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Part III

Statement of Program Service Accomplishments

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

1

Briefly describe the organization's mission

TO PROVIDE YOUTH AND COMMUNITY AN AFFORDABLE AND ACCESSIBLE RESOURCE FOR THE POSITIVE DEVELOPMENT OF SPIRIT, MIND AND BODY THROUGH RECREATIONAL HEALTH AND LEADERSHIP PROGRAMS

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes

checked

No

If "Yes," describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes

checked

No

If "Yes," describe these changes on Schedule O

4

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code ) (Expenses \$ 2,271,985 including grants of \$ ) (Revenue \$ 2,277,269 )

CHILDCARE SEE ATTACHED

4b

(Code ) (Expenses \$ 1,734,685 including grants of \$ ) (Revenue \$ 2,749,475 )

MEMBERSHIP SEE ATTACHED

4c

(Code ) (Expenses \$ 616,068 including grants of \$ ) (Revenue \$ 384,109 )

YOUTH SEE ATTACHED

(Code ) (Expenses \$ 960,650 including grants of \$ ) (Revenue \$ 532,606 )

SEE ATTACHED

4d

Other program services (Describe in Schedule O )

(Expenses \$ 960,650 including grants of \$ ) (Revenue \$ 532,606 )

4e

Total program service expenses

5,583,388

Form 990 (2012)

Part IV

Checklist of Required Schedules

|                                                                                                                                                                                                                                                                                                                                                                                   | Yes     | No |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|----|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A                                                                                                                                                              | 1 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 <b>Section 501(c)(3) organizations.</b> 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       | No |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III                                                                                                                                                     | 5       | No |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part 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 V                                                                                        | 10      | No |
| 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable                                                                                                                                                                                                                                 |         |    |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI                                                                                                                                                            | 11a 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 Yes |    |
| e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X                                                                                                                                                                      | 11e Yes |    |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X                                               | 11f     | No |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI 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 |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV                                                                       | 14b     | No |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV                                                                                                                                                          | 15      | No |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the 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 IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)                                                                             | 17      | No |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II                                                                                                            | 18 Yes  |    |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III                                                                                                                                      | 19      | No |
| 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H                                                                                                                                                                                                                                                                                   | 20a     | No |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?                                                                                                                                                                                                                                                                    | 20b     |    |

Part IV

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? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .                                                                                         | 21  |     | No |
| 22  | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .                                                                                                           | 22  |     | No |
| 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? <i>If "Yes," complete Schedule J</i> . . . . .                                                      | 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i> . . . . .                             | 24a |     | No |
| b   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .                                                                                                                                                                                                                  | 24b |     |    |
| c   | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .                                                                                                                                                                       | 24c |     |    |
| d   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .                                                                                                                                                                                                            | 24d |     |    |
| 25a | <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .                                                                                                      | 25a |     | No |
| b   | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i> . . . . .                                                                   | 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? <i>If "Yes," complete Schedule L, Part III</i> . . . . . | 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)                                                                                                                               |     |     |    |
| a   | A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .                                                                                                                                                                                                   | 28a |     | No |
| b   | A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .                                                                                                                                                                                | 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? <i>If "Yes," complete Schedule L, Part IV</i> . . . .                                                                                      | 28c |     | No |
| 29  | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . .                                                                                                                                                                                                      | 29  |     | No |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .                                                                                                                                  | 30  |     | No |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .                                                                                                                                                                                        | 31  |     | No |
| 32  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .                                                                                                                                                                      | 32  |     | No |
| 33  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .                                                                                                                      | 33  |     | No |
| 34  | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .                                                                                                                                                                  | 34  |     | No |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)?                                                                                                                                                                                                                                    | 35a |     | No |
| b   | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . .                                                                                           | 35b |     |    |
| 36  | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .                                                                                                                           | 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? <i>If "Yes," complete Schedule R, Part VI</i>                                                                                       | 37  |     | No |
| 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

|                                                                                                                |                                                                                                                                                                                                                                                                              |     |     |
|----------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|
|                                                                                                                |                                                                                                                                                                                                                                                                              | Yes | No  |
| 1a                                                                                                             | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.                                                                                                                                                                                                | 11  |     |
| 1b                                                                                                             | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.                                                                                                                                                                                             | 0   |     |
| c                                                                                                              | 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.                                                                                               | 2a  | 547 |
| b                                                                                                              | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).                                          | 2b  | Yes |
| 3a                                                                                                             | Did the organization have unrelated business gross income of \$1,000 or more during the year?                                                                                                                                                                                | 3a  | No  |
| b                                                                                                              | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.                                                                                                                                                                            | 3b  |     |
| 4a                                                                                                             | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?                                   | 4a  | No  |
| b                                                                                                              | If "Yes," enter the name of the foreign country: _____<br>See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.                                                                                                     |     |     |
| 5a                                                                                                             | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?                                                                                                                                                                        | 5a  | No  |
| b                                                                                                              | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?                                                                                                                                                             | 5b  | No  |
| c                                                                                                              | If "Yes," to line 5a or 5b, did the organization file Form 8886-T?                                                                                                                                                                                                           | 5c  |     |
| 6a                                                                                                             | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?                                                                      | 6a  | No  |
| b                                                                                                              | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?                                                                                                                                | 6b  |     |
| 7 Organizations that may receive deductible contributions under section 170(c).                                |                                                                                                                                                                                                                                                                              |     |     |
| a                                                                                                              | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?                                                                                                                              | 7a  | Yes |
| b                                                                                                              | If "Yes," did the organization notify the donor of the value of the goods or services provided?                                                                                                                                                                              | 7b  | Yes |
| c                                                                                                              | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8822?                                                                                                                                         | 7c  | No  |
| d                                                                                                              | If "Yes," indicate the number of Forms 8822 filed during the year.                                                                                                                                                                                                           | 7d  |     |
| e                                                                                                              | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?                                                                                                                                                              | 7e  | No  |
| f                                                                                                              | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?                                                                                                                                                                 | 7f  | No  |
| g                                                                                                              | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?                                                                                                                                             | 7g  | No  |
| h                                                                                                              | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?                                                                                                                                           | 7h  | No  |
| 8                                                                                                              | <b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | 8   | No  |
| 9 Sponsoring organizations maintaining donor advised funds.                                                    |                                                                                                                                                                                                                                                                              |     |     |
| a                                                                                                              | Did the organization make any taxable distributions under section 4966?                                                                                                                                                                                                      | 9a  | No  |
| b                                                                                                              | Did the organization make a distribution to a donor, donor advisor, or related person?                                                                                                                                                                                       | 9b  | No  |
| 10 Section 501(c)(7) organizations. Enter                                                                      |                                                                                                                                                                                                                                                                              |     |     |
| a                                                                                                              | Initiation fees and capital contributions included on Part VIII, line 12.                                                                                                                                                                                                    | 10a |     |
| b                                                                                                              | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.                                                                                                                                                                                 | 10b |     |
| 11 Section 501(c)(12) organizations. Enter                                                                     |                                                                                                                                                                                                                                                                              |     |     |
| a                                                                                                              | Gross income from members or shareholders.                                                                                                                                                                                                                                   | 11a |     |
| b                                                                                                              | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).                                                                                                                                                 | 11b |     |
| 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? |                                                                                                                                                                                                                                                                              | 12a |     |
| b                                                                                                              | If "Yes," enter the amount of tax-exempt interest received or accrued during the year.                                                                                                                                                                                       | 12b |     |
| 13 Section 501(c)(29) qualified nonprofit health insurance issuers.                                            |                                                                                                                                                                                                                                                                              |     |     |
| a                                                                                                              | Is the organization licensed to issue qualified health plans in more than one state?<br><b>Note.</b> 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.                                                                                                                   | 13b |     |
| c                                                                                                              | Enter the amount of reserves on hand.                                                                                                                                                                                                                                        | 13c |     |
| 14a                                                                                                            | Did the organization receive any payments for indoor tanning services during the tax year?                                                                                                                                                                                   | 14a | No  |
| b                                                                                                              | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.                                                                                                                                                                   | 14b |     |

Part VI

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 VI

Section A. Governing Body and Management

|                                                                                                                                                                                                                  |                                                                                                                                                                                                                     |     |     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|
|                                                                                                                                                                                                                  |                                                                                                                                                                                                                     | Yes | No  |
| 1a                                                                                                                                                                                                               | Enter the number of voting members of the governing body at the end of the tax year                                                                                                                                 | 18  |     |
| 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 |                                                                                                                                                                                                                     |     |     |
| 1b                                                                                                                                                                                                               | Enter the number of voting members included in line 1a, above, who are independent                                                                                                                                  | 18  |     |
| 2                                                                                                                                                                                                                | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?                                               | 2   | No  |
| 3                                                                                                                                                                                                                | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | 3   | No  |
| 4                                                                                                                                                                                                                | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?                                                                                                    | 4   | No  |
| 5                                                                                                                                                                                                                | Did the organization become aware during the year of a significant diversion of the organization's assets?                                                                                                          | 5   | No  |
| 6                                                                                                                                                                                                                | Did the organization have members or stockholders?                                                                                                                                                                  | 6   | No  |
| 7a                                                                                                                                                                                                               | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?                                                                  | 7a  | No  |
| 7b                                                                                                                                                                                                               | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?                                                           | 7b  | No  |
| 8                                                                                                                                                                                                                | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following                                                                                    |     |     |
| 8a                                                                                                                                                                                                               | The governing body?                                                                                                                                                                                                 | 8a  | Yes |
| 8b                                                                                                                                                                                                               | Each committee with authority to act on behalf of the governing body?                                                                                                                                               | 8b  | Yes |
| 9                                                                                                                                                                                                                | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O        | 9   | No  |

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

|                                                                                                  |                                                                                                                                                                                                                                                                                              |     |     |
|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|
|                                                                                                  |                                                                                                                                                                                                                                                                                              | Yes | No  |
| 10a                                                                                              | Did the organization have local chapters, branches, or affiliates?                                                                                                                                                                                                                           | 10a | Yes |
| 10b                                                                                              | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?                                                                   | 10b | Yes |
| 11a                                                                                              | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?                                                                                                                                                                  | 11a | Yes |
| 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990 |                                                                                                                                                                                                                                                                                              |     |     |
| 12a                                                                                              | Did the organization have a written conflict of interest policy? If "No," go to line 13                                                                                                                                                                                                      | 12a | Yes |
| 12b                                                                                              | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?                                                                                                                                                          | 12b | Yes |
| 12c                                                                                              | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done                                                                                                                                           | 12c | Yes |
| 13                                                                                               | Did the organization have a written whistleblower policy?                                                                                                                                                                                                                                    | 13  | Yes |
| 14                                                                                               | Did the organization have a written document retention and destruction policy?                                                                                                                                                                                                               | 14  | Yes |
| 15                                                                                               | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?                                                                         |     |     |
| 15a                                                                                              | The organization's CEO, Executive Director, or top management official                                                                                                                                                                                                                       | 15a | Yes |
| 15b                                                                                              | Other officers or key employees of the organization                                                                                                                                                                                                                                          | 15b | Yes |
| If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)               |                                                                                                                                                                                                                                                                                              |     |     |
| 16a                                                                                              | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?                                                                                                                                        | 16a | No  |
| 16b                                                                                              | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | 16b |     |

Section C. Disclosure

|    |                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                   |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| 17 | List the States with which a copy of this Form 990 is required to be filed                                                                                                                                                                                                                                                                                                                                     | WA                                                                |
| 18 | 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.<br><input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> 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                                                                                                                                                                                                                                                                                   | COLLEEN OCZKEWICZ 1530 YELM HIGHWAY SE OLYMPIA, WA (360) 753-6576 |

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

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

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

List all of the organization's **former** officers, key employees, 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)<br>Name and Title                  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|----------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|-----------------------------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                        |                                                                                            | Individual trustee or director                                                                            | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |                                                                       |                                                                            |                                                                                               |
| (1) LYNN WOFFORD<br>CHAIR              | 0 00                                                                                       | X                                                                                                         |                       | X       |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| (2) STEVE HATTON<br>VICE CHAIR         | 0 00                                                                                       | X                                                                                                         |                       | X       |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| (3) LAURIE BERRYMAN<br>SECRETARY       | 0 00                                                                                       | X                                                                                                         |                       | X       |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| (4) NEIL WOODY<br>TREASURER            | 0 00                                                                                       | X                                                                                                         |                       | X       |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| (5) KIM PUTNAM<br>VICE CHAIR           | 0 00                                                                                       | X                                                                                                         |                       | X       |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| (6) KIMBERLY ELLWANGER<br>BOARD MEMBER | 0 00                                                                                       | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| (7) DICK WADLEY<br>BOARD MEMBER        | 0 00                                                                                       | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| (8) JACE MUNSON<br>BOARD MEMBER        | 0 00                                                                                       | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| (9) JOHN PARRY<br>BOARD MEMBER         | 0 00                                                                                       | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| (10) CHRISTINE FLEMING<br>BOARD MEMBER | 0 00                                                                                       | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| (11) PAT BERSCHAUER<br>BOARD MEMBER    | 0 00                                                                                       | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| (12) MARY FURMAN<br>BOARD MEMBER       | 0 00                                                                                       | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| (13) WENDY HOLDEN<br>BOARD MEMBER      | 0 00                                                                                       | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| (14) JON JONES<br>BOARD MEMBER         | 0 00                                                                                       | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| (15) ALLEN T MILLER JR<br>BOARD MEMBER | 0 00                                                                                       | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| (16) JERRY SHAW<br>BOARD MEMBER        | 0 00                                                                                       | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| (17) BILL MCGREGOR<br>BOARD MEMBER     | 0 00                                                                                       | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |

## Part VII

|           |                                                                        |   |         |   |        |
|-----------|------------------------------------------------------------------------|---|---------|---|--------|
| <b>1b</b> | <b>Sub-Total . . . . .</b>                                             | ▼ |         |   |        |
| <b>c</b>  | <b>Total from continuation sheets to Part VII, Section A . . . . .</b> | ▼ |         |   |        |
| <b>d</b>  | <b>Total (add lines 1b and 1c) . . . . .</b>                           | ▼ | 271,684 | 0 | 26,731 |

**2** Total number of individuals (including but not limited to those listed in Item 1) who received more than \$100,000 of reportable compensation from the organization. 1

|          |                                                                                                                                                                                                                                               | Yes      | No  |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-----|
| <b>3</b> | Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .                                        | <b>3</b> | No  |
| <b>4</b> | For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . . | <b>4</b> | Yes |
| <b>5</b> | Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .                       | <b>5</b> | No  |

## **Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A)                       | (B)                     | (C)          |
|---------------------------|-------------------------|--------------|
| Name and business address | Description of services | Compensation |
|                           |                         |              |
|                           |                         |              |
|                           |                         |              |
|                           |                         |              |
|                           |                         |              |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►0

Part VIII

Statement of Revenue

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

|                                                           |                                                                    |                                                                                                                                              |               | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under<br>sections<br>512, 513, or<br>514 |         |
|-----------------------------------------------------------|--------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------|----------------------------------------------------|-----------------------------------------|---------------------------------------------------------------------------------|---------|
| Contributions, Gifts, Grants<br>and Other Similar Amounts | 1a                                                                 | Federated campaigns . . .                                                                                                                    | 1a            | 24,629               |                                                    |                                         |                                                                                 |         |
|                                                           | b                                                                  | Membership dues . . . . .                                                                                                                    | 1b            |                      |                                                    |                                         |                                                                                 |         |
|                                                           | c                                                                  | Fundraising events . . . . .                                                                                                                 | 1c            | 352,039              |                                                    |                                         |                                                                                 |         |
|                                                           | d                                                                  | Related organizations . . . .                                                                                                                | 1d            |                      |                                                    |                                         |                                                                                 |         |
|                                                           | e                                                                  | Government grants (contributions)                                                                                                            | 1e            | 143,804              |                                                    |                                         |                                                                                 |         |
|                                                           | f                                                                  | All other contributions, gifts, grants, and<br>similar amounts not included above                                                            | 1f            | 114,956              |                                                    |                                         |                                                                                 |         |
|                                                           | g                                                                  | Noncash contributions included in lines<br>1a-1f \$                                                                                          |               |                      |                                                    |                                         |                                                                                 |         |
|                                                           | h                                                                  | Total. Add lines 1a-1f . . . . .                                                                                                             |               |                      |                                                    |                                         |                                                                                 | 635,428 |
| Program Service Revenue                                   |                                                                    |                                                                                                                                              | Business Code |                      |                                                    |                                         |                                                                                 |         |
|                                                           | 2a                                                                 | MEMBERSHIP DUES                                                                                                                              | 900099        | 2,771,492            | 2,771,492                                          |                                         |                                                                                 |         |
|                                                           | b                                                                  | CHILDCARE                                                                                                                                    | 900099        | 2,324,937            | 2,324,937                                          |                                         |                                                                                 |         |
|                                                           | c                                                                  | YOUTH                                                                                                                                        | 900099        | 384,109              | 384,109                                            |                                         |                                                                                 |         |
|                                                           | d                                                                  | AQUATICS                                                                                                                                     | 900099        | 320,617              | 320,617                                            |                                         |                                                                                 |         |
|                                                           | e                                                                  | PHYSICAL EDUCATION                                                                                                                           | 900099        | 142,304              | 142,304                                            |                                         |                                                                                 |         |
|                                                           | f                                                                  | All other program service revenue                                                                                                            |               |                      |                                                    |                                         |                                                                                 |         |
|                                                           | g                                                                  | Total. Add lines 2a-2f . . . . .                                                                                                             |               |                      | 5,943,459                                          |                                         |                                                                                 |         |
| Other Revenue                                             | 3                                                                  | Investment income (including dividends, interest,<br>and other similar amounts) . . . . .                                                    |               | 24,131               |                                                    |                                         | 24,131                                                                          |         |
|                                                           | 4                                                                  | Income from investment of tax-exempt bond proceeds . . . . .                                                                                 |               |                      |                                                    |                                         |                                                                                 |         |
|                                                           | 5                                                                  | Royalties . . . . .                                                                                                                          |               |                      |                                                    |                                         |                                                                                 |         |
|                                                           | 6a                                                                 | (i) Real                                                                                                                                     |               | (ii) Personal        |                                                    |                                         |                                                                                 |         |
|                                                           |                                                                    |                                                                                                                                              |               |                      |                                                    |                                         |                                                                                 |         |
|                                                           |                                                                    |                                                                                                                                              |               |                      |                                                    |                                         |                                                                                 |         |
|                                                           |                                                                    |                                                                                                                                              |               |                      |                                                    |                                         |                                                                                 |         |
|                                                           | b                                                                  | Less rental expenses                                                                                                                         |               |                      |                                                    |                                         |                                                                                 |         |
|                                                           | c                                                                  | Rental income or (loss)                                                                                                                      |               |                      |                                                    |                                         |                                                                                 |         |
|                                                           | d                                                                  | Net rental income or (loss) . . . . .                                                                                                        |               |                      |                                                    |                                         |                                                                                 |         |
|                                                           | 7a                                                                 | (i) Securities                                                                                                                               |               | (ii) Other           |                                                    |                                         |                                                                                 |         |
|                                                           |                                                                    |                                                                                                                                              |               |                      |                                                    |                                         |                                                                                 |         |
|                                                           |                                                                    |                                                                                                                                              |               |                      |                                                    |                                         |                                                                                 |         |
|                                                           |                                                                    |                                                                                                                                              |               |                      |                                                    |                                         |                                                                                 |         |
|                                                           | b                                                                  | Less cost or other basis and sales expenses                                                                                                  |               |                      |                                                    |                                         |                                                                                 |         |
|                                                           | c                                                                  | Gain or (loss)                                                                                                                               |               |                      |                                                    |                                         |                                                                                 |         |
|                                                           | d                                                                  | Net gain or (loss) . . . . .                                                                                                                 |               |                      |                                                    |                                         |                                                                                 |         |
|                                                           | 8a                                                                 | Gross income from fundraising events (not including<br>\$ 352,039<br>of contributions reported on line 1c)<br>See Part IV, line 18 . . . . . |               |                      | -30,012                                            |                                         |                                                                                 | -30,012 |
|                                                           | a                                                                  |                                                                                                                                              |               | 0                    |                                                    |                                         |                                                                                 |         |
|                                                           | b                                                                  | Less direct expenses . . . . .                                                                                                               |               | 30,012               |                                                    |                                         |                                                                                 |         |
|                                                           | c                                                                  | Net income or (loss) from fundraising events . . . . .                                                                                       |               |                      |                                                    |                                         |                                                                                 |         |
|                                                           | 9a                                                                 | Gross income from gaming activities<br>See Part IV, line 19 . . . . .                                                                        |               |                      |                                                    |                                         |                                                                                 |         |
| a                                                         |                                                                    |                                                                                                                                              |               |                      |                                                    |                                         |                                                                                 |         |
| b                                                         | Less direct expenses . . . . .                                     |                                                                                                                                              |               |                      |                                                    |                                         |                                                                                 |         |
| c                                                         | Net income or (loss) from gaming activities . . . . .              |                                                                                                                                              |               |                      |                                                    |                                         |                                                                                 |         |
| 10a                                                       | Gross sales of inventory, less<br>returns and allowances . . . . . |                                                                                                                                              |               |                      |                                                    |                                         |                                                                                 |         |
| a                                                         |                                                                    |                                                                                                                                              |               |                      |                                                    |                                         |                                                                                 |         |
| b                                                         | Less cost of goods sold . . . . .                                  |                                                                                                                                              |               |                      |                                                    |                                         |                                                                                 |         |
| c                                                         | Net income or (loss) from sales of inventory . . . . .             |                                                                                                                                              |               |                      |                                                    |                                         |                                                                                 |         |
| Miscellaneous Revenue                                     |                                                                    | Business Code                                                                                                                                |               |                      |                                                    |                                         |                                                                                 |         |
| 11a                                                       | SPECIAL EVENTS                                                     | 900099                                                                                                                                       | 78,949        |                      |                                                    |                                         | 78,949                                                                          |         |
| b                                                         | MISCELLANEOUS INCOME                                               | 900099                                                                                                                                       | 51,724        |                      |                                                    |                                         | 51,724                                                                          |         |
| c                                                         |                                                                    |                                                                                                                                              |               |                      |                                                    |                                         |                                                                                 |         |
| d                                                         | All other revenue . . . . .                                        |                                                                                                                                              |               |                      |                                                    |                                         |                                                                                 |         |
| e                                                         | Total. Add lines 11a-11d . . . . .                                 |                                                                                                                                              |               | 130,673              |                                                    |                                         |                                                                                 |         |
| 12                                                        | Total revenue. See Instructions . . . . .                          |                                                                                                                                              |               | 6,703,679            | 5,943,459                                          | 0                                       | 124,792                                                                         |         |

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

☐

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. |                                                                                                                                                                                                                                                | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>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.                                                                                                                                                                      | 271,684               | 114,249                         | 144,425                                | 13,010                      |
| 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.                                                                                                                                                                                                                      | 3,203,869             | 2,098,905                       | 1,104,885                              | 79                          |
| 8                                                                              | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).                                                                                                                                            |                       |                                 |                                        |                             |
| 9                                                                              | Other employee benefits.                                                                                                                                                                                                                       | 390,409               | 202,739                         | 187,670                                |                             |
| 10                                                                             | Payroll taxes.                                                                                                                                                                                                                                 | 384,072               | 258,772                         | 125,067                                | 233                         |
| 11                                                                             | Fees for services (non-employees):                                                                                                                                                                                                             |                       |                                 |                                        |                             |
| a                                                                              | Management.                                                                                                                                                                                                                                    |                       |                                 |                                        |                             |
| b                                                                              | Legal.                                                                                                                                                                                                                                         | 26,176                |                                 | 26,176                                 |                             |
| c                                                                              | Accounting.                                                                                                                                                                                                                                    | 15,188                |                                 | 15,188                                 |                             |
| 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).                                                                                                                                    | 980,131               | 2,552,652                       | -1,569,874                             | -2,647                      |
| 12                                                                             | Advertising and promotion.                                                                                                                                                                                                                     | 56,457                | 29,613                          | 26,332                                 | 512                         |
| 13                                                                             | Office expenses.                                                                                                                                                                                                                               |                       |                                 |                                        |                             |
| 14                                                                             | Information technology.                                                                                                                                                                                                                        |                       |                                 |                                        |                             |
| 15                                                                             | Royalties.                                                                                                                                                                                                                                     |                       |                                 |                                        |                             |
| 16                                                                             | Occupancy.                                                                                                                                                                                                                                     | 642,751               | 245,904                         | 396,847                                |                             |
| 17                                                                             | Travel.                                                                                                                                                                                                                                        | 33,857                | 17,418                          | 16,439                                 |                             |
| 18                                                                             | Payments of travel or entertainment expenses for any federal, state, or local public officials.                                                                                                                                                |                       |                                 |                                        |                             |
| 19                                                                             | Conferences, conventions, and meetings.                                                                                                                                                                                                        | 22,100                | 7,112                           | 12,015                                 | 2,973                       |
| 20                                                                             | Interest.                                                                                                                                                                                                                                      | 231,814               |                                 | 231,814                                |                             |
| 21                                                                             | Payments to affiliates.                                                                                                                                                                                                                        |                       |                                 |                                        |                             |
| 22                                                                             | Depreciation, depletion, and amortization.                                                                                                                                                                                                     | 389,466               | 22,045                          | 367,421                                |                             |
| 23                                                                             | Insurance.                                                                                                                                                                                                                                     | 138,559               | 33,979                          | 104,580                                |                             |
| 24                                                                             | Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O).                                              |                       |                                 |                                        |                             |
| a                                                                              |                                                                                                                                                                                                                                                |                       |                                 |                                        |                             |
| b                                                                              |                                                                                                                                                                                                                                                |                       |                                 |                                        |                             |
| c                                                                              |                                                                                                                                                                                                                                                |                       |                                 |                                        |                             |
| d                                                                              |                                                                                                                                                                                                                                                |                       |                                 |                                        |                             |
| e                                                                              | All other expenses.                                                                                                                                                                                                                            |                       |                                 |                                        |                             |
| 25                                                                             | <b>Total functional expenses.</b> Add lines 1 through 24e.                                                                                                                                                                                     | 6,786,533             | 5,583,388                       | 1,188,985                              | 14,160                      |
| 26                                                                             | <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). |                       |                                 |                                        |                             |

Part X

Balance Sheet

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

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|                             |                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                              |     | (A)               |            | (B)            |
|-----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-------------------|------------|----------------|
|                             |                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                              |     | Beginning of year |            | End of year    |
| Assets                      | 1                                                                                                                                                                 | Cash—non-interest-bearing                                                                                                                                                                                                                                                                                                    |     |                   | 1          |                |
|                             | 2                                                                                                                                                                 | Savings and temporary cash investments                                                                                                                                                                                                                                                                                       |     | 632,178           | 2          | 563,324        |
|                             | 3                                                                                                                                                                 | Pledges and grants receivable, net                                                                                                                                                                                                                                                                                           |     |                   | 3          |                |
|                             | 4                                                                                                                                                                 | Accounts receivable, net                                                                                                                                                                                                                                                                                                     |     | 87,911            | 4          | 88,880         |
|                             | 5                                                                                                                                                                 | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L                                                                                                                                                           |     |                   | 5          |                |
|                             | 6                                                                                                                                                                 | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L |     |                   | 6          |                |
|                             | 7                                                                                                                                                                 | Notes and loans receivable, net                                                                                                                                                                                                                                                                                              |     |                   | 7          |                |
|                             | 8                                                                                                                                                                 | Inventories for sale or use                                                                                                                                                                                                                                                                                                  |     | 2,886             | 8          | 2,627          |
|                             | 9                                                                                                                                                                 | Prepaid expenses and deferred charges                                                                                                                                                                                                                                                                                        |     | 208,706           | 9          | 143,597        |
|                             | 10a                                                                                                                                                               | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D                                                                                                                                                                                                                                            | 10a | 15,824,426        |            |                |
|                             | b                                                                                                                                                                 | Less accumulated depreciation                                                                                                                                                                                                                                                                                                | 10b | 3,715,626         | 12,262,848 | 10c 12,108,800 |
|                             | 11                                                                                                                                                                | Investments—publicly traded securities                                                                                                                                                                                                                                                                                       |     |                   | 11         |                |
|                             | 12                                                                                                                                                                | Investments—other securities See Part IV, line 11                                                                                                                                                                                                                                                                            |     |                   | 12         |                |
|                             | 13                                                                                                                                                                | Investments—program-related See Part IV, line 11                                                                                                                                                                                                                                                                             |     |                   | 13         |                |
|                             | 14                                                                                                                                                                | Intangible assets                                                                                                                                                                                                                                                                                                            |     |                   | 14         |                |
|                             | 15                                                                                                                                                                | Other assets See Part IV, line 11                                                                                                                                                                                                                                                                                            |     | 1,469,772         | 15         | 1,648,372      |
|                             | 16                                                                                                                                                                | <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)                                                                                                                                                                                                                                                             |     | 14,664,301        | 16         | 14,555,600     |
| Liabilities                 | 17                                                                                                                                                                | Accounts payable and accrued expenses                                                                                                                                                                                                                                                                                        |     | 604,532           | 17         | 658,917        |
|                             | 18                                                                                                                                                                | Grants payable                                                                                                                                                                                                                                                                                                               |     |                   | 18         |                |
|                             | 19                                                                                                                                                                | Deferred revenue                                                                                                                                                                                                                                                                                                             |     |                   | 19         |                |
|                             | 20                                                                                                                                                                | Tax-exempt bond liabilities                                                                                                                                                                                                                                                                                                  |     |                   | 20         |                |
|                             | 21                                                                                                                                                                | Escrow or custodial account liability Complete Part IV of Schedule D                                                                                                                                                                                                                                                         |     |                   | 21         |                |
|                             | 22                                                                                                                                                                | Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L                                                                                                                                          |     |                   | 22         |                |
|                             | 23                                                                                                                                                                | Secured mortgages and notes payable to unrelated third parties                                                                                                                                                                                                                                                               |     | 3,821,550         | 23         | 3,496,146      |
|                             | 24                                                                                                                                                                | Unsecured notes and loans payable to unrelated third parties                                                                                                                                                                                                                                                                 |     |                   | 24         |                |
|                             | 25                                                                                                                                                                | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D                                                                                                                                                         |     | 26,351            | 25         | 25,208         |
|                             | 26                                                                                                                                                                | <b>Total liabilities.</b> Add lines 17 through 25                                                                                                                                                                                                                                                                            |     | 4,452,433         | 26         | 4,180,271      |
| Net Assets or Fund Balances | <b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b> |                                                                                                                                                                                                                                                                                                                              |     |                   |            |                |
|                             | 27                                                                                                                                                                | Unrestricted net assets                                                                                                                                                                                                                                                                                                      |     | 10,211,868        | 27         | 10,375,329     |
|                             | 28                                                                                                                                                                | Temporarily restricted net assets                                                                                                                                                                                                                                                                                            |     |                   | 28         |                |
|                             | 29                                                                                                                                                                | Permanently restricted net assets                                                                                                                                                                                                                                                                                            |     |                   | 29         |                |
|                             | <b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>                          |                                                                                                                                                                                                                                                                                                                              |     |                   |            |                |
|                             | 30                                                                                                                                                                | Capital stock or trust principal, or current funds                                                                                                                                                                                                                                                                           |     |                   | 30         |                |
|                             | 31                                                                                                                                                                | Paid-in or capital surplus, or land, building or equipment fund                                                                                                                                                                                                                                                              |     |                   | 31         |                |
|                             | 32                                                                                                                                                                | Retained earnings, endowment, accumulated income, or other funds                                                                                                                                                                                                                                                             |     |                   | 32         |                |
|                             | 33                                                                                                                                                                | <b>Total net assets or fund balances</b>                                                                                                                                                                                                                                                                                     |     | 10,211,868        | 33         | 10,375,329     |
|                             | 34                                                                                                                                                                | <b>Total liabilities and net assets/fund balances</b>                                                                                                                                                                                                                                                                        |     | 14,664,301        | 34         | 14,555,600     |

Part XI Reconciliation of Net Assets

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

|    |                                                                                                               |    |            |
|----|---------------------------------------------------------------------------------------------------------------|----|------------|
| 1  | Total revenue (must equal Part VIII, column (A), line 12) . . . . .                                           | 1  | 6,703,679  |
| 2  | Total expenses (must equal Part IX, column (A), line 25) . . . . .                                            | 2  | 6,786,533  |
| 3  | Revenue less expenses Subtract line 2 from line 1 . . . . .                                                   | 3  | -82,854    |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .           | 4  | 10,211,868 |
| 5  | Net unrealized gains (losses) on investments . . . . .                                                        | 5  | 47,965     |
| 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  | 198,350    |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 10,375,329 |

Part XII Financial Statements and Reporting

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

|    |                                                                                                                                                                                                                                                                                                                                                                                                                          | Yes | No |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1  | Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>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?<br>If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |     | No |
| 2b | Were the organization's financial statements audited by an independent accountant?<br>If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both<br><input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                | Yes |    |
| 2c | If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O                                                                    | Yes |    |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?                                                                                                                                                                                                                                                                 |     | No |
| 3b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits                                                                                                                                                                                                     |     |    |

SCHEDULE A  
(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization  
SOUTH SOUND YOUNG MEN'S CHRISTIAN ASSN

Employer identification number  
91-0586473

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

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

1

☐

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

2

☐

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

3

☐

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

4

☐

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

5

☐

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

6

☐

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

7

☐

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

8

☐

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

9

☒

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

10

☐

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

11

☐

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

a

☐

Type I 

b

☐

Type II 

c

☐

Type III - Functionally integrated 

d

☐

Type III - Non-functionally integrated

e

☐

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

f

☐

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

g

☐

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

(i)

A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii)

A family member of a person described in (i) above?

(iii)

A 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

|          | Yes | No |
|----------|-----|----|
| 11g(i)   |     |    |
| 11g(ii)  |     |    |
| 11g(iii) |     |    |

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

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)  
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| Section A. Public Support                                                                                                                                                                             |          |          |          |          |          |           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) ▶                                                                                                                                                         | (a) 2008 | (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 Total. Add lines 1 through 3                                                                                                                                                                        |          |          |          |          |          |           |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) |          |          |          |          |          |           |
| 6 Public support. Subtract line 5 from line 4                                                                                                                                                         |          |          |          |          |          |           |

| Section B. Total Support                                                                                                                                                             |          |          |          |          |          |           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) ▶                                                                                                                                        | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
| 7 Amounts 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 Total support (Add lines 7 through 10)                                                                                                                                            |          |          |          |          |          |           |
| 12 Gross receipts from related activities, etc (see instructions)                                                                                                                    |          |          |          |          | 12       |           |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here . . . . . ▶ |          |          |          |          |          |           |

| Section C. Computation of Public Support Percentage                                                                                                                                                                                                                                                                                                                                         |    |  |   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--|---|
| 14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))                                                                                                                                                                                                                                                                                                   | 14 |  |   |
| 15 Public support percentage for 2011 Schedule A, Part II, line 14                                                                                                                                                                                                                                                                                                                          | 15 |  |   |
| 16a 33 1/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization                                                                                                                                                                          |    |  | ▶ |
| b 33 1/3% support test—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization                                                                                                                                                                       |    |  | ▶ |
| 17a 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization    |    |  | ▶ |
| b 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization |    |  | ▶ |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions                                                                                                                                                                                                                                                       |    |  | ▶ |

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶                                                                                                                             | (a) 2008  | (b) 2009  | (c) 2010  | (d) 2011  | (e) 2012  | (f) Total  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------|-----------|-----------|-----------|------------|
| 1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")                                                                        | 6,863,945 | 7,547,312 | 7,057,843 | 6,684,871 | 6,592,830 | 34,746,801 |
| 2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | 96,444    | 63,368    | 119,625   | 118,845   | 72,558    | 470,840    |
| 3Gross receipts from activities that are not an unrelated trade or business under section 513                                                                             |           |           |           |           |           |            |
| 4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf                                                                          |           |           |           |           |           |            |
| 5The value of services or facilities furnished by a governmental unit to the organization without charge                                                                  |           |           |           |           |           |            |
| 6Total. Add lines 1 through 5                                                                                                                                             | 6,960,389 | 7,610,680 | 7,177,468 | 6,803,716 | 6,665,388 | 35,217,641 |
| 7aAmounts included on lines 1, 2, and 3 received from disqualified persons                                                                                                |           |           |           |           |           | 0          |
| bAmounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year           |           |           |           |           |           | 0          |
| cAdd lines 7a and 7b                                                                                                                                                      |           |           |           |           |           | 0          |
| 8Public support (Subtract line 7c from line 6.)                                                                                                                           |           |           |           |           |           | 35,217,641 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶                                                                                                                                                    | (a) 2008  | (b) 2009  | (c) 2010  | (d) 2011  | (e) 2012  | (f) Total  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------|-----------|-----------|-----------|------------|
| 9Amounts from line 6                                                                                                                                                                             | 6,960,389 | 7,610,680 | 7,177,468 | 6,803,716 | 6,665,388 | 35,217,641 |
| 10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources                                                                | 74,296    | 38,410    | 26,280    | 36,134    | 24,131    | 199,251    |
| bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975                                                                                         |           |           |           |           |           |            |
| cAdd lines 10a and 10b                                                                                                                                                                           | 74,296    | 38,410    | 26,280    | 36,134    | 24,131    | 199,251    |
| 11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on                                                                    |           |           |           |           |           |            |
| 12Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)                                                                                                |           |           |           |           |           |            |
| 13Total support. (Add lines 9, 10c, 11, and 12.)                                                                                                                                                 | 7,034,685 | 7,649,090 | 7,203,748 | 6,839,850 | 6,689,519 | 35,416,892 |
| 14First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here <input type="checkbox"/> |           |           |           |           |           |            |

Section C. Computation of Public Support Percentage

|                                                                                          |    |         |
|------------------------------------------------------------------------------------------|----|---------|
| 15Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) | 15 | 99.440% |
| 16Public support percentage from 2011 Schedule A, Part III, line 15                      | 16 | 99.240% |

Section D. Computation of Investment Income Percentage

|                                                                                                                                                                                                                                                                                                |    |        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--------|
| 17Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))                                                                                                                                                                                                  | 17 | 0.560% |
| 18Investment income percentage from 2011 Schedule A, Part III, line 17                                                                                                                                                                                                                         | 18 | 0.760% |
| 19a33 1/3% support tests—2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/> |    |        |
| b33 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 <input type="checkbox"/>     |    |        |
| 20Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input checked="" type="checkbox"/>                                                                                                                                 |    |        |

**Part IV** **Supplemental Information.** 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 D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization  
SOUTH SOUND YOUNG MEN'S CHRISTIAN ASSN

Employer identification number  
91-0586473

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

|                                                                                                                                                                                                                                                                       | (a) Donor advised funds | (b) Funds and other accounts                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|----------------------------------------------------------|
| 1 Total number at end of year                                                                                                                                                                                                                                         |                         |                                                          |
| 2 Aggregate contributions to (during year)                                                                                                                                                                                                                            |                         |                                                          |
| 3 Aggregate grants from (during year)                                                                                                                                                                                                                                 |                         |                                                          |
| 4 Aggregate value at end of year                                                                                                                                                                                                                                      |                         |                                                          |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?                                                            |                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? |                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)  
☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area  
☐ Protection of natural habitat ☐ Preservation of a certified historic structure  
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

a Total number of conservation easements

b Total acreage restricted by conservation easements

c Number of conservation easements on a certified historic structure included in (a)

d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

|    | Held at the End of the Year |
|----|-----------------------------|
| 2a |                             |
| 2b |                             |
| 2c |                             |
| 2d |                             |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1

▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X

▶ \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

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

▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X

▶ \$ \_\_\_\_\_

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

d

☐ Loan or exchange programs

b

☐ Scholarly research

e

☐ Other

c

☐ Preservation for future generations

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

|    |        |
|----|--------|
|    | Amount |
| 1c |        |
| 1d |        |
| 1e |        |
| 1f |        |

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

☐

Part V

Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

|                                                  | (a)Current year | (b)Prior year | b (c)Two years back | (d)Three years back | (e)Four years back |
|--------------------------------------------------|-----------------|---------------|---------------------|---------------------|--------------------|
| 1a Beginning of year balance                     |                 |               |                     |                     |                    |
| b Contributions                                  |                 |               |                     |                     |                    |
| c Net investment earnings, gains, and losses     |                 |               |                     |                     |                    |
| d Grants or scholarships                         |                 |               |                     |                     |                    |
| e Other expenditures for facilities and programs |                 |               |                     |                     |                    |
| f Administrative expenses                        |                 |               |                     |                     |                    |
| g End of year balance                            |                 |               |                     |                     |                    |

2

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

a

Board designated or quasi-endowment

b

Permanent endowment

c

Temporarily restricted endowment

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

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

No

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

3b

Yes

No

4

Describe in Part XIII the intended uses of the organization's endowment funds

Part VI

Land, Buildings, and Equipment. See Form 990, Part X, line 10.

| Description of property                                                                          | (a) Cost or other basis (investment) | (b)Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--------------------------------------------------------------------------------------------------|--------------------------------------|--------------------------------|------------------------------|----------------|
| 1a Land                                                                                          |                                      | 1,492,200                      |                              | 1,492,200      |
| b Buildings                                                                                      |                                      | 13,243,448                     | 2,864,327                    | 10,379,121     |
| c Leasehold improvements                                                                         |                                      |                                |                              |                |
| d Equipment                                                                                      |                                      | 1,088,778                      | 851,299                      | 237,479        |
| e Other                                                                                          |                                      |                                |                              |                |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) |                                      |                                |                              | 12,108,800     |



**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

|          |                                                                                                         |           |           |
|----------|---------------------------------------------------------------------------------------------------------|-----------|-----------|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements . . . . .                      | <b>1</b>  | 6,689,519 |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12                                      |           |           |
| <b>a</b> | Net unrealized gains on investments . . . . .                                                           | <b>2a</b> |           |
| <b>b</b> | Donated services and use of facilities . . . . .                                                        | <b>2b</b> |           |
| <b>c</b> | Recoveries of prior year grants . . . . .                                                               | <b>2c</b> |           |
| <b>d</b> | Other (Describe in Part XIII ) . . . . .                                                                | <b>2d</b> |           |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .                                                         | <b>2e</b> | 0         |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .                                                    | <b>3</b>  | 6,689,519 |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>                              |           |           |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                              | <b>4a</b> |           |
| <b>b</b> | Other (Describe in Part XIII ) . . . . .                                                                | <b>4b</b> | 14,160    |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .                                                             | <b>4c</b> | 14,160    |
| <b>5</b> | Total revenue Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . . | <b>5</b>  | 6,703,679 |

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

|          |                                                                                                          |           |           |
|----------|----------------------------------------------------------------------------------------------------------|-----------|-----------|
| <b>1</b> | Total expenses and losses per audited financial statements . . . . .                                     | <b>1</b>  | 6,772,373 |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part IX, line 25                                         |           |           |
| <b>a</b> | Donated services and use of facilities . . . . .                                                         | <b>2a</b> |           |
| <b>b</b> | Prior year adjustments . . . . .                                                                         | <b>2b</b> |           |
| <b>c</b> | Other losses . . . . .                                                                                   | <b>2c</b> |           |
| <b>d</b> | Other (Describe in Part XIII ) . . . . .                                                                 | <b>2d</b> |           |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .                                                          | <b>2e</b> | 0         |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .                                                     | <b>3</b>  | 6,772,373 |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :                               |           |           |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                               | <b>4a</b> |           |
| <b>b</b> | Other (Describe in Part XIII ) . . . . .                                                                 | <b>4b</b> | 14,160    |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .                                                              | <b>4c</b> | 14,160    |
| <b>5</b> | Total expenses Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . . | <b>5</b>  | 6,786,533 |

**Part XIII Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

| Identifier                            | Return Reference | Explanation |
|---------------------------------------|------------------|-------------|
| PART XI, LINE 4B - OTHER ADJUSTMENTS  |                  | FUNDRAISING |
| PART XII, LINE 4B - OTHER ADJUSTMENTS |                  | FUNDRAISING |
|                                       |                  | FUNDRAISING |

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.

OMB No 1545-0047

2012

Open to Public  
Inspection

|                                                                    |                                              |
|--------------------------------------------------------------------|----------------------------------------------|
| Name of the organization<br>SOUTH SOUND YOUNG MEN'S CHRISTIAN ASSN | Employer identification number<br>91-0586473 |
|--------------------------------------------------------------------|----------------------------------------------|

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

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

|                                                             |                                                                  |
|-------------------------------------------------------------|------------------------------------------------------------------|
| a <input type="checkbox"/> Mail solicitations               | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants     |
| c <input type="checkbox"/> Phone solicitations              | g <input type="checkbox"/> Special fundraising events            |
| d <input type="checkbox"/> In-person solicitations          |                                                                  |
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? |    | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col (i) | (vi) Amount paid to (or retained by) organization |
|-----------------------------------------------------------|---------------|----------------------------------------------------------------|----|-----------------------------------|------------------------------------------------------------------|---------------------------------------------------|
|                                                           |               | Yes                                                            | No |                                   |                                                                  |                                                   |
|                                                           |               |                                                                |    |                                   |                                                                  |                                                   |
|                                                           |               |                                                                |    |                                   |                                                                  |                                                   |
|                                                           |               |                                                                |    |                                   |                                                                  |                                                   |
|                                                           |               |                                                                |    |                                   |                                                                  |                                                   |
|                                                           |               |                                                                |    |                                   |                                                                  |                                                   |
|                                                           |               |                                                                |    |                                   |                                                                  |                                                   |
|                                                           |               |                                                                |    |                                   |                                                                  |                                                   |
|                                                           |               |                                                                |    |                                   |                                                                  |                                                   |
|                                                           |               |                                                                |    |                                   |                                                                  |                                                   |
|                                                           |               |                                                                |    |                                   |                                                                  |                                                   |
|                                                           |               |                                                                |    |                                   |                                                                  |                                                   |
|                                                           |               |                                                                |    |                                   |                                                                  |                                                   |
|                                                           |               |                                                                |    |                                   |                                                                  |                                                   |
|                                                           |               |                                                                |    |                                   |                                                                  |                                                   |
|                                                           |               |                                                                |    |                                   |                                                                  |                                                   |
|                                                           |               |                                                                |    |                                   |                                                                  |                                                   |
|                                                           |               |                                                                |    |                                   |                                                                  |                                                   |
|                                                           |               |                                                                |    |                                   |                                                                  |                                                   |
|                                                           |               |                                                                |    |                                   |                                                                  |                                                   |
| Total . . . . . ▶                                         |               |                                                                |    |                                   |                                                                  |                                                   |

3 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.

.....

.....

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

|                 |    | (a) Event #1                                                           | (b) Event #2 | (c) Other events | (d) Total events              |
|-----------------|----|------------------------------------------------------------------------|--------------|------------------|-------------------------------|
|                 |    | <div>STRONG KIDS CAMPAIGN</div> (event type)                           | (event type) | (total number)   | (add col (a) through col (c)) |
| Revenue         | 1  | Gross receipts . . . .                                                 | 352,039      |                  | 352,039                       |
|                 | 2  | Less Contributions . .                                                 | 352,039      |                  | 352,039                       |
|                 | 3  | Gross income (line 1 minus line 2) . . . .                             |              |                  |                               |
| Direct Expenses | 4  | Cash prizes . . . .                                                    |              |                  |                               |
|                 | 5  | Noncash prizes . .                                                     |              |                  |                               |
|                 | 6  | Rent/facility costs . .                                                |              |                  |                               |
|                 | 7  | Food and beverages .                                                   |              |                  |                               |
|                 | 8  | Entertainment . . . .                                                  |              |                  |                               |
|                 | 9  | Other direct expenses .                                                | 30,012       |                  | 30,012                        |
|                 | 10 | Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶ |              |                  |                               |
|                 | 11 | Net income summary Combine line 3, column (d), and line 10 . . . . . ▶ |              |                  |                               |

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

|                 |   | (a) Bingo                                                                      | (b) Pull tabs/Instant bingo/progressive bingo                                  | (c) Other gaming                                                               | (d) Total gaming (add col (a) through col (c)) |
|-----------------|---|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------|------------------------------------------------|
|                 |   |                                                                                |                                                                                |                                                                                |                                                |
| Revenue         | 1 | Gross revenue . . . .                                                          |                                                                                |                                                                                |                                                |
| Direct Expenses | 2 | Cash prizes . . . .                                                            |                                                                                |                                                                                |                                                |
|                 | 3 | Non-cash prizes . . . .                                                        |                                                                                |                                                                                |                                                |
|                 | 4 | Rent/facility costs . . . .                                                    |                                                                                |                                                                                |                                                |
|                 | 5 | Other direct expenses . .                                                      |                                                                                |                                                                                |                                                |
|                 | 6 | <div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div> | <div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div> | <div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div> |                                                |
|                 | 7 | Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶         |                                                                                |                                                                                |                                                |
|                 | 8 | Net gaming income summary Combine lines 1 and 7 in column (d) . . . . . ▶      |                                                                                |                                                                                |                                                |

9 Enter the state(s) in which the organization operates gaming activities \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states? . . . . . ☐ Yes ☐ No

b If "No," explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . . ☐ Yes ☐ No

b If "Yes," explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in

|                               |     |  |
|-------------------------------|-----|--|
| a The organization's facility | 13a |  |
| b An outside facility         | 13b |  |

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ .....

Address ▶ .....

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_

c If "Yes," enter name and address of the third party

Name ▶ .....

Address ▶ .....

16 Gaming manager information

Name ▶ .....

Gaming manager compensation ▶ \$ .....

Description of services provided ▶ .....

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

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

| Identifier | Return Reference | Explanation |
|------------|------------------|-------------|
|------------|------------------|-------------|

|                                                                                                    |                                                                                                                                                                                                                                                                                             |                           |
|----------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|
| Schedule J<br>(Form 990)<br><br><div>Department of the Treasury<br/>Internal Revenue Service</div> | Compensation Information<br><br>For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees<br><br>▶ <b>Complete if the organization answered "Yes" to Form 990, Part IV, question 23.</b><br><br>▶ <b>Attach to Form 990. ▶ See separate instructions.</b> | OMB No 1545-0047          |
|                                                                                                    |                                                                                                                                                                                                                                                                                             | 2012                      |
|                                                                                                    |                                                                                                                                                                                                                                                                                             | Open to Public Inspection |

|                                                                    |                                                  |
|--------------------------------------------------------------------|--------------------------------------------------|
| Name of the organization<br>SOUTH SOUND YOUNG MEN'S CHRISTIAN ASSN | Employer identification number<br><br>91-0586473 |
|--------------------------------------------------------------------|--------------------------------------------------|

| Part I | Questions Regarding Compensation                                                                                                                                                                                                                                                                                         |                                                                          | Yes | No |
|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|-----|----|
| 1a     | Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items                                                                                          |                                                                          |     |    |
|        | <input type="checkbox"/> First-class or charter travel                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Housing allowance or residence for personal use |     |    |
|        | <input type="checkbox"/> Travel for companions                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Payments for business use of personal residence |     |    |
|        | <input type="checkbox"/> Tax idemnification and gross-up payments                                                                                                                                                                                                                                                        | <input type="checkbox"/> Health or social club dues or initiation fees   |     |    |
|        | <input type="checkbox"/> Discretionary spending account                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Personal services (e g , maid, chauffeur, chef) |     |    |
|        |                                                                                                                                                                                                                                                                                                                          |                                                                          |     |    |
|        |                                                                                                                                                                                                                                                                                                                          |                                                                          |     |    |
|        |                                                                                                                                                                                                                                                                                                                          |                                                                          |     |    |
|        |                                                                                                                                                                                                                                                                                                                          |                                                                          |     |    |
|        |                                                                                                                                                                                                                                                                                                                          |                                                                          |     |    |
| 1b     | If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain                                                                                                   |                                                                          |     |    |
| 2      | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?                                                                                                             | Yes                                                                      |     |    |
| 3      | Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III |                                                                          |     |    |
|        | <input checked="" type="checkbox"/> Compensation committee                                                                                                                                                                                                                                                               | <input type="checkbox"/> Written employment contract                     |     |    |
|        | <input type="checkbox"/> Independent compensation consultant                                                                                                                                                                                                                                                             | <input type="checkbox"/> Compensation survey or study                    |     |    |
|        | <input type="checkbox"/> Form 990 of other organizations                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Approval by the board or compensation committee |     |    |
| 4      | During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization                                                                                                                                                                       |                                                                          |     |    |
| 4a     | Receive a severance payment or change-of-control payment?                                                                                                                                                                                                                                                                |                                                                          |     | No |
| 4b     | Participate in, or receive payment from, a supplemental nonqualified retirement plan?                                                                                                                                                                                                                                    |                                                                          |     | No |
| 4c     | Participate in, or receive payment from, an equity-based compensation arrangement?                                                                                                                                                                                                                                       |                                                                          |     | No |
|        | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III                                                                                                                                                                                                             |                                                                          |     |    |
|        |                                                                                                                                                                                                                                                                                                                          |                                                                          |     |    |
|        | <b>Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.</b>                                                                                                                                                                                                                                          |                                                                          |     |    |
| 5      | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of                                                                                                                                                                          |                                                                          |     |    |
| 5a     | The organization?                                                                                                                                                                                                                                                                                                        |                                                                          |     | No |
| 5b     | Any related organization?                                                                                                                                                                                                                                                                                                |                                                                          |     | No |
|        | 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 pay or accrue any compensation contingent on the net earnings of                                                                                                                                                                      |                                                                          |     |    |
| 6a     | The organization?                                                                                                                                                                                                                                                                                                        |                                                                          |     | No |
| 6b     | Any related organization?                                                                                                                                                                                                                                                                                                |                                                                          |     | No |
|        | 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                                                                                                                                         |                                                                          |     | No |
| 8      | Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III                                                                                              |                                                                          |     | No |
| 9      | If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?                                                                                                                                                                                 |                                                                          |     |    |

**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

| (A) Name and Title               |      | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation reported as deferred in prior Form 990 |
|----------------------------------|------|----------------------------------------------------|-------------------------------------|-------------------------------------|------------------------------------------------|-------------------------|---------------------------------|---------------------------------------------------------|
|                                  |      | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |                                                |                         |                                 |                                                         |
| (1)MICHAEL WEST<br>PRESIDENT/CEO | (i)  | 185,858                                            | 0                                   | 0                                   | 13,005                                         | 7,432                   | 206,295                         | 0                                                       |
|                                  | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                       |

**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                                                                          |
|------------|------------------|--------------------------------------------------------------------------------------|
|            | PART I, LINE 3   | COMPENSATION COMMITTEE PERFORMS STUDY OF EQUITABLE COMPENSATION FOR SIMILAR POSITION |

SCHEDULE O

(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

2012

Open to Public  
Inspection

|                                                                    |                                              |
|--------------------------------------------------------------------|----------------------------------------------|
| Name of the organization<br>SOUTH SOUND YOUNG MEN'S CHRISTIAN ASSN | Employer identification number<br>91-0586473 |
|--------------------------------------------------------------------|----------------------------------------------|

| Identifier | Return Reference                      | Explanation                                                                                                |
|------------|---------------------------------------|------------------------------------------------------------------------------------------------------------|
|            | FORM 990, PART VI, SECTION B, LINE 11 | A COPY OF THE 990 WAS MADE AVAILABLE TO THE GOVERNING BODY FINANCE COMMITTEE TO REVIEW BEFORE IT WAS FILED |

| Identifier | Return Reference                          | Explanation                                                                                                  |
|------------|-------------------------------------------|--------------------------------------------------------------------------------------------------------------|
|            | FORM 990, PART VI, SECTION B,<br>LINE 12C | THE ORGANIZATION MONITORS AND ENFORCES COMPLIANCE WITH ITS CONFLICT OF<br>INTEREST POLICY ON A REGULAR BASIS |

| Identifier | Return Reference                      | Explanation                                                                                                         |
|------------|---------------------------------------|---------------------------------------------------------------------------------------------------------------------|
|            | FORM 990, PART VI, SECTION B, LINE 15 | THE ORGANIZATION DETERMINES COMPENSATION OF OFFICERS THROUGH A COMPARABILITY STUDY , APPROVED BY THE GOVERNING BODY |

| Identifier | Return Reference                      | Explanation                                                              |
|------------|---------------------------------------|--------------------------------------------------------------------------|
|            | FORM 990, PART VI, SECTION C, LINE 19 | THESE ITEMS WOULD BE MADE AVAILABLE ON AN INDIVIDUAL BASIS, UPON REQUEST |

| Identifier | Return Reference            | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|------------|-----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| OTHER FEES | FORM 990, PART IX, LINE 11G | <p>SUPPLIES PROGRAM SERVICE EXPENSES 442,536 MANAGEMENT AND GENERAL EXPENSES 86,270 FUNDRAISING EXPENSES 9,423 TOTAL EXPENSES 538,229 OTHER PROFESSIONAL EXPENSES PROGRAM SERVICE EXPENSES 77,552 MANAGEMENT AND GENERAL EXPENSES 113,210 FUNDRAISING EXPENSES 2,734 TOTAL EXPENSES 193,496 DUES PROGRAM SERVICE EXPENSES 82,127 MANAGEMENT AND GENERAL EXPENSES 13,910 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 96,037 TELEPHONE PROGRAM SERVICE EXPENSES 24,344 MANAGEMENT AND GENERAL EXPENSES 40,131 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 64,475 EQUIPMENT RENTAL AND REPAIRS PROGRAM SERVICE EXPENSES 6,664 MANAGEMENT AND GENERAL EXPENSES 33,866 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 40,530 POSTAGE PROGRAM SERVICE EXPENSES 10,812 MANAGEMENT AND GENERAL EXPENSES 11,680 FUNDRAISING EXPENSES 1,022 TOTAL EXPENSES 23,514 MISCELLANEOUS PROGRAM SERVICE EXPENSES 672 MANAGEMENT AND GENERAL EXPENSES 9,018 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 9,690 SPECIAL EVENTS PROGRAM SERVICE EXPENSES 0 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 34,658 TOTAL EXPENSES 34,658 ALLOCATION OF INDIRECT EXPENSES PROGRAM SERVICE EXPENSES 1,907,945 MANAGEMENT AND GENERAL EXPENSES -1,877,959 FUNDRAISING EXPENSES -50,484 TOTAL EXPENSES -20,498</p> |

| Identifier                             | Return Reference          | Explanation                   |
|----------------------------------------|---------------------------|-------------------------------|
| CHANGES IN NET ASSETS OR FUND BALANCES | FORM 990, PART XI, LINE 9 | FAIR VALUE ADJUSTMENT 198,350 |

| Identifier | Return Reference | Explanation                                     |
|------------|------------------|-------------------------------------------------|
|            |                  | THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR |

| Identifier | Return Reference | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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|            | PART III         | <p>PAGE 2, PART III STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS INTRODUCTION THE SOUTH SOUND YMCA SERVES OUR COMMUNITY BY MEETING THE HEALTH AND SOCIAL SERVICE NEEDS OF FAMILIES AND INDIVIDUALS WE WORK TO HELP PEOPLE DEVELOP VALUES AND BEHAVIORS THAT ARE CONSISTENT WITH CHRISTIAN PRINCIPLES THEY ARE FOR PEOPLE OF ALL FAITHS, RACES, ABILITIES AND INCOMES NO ONE IS TURNED AWAY FOR INABILITY TO PAY IN THE YMCA, A VOLUNTEER BOARD HIRES AND SETS POLICY FOR ITS CEO, WHO MANAGES THE OPERATION WITH FULL-TIME AND PART-TIME STAFF AND VOLUNTEER LEADERS OUR YMCA MEETS COMMUNITY NEEDS THROUGH ORGANIZED ACTIVITIES CALLED PROGRAMS, IN YMCA BUILDINGS AND FROM RENTED QUARTERS, DONATED SPACE, STOREFRONTS, PARKS AND PLAYGROUNDS YMCAS MEET COMMUNITY NEEDS COUNTYWIDE THERE ARE MANY HUNDREDS OF CORPORATE YMCAS THAT ARE FORMAL MEMBERS OF THE NATIONAL MOVEMENT THE ENTIRE SYSTEM INVITES CREATIVITY AND CHANGE THROUGH ITS AUTONOMOUS MEMBER YMCAS, ITS DECENTRALIZATION AND ITS LACK OF REGIONAL BOUNDARIES OVER ITS LONG HISTORY, THE YMCA HAS BEEN RENEWED AGAIN AND AGAIN BY THE ACTIONS OF ITS MEMBER ASSOCIATIONS, THEIR PROGRAM INNOVATIONS AND THEIR COMMON SENSE APPROACH YMCAS IN THE UNITED STATES ARE PART OF A WORLDWIDE MOVEMENT, THE WORLD ALLIANCE OF YMCAS IT IS A NON-BINDING ORGANIZATION OF INDEPENDENT YMCA MOVEMENTS FROM MORE THAN 120 COUNTRIES, WITH HEADQUARTERS IN GENEVA, SWITZERLAND MISSION TO PROVIDE YOUTH AND COMMUNITY AN AFFORDABLE AND ACCESSIBLE RESOURCE FOR THE POSITIVE GROWTH AND DEVELOPMENT OF MIND, BODY AND SPIRIT THROUGH RECREATIONAL, HEALTH AND LEADERSHIP PROGRAMS PURPOSE THE YMCA IS A MEMBERSHIP ASSOCIATION OF MEN, WOMEN AND CHILDREN OF ALL AGES, ABILITIES, INCOMES, RACES AND RELIGIONS IT IS DEDICATED TO BUILDING HEALTHY BODY, MIND AND SPIRIT OF INDIVIDUALS AND FAMILIES IT PUTS CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT PROMOTE GOOD HEALTH, STRONG FAMILIES, YOUTH LEADERSHIP, COMMUNITY DEVELOPMENT AND INTERNATIONAL UNDERSTANDING GOALS TO PROVIDE OPPORTUNITIES, ENCOURAGEMENT AND SUPPORT FOR INDIVIDUALS TO ENHANCE AND MAINTAIN THEIR COMMITMENT TO MENTAL, PHYSICAL AND SPIRITUAL WELL-BEING, TO PROVIDE OPPORTUNITIES AND SUPPORT FOR FAMILIES TO ENRICH THEIR RELATIONSHIPS THROUGH ACTIVITIES DESIGNED TO EXAMINE AND CLARIFY VALUES, IMPROVE COMMUNICATION AND ENCOURAGE POSITIVE INTERACTION, TO PROVIDE THE ENVIRONMENT, OPPORTUNITY AND ENCOURAGEMENT FOR YOUTH TO DEVELOP SKILLS AND VALUES THAT FOSTER LEADERSHIP, CONFIDENCE, SELF-ESTEEM, SELF-RELIANCE AND MUTUAL RESPECT, TO PROVIDE OPPORTUNITIES AND SUPPORT FOR INDIVIDUALS AND GROUPS TO DEVELOP A SENSE OF CITIZENSHIP THROUGH PROGRAMS THAT MEET IDENTIFIED COMMUNITY NEEDS, TO PROVIDE OPPORTUNITIES AND SUPPORT FOR INDIVIDUALS TO EXPAND THEIR AWARENESS, INTEREST, RESPECT AND APPRECIATION OF THE VARIOUS PEOPLES AND CULTURES OF OUR GLOBAL SOCIETY MEMBERS IN 2012, 46,538 PEOPLE WERE SOUTH SOUND YMCA MEMBERS AND PROGRAM PARTICIPANTS, INCLUDING 19,401 CHILDREN AND TEENS AND 27,137 ADULTS OF THESE, 3,913 PEOPLE RECEIVED \$541,810 IN FINANCIAL ASSISTANCE VOLUNTEERS IN 2012, 1,322 POLICY AND PROGRAM VOLUNTEERS DONATED 16,457 HOURS TO OUR YMCA DESCRIPTION OF YMCA PROGRAMS AQUATICS LIFELONG ACTIVITY WATER IS AN UNFAMILIAR PLACE FOR PEOPLE WHO TRAVEL MOSTLY ON DRY GROUND BUT SINCE THE PLANET HAS MORE WATER THAN LAND, THERE ARE SWIMMING LESSONS TO BE LEARNED AT THE YMCA, LEARNING IS A GREAT DEAL MORE THAN IT MIGHT SEEM ITS TAKING PEOPLE INTO WATER THAT SOME FIND SCARY AT FIRST AND TEACHING THEM NOT ONLY TO SURVIVE BUT ALSO TO THRIVE AND TO FIND FUN, FITNESS, STRESS RELIEF, ADVENTURE AND LIFELONG ENJOYMENT EVERY YEAR THOUSANDS OF PEOPLE LEARN TO SWIM AT THE YMCA THAT IS A LOT OF SPLASHING AROUND WITHOUT EVEN BEGINNING TO COUNT THE THOUSANDS MORE WHO ALREADY KNOW HOW TO SWIM AND JOIN THE YMCA TO SWIM LAPS, LOOSEN MUSCLES AND JOINTS WITH AQUATIC EXERCISES, BECOME PART OF SWIM TEAMS, LEARN LIFE GUARDING, AND INTRODUCE BABIES TO THE POOL OR JUST PLAY AROUND IN THE WATER THE FOCUS ON HEALTHY LIVING FOR ALL AGES HAS ONLY INCREASED INTEREST IN AQUATICS MANY PEOPLE CLAIM THAT SWIMMING IS THE BEST FORM OF EXERCISE FOR YOUNG AND OLD TO KEEP THE BODY FIT AND TRIM WHILE STRENGTHENING THE HEART AND LUNGS WATERS BUOYANCY IS A PARTICULAR PLEASURE FOR PEOPLE TEMPORARILY OR PERMANENTLY DISABLED OUR YMCAS OFFER PROGRAMS SPECIFICALLY FOR SUCH CHILD AND ADULTS WATER CAN OFTEN FREE THEM TO MOVE AROUND WITHOUT SUPPORT AND STRENGTHEN LITTLE-USED MUSCLES SOMETIMES PEOPLE WITH DISABILITIES TAKE PART IN REGULAR CLASSES BECAUSE RESPECT FOR OTHERS, REGARDLESS OF AGE OR ABILITY, IS AN UNDERLYING VALUE FOR ALL YMCA PROGRAMS, THESE CLASSES PROVIDE AN ATMOSPHERE OF ACCEPTANCE THAT IS ITSELF A POSITIVE EXPERIENCE IN RECENT YEARS, YMCA HEALTH AND FITNESS EXPERTS HAVE ADAPTED AEROBIC EXERCISES FOR THE POOL TO CREATE GENTLE-IMPACT AEROBICS WATER ENABLES EXERCISERS TO WORK AT HIGHER INTENSITY WITH LESS IMPACT THAN ON A GYM OR EXERCISE-ROOM FLOOR MANY OLDER EXERCISERS ESPECIALLY LIKE WATER AEROBICS</p> |

| Identifier | Return Reference | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
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|            | PART III         | <p>CS FUN FOR THE WHOLE FAMILY MOST PEOPLE COUNT SWIMMING AS A FAMILY AFFAIR AT THE OCEAN, LAKES, RIVERS AND POOLS IT IS OFTEN A FAMILY AFFAIR AT THE YMCA, TOO, WITH SWIMMING TIMES SET-ASIDE JUST FOR FAMILIES WATER SPORTS AND SWIMMING ARE ALSO STANDARD FEATURES AT YMCA CAMPS THE YMCAS INNOVATION AND LEADERSHIP IN AQUATICS STARTED BACK IN 1885, WHEN THE BROOKLYN, NEW YORK YMCA BUILT AN INDOOR POOL OR SWIMMING BATH, AS IT WAS CALLED SWIMMERS ALL DID THE BREASTSTROKE A CANADIAN SWIMMING INSTRUCTOR HIRED BY THE DETROIT YMCA IN 1906 REVOLUTIONIZED TEACHING WITH MASS SWIMMING LESSONS AND DRY-LAND DRILLS AND HE CHANGED THE BASIC STROKE TO THE CRAWL YMCA PROGRESSIVE SWIMMING INSTRUCTION WAS PIONEERED IN THE 1930S LEARN-TO-SWIM MONTH WAS A FEATURE OF THE 1950S NATIONAL LIFEGUARD TRAINING AND CERTIFICATION AND A FOCUS ON BRINGING PEOPLE WITH DISABILITIES INTO THE POOLS MARKED THE 1970S AEROBICS AND OTHER FITNESS REGIMENS WENT WET IN THE 1980S SAFETY AROUND WATER YMCAS TAKE SAFETY SERIOUSLY ONLY THOSE TRAINED AND CERTIFIED TO RIGOROUS YMCA SWIMMING STANDARDS TEACH IN YMCA POOLS LESSONS ARE AVAILABLE FOR ALL AGES, ABILITY LEVELS AND INTERESTS BABIES AS YOUNG AS 6 MONTHS CAN ENJOY WATER PLAY WITH THEIR PARENTS IN A PARENT/TOT PROGRAM, WHICH INCLUDES AN INSTRUCTOR IN THE POOL TO COACH THE ADULTS ON SAFETY SKILLS 3 YEAR OLDS TO 6-YEAR OLDS CAN TAKE PRE-SWIMMING CLASSES ON THEIR OWN AT THE CORE IS THE CURRENT PROGRESSIVE SWIMMING PROGRAM FOR 6-YEAR-OLDS TO ADULTS BEGINNERS, OR POLLWOGS, LEARN SIMPLE STROKES AND PERSONAL SAFETY SKILLS AS THEY GET A FEEL FOR THE WATER THOSE WHO STAY IN SWIM LESSONS RIGHT UP TO THE MOST ADVANCED LEVELS ARE CHALLENGED TO MASTER VARIOUS SWIM STROKES AND BUILD ENDURANCE WORKING FROM THE OVERALL YMCA PHILOSOPHY OF SELF-DEVELOPMENT, THE INSTRUCTORS USE A PROBLEM-SOLVING, GUIDED DISCOVERY TEACHING APPROACH THE EMPHASIS IS ON LEARNING, NOT PASSING OR FAILING MANY YOUNGSTERS AND ADULTS WHO LEARN TO SWIM AT YMCAS BECOME TEACHERS THEMSELVES, WHO GROW IN THEIR OWN LEADERSHIP ABILITIES AS WELL AS SWIMMING SKILLS SELF-ESTEEM GROWS SWIMMING AT THE YMCA IS TAUGHT IN A POSITIVE MANNER TRUSTING, SUPPORTING, AND CARING PEOPLE LEARN IN A NON-THREATENING ATMOSPHERE FREE FROM DISCOURAGING CRITICISM IT MEANS POSITIVE FEEDBACK AND REINFORCEMENT FOR EVEN THE TINIEST GAIN ACCOMPLISHMENT BUILDS CONFIDENCE AND SELF ESTEEM IT WORKS WONDERS AQUATIC ACCOMPLISHMENTS AS RESIDENTS OF THE PUGET SOUND, PEOPLE IN THIS COMMUNITY COULD BE SUBJECT TO TRAUMATIC INCIDENTS AROUND WATER OUR AQUATIC PROGRAMS HELP PREVENT THAT FROM HAPPENING IN 2012 WE PROVIDED SWIMMING LESSONS TO 6,017 CHILDREN, YOUTH AND TEENS</p> |

| Identifier | Return Reference | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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|            | PART III         | <p>CHILD CARE WORK WITHOUT WORRY IN 1980, A GROUP OF YMCA DIRECTORS MET TO DISCUSS THE RAPID LY GROWING NEED FOR CHILDCARE. THEY RECOGNIZED THAT THE KINDS OF FAMILIES KIDS WERE GROWIN G UP IN HAD CHANGED. MOST HAD BOTH PARENTS ON THE JOB OR A SINGLE PARENT WHO WORKED. THAT MEANT SOME KID OF DAY CARE WAS NEEDED TO FILL THE GAPS. IT WAS A NATURAL FOR YMCAS. THEY H AD BEEN ACTIVE FOR 60 YEARS IN A VARIETY OF PARENT-CHILD ACTIVITIES. THEY HAD BEEN INVOLVE D IN CHILD CARE, TOO BEFORE IT WAS EVER CALLED THAT WITH YOUNGSTERS COMING IN AFTER SCHOOL TO YMCA GAME ROOMS, GYMS, POOLS AND CRAFT CLASSES, GETTING TO KNOW YMCA STAFF MEMBERS AND OTHER KIDS THERE. IN THE SUMMER THERE WERE DAY CAMPS AND FUN CLUBS ALONG WITH REGULAR RES IDENT SUMMER CAMP. ALL OF THIS IS STILL AROUND TODAY, PLUS THERE ARE FORMAL CHILDCARE PROG RAMS. TO CREATE ITS BASIC MANUALS, THE YMCA DREW FROM ITS OWN EXPERIENCE AND ADDED THE ADV ICE OF EXPERTS ON CHILD DEVELOPMENT. THE RESULT WAS AN ABILITY TO SET UP AT MULTIPLE SITES, WITH DAILY ACTIVITIES MAPPED OUT BY WELL-PREPARED STAFF MEMBERS. IN ADDITION TO YMCA TRA INING, MANY YMCA CHILDCARE PROFESSIONALS HAVE ADVANCED DEGREES IN EARLY CHILDHOOD EDUCATIO N, ESPECIALLY THOSE WHO WORK WITH PRESCHOOLERS, INFANTS AND TODDLERS. FOCUSES ON FAMILY VA LUES AND INVOLVEMENT NO MATTER HAW MANY HOURS YOUNGSTERS SPEND IN A CHILD CARE SETTING EAC H WEEK, IT IS STILL THE FAMILY THAT IS THE SINGLE MOST IMPORTANT STRUCTURE IN THEIR LIVES. GOOD CHILD CARE MUST BE GOOD FAMILY CARE. YMCA CHILD CARE PROGRAMS OFFER WONDERFUL OPPORT UNITIES TO STRENGTHEN FAMILIES, HELPING THEM BETTER COMMUNICATE, WORK AND PLAY TOGETHER, S HARE VALUES, FEEL A SENSE OF COMMUNITY WITH OTHER FAMILIES AND EVEN IMPROVE THEIR ECONOMIC STABILITY. CONVENIENT LOCATIONS AND CARING STAFF MEMBERS THE YMCA APPROACH IS CHARACTERIS TICALLY FLEXIBLE. OUR CHILDCARE TAKES PLACE IN A VARIETY OF SETTINGS IN THE YMCAS MULTIPUR POSE BUILDINGS AND IN SCHOOL GYMNASIUMS, CAFETERIAS AND PORTABLES. THE HIGH STANDARDS FOR THE CARE OF CHILDREN REFLECT THE YMCA MOVEMENTS VALUES AND EXPECTATIONS. YMCAS MEET AND OF TEN EXCEED GOVERNMENT LICENSING STANDARDS. STAFF MEMBERS ARE WELL PREPARED AND PARTICIPATE IN ONGOING TRAINING THROUGH THE YMCA SYSTEM OF PROGRAM SCHOOLS, TRAINING EVENTS AND CERTIFI CATION. THEY BELIEVE THEIR PROGRAMS CAN HELP DEVELOP A BETTER LIFE FOR CHILDREN AND FAMIL IES. LIKE ALL YMCA PROGRAMS, CHILDCARE IS OPEN TO ALL, WITH FINANCIAL AID AVAILABLE FOR T HOSE UNABLE TO PAY FULL FEES. WE PRIDE OURSELVES IN OUR COMMITMENT TO TURN NO ONE AWAY. TH E BOTTOM LINE FOR YMCA CHILDCARE IS WHATS BEST FOR THE FAMILY. PROVIDING IT IS THE YMCAS W AY OF WORKING TO IMPROVE THE QUALITY OF LIFE FOR THE WHOLE CHILD, THE WHOLE FAMILY AND THE WHOLE COMMUNITY. AGE-APPROPRIATE EXPERIENCE FOR YOUNG CHILDREN. EARLY CHILDHOOD CENTERS TH E SOUTH SOUND YMCA PROVIDES CARE TO CHILDREN AGES 3 MONTHS TO 5 YEARS AT SOUTH PUGET SOUND COMMUNITY COLLEGE. THIS CENTER SERVES THE STUDENTS AND EMPLOYEES OF SOUTH PUGET SOUND COM MUNITY COLLEGE AND THE GENERAL PUBLIC. PARENTS CAN CONCENTRATE ON STUDIES KNOWING THEIR CH ILDREN ARE RECEIVING EXCELLENT CARE. AT OUR BRANCHES, MOTHERS AND FATHERS CAN TAKE ADVANTA GE OF DROP IN CARE WHILE THEY WORK OUT OR ATTEND A PROGRAM. SCHOOL AGE PARENTS WORKDAYS TY PICALLY START EARLIER AND LATER THAN THEIR CHILDRENS SCHOOL DAYS. THOSE MORNING AND AFTERN OON TIME GAPS CAN BE EMPTY, EVEN LONELY OR THEY CAN BE FILLED CREATIVELY AND CONSTRUCTIVEL Y. CHILDREN CONCENTRATE ON ACADEMICS AT ELEMENTARY SCHOOL, BUT THERE IS SOMETHING ELSE FOR THEM TO LEARN IN YMCA PROGRAMS BEFORE AND AFTER THOSE HOURS. YMCA CHILDCARE FOR THESE ELE MENTARY AGED KIDS PROVIDES CHANCES TO EXPRESS INDIVIDUAL TALENTS IN THE ARTS, CRAFTS, GAME S, SPORTS OR OTHER AREAS OF INTEREST, TAKING FULL ADVANTAGE OF YMCA FACILITIES AND CLASSES. KIDS FIND OUT WHAT PARTICIPATION AND SUCCESS IS ALL ABOUT IN AN APPROACH THAT SAYS EVERY BODY PLAYS, EVERYBODY WINS. EACH DAY THERE IS TIME FOR KIDS TO CALL THEIR OWN AND TIME IS SET ASIDE TO TACKLE HOMEWORK WITH TUTORING AVAILABLE. CLOSE COMMUNICATION WITH SCHOOLS IS IMPORTANT. MANY PROGRAMS FOR THESE OLDER CHILDREN ALSO INCLUDE FIELD TRIPS TO WIDEN THEIR WORLD. YMCA PEOPLE KNOW HOW TO CHALLENGE SCHOOL-AGE CHILDREN AND HOW TO LISTEN TO THEM. C HILDREN IN THIS AGE GROUP TYPICALLY ENJOY INTERACTING WITH ALL THE ADULTS INVOLVED, BUT ST AFF ALSO HAS A RESPONSIBILITY TO GIVE FEEDBACK TO PARENTS AS OFTEN AS POSSIBLE. DAY CAMPS WHILE HELPFUL FOR WORKING PARENTS, DAY CAMPS ARE AN EXCITING OPPORTUNITY FOR CHILDREN TO E XPERIENCE THE BEST OF YMCA ACTIVITIES. DAY CAMPS ARE OFFERED IN THE SPRING, SUMMER, AND WINTER AND DURING MID-WINTER SCHOOL BREAKS. THESE CAMPS OFFER A WIDE VARIETY OF INDOOR AND O UTDOOR ACTIVITIES, INCLUDING SPORTS, OVERNIGHT CAMPING, CRAFTS AND VISITS TO MUSEUMS, ZOOS AND PARKS. CHILDCARE ACCOMPLISHMENTS IN MANY INSTANCES, YMCA CHILDCARE ALLOWS PARENTS OF THE CHILDREN TO REMAIN GAINFULLY EMPLOYED, KNOWING THAT THEIR CHILDREN ARE THRIVING IN A S AFE, SUPPORTIVE ENVIRONMENT. FOR PARENTS WHO CANN O</p> |

| Identifier | Return Reference | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
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|            | PART III         | T AFFORD THE FULL FEE, CARE IS PROVIDED ON A SLIDING SCALE BASIS WITH THE INCREASED COST OF LIVING IN OR AREA, THERE ARE MORE HOMES WHERE BOTH MOM AND DAD MUST WORK AND MANY SINGLE FAMILIES THAT CRITICALLY NEED THIS SERVICE. IN 2012 THE YMCA CARED FOR 2,577 CHILDREN AND PROVIDED \$266,073 IN FINANCIAL ASSISTANCE. WE CONTINUE TO REACH OUT TO THE COMMUNITY BY CREATING MORE PROGRAMS AND PROVIDING CHILDCARE IN 28 SCHOOL LOCATIONS, IN OUR EARLY LEARNING CENTER AND AT OUR FACILITIES. |

| Identifier | Return Reference | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
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|            | PART III         | <p>YMCA OLDER ADULTS A PLACE FOR ALL AGES THE Y, M AND C IN YMCA STAND FOR YOUNG, MENS AND CHRISTIAN AND WHEN THEY BEGAN IN 1844, YMCAS OPENED THE DOOR ONLY TO CHRISTIAN YOUNG MEN IT CERTAINLY IS DIFFERENT TODAY OVER THE YEARS YMCAS KEPT OPENING THEIR DOORS WIDER AND WIDER UNTIL THEY INCLUDED ENTIRE FAMILIES MEN, WOMEN AND CHILDREN OF ALL AGES, RACES AND RELIGIONS THE YMCA HAS BEEN KEEPING PACE WITH MANY FOLKS SINCE THEIR CHILDHOOD THERE IS NO REASON TO SHUT THEM OUT ONCE THEY REACH RETIREMENT YMCAS HAVE FOUND THAT OLDER ADULTS NEED EXERCISE AND THE EXTRA EDGE OF GOOD HEALTH IT PROVIDES TO MEET LIFES CHANGING CHALLENGES THEY WANT A PLACE TO GO, LIKE THE YMCA, THAT THEY CAN DEPEND ON A PLACE WHERE THEY CAN ENRICH THEIR LIVES AND DEVELOP NEW SKILLS, NEW INTERESTS AND NEW FRIENDS BENEFICIAL USE OF TIME LIKE EVERYONE ELSE, OLDER PEOPLE NEED TO CONTINUE HAVING A MISSION IN THEIR LIVES, A SENSE OF DIRECTION AND PURPOSE THEIR LIVES UNDERGO MAJOR CHANGES WITH RETIREMENT, ADDED TO THE NATURAL CHANGES IN FAMILY LIFE THAT COME WITH AGE AT THE SAME TIME, THEY OFTEN HAVE THE ADVANTAGE OF MORE TIME TO SPEND IN CONSTRUCTIVE WAYS, DOING THINGS THEY LIKE TO DO AND FINDING NEW CHALLENGES THE SOUTH SOUND YMCA PLAYS AN IMPORTANT ROLE IN THIS PROCESS BY OFFERING A VARIETY OF OPPORTUNITIES AND ACTIVITIES EXERCISE IS UNIVERSALLY RECOMMENDED REGARDLESS OF AGE, AND MANY SEEK OUT THE YMCA FOR THAT PURPOSE FAVORITES FOR OLDER ADULTS ARE LIGHTER EXERCISES, WATER ACTIVITIES AND WALKING THE HABITS OF ATTENDING REGULAR EXERCISE CLASSES OFTEN LEAD TO CREATION OF SOCIAL CLUBS SOME OF THESE CLUBS HAVE A SINGLE FOCUS, LIKE GETTING TOGETHER TO SWIM, FOR MEALS OR TO TACKLE A COMMUNITY SERVICE PROJECT OTHERS INCLUDE A VARIETY OF ACTIVITIES, SUCH AS CLASSES RANGING FROM CRAFTS TO CURRENT AFFAIRS ALSO POPULAR ARE DAY TRIPS AND CAMPING SOMETIMES OTHER FRIENDS AND FAMILY MEMBERS ARE INVITED NEW FRIENDS ARE IMPORTANT AT EVERY AGE, BUT THE OPPORTUNITY TO MAKE THEM AT THE TIME OF LIFE WHEN MANY PEOPLE EXPERIENCE THE LOSS OF OLD FRIENDS AND FAMILY MEMBERS IS ESPECIALLY VALUABLE OPPORTUNITIES FOR HELPING OTHERS MANY OLDER ADULTS CHOOSE TO OFFER THEIR EXTRA HOURS AND THEIR LIFETIME OF EXPERIENCE TO THEIR YMCAS, VOLUNTEERING IN MANY AREAS, FROM FUNDRAISING TO PROGRAMS YMCAS TAKE CARE TO MATCH THE SKILLS AND INTEREST OF VOLUNTEERS WITH THE VARIOUS PROJECTS THAT ARE AVAILABLE A PARTICULARLY IMPORTANT WAY FOR OLDER MEMBERS TO HELP THEIR YMCAS AND ENRICH THEIR OWN LIVES IS THROUGH INTERACTIONS WITH OUR YOUTH EATING LUNCH WITH CHILDREN IN DAY CARE, SUPERVISING A GROUP OF ELEMENTARY SCHOOL KIDS ON A FIELD TRIP, ASSISTING WITH A YOUTH SWIM CLASS OR SPORTS LEAGUE OR A ADVISING A TEEN CLUB OLDER ADULTS TODAY INVOLVE THEMSELVES IN THE FULL LIFE OF THE YMCA MANY DISCOVER THAT THIS HELPS THEM IN THEIR RELATIONS WITH YOUNGER MEMBERS OF THEIR OWN FAMILIES IMPROVED MOBILITY AND A SENSE OF WELL-BEING JOGGERS DONT GET OFF THE TRACK BECAUSE THEYVE REACHED A CERTAIN AGE NOR DO SWIMMERS THROW IN THE TOWEL IN THE YMCAS FAVORITE HEALTH AND EXERCISE PROGRAMS, ITS SOMETIMES THE OLDER PARTICIPANTS WHO SET THE PACE IF NOT FOR SPEED, BUT FOR DEDICATION TO STAYING FIT THEY ARE AN INSPIRATION TO PEOPLE DECADES YOUNGER WHO CAN SEE HOW EXERCISE HAS HELPED THEM STAY ACTIVE THE SOUTH SOUND YMCA BRANCHES INCLUDED A SPECTRUM OF AGES IN THEIR CLASSES THIS GIVES OLDER ADULTS A RANGE OF PROGRAMS TO CHOOSE FROM AND FIND THE ONES THAT ARE BEST FOR THEM WHILE SOME OLDER PEOPLE JOIN CLASSES WITH ADULTS OF ALL AGES, OTHERS ARE MORE COMFORTABLE WITH PROGRAMS LIMITED TO MEMBERS OF THEIR OWN AGE GROUP ITS A CHOICE WE BELIEVE OLDER ADULTS SHOULD BE ABLE TO MAKE THEMSELVES SOME ARE NEWCOMERS TO THE FITNESS FIELD, PERHAPS FINDING TIME LATER IN LIFE FOR THE EXERCISE THEY HAD ALWAYS MEANT TO DO BUT KEPT PUTTING OFF OTHERS TRY THE YMCA AT THE RECOMMENDATION OF A PHYSICIAN TO HELP DEAL WITH A PHYSICAL PROBLEM YMCA STAFF MEMBERS HELP THEM FIND AN APPROPRIATE PROGRAM, ONE THEYLL ENJOY DURING WORKOUTS AND AT OTHER TIMES BECAUSE OF HOW MUCH BETTER IT MAKES THEM FEEL OLDER ADULT ACCOMPLISHMENTS IN 2012, THE SOUTH SOUND YMCA SERVED 4,814 ADULTS 55 YEARS OF AGE AND OLDER</p> |

| Identifier | Return Reference | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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|            | PART III         | <p>SPORTS DEVELOPS VALUES STRONGER THAN WINNING COACHES START WITH PLAYERS AT WHATEVER SKILL LEVEL THEY FIND THEM THEY TRY TO WORK WITH EACH PLAYER TO SET GOALS AND EVALUATE PROGRES S IN LIGHT OF PLAYERS OWN STANDARDS NOT THOSE OF THE FASTEST, STRONGEST OR MOST COORDINATE D THE TEACHING COMPONENT IS IMPORTANT PRACTICE SESSIONS INCLUDE A REVIEW OF SKILLS LEARN ED AND THE INTRODUCTION OF NEW ONES PLAYERS HAVE OPPORTUNITIES TO TAKE VARIOUS POSITIONS ON THE TEAM, BECAUSE NO WINNING SCORE MATTERS MORE THAN GIVING THEM ALL THE CHANCE TO STRIVE AND TO STRETCH ONESELF SOME BRANCH YMCA S ALSO SPONSOR COMPETITIVE TEAMS, BACKED UP BY DEVELOPMENTAL INSTRUCTION MOST ARE IN AQUATICS OR GYMNASTICS THE YMCA YOUTH SPORTS PHILO SOPHY CARRIES OVER TO THESE, TOO EVEN WHEN THE GOVERNING BODY FOR A SPORT REQUIRES THAT T IMES AND SCORES BE POSTED AT THE COMPETITION, YMCA COACHES ENCOURAGE PARTICIPANTS TO COMPA RE THEIR MARKS WITH THEIR OWN PAST PERFORMANCE BUILDS SELF-ESTEEM THOSE IN YMCA YOUTH SPO RTS WHO LEARN A GAME WELL AND IMPROVE THEIR LEVELS OF SKILL GENERATE AUTHENTIC FEELINGS OF SELF-ESTEEM VOLUNTEER COACHES, WHO ARE TRAINED AND ADVISED TO AVOID PUT-DOWNS AND HAVE N O TRY OUTS OF CUTS, GUIDE PARTICIPANTS WHATS KEY ABOUT THE VOLUNTEERS, OR COACHES, IS THAT THEY ARE THERE FOR THE YOUNGSTERS BECAUSE THEY WANT TO BE, AND THEY KNOW THE VALUE OF SPO RTS IN A CHILDS DEVELOPMENT MANY ARENT EVEN PARENTS OF THE KIDS WHO PLAY THE YOUNGSTERS LEARN TO BUILD POSITIVE RELATIONSHIPS WITH ADULTS OUTSIDE THEIR HOMES AND SCHOOLS STRENGT HENS FAMILIES THERE IS NOTHING UNUSUAL ABOUT MOMS, DADS, BROTHERS AND SISTERS TURNING OUT TO WATCH THE YOUNGSTERS PLAY OR TO HELP THE TEAM IN SOME WAY THE SOUTH SOUND YMCA HOLDS E VENTS FOR PARENTS AND CHILDREN TO TAKE PART IN TOGETHER THE MORE INVOLVED PARENTS ARE, TH E MORE OPEN THE LINES OF COMMUNICATION BECOME THE PARENTS, IN EFFECT, JOIN THE TEAM AS TH EY LEARN THE VALUES OF THE YMCA APPROACH AND, IT IS HOPED, HELP THEIR CHILDREN TO ACT ON T HOSE VALUES IN MANY ASPECTS OF THEIR LIVES PROMOTES HEALTHY LIFESTYLES THE PLAY THAT DRAW S YOUNGSTERS TO YOUTH SPORTS PROGRAMS CAN BUILD LIFELONG POSITIVE ATTITUDES, HABITS OF HEA LTHY EXERCISE AND GOOD NUTRITION, AND WAYS TO HAVE FUN AS ADULTS THERE IS LITTLE OR NO CO ACHING ON MOST ADULT TEAMS, BUT THE SAME RULES APPLY NO PUT-DOWNS, NO NAME-CALLING, NO PRO FANITY, RESPECT FOR OTHERS AND GIVING EVERYONE A CHANCE TO PLAY LESS OBVIOUS BUT JUST AS IMPORTANT IS AN AWARENESS OF THE OPPORTUNITIES THAT COME WITH BELONGING TO A COMMUNITY ORG ANIZATION YOUNGSTERS, PARENTS AND INDIVIDUAL ADULTS IN YMCA SPORTS OFTEN GET INVOLVED IN OTHER ACTIVITIES, PERHAPS JOINING ANOTHER YMCA PROGRAM THEY CAN ALSO GET A CHANCE TO LEARN ABOUT HELPING OTHERS THROUGH YMCA SERVICE PROJECTS BEING A WINNER IN LIFE IS PART OF AL L IT IS ABOUT YMCA SPORTS SEEK TO BRING OUT THE BEST IN EVERY PARTICIPANT THE IDEALS ARE HIGH FOR TEAMS AND LEAGUES YMCAS VALUE THE APPROACH THAT SAYS EVERYBODY PLAYS, REGARDLES S OF ABILITY THEY VALUE COOPERATION OVER COMPETITION, FAIR PLAY OVER WINNING AT ANY COST, GOOD FEELING AND GOOD HEALTH OVER A GOOD SCORE, CHARACTER DEVELOPMENT IN YOUNG PEOPLE OVE R DEVELOPING THE NEXT SUPERSTAR THEY VALUE BUILDING SELF-ESTEEM OVER BEATING THE OPPONENT THE YMCA KNOWS THAT WITH SUCH AN APPROACH, EVERYBODY WINS UNDEFEATED IN SPIRIT, MIND AND BODY THESE VALUES COMBINE TO KEEP COMPETITION IN PERSPECTIVE, GIVING EVERYONE THE FUN OF SPORTS WITHOUT FEELINGS OF REJECTION OR FAILURE THIS IS ESPECIALLY IMPORTANT FOR ELEMENT ARY AND MIDDLE SCHOOL KIDS TEACHES COOPERATION AND TEAMWORK YOUNGSTERS IN TEAM SPORTS LEA RN HOW TO WORK IN GROUPS ON AND OFF THE PLAYING FIELDS THEY SEE HOW A TASK CARRIED OUT AT A SINGLE POSITION AFFECTS AN ENTIRE TEAM THEY LEARN THE DISCIPLINE OF HARD WORK, THE NEC ESSITY TO TRUST OTHERS, AND THE ART OF BLENDING THEIR SKILLS WITH OTHERS IN A COMMON PURSU IT ALL OF THIS MAKES A BETTER TEAM HELPING TEAMMATES IMPROVES THE LEVEL OF PLAY SO DOES PAYING ATTENTION WITH EYES AND EARS BEING PART OF THAT BETTER TEAM MEANS THAT RESPONSIBI LITIES AND DECISION-MAKING SKILLS ALSO GROW THE GOAL, OF COURSE, IS FOR EACH AND EVERY TE AM TO IMPROVE AT THE END OF THE SEASON, THERE MAY BE AWARDS FOR PARTICIPATION BUT NOT FOR WIN, PLACE OR SHOW ANOTHER ASPECT OF TEAMWORK IS GETTING ALONG WITH A MIX OF PEOPLE OUR BRANCHES TYPICALLY BRING TOGETHER THOSE FROM A VARIETY OF ECONOMIC LEVELS, ETHNIC BACKGRO UNDS, RELIGIONS AND NEIGHBORHOODS, AS WELL AS THOSE WITH DIFFERENT SKILL LEVELS THEY ALL PLAY TOGETHER AND START TO UNDERSTAND AND APPRECIATE EACH OTHER THE YOUNGSTERS WHO LEARN TO PLAY BY YMCA RULES CAN BECOME WINNERS IN LIFE THEY CAN GROW INTO HEALTHIER AND MORE SE LF-ASSURED, LOVING AND GIVING ADULTS AND PARENTS MEETS THE PHYSICAL AND SOCIAL NEEDS OF K IDS DRIBBLING A BASKETBALL DOWN A COURT OR SPIKING A VOLLEYBALL OVER THE NET THATS HOW A L OT OF GIRLS AND BOYS DEFINE FUN AND GAMES YMCA PEOPLE INVENTED BASKETBALL IN 1891 AND VOL LEYBALL IN 1895 IN THE CENTURY SINCE THEY FIRST W</p> |

| Identifier | Return Reference | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
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|            | PART III         | ERE PLAYED IN YMCA GYMS, THESE TWO GAMES HAVE BECOME POPULAR THE WORLD OVER THEY HAVE NEVER BELONGED JUST TO THE YMCA BUT TO EVERYONE MOST OF THE NEW THINGS YMCAS DEVELOP THEY GIVE THE WORLD NO CHARGE YOUTH SPORTS ARE OFFERED BY MOST OF THE YMCAS THE SPORTS VARY DEPENDING ON COMMUNITY SIZE AND NEED, AVAILABLE FIELDS AND FACILITIES AND, OF COURSE, POPULARITY FLAG FOOTBALL, BASEBALL, SOFTBALL, SOCCER, T-BALL, FLOOR HOCKEY, TENNIS, FIELD HOCKEY, GYMNASTICS AND SWIMMING ARE COMMON, AS WELL AS BASKETBALL AND VOLLEYBALL DEVELOPS SKILLS THE CLEAR EMPHASIS ON PERSONAL GROWTH DOESNT MEAN THAT THE YMCA ISNT SERIOUS ABOUT TEACHING THE SKILLS THAT LEAD TO GOOD PLAY ON ITS COURTS AND FIELDS IT IS THROUGH PRACTICE, PERSISTENCE AND PATIENCE, IN FACT, THAT YOUNGSTERS IMPROVE SKILLS YOUTH ACCOMPLISHMENTS THE SOUTH SOUND YMCA OFFERS BASKETBALL, VOLLEYBALL, SOCCER, T-BALL, FLAG FOOTBALL, MARTIAL ARTS, GYMNASTICS, TRACK, DANCE, AQUATIC PROGRAMS AND MORE IN 2012, THE YMCA GAVE \$23,319 IN DIRECT FINANCIAL ASSISTANCE TO YOUTHS PARTICIPATING IN THESE ACTIVITIES |

| Identifier | Return Reference | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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|            | PART III         | <p>HEALTH AND WELL BEING GOOD HEALTH PREVENTION IS A KEY WORD FOR HEALTH AT THE YMCA THE YMCA TAKES THE WELLNESS, OR HOLISTIC APPROACH ITS HEALTH AND FITNESS PROGRAMS ARE ORGANIZED AROUND THE PRINCIPLE THAT THERE IS A ONENESS OF BODY, MIND AND SPIRIT ALL OF WHAT THE YMCA DOES IS AIMED AT A LONG AND PRODUCTIVE LIFE AND HAVING FUN LIVING IT THATS THE WAY THE YMCA APPROACHES EXERCISE ITS NOT SOMETHING JUST FOR THE BODY ITS A WAY OF LIFE THAT REQ UIRES EDUCATION IN GOOD NUTRITION, PROPER EXERCISE, AVOIDANCE OF DRUG AND ALCOHOL ABUSE, D EALING WITH STRESS AND STRUCTURING LIFE TO LESSON PROBLEMS POSED BY CHRONIC AILMENTS SUCH AS ARTHRITIS, CANCER AND HEART DISEASE TODAY, EMPHASIS ON PREVENTION STRETCHES FROM THE F IELDS OF MEDICINE TO INSURANCE PEOPLE UNDERSTAND HOW IMPORTANT THEIR DAILY ACTIONS CAN BE FOR LONG-TERM HEALTH THE YMCA IS A MAJOR PROVIDER OF AFFORDABLE HEALTH AND FITNESS PROGR AMS, WITH FINANCIAL AID AVAILABLE IT ENCOURAGES SELF-IMPROVEMENT ITS MEMBERSHIP IS CULTU RALLY DIVERSE, MADE UP OF PEOPLE OF ALL AGES AND ABILITIES YMCA STAFFS ARE WELL TRAINED A ND CERTIFIED WHERE NEEDED YMCA STANDARDS GENERALLY MEET OR EXCEED THOSE REQUIRED BY LOCAL AND STATE LICENSING BOARDS SINCE THE 1880S THE YMCA HAS BEEN A LEADER IN THE FIELD ITS OWN HEALTH AND FITNESS PROFESSIONALS NUMBER IN THE THOUSANDS IT HAS ALSO BEEN A TRAINING GROUND FOR RECREATION AND PHY SICAL EDUCATION PROFESSIONALS OUTSIDE THE YMCA, FOR THE HEALT H CLUB INDUSTRY AND FOR CORPORATE WELLNESS PROGRAMS IT WAS IN 1891 THAT A YMCA PHYSICAL P ROGRAMS LEADER CREATED THE NOW FAMILIAR RED TRIANGLE TO THIS DAY, IT SYMBOLIZES THE ASSOC IATIONS COMMITMENT TO HELPING PEOPLE BUILD HEALTHY LIVES, ALONG WITH THE YMCAS OTHER COMMU NITY SERVICE PROGRAMS BECAUSE HEALTHY EXERCISE HAS BEEN A YMCA STAPLE FOR SO LONG, THE YM CA ALREADY HAD HEALTH AND FITNESS CENTERS IN ALL 50 STATES IN THE 1970S, WHEN THE PURSUIT OF GOOD HEALTH TURNED INTO A NATIONAL PASSION YMCAS ARE STILL LEADERS TODAY, WITH STATE O F THE ART EQUIPMENT AND EXERCISE INNOVATIONS SUCH AS YOUTH FITNESS, CROSS TRAINING AND CLA SSES FOR OLDER ADULTS ALL AGES, ALL ABILITIES, ALL INCOMES THE YMCA APPROACH IS THAT EXER CISE AND HEALTH EDUCATION ARE IMPORTANT AND SHOULD BE PROVIDED FOR PEOPLE OF ALL AGES AND ABILITIES YMCAS LOOK FOR WAYS THAT ALL MEMBERS OF A FAMILY CAN PARTICIPATE IN PHYSICAL AC TIVITY, WHICH HELPS TAKE THE EDGE OFF TENSION AT HOME AND ENCOURAGES OPEN COMMUNICATION Y MCA FAMILY SWIM TIMES ARE DESIGNED TO GIVE PARENTS AND CHILDREN A CHANCE TO PLAY TOGETHER, RELAX AND HAVE FUN OUR YMCA OFFERS SUBSIDIZED MEMBERSHIPS, SO NO ONE HAS TO BE TURNED AW AY FOR INABILITY TO PAY FAMILY MEMBERSHIPS ARE LESS PER PERSON THAN INDIVIDUAL MEMBERS WO ULD BE, WHICH IS FURTHER ENCOURAGEMENT TO BRING EVERYBODY CHILDREN WHO GROW UP IN YMCA PR OGRAMS GET A GOOD BASIC KNOWLEDGE ABOUT HEALTH ISSUES, BUT EVEN BETTER, THEY LEARN ALONG T HE WAY JUST HOW GREAT IT IS TO FEEL GOOD THEY DEVELOP LIFESTYLES THAT INCLUDED TIME FOR F ITNESS AND FUN EVERYONES INVITED THE YMCA IS A COMMUNITY SERVICE FOR ALL A WARM, RELAXED PLACE LED BY VOLUNTEERS AND RUN BY WELL TRAINED AND HELPFUL EMPLOYEES WHO MAINTAIN ITS WHO LESOME ATMOSPHERE IT ENCOURAGES INDEPENDENCE AND SELF-RELIANCE THIS COMBINED WITH ITS OP EN DOOR POLICY HAS LED OUR YMCAS TO BE CENTERS FOR PEOPLE UNDERGOING PHYSICAL THERAPY, THO SE WITH PERMANENT DISABILITIES, THOSE RECOVERING FROM DISEASE AND THOSE SEEKING IMPROVED F LEXIBILITY AND STRENGTH A JOYFUL AND PRODUCTIVE LIFE YMCA HEALTH PROGRAMS, ALONG WITH EXE RCISE AND EDUCATION, GENERALLY INCLUDE A BROADENING OF ONES CIRCLE OF FRIENDS AT EVERY LEV EL OF DEVELOPMENT WE BELIEVE KIDS SHOULD BE KIDS PROVIDING OPPORTUNITIES TO LEARN VARIOU S SPORTS GIVES THEM NOT ONLY FIRST-RATE PHYSICAL EXERCISE BUT ALSO THE CHANCE TO FEEL GOOD ABOUT MASTERING NEW SKILLS AND LEARNING TO COOPERATE WITH OTHERS AS PART OF A TEAM WHEN YOUNGSTERS MOVE TO MIDDLE SCHOOLS, MANY ARE READY TO LEARN MORE ABOUT TAKING CARE OF THEIR BODIES AND IMPROVING THEIR ATHLETIC ABILITIES THIS IS THE TIME WHEN WE WILL ADD DISCUSSI ONS ABOUT HEALTH ISSUES, FROM NUTRITION TO DRUG AWARENESS THERE IS MORE DIVERSITY FOR HIG H SCHOOL YOUTH SOME ARE READY FOR STRENGTH TRAINING WORK FOR SPECIFIC SPORTS OTHER PARTI CIPANTS ARE ATTRACTED TO AEROBICS THE YMCA CONTINUES TO EMPHASIZE VALUES THAT PROMOTE A L IFELONG HEALTHY OUTLOOK AND YMCA INSTRUCTORS, JUST BY BEING WHO THEY ARE, ARE GREAT ROLE MODELS THEY ARE TRAINED, CERTIFIED, DEPENDABLE AND CARING INDEPENDENCE AND LONGEVITY ADU LTS NEED AND RECEIVE THE WIDEST RANGE OF EXERCISE ALTERNATIVES WORKING OUT WITH WEIGHTS O R KEEPING STEP IN AEROBIC DANCE HELPS MANY STAY IN SHAPE OTHERS WANT MORE TO TRAIN FOR AN EVENT, PERHAPS AND SOME WANT LESS JUST THE STRENGTH TO MOVE FROM THE COUCH TO THE JOGGIN G PATH WHATEVER THE GOAL, A YMCA STAFF MEMBER WILL HELP THE INDIVIDUAL DRAW UP A REALISTI C PLAN TO ACHIEVE IT, OFFER ENCOURAGEMENT ALONG THE WAY AND HELP MAP OUT A NEW DIRECTION W HEN THE GOAL IS REACHED THERE IS NO AGE BARRIER T</p> |

| Identifier | Return Reference | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
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|            | PART III         | O FITNESS SOME OLDER PEOPLE WHO HAVE ALWAYS EXERCISED REGULARLY CONTINUE RIGHT ON WITH THE ACTIVITIES THEY ENJOY, JOINING CLASSES WITH PEOPLE DECADES YOUNGER OTHERS MAY NEED A SLOWER PACE OR A PROGRAM DESIGNED TO DEAL WITH A PARTICULAR PROBLEM, LIKE ARTHRITIS YMCAS RESPOND WITH SPECIAL CLASSES AND INDIVIDUAL EXERCISE PLANS THE EMPHASIS IS ON HELPING OLDER ADULTS MAINTAIN THE BEST PHYSICAL CONDITION POSSIBLE, WHICH IN TURN HELPS THEM MAINTAIN INDEPENDENCE NOR DO DISABILITIES FROM ACCIDENT OR DISEASE NECESSARILY LIMIT EXERCISE OPPORTUNITIES AT THE YMCA AN EXPERT WILL OFTEN WORK WITH STAFF PEOPLE TO DESIGN A SPECIAL PROGRAM FOR A GROUP WITH A PARTICULAR PROBLEM OFTEN THE YMCA STAFF INTEGRATES PEOPLE WITH DISABILITIES INTO REGULAR EXERCISE PROGRAMS, PROVIDING SPECIAL HELP WHEN NEEDED |

| Identifier | Return Reference | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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|            | PART III         | <p>FAMILY GOOD TIMES TOGETHER OPEN TO ALL KINDS OF FAMILIES THE YMCA IS PROUD TO BE A FAMILY ORGANIZATION FAMILY AT THE YMCA INCLUDES ALL THESE AND MORE THE SINGLE DAD OR MOM BRING ING UP KIDS ALONE, TWO PARENTS BOTH WORKING OUTSIDE THE HOME AND THEIR KIDS, THE SINGLE PE RSON OR COUPLE LIVING WITH AND CARING FOR A GRANDPARENT OR OTHER RELATIVE, THE BREADWINNIN G DAD AND HOMEMAKING MOM (OR VICE VERSA) AND KIDS, THE CHILDLESS COUPLE, AND MORE IT REFL ECTS THE FACTS MANY MOTHERS ARE IN THE WORKFORCE MANY CHILDREN ARE RAISED BY A SINGLE PA RENT MANY CHILDREN LIVE IN STEPFAMILIES AMERICANS, RESTLESS BY NATURE, GIVE LITTLE THOUGH T TO MOVING THOUSANDS OF MILES AWAY FROM THEIR EXTENDED FAMILY OF GRANDPARENTS, AUNTS AND UNCLES TO TAKE A NEW JOB OR MAKE A NEW LIFE FEWER AND FEWER FAMILIES HAVE A RELATIVE AT HOME TO WATCH THE KIDS DURING THE DAY SUCH ISOLATION INCREASES PRESSURE ON PARENTS, WHO A RE STRETCHED THIN BETWEEN WORK AND HOME WITHOUT ENOUGH TIME FOR EITHER ONE THEY MAY HAVE TO TAKE CHANCES ON MAKESHIFT ARRANGEMENTS, WHICH CAN OFTEN BREAK DOWN THEY TRY TO BE A GO OD PARENT BUT HAVE FEW PEOPLE TO LEAN ON FOR SUPPORT OUR BRANCH YMCAS FILL THE GAP WHEN T HEY CAN STRENGTHENS FAMILY COMMUNICATION YMCAS ARE ALERT TO THE SPECIAL NEEDS OF FAMILIES AND THEIR INDIVIDUAL MEMBERS STAFF MEMBERS AND VOLUNTEERS ALIKE PAY CLOSE ATTENTION WHEN MEMBERS TALK ABOUT WHATS HAPPENING IN THEIR LIVES AND HOMES TUTORING, COUNSELING, SUPPOR T GROUPS, SEMINARS ALL HELP TO STRENGTHEN FAMILIES THE YMCA GIVES FAMILIES A SAFE, RELIAB LE AND AFFORDABLE PLACE TO GO YMCAS OFFER PROGRAMS THAT COMMIT CHILDREN AND ADULTS TO SET TING ASIDE TIME TO SPEND TOTALLY ABSORBED IN PROJECTS AND FUN TOGETHER MANY OFFER PARENT- CHILD ACTIVITIES, HEALTH PROMOTING EXERCISES FOR FAMILIES AND CLASSES FOR PARENTS WE RESE RVE REGULAR TIME SLOTS ON THEIR SCHEDULES EXPRESSLY FOR FAMILIES TO SWIM, WORK OUT AND PLA Y TOGETHER YMCAS WERE EARLY PROVIDERS OF CHILD CARE FOR THE CHILDREN OF WORKING PARENTS, OFFERING PROGRAMS TO MEET THIS COMMUNITY NEED AT THEIR OWN FACILITIES AND AT SCHOOLS PROG RAMS OUTSIDE A YMCA BUILDING OFFER THE SAME BALANCE OF RECREATIONS, LEARNING AND VALUES DE VELOPMENT THAT COMES TOGETHER IN ALL YMCA PROGRAMS PARENTS CAN BE CONFIDENT THAT THE CARE IS FOR THEIR WHOLE CHILD AND YMCA CHILDCARE INVOLVES PARENTS THROUGH FAMILY ACTIVITIES A ND REGULAR DISCUSSIONS WITH CAREGIVERS IN CHILDCARE, EVERY EFFORT IS MADE TO ASSURE THAT THE YMCA IS NOT A SUBSTITUTE FOR A PARENT BUT INSTEAD WORKS IN WAYS THAT SUPPLEMENT WHAT T HE FAMILY CAN DO SPENDING GOOD TIME WITH THE KIDS YMCAS HAVE DECADES OF SUCCESSFUL PROGRA MS TO BUILD ON IN 1910 THE IDEA OF FATHER AND SON BANQUETS AND CLOSE FELLOWSHIP WAS DEVEL OPED IN PROVIDENCE, RI IT WAS FOLLOWED IN THE 1920S BY THE Y-INDIAN GUIDES IN ST LOUIS THE GENERAL IDEA WAS TO CREATE EVENTS IN WHICH BOTH TOOK PART IT MEANT SETTING ASIDE TIME FOR THEM TO BE TOGETHER MEN AND BOYS, OF COURSE, HAD COME TO THE YMCA FOR EXERCISE AND F ELLOWSHIP LONG BEFORE THEN BUT THESE NEW VENTURES WERE THE FIRST TO INVOLVE FATHERS AND S ONS IN ACTIVITIES PLANNED SPECIFICALLY TO STRENGTHEN THEIR RELATIONSHIPS THE IDEA CONTINU ED TO GROW SOON AFTER WORLD WAR II, MOST YMCAS WELCOMED WOMEN AND GIRLS INTO MEMBERSHIP, AND MOTHER-DAUGHTER PROGRAMS WERE ADDED NOW THERE ARE ALSO MOTHER-SON AND FATHER-DAUGHTER PROGRAMS BRANCH YMCAS ADAPT THESE PROGRAMS, OR CREATE NEW ONES, TO REFLECT THE ADULT-CHI LD COMBINATIONS PRESENT IN THEIR COMMUNITIES YMCAS LEARNED THAT AN IMPORTANT WAY TO HELP CHILDREN AND YOUNG PEOPLE BUILD HEALTHY BODIES, MINDS AND SPIRITS WAS TO HELP THEIR ADULT CAREGIVERS AND ROLE MODELS DO THE SAME FROM THE SIMPLEST SHARED PROJECTS, RESPECT, COMMUN ICATIONS AND SELF-WORTH CAN GROW NOW ALL THROUGH THE COUNTRY YMCAS ARE MEETING FAMILIES N EEDS BY OFFERING EXPERIENCES THAT DRAW ADULTS AND CHILDREN CLOSER TOGETHER IN A SAFE, CARIN G AND WARM ENVIRONMENT A SECOND LOOK AT THOSE YMCA PROGRAM SCHEDULES SHOWS THAT WHETHER LABELED FAMILY OR NOT, MANY ACTIVITIES DO INCLUDE FAMILIES AND CHILDREN IN SOME WAY AFFOR DABLE RECREATION SPLASHING EACH OTHER IN THE POOL DURING FRIDAY NIGHT FAMILY SWIM TIME MIG HT JUST BE THE BEST WAY TO RELAX AND LET THE WEEKS WORK AND WORRIES WASH AWAY A FAMILY NI GHT OF FUN AND GAMES IN THE POOL, GYM OR ELSEWHERE CAN BE A FERTILE TIME FOR GROWTH OTHER RECREATIONAL OPPORTUNITIES ARE IMPORTANT, TOO, FROM MIXED VOLLEYBALL GAMES TO FIELD TRIPS TO LOCAL ATTRACTIONS SOME YMCAS SCHEDULE BIKE HIKES, PICNICS OR TRIPS TO PRO SPORTS EVEN TS THE ONLY BOUNDARIES FOR FAMILY FUN ARE SET BY THE IMAGINATION AND ENTHUSIASM OF THE PA RTICIPANTS SOME FAMILIES VOLUNTEER TOGETHER THEY PLAN AND RUN YMCA EVENTS AND PROGRAMS OTHER FAMILIES OFFER COMMUNITY SERVICES AS VOLUNTEERS FOR A FOOD PANTRY , A RECYCLING CENTE R OR OTHER PROGRAMS THEY MAKE FRIENDS WITH OTHER IN THEIR COMMUNITIES AS THEY WORK AND PLA Y TOGETHER, DEVELOPING NEW SKILLS IN COMMUNICATION AND COOPERATION FAMILIES WHO CARE ABO UT THEMSELVES LEARN TO CARE ABOUT OTHER FAMILIES</p> |

| Identifier | Return Reference | Explanation                                                                                                                                                                                                                |
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|            | PART III         | ANOTHER KIND OF FAMILY YMCAS DONT JUST OFFER PROGRAMS FOR FAMILIES THEY FUNCTION AS FAMILIES OF A SORT THEMSELVES, INVOLVING ALL MEMBERS IN ACTIVITIES THAT LEAD TO PERSONAL GROWTH AS THEY LEARN, WORK AND LAUGH TOGETHER |

| Identifier | Return Reference | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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|            | PART III         | <p>TEEN LEADERSHIP SKILLS FOR LIFE DEMOCRACY NEEDS LEADERS FROM AMONG ITS PEOPLE. THEY'RE NEEDED IN COMMUNITIES, FAMILIES, BUSINESS, SCHOOLS, CHURCHES, AND GOVERNMENT. IN FACT, ALMOST EVERYTHING WE DO TOGETHER. GOOD LEADERS AREN'T BORN TO LEAD; THEY'RE TRAINED FOR IT. AND THAT'S THE KIND OF TRAINING THE YMCA DOES WELL FOR CHILDREN AND ADULTS. WE ARE CONSTANTLY FORMING GROUPS, BOARDS, CLUBS, MODEL GOVERNMENTS, COMMITTEES AND TEAMS WHERE THOSE OF ALMOST ALL AGES CAN LEARN THE GIVE AND TAKE NEEDED IN WORKING TOWARD A COMMON PURPOSE. THIS IS BASIC TO FAMILY LIFE AND TO CITIZENSHIP. IT PRODUCES PEOPLE WHO CAN ROUSE THE CONSCIENCE OF A COMMUNITY, CONDUCT FAMILY AFFAIRS IN A WAY THAT EVERYONE WINS, OR PERFORM WELL ON THE JOB WHEN ALL ARE HEARD AND THEIR VIEWS RESPECTED, SELF-CONFIDENCE FLOWS FOR BOTH THE LEADERS AND THE FOLLOWERS. THE YMCA'S VOLUNTEER LEADERS BRING IT BACK TO ITS ROOTS AS A PLACE WHERE PEOPLE ASSOCIATE FREELY FOR THE COMMON GOOD. IN THIS RESPECT, THE YMCA BECOMES A SCHOOL FOR DEMOCRACY. LEARNING TO GIVE AND TAKE. THERE ARE NEGATIVE MODELS OF LEADERSHIP THAT THE YMCA REJECTS, SUCH AS THE HOSTILE LEADER WHO CONFRONTS AND PUNISHES. THE YMCA MODEL IS POSITIVE, BASED ON A BELIEF THAT WE ALL ARE WORTHWHILE INDIVIDUALS. THE YMCA BELIEVES THAT MORE AND BETTER WORK IS PRODUCED BY THOSE WHO ARE LED POSITIVELY AND PRAISED FOR WHAT THEY HAVE DONE WELL, RATHER THAN SCOLDED FOR WHAT THEY MISSED. LEADERSHIP MEANS LEARNING HOW TO GET THINGS DONE ON GROUPS, HOW TO DRAW UP RULES, HOW TO FOLLOW A LEADER AND WHAT TO DO WHEN CALLED UPON TO LEAD. THAT MEANS LEARNING THE ART OF COMPROMISE, SPEAKING IN PUBLIC, ACCEPTING DIFFERENT VIEWS AND SEEKING OUT THINGS THAT UNITE PEOPLE RATHER THAN FOCUSING ON WHAT DIVIDES THEM. THESE TALENTS GIVE RISE TO DECISIONS THAT DRAW SUPPORT AND STRATEGY THAT WORKS. FOLLOWING THE RIGHT PATH. PROGRAMS OFFERED BY THE YMCA TODAY DIFFER AT EACH BRANCH AS EACH MEETS THE PARTICULAR NEED OF ITS COMMUNITY. BUT THE ESSENTIAL COMPONENTS OF TEEN LEADERSHIP DEVELOPMENT ARE THE SAME: SELF-ESTEEM, PERSONAL HEALTH, EMPLOYMENT SKILLS AND CAREER GOALS, EDUCATION AND TRAINING AND VOLUNTEER SERVICE. THEY ALL DERIVE FROM THE YMCA'S MISSION TO BUILD HEALTHY MIND, BODY AND SPIRIT. SKILLS THROUGH PRACTICE. THE SOUTH SOUND YMCA OFFERS A YOUTH AND GOVERNMENT PROGRAM. THOSE TAKING PART LEARN ABOUT STATE GOVERNMENT THROUGH HANDS-ON ACTIVITIES LIKE DRAFTING AND DEBATING LEGISLATION AND TAKING ON THE ROLES OF ELECTED STATE OFFICIALS. WHETHER THROUGH SPECIALIZED PROGRAMS LIKE THESE OR THROUGH BASIC HEALTH AND EXERCISE, TEENS COMING TO THE YMCA FIND THE OPPORTUNITIES, TRAINING AND ENCOURAGEMENT THEY NEED TO MAKE THE TRANSITION FROM CHILDHOOD TO ADULTHOOD, A TIME OF WONDERFUL GROWTH. THEY DISCOVER THEIR TALENTS FOR LEADERSHIP AND LEARN HOW TO DEVELOP THEM THROUGH SERVING OTHERS. LEADERSHIP ACCOMPLISHMENTS. THE SOUTH SOUND YMCA OFFERS PROGRAMS THAT EMPOWER TEENS THROUGH ACTIVITIES AND SERVICES THAT PROVIDE SUPPORT, TRAINING, CHALLENGE AND RECOGNITION. OUR PROGRAMS INCLUDE YOUTH IN GOVERNMENT, LATE NIGHT EVENTS, EARTH SERVICE CORPS, AMERICORP AND FAMILY PRIME TIME, AN INTERGENERATIONAL GET TOGETHER. IN 2012, THE SOUTH SOUND YMCA HAD 6,257 PERSONS PARTICIPATE IN ITS YOUTH PROGRAMS. COMMUNITY DEVELOPMENT. GOOD PLACES TO LIVE. THROUGH A CENTURY AND A HALF OF GROWTH, THE YMCA HAS CELEBRATED DIVERSITY. PEOPLE OF ALL KINDS COME TOGETHER AT THE YMCA. THEY REACH OUT, BRINGING OTHERS INTO AN ORGANIZATION WHERE ALL FEEL COMFORTABLE. THE YMCA BECOMES A COMMUNITY IN ITSELF, ONE WHICH HELPS BUILD CULTURAL AWARENESS AND MEANINGFUL, RESPECTFUL INTERACTION AMONG PEOPLE IN LOCAL NEIGHBORHOODS. LOOK FOR THE MERCHANT, THE TEACHER, THE COMPUTER PROGRAMMER, THE SALESMAN, THE TRUCK DRIVER AND THE MAYOR ON THE EXERCISE MATS AT A 7 A.M. WORKOUT. THEIR COOL-DOWN OFTEN INCLUDES SOME TALK ON HOT TOPICS IN TOWN. LOOK FOR THOSE SAME PEOPLE AT A YMCA BOARD MEETING, MAKING PLANS AND DECISIONS TOGETHER WITH A COMMON PURPOSE. STRENGTHENING THE COMMUNITY AND IMPROVING LIVES. COORDINATED SERVICE. THE YMCA IS A LEADER IN MEETING HEALTH AND SOCIAL SERVICE NEEDS. BUT YMCAS DON'T DO IT ALONE. COLLABORATION IS AT THE HEART OF THEIR COMMUNITY DEVELOPMENT NETWORK. THE YMCA ACTS AS AN AGENT FOR CHANGE, EITHER CALLED IN TO HELP OR ORIGINATING AN IDEA AND BUILDING SUPPORT FROM OTHER GROUPS. GOVERNMENTAL AND PRIVATE, EDUCATIONAL AND SOCIAL SERVICE. THE MUTUAL DRIVE TO GET THINGS DONE IS MORE IMPORTANT THAN BATTLES OVER TURF OR DOLLARS. COMMUNITY. SELF-RELIANCE. YMCAS BEGAN IN ENGLAND IN 1844, AND SEVEN YEARS LATER IN BOSTON, AS ASSOCIATES OF WHAT MIGHT BE CALLED TODAY BORN-AGAIN PROTESTANT YOUNG MEN WHO WERE ANXIOUS TO SAVE THE SOULS OF OTHER YOUNG MEN. THEY WERE WORRIED ABOUT THE TEMPTATIONS FACING THOSE NEWLY ARRIVED FROM FARMS TO WORK IN THE URBAN FACTORIES. BOSTON'S ORIGINAL YMCA CONSTITUTION DEDICATED THE ORGANIZATION TO WORK TO IMPROVE THE SPIRITUAL AND MENTAL CONDITION OF YOUNG MEN. AS THE YEARS PASSED, THE ORGANIZATION ADDED A SOCIAL MISSION TO ITS ORIGINAL RELIGIOUS PURPOSE. REA</p> |

| Identifier | Return Reference | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
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|            | PART III         | CHING OUT TO THOSE NOT YET SAVED, THE YMCA ESTABLISHED A HABIT EARLY OF OPENING ITS DOORS WIDE. TODAY ITS EVANGELIZING IS GONE, BUT THE YMCAS INCLUSIVENESS HAS BECOME EVEN MORE DISTINCTIVE. THE YMCA SERVES ALL PEOPLE REGARDLESS OF AGE, GENDER, RELIGION, INCOME OR ABILITY. IT KNOWS DIVERSITY IS A SOURCE OF STRENGTH. YMCA COMMUNITY DEVELOPMENT EMPOWERS PEOPLE OF ALL BACKGROUNDS TO TAKE AN ACTIVE PART IN ISSUES THAT AFFECT THEIR LIVES, TO LOOK BEYOND SYMPTOMS AND FIND ROOT CAUSES, AND TO CREATE LASTING SOLUTIONS TOGETHER. THATS COMMUNITY SELF-RELIANCE. |