0 0 0 Х TRUSTEE 1 00 SCOTT VOWELL 0 0 0 Χ TRUSTEE 1 00 REEVES SIMS JR Х 0 0 0 DIRECTOR 1 00 ALLEN D RUSHTON 0 0 0 Х TRUSTEE 1 00 **CECIL BOSTANY** Х 0 0 0

1 00

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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (B) (C) (D) (E) (F) (A) Name and Title Average Position (do not check Reportable Reportable Estimated amount hours more than one box, compensation compensation of other unless person is both from the from related compensation per organization (Worganizations (Wan officer and a week from the (lıst director/trustee) 2/1099-MISC) 2/1099-MISC) organization and any related Highest employe Former Individual to or director hours organizations stitutional for employ related t com organızatıons trustee below Trustee 豆 dotted nsated line) 1 00 RODERICK HAWKINS Χ 0 0 0 DIRECTOR 1 00 ROBERT L HOLMAN 0 0 0 Х **DIRECTOR** 1 00 TOM L LARKIN 0 0 0 Х **DIRECTOR** 1 00 JOHN LAURIELLO Χ 0 0 0 DIRECTOR 1 00 HARRISON MANNING 0 0 0 DIRECTOR 1 00 ANDRA SPARKS 0 0 0 Х DIRECTOR 1 00 TRACEY MORANT ADAMS 0 0 0 Х DIRECTOR 1 00 ELIZABETH CARPENTER Χ 0 0 0 DIRECTOR 1 00 WAYNE HOUSTON Χ 0 0 0 DIRECTOR 1 00 ROBERT E KELLY 0 0 0 Х DIRECTOR 1 00 SCOTT KENNY Χ 0 0 0 DIRECTOR 1 00 ANTHONY BERRYMAN 0 0 Χ DIRECTOR 1 00 MIKE ERMERT 0 0 0 Х DIRECTOR 1 00 COURTNEY FRENCH 0 Χ 0 0 DIRECTOR 1 00 **ERIC FRYE** Х 0 0 0 DIRECTOR 1 00 LYNN JONES 0 0 0 Х DIRECTOR 1 00 DAN MONROE 0 0 0 Х DIRECTOR 1 00 RICK PLAYER Χ 0 0 0 **DIRECTOR** 1 00 **EMILY RUSHING** Χ 0 0 0 DIRECTOR 1 00 BRITNEY SUMMERVILLE 0 0 0 Х DIRECTOR 1 00 TOMMY WELLS Χ 0 0 0 DIRECTOR 1 00 SALLY HARTLEY WILLIAMS Х 0 0 0 DIRECTOR 1 00 JOSEPH S BLUESTEIN 0 0 Χ 0 TRUSTEE 1 00 SARAH DUGAN 0 0 Х 0 DIRECTOR 1 00 ANDY EASTERLING 0 0 DIRECTOR

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

40 00

40 00

(B)

Average

(A)

Name and Title

LISA M JONES

JAMES N LOMBARD

FORMER PRESIDENT/CEO

SR VP CHIEF STRATEGIC OFFICER

Name and Title	hours per week (list		than	one son i er an	box s bot d a tee)	, th		compensation from the organization (W- 2/1099-MISC)	compensation from related organizations (W- 2/1099-MISC)	of other compensation from the organization and
	any hours for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			related organizations
GREG WEYANDT DIRECTOR	1 00	х						0	0	0
HUNTER WILLIAMS DIRECTOR	1 00	х						0	0	0
JON MYER CFO	40 00			х				157,997	0	26,940
CYNTHIA MICHELLE OLIVER DISTRICT VP	40 00					х		105,829	0	16,933
CHAMBLESS W NORMAN DISTRICT VP	40 00					х		103,753	0	17,638
MELVIN LANE VINES DISTRICT VP	40 00					х		102,779	0	20,556
VELMA WILLIAMS VP LEADERSHIP DEVELOPMENT	40 00					х		109,304	0	21,861

Χ

(C)

Position (do not check

(D)

Reportable

109,035

113,380

0

0

21,093

21,424

(E)

Reportable

(F)

Estimated amount