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SCANNED JAN 1 4 2014

Department of the Treasury Internal Revenue Service

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public

Inspection

AUG 1. A For the 2012 calendar year, or tax year beginning 2012 and ending JUL 31. C Name of organization D Employer identification number Check if applicable YOUNG MEN'S CHRISTIAN ASSOCIATION OF COL Address change UMBUS, ET AL TRUST Name change 13-6637132 Doing Business As lnıtıal return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number (662)329-6565 Termin-CADENCE BANK, P. O. BOX 631 300,899. City, town, or post office, state, and ZIP code G Gross receipts \$ Applica-COLUMBUS, MS 39703 H(a) Is this a group return pending F Name and address of principal officer LARRY O CANTRELL Yes X No for affiliates? same as C above H(b) Are all affiliates included? 501(c)( ) ◀ (insert no.) X 4947(a)(1) or If "No," attach a list. (see instructions) Tax-exempt status: \_\_\_ 501(c)(3) H(c) Group exemption number ▶ J Website: ► N/A Corporation X Trust Other > Association L Year of formation: 1992 M State of legal domicile: MS K Form of organization: Part I | Summary Briefly describe the organization's mission or most significant activities. TO PROVIDE SUPPORT FOR LOCAL Activities & Governance CHILDREN'S SERVICES THROUGH MONETARY AND NONMETARY MEANS Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets. 0 Number of voting members of the governing body (Part VI, line 1a) 0 Number of independent voting members of the governing body (Part VI, line 1b) 4 0 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 5 0 Total number of volunteers (estimate if necessary) 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 0. 0. Contributions and grants (Part VIII, line 1h) 8 0. 0. Program service revenue (Part VIII, line 2g) 61,410. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e 61.410. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 224 18,585. Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) 14 0. 0 Salaries, other compensation, employee benefits (Part IX, column (A), link 0 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 1,047 1.441. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 29,271 20,026. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 43.051. 41,384. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 810,649. 852,033. 20 Total assets (Part X, line 16) Ο. 21 Total liabilities (Part X, line 26) 649. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is the sed of all information of which preparer has any knowledge. Sign TRUST OFFICER CANTRELL. Here Type or pfint name and title Date PTIN Print/Type preparer's rame Preparer's signature T. E. LOTT, JR. CPA self-employed P00293180 LOTT Paid Firm's name T. E. LOTT & COMPANY, CPA'S Firm's EIN 64-0575804 Preparer Firm's address ▶ PO BOX 471 Use Only Phone no. 662-328-5387 COLUMBUS, MS 39703-0471 X Yes \_ May the IRS discuss this return with the preparer shown above? (see instructions)

232001 12-10-12 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2012)

# YOUNG MEN'S CHRISTIAN ASSOCIATION OF COL UMBUS, 13-6637132 Form 990 (2012) <u>ET</u> AL TRUST Page 2 Part III Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III Briefly describe the organization's mission DISTRIBUTIONS TO EXEMPT ORGANIZATIONS LISTED IN THE TRUST DOCUMENTS Did the organization undertake any significant program services during the year which were not listed on Yes X No the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O Yes X No Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. 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 18,585.) (Revenue \$\_\_\_\_ 20,026. including grants of \$ (Code ) (Expenses \$ DISTRIBUTIONS TO : YOUNG MEN'S CHRISTIAN ASSOCIATION OF COLUMBUS 14,112 PALMER HOME FOR CHIDREN INC 7,056 THE SALVATION ARMY 3,528 MAIN STREET PRESBYTERIAN CHURCH 3,528 (Code \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_ ) (Revenue \$ ) (Revenue \$ (Code \_\_\_\_\_ ) (Expenses \$ including grants of \$

			•	
4d	Other program services (Describ	e ın Schedule O.)		
	(Expenses \$	including grants of \$		)

20,026.

4e

Total program service expenses

Part IV

**Checklist of Required Schedules** 

Page 4

Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? 1 If "Yes," complete Schedule A Х 1 X 2 Is the organization required to complete Schedule B, Schedule of Contributors? 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for 3 public office? If "Yes," complete Schedule C. Part I X 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C. Part II X 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or X similar amounts as defined in Revenue Procedure 98-19? If "Yes." complete Schedule C. Part III 5 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D. Part I 6 X Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete X Schedule D. Part III 8 Did the organization report an amount in Part X. line 21, for escrow or custodial account liability; serve as a custodian for 9 amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? X If "Yes," complete Schedule D, Part IV 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent X endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X 11 as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, X 11a 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 X 11b c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total X assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VIII 11c 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 X Part X, line 16? If "Yes," complete Schedule D, Part IX 11d X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e 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 X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X Schedule D, Parts XI and XII 12a . . . ... b Was the organization included in consolidated, independent audited financial statements for the tax year? X If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a 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 X 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization X or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals 16 located outside the United States? If "Yes," complete Schedule F, Parts III and IV X 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 X column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18 X 1c and 8a? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 X complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H X 20a If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Form **990** (2012)

13-6637132

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	•		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		_X_
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		<u>X</u>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		<u> X</u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		<u> X</u>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u> </u>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			77
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<u> </u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
0.4	contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?	24		х
20	If "Yes," complete Schedule N, Part I  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
32		32		x
33	Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	_32_		
<b></b>	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
•	Part V, line 1	34		_X_
35a		35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
_	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	:	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X_
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		Form	990	(2012)

Fines the number reported in Box 3 of Form 1096. Enter 0 if not applicable    Einser the number of Forms W2G included in line 1a. Enter 0 if not applicable   Einser the number of Forms W2G included in line 1a. Enter 0 if not applicable   Did the organization comply with backing withholding rules for reportable payments to vandors and reportable gaming (gambling) with minimal processing the processing of the programment of the processing of the organization of the processing of the organization of the organization of the organization of the organization flavor of the processing of the organization of the organization of the processing of the organization and the processing of the organization and the processing of the organization of the organization of the processing of the organization of the organization of the processing of the organization of the organization of the organization of the processing of the organization of the organization of the processing of the processing of the organization of the processing		Check if Schedule O contains a response to any question in this Part V			$\Box$
1a Enter the number of Forms Wa2d included in the 1a. Enter Of ind applicable Enter the number of Forms Wa2d included in the 1a. Enter Of ind applicable Ob the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) with ownings 10 prize with ownings?  2a Enter the number of employees reported on Form W3.1 ransemital of Wage and Tax Statements.  filed to the calendary sear ending with or within the year covered by this rection.  2 b If at least one is reported on the 2a, did the organization file all required federal employment tax returns?  2 b If all the sum of lines 1a and 2 a is greater than 250, you may be required to e-file (see instructions)  3 b If the visit one is a form 990-1 for this year? If *No.1 provide an explanation in Schedule O  3 b If *Vess*, 'has at filed a Form 990-1 for this year? If *No.1 provide an explanation in Schedule O  3 b If *Vess*, 'has at filed a Form 990-1 for this year? If *No.1 provide an explanation in Schedule O  4 b If *Vess*, 'has at filed a Form 990-1 for this year? If *No.1 provide an explanation in Schedule O  5 b If *Vess*, 'has at filed a Form 990-1 for this year? If *No.1 provide an explanation in Schedule O  6 b If *Vess*, 'has at filed a Form 990-1 for this year? If *No.2 provide an explanation in Schedule O  8 b If *Vess*, 'has at filed a Form 990-1 for this year? If *No.2 provide an explanation in Schedule O  9 b If *Vess*, 'has at filed a Form 990-1 for this year?  8 b If *Vess*, 'has at filed a Form 990-1 for this year?  9 b Od any taxable party nority the organization filed in the was a party to a prohibited tax shelter transaction?  9 b If *Vess*, 'line the same party of the organization file form 896-1 for message of the programization shell an any contribution shall were not tax deductible in Schematises of the programization in the same of the organization in the same of the organization receive a payment in excess of \$5.5 made party as a contribution of quality to the organization of the organ			<del></del>	Vac	No
be Eiter the number of Forms W2G included in line 1a. Enter 0 d. not applicable	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		163	140
c Dut the organization comply with backup withholding fulse for reportable payments to vendors and reportable gaming (gambling) with organization without services and programming with or within the year covered by this resture.  2 Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this resture.  3 If all least one is reported on line 2a, did the organization file all required federal employment tax returns?  3 If the comparization have unreated business gross some of \$10,000 or more dump the year?  3 If Yes, *Insist filed a Form 990 T for this year? If *No. *provide an explanation in Schedule O  4 A lary time duming the calendary 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?)  5 If Yes, *Insist filed a Form 990 T for this year? If *No. *provide an explanation in Schedule O  5 If Yes, *Insist filed a Form 990 T for the year? If *No. *provide an explanation in Schedule O  5 If Yes, *Insist filed a foreign country (such as a bank account, securities account, or other financial account?)  5 If Yes, *Insist filed a foreign country (such as a bank account, securities account, or other financial account?)  5 If Yes, *Insist filed a foreign country filed fi	_		-		
Gambling) winnings to prize winners?  28 Eitel the number of employees reported on Form W.3. Transmittal of Wage and Tax Statements.  66 fed for the calendar year ending with or within the year covered by this return.  7 If itel dass on eit seported on line 2a, did the organization file all required federal employment tax returns?  8 If If it is an and 2a is greater than 250, you may be required to e-life (see instructions)  8 If If it is an and 2a is greater than 250, you may be required to e-life (see instructions)  8 If If it is an and 2a is greater than 250, you may be required to e-life (see instructions)  8 If If it is a title a form 990 Th for the year If If it is a pack plant or other disnocial accounts?  8 If If it is any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accounts?  9 If it is any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accounts?  9 If it is a signature or other financial accounts?  9 If it is a signature or other financial accounts?  9 If it is a signature or other financial accounts?  9 If it is a signature or other financial accounts?  9 If it is a signature or other financial accounts?  9 If it is a signature or other financial accounts?  9 If it is a signature or other financial accounts?  9 If it is a signature or other financial accounts?  9 If it is a signature or other financial accounts?  9 If it is a signature or other financial accounts?  9 If it is a signature or other financial accounts?  9 If it is a signature or other financial accounts?  9 If it is a signature or other financial accounts?  9 If it is a signature or other financial accounts?  9 If it is a signature or other financial accounts?  9 If it is a signature or other financial accounts?  9 If it is a signature or other financial accounts?  9 If it is a signature or other financial accounts?  9 If it is a signature or other financial accounts?  9 If it is	_		1		1
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the for the calendary year endring with or within the year covered by this return  bit all least one is reported on the 2a, dut the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3a Dd the organization have unrelabled business gross amonem of \$1,000 or more during the year?  5a Usa if "Yes," sais if filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.  5a Was the organization country (such as a bank account, or other financial account)?  5a Was the organization aparty to a probibited tax shelter transaction at any time during the tax year?  5b Was the organization aparty to a probibited tax shelter transaction at any time during the tax year?  5c Press, "to line Sa or 5b, did the organization that it was or is a party to a probibited tax shelter transaction at any time during the tax year?  5c Dd any taxable party northy the organization file Form 8886-T?  6c Does the organization have annual gross recepts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  6c Does the organization have annual gross recepts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  6c Does the organization have annual gross recepts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  6c Does the organization have annual gross recepts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  6c Does the organization shart many receive deductible contributions under section 170(c).  6c Dd the organization received a payment in recess of \$5 made party as contribution and party for goods and services provided to the payor?  6c Dd the organization received any funds, directly or indirectly, to pay premiums on a person	2a	1 1			
b If a least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-felic (see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3b If Yes, "has it filed a Form 990 Tf or this year? If "No." provide an explanation in Schedule O  4a All any time during the calendar year, did the organization have an inferest 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 accounts?  5b If Yes, "the filed a Form 990 Tf or this year? If "No." provide an explanation in a Schedule O  5c If Yes, "to line filed a Form 990 To Form TD F 90.21, Report of Foreign Bank and Financial Accounts  8a Was the organization of the foreign country (such as a bank account, securities account, or other financial accounts?  5c Was the organization of the organization than the stream of the did not any time during the tax year?  5c Did any taxable party notify the organization that it was or is a party to a prohibited at shelter transaction?  5c If Yes, "to line Saor 55, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c If Yes, "to line Saor 55, did 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 chanitable contributions?  6c W If Yes, "did the organization melule with every schicitation an express statement that such contributions or gifts were not tax deductible?  6c Did the organization state any receive deductible contributions under section 170(c).  8 If Yes, "indicate the number of Forms 8282 filed during the year and the organization state or the value of the goods or servores provided?  9c Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  1					
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3 Did the organization have unrelated business gross income of \$1,000 or more during the year? 3 A If "Yes," has it filed a Form 990 T for this year? If "No," provide an explanation in Schedule O 4 A At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly? 4 A A Lany time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly? 5 B Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 B Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 B Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5 B Was 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? 5 B If "Yes," to line \$5 or \$5, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6 C Viscardian and the state of the sta	b		2b		
b If "Yes," has it flied a Form 990-T for this year? If "No." provide an explanation in Schedule O  All 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?)  b If "Yes," enter the name of the foreign country  See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts  3a Was the organization a party to a prohibited tax shelter fransaction at any time during the tax year?  5a Was the organization a party to a prohibited tax shelter fransaction at any time during the tax year?  5b Uf any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  6c 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 contributions?  6c Uffect of the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions?  6b Uffect of the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6c Organizations that may receive deductible contributions under section 170(c).  a bill the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  7c Organization mesews a payment in excess of \$15 made party is a contribution and party for goods and services provided to the paganization neceive a payment in excess of \$15 made party is a contribution of the goods or services provided?  7c Iff Iff we organization sell, exchange, or other vervices provided?  7d Iff the organization of the organization is excess of \$15 made party is a contribution of undiffed under the goods or services provided?  7d Iff the organization services of the party					
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financial account in a foreign country (such as a bank account, securities account, or other financial account)?  b If "Yes," either the name of the foreign country.   See instructions for filing requirements for Form TD F 90/22 1, Report of Foreign Bank and Financial Accounts  5a. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b. If "Yes," to line 5a or 5b, did the organization file Form 8886-17  6b. Dod any taxable party notify the organization that it was or as a party to a prohibited tax shelter transaction?  6c. If "Yes," to line 5a or 5b, did the organization file Form 8886-17  6d. 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?  6d. Tyes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible.  6d. Did the organization receive deductible contributions under section 170(c).  6d. 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?  6d. If "Yes," did the organization notify the donor of the value of the goods or services provided?  7d. If "Yes," indicate the number of Forms 8282 filed during the year  7d. Tyes, and the organization self, exchange, or otherwise dispose of tangible personal property for which it was required?  7f. If the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  7f. If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7f. If the organization self, exchange, or otherwise dispose of tangible personal property, did the organization file a Form 1098-0?  8 Sponsoring organizations maintaining denor advised funds.  9 Did the organization self, and the payment of care, boats, surplanes, or other ve	b	If "Yes," has it filed a Form 990 T for this year? If "No," provide an explanation in Schedule O	3b		
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f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?  Sponsoring organizations maintaining donor advised funds.  Did the organization make any taxable distributions under section 4966?  b Did the organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:  a Intitation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b  Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  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  c Enter the amount of reserves any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an expla	d	If "Yes," indicate the number of Forms 8282 filed during the year			
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c Enter the amount of reserves on hand	þ				Ì
14a       Did the organization receive any payments for indoor tanning services during the tax year?        14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O       14b					Ì
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			140		
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Form 990 (2012)

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

	Check if Schedule O contains a response to any question in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	)		
	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.		İ	
ь	Enter the number of voting members included in line 1a, above, who are independent	ol		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1	•	
	officer, director, trustee, or key employee?	2		х
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		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
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		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion 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		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a		12a		<u> X</u>
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	ın Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		_X_
14	Did the organization have a written document retention and destruction policy?	14		_X_
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
40	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
юа	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	١		37
	taxable entity during the year?	16a		_X_
D	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	401		
Sec	exempt status with respect to such arrangements? tion C. Disclosure	16b		
17 18	List the states with which a copy of this Form 990 is required to be filed ►MS  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	overleb	la.	
10	for public inspection. Indicate how you made these available. Check all that apply.	avallat	ie	
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, ar	ıd finar	ncıəl	
.5	statements available to the public during the tax year.	iu iiiial	icial	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the person who possesses the books and records of the person who person of the person who person of the person of the person of the person who person of the per	ition 🖿	•	
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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

- I ist 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

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 former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

X Check this box if neither the organiz  (A)  Name and Title	(B) Average hours per week	(do	not c	Posi heck	C) ition more		one h an	( <b>D)</b> Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
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	n 990 (2012) UMBUS, E rt VII Section A. Officers, Directors, Trus				and	d Hi	ahe	st C	Compensated Employe		<u> </u>	132		ugo .
	• (A) Name and title	(B) Average hours per week	(do	not c	Pos heck ss pe	c) ition more rson		one h an	(D) Reportable compensation from	(E)  Reportable  compensation  from related	n amount o			
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISo	1	fr org and	pensarom the anizat d relat anizati	e ion ed
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			-							, , , , , , , , , , , , , , , , , , , ,				
	Sub-total		1				<u> </u>		0.		0.			0
	Total from continuation sheets to Part V  Total (add lines 1b and 1c)	·- ·-				-	<u> </u>		0.		0.			0
2	Total number of individuals (including but compensation from the organization	not limited to th	nose	liste	ed al	bove	e) wh	no re	eceived more than \$100	),000 of reportable	;			(
2	Did the organization list any former officer	director or tra	uoto	o ka	w or	molo		orl	highest componented o	molovoo on	ſ		Yes	No
3	line 1a? If "Yes," complete Schedule J for				•	пріс	усс	, 01				3		X
4	For any individual listed on line 1a, is the s									the organization				
_	and related organizations greater than \$15											4		_ <u>X</u>
5	Did any person listed on line 1a receive or rendered to the organization? If "Yes," con							eiai	ed organization or indiv	idual for services		5		X
Sec	ction B. Independent Contractors													
1	Complete this table for your five highest co	•	-								oens:	ation f	rom	
	the organization Report compensation for	the calendar y	ear	endı	ng v	vith	or w	ıthır		year.				
	(A) Name and busines:	s address	N	INC	E				( <b>B)</b> Description of s	services	С	ompe)		n
			•							.				
								_						
	Total number of independent contractors	(includes a but		m+-		the	- C 1:	otoc	( abova) who received -	nore than				
2	rotal number of independent contractors	uncidaling but t	יטנ וו	·····re	J 10	410	3C II	مرحرر	above, with teceived it	iore man				

\$100,000 of compensation from the organization

Form 990 (2012) UMBUS, ET AL TRUST
Part VIII Statement of Revenue

13-6637132

Page 9

_		Check if Schedule O con	tains a response	to any question i	n this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
ts ts	1 a	Federated campaigns	. 1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues	1b					
ا ق	c	E d	1c					
# #	d		1d					
S =	e		· · · · · · · · · · · · · · · · · · ·					
8.9	f	AD -45	· -					
풀힐	'	similar amounts not included abo	· I I					
불팅	_		· -	<del></del>				i
5 5	g		s 1a-1f \$					
0 (0)		Total. Add lines 1a-1f						<del> </del>
_	_			Business Code				
<u>ş</u>	2 a		<del></del>		·			
e e	b							
n S	С							<u> </u>
हुर्ब	đ	·						
Program Service Revenue	е	-						
•	f	All other program service rev	enue				- · · · · · · · · · · · · · · · · · · ·	
	g	Total. Add lines 2a-2f					_	
	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)		▶	24,347.			24,347.
	4	Income from investment of ta	ex-exempt bond p	roceeds 🕨				
	5	Royalties .		. ▶				
		•	(i) Real	(ii) Personal				
	6 a	Gross rents	V					ŀ
		Less. rental expenses						
		D						
	C	Net rental income or (loss)	L	<b></b>				
		Gross amount from sales of	(i) Securities	T			· · · · ·	
	/ a		(i) Securities	(ii) Other				
		assets other than inventory	276,552.					
	b	Less cost or other basis	220 400					
		and sales expenses	239,489.					
	С	Gain or (loss)	37,063.		25 262			
	d	• , ,		<b>•</b>	37,063.			37,063.
e e	8 a	Gross income from fundraisir	ng events (not					
ē		including \$	of					
Other Reven		contributions reported on line	e 1c). See					İ
e -		Part IV, line 18	a					
돌	b	Less: direct expenses	b					
Ŭ	С	Net income or (loss) from fun	draising events					
	9 a	Gross income from gaming a	ctivities See					
		Part IV, line 19	а					
	b	Less: direct expenses	b					
	С	Net income or (loss) from gar	ning activities .	<b>•</b>				
		Gross sales of inventory, less	-			·		
			a					
	h	Less: cost of goods sold	. b					
		Net income or (loss) from sale	•	•				
ŀ		Miscellaneous Reven		Business Code				<del> </del>
}	11 -			Dualifeas Code				
	11 a							<del>                                     </del>
	ь							<del> </del>
	C							<del> </del>
1	d		•	<u> </u>				
	е	Total. Add lines 11a-11d		▶				
}	12	Total revenue. See instructions.		. •	61,410.	0.	0.	61,410.

UMBUS, ET AL TRUST

13-6637132 Page 10

Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons		s Part IX	· :	
Do i 7b,	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(Å) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	18,585.	18,585.		
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		<del>_</del> ,		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	· · · ·				
b	Legal			·	
С	Accounting	488.	488.		
d					
е	, j				<del></del>
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion			_	
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy		· · · · · · · · · · · · · · · · · · ·		
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				<del>.</del>
19	Conferences, conventions, and meetings				
20	Interest			-	
21	Payments to affiliates				
22 ~~	Depreciation, depletion, and amortization				
23	Other expanses Itemize expanses not covered				
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 0.)				
а	INCOME COMMISSIONS	953.	953.	<del>  </del>	ANTI:
b		3334	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<del>-</del>	· · · · ·
c		1			
d		·			<del></del>
_	All other expenses				-
25	Total functional expenses. Add lines 1 through 24e	20,026.	20,026.	0.	0.
<u>25</u> 26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)				

13-6637132 Page 11

Pai	rt X	Balance Sheet			
	•	Check if Schedule O contains a response to any question in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		_1_	
	2	Savings and temporary cash investments	9,662.	2	8,871.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	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		ŀ	
		employers and sponsoring organizations of section 501(c)(9) voluntary			
"		employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	· · · · · · · · · · · · · · · · · · ·
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	ь	Less accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11	800,987.	12	843,162.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	810,649.	16	852,033.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable	······································	18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
es	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees,			
<u>ia</u>		key employees, highest compensated employees, and disqualified persons.			
_		Complete Part II of Schedule L		22	<del></del>
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
	ļ	parties, and other liabilities not included on lines 17-24). Complete Part X of		05	
	000	Schedule D	0.	25 26	0.
	26	Total liabilities. Add lines 17 through 25  Organizations that follow SFAS 117 (ASC 958), check here ► X and	0.	20	
"		complete lines 27 through 29, and lines 33 and 34.			
ĕ	27	Unrestricted net assets	810,649.	27	852,033.
lan	28	Temporanly restricted net assets	010,045.	28	032,033.
Fund Balances	29	Permanently restricted net assets		29	
Ę	29	Organizations that do not follow SFAS 117 (ASC 958), check here		29	
Ē		and complete lines 30 through 34.			
ts o	30	Capital stock or trust principal, or current funds		30	
3Se	31	Paid-in or capital surplus, or land, building, or equipment fund		31	<del></del>
Net Assets or	32	Retained earnings, endowment, accumulated income, or other funds		32	
Se	33	Total net assets or fund balances	810,649.	33	852,033.
	34	Total liabilities and net assets/fund balances	810,649.	34	852,033.
	, <del>, , ,</del>	1 Azer 1880-1190 Mile 1191 Reports January 1889		<u> </u>	Form <b>990</b> (2012)

	990 (2012) UMBUS, ET AL TRUST	13-66373	132	Pag	<sub>je</sub> 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
		1			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		L,4	
2	Total expenses (must equal Part IX, column (A), line 25)	2	20	0,0	26.
3	Revenue less expenses. Subtract line 2 from line 1	3	41	<u>L,3</u>	<u>84.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	810	),6	<u>49.</u>
5	Net unrealized gains (losses) on investments	5			
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			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	852	2,0	33.
Pa	rt 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: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O	).			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	L	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:			ļ	
	Separate basis Consolidated basis Both consolidated and separate basis		ĺ	l	
b	Were the organization's financial statements audited by an independent accountant?	L	2b		X
	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:			ŀ	
	Separate basis Consolidated basis Both consolidated and separate basis				
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Scher	dule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Audıt			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	[	

Form **990** (2012)

# SCHEDULE A

Department of the Treasury

(Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

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

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

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization

YOUNG MEN'S CHRISTIAN ASSOCIATION OF COLUMBUS, ET AL TRUST

Employer identification number 13-6637132

					<del></del>							<u> </u>	<u> </u>	
Par	t I	Reason	for Public Char	rity Status (Al	lorgani	zations mu	ist comple	te this par	t) See ins	tructions.				
The c	organ	ization is not	a private foundation	because it is: (F	or lines	1 through	11, check	only one b	oox.)			-		
1 [		A church, co	nvention of churche	s, or association	of chui	rches desc	nbed in se	ection 170	)(b)(1)(A)(i	i).				
2			scribed in section 17							•				
3 [			a cooperative hosp					170(b)(1)	(A)(iii).					
4			search organization							Y6V1VAVi	ii). Enter	the hospi	tal's na	ame
		city, and stat			,		, p			·(~)( ·)(·	,	шо поори		arrio,
5	$\neg$	•	ion operated for the	henefit of a colle	ene or u	niversity o	wned or or	nerated hy	, a govern	mental un	rt describ	ned in		
•			(b)(1)(A)(iv). (Compl		ogo or a	involute o	···ica oi oi	perated by	, a govern	mema un	it descri	Jeu III		
ا ء	$\neg$			=		معاسمه مامید		- 470/LV	4V4V6 V					
6 I	믁		ate, or local governm							e				
7			ion that normally red		tiai part	or its supp	ort from a	governme	ental unit d	or from the	e general	public de	scribe	d in
_ [			(b)(1)(A)(vi). (Comple	•			<b>5</b>							
8 [	=		y trust described in s								_			
9			ion that normally red									_	•	
			ated to its exempt fu									-		
			unrelated business t		ess sec	tion 511 ta	x) from bu	isinesses a	acquired b	by the orga	anızatıon	after June	30, 1	975
r			509(a)(2). (Complete	•										
10 ļ	_	_	ion organized and o	•'	•	•	-							
11	X		ion organized and o								-			
		more publicly	y supported organiza	ations described	ın secti	on 509(a)(	1) or section	on 509(a)(2	2). See <b>se</b> e	ction 509(	( <b>a)(3).</b> Ch	neck the bo	ox that	t
		describes the	e type of supporting	organization and			_							
_		a L Type	! <b>b</b> T	ype II 💢 🤇	⊁∐J⊤	ype III - Fu	nctionally	ıntegrated	ا (	d 🗶 Typ	e III - No	n-function	ally int	tegrated
e	X	By checking	this box, I certify that	at the organization	on is not	t controlled	directly o	r indirectly	by one o	r more dis	qualified	persons c	ther t	han
		foundation m	nanagers and other t	han one or more	publicl	y supporte	ed organiza	ations des	cribed in s	section 50	9(a)(1) or	section 50	09(a)(2	2).
f		If the organiz	ation received a writ	tten determinatio	on from	the IRS tha	at rt ıs a Ty	pe I, Type	II, or Type	e III				
		supporting o	rganization, check tl	nis box										
g		Since Augus	t 17, 2006, has the o	organization acci	epted a	ny gift or c	ontnbution	from any	of the foll	owing per	sons?			
_		(i) A perso	n who directly or inc	lirectly controls,	either a	lone or tog	ether with	persons o	described	ın (ıı) and (	(III) below	<i>l</i> .	Ye	s No
			erning body of the s	-							(,	11g(i		X
		_	member of a person	• •		,	• •				•	11g(i		X
			controlled entity of a	• • • • • • • • • • • • • • • • • • • •			e?		•		•	11g(ii		X
h			ollowing information	•	• • • • • • • • • • • • • • • • • • • •			•				. (1190)	<u>"</u>	
••		1 101/100 (110 1	onowing intermedion	about the supp	orted or	gamzanom	(3).							
				I		(in) to the c	organization	(w) Did vo	u notify the	(vi) ls	the .	· · · · ·		
(1) (		of supported	(ii) EIN	(iii) Type of orga (described on hi			sted in your		a notiny the	Lorganizatio	on in col.	(vii) Amou		nonetary
	orya	inization		above or IRC s			document?		r support?	(i) organiz U.S	ed in the	SI	upport	
				(see instructi		Yes	No	Yes		Yes		1		
ZMC	17		,	CEC		165	140	res	No	162	No			
	'A (			SEC.	`	7.7		7.7		.,			^	000
			64-6025994	<del></del>	)	X		X		Х		<del> </del>	<u>9,</u>	<u> 293.</u>
		R HOME		SEC.		l								
			64-0334999		)	X		X		X	ļ		4,	<u>646.</u>
		STREET		SEC.										
?RE	SB	<u>YTERIAN</u>	64-0350400		<u>)(A)</u>	X		X		X			2,	<u>323.</u>
CHE				SEC.			;							
SAL	<u>'VA</u>	TION AR	<u>58-0660607</u>	170(B)(1	)(A)	X		X		X	L_		2,	323.
			_									1		
									T		T			

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

Schedule A (Form 990 or 990-EZ) 2012

. (Complete only if you o	e for Organizations thecked the box on line 5 te tests listed below, plea	5, 7, or 8 of Part I	or if the organization			
Section A. Public Support	The state of the s		<del></del>		<del></del>	
Calendar year (or fiscal year beginning	in) ▶ (a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and		(8) 2003	(0) 2010	(4) 2011	16/2012	
membership fees received. (Do						
include any "unusual grants ")						
2 Tax revenues levied for the org	ian-		· · · · · · · · · · · · · · · · · · ·			
ization's benefit and either paid	1					İ
or expended on its behalf						
3 The value of services or facilities	es					
furnished by a governmental u	i i					
the organization without charge	1					
4 Total. Add lines 1 through 3						
5 The portion of total contribution	ns					
by each person (other than a						
governmental unit or publicly		İ				
supported organization) includ	ed					
on line 1 that exceeds 2% of the	ne					
amount shown on line 11,						
column (f)						
6 Public support. Subtract line 5 from	n line 4					
Section B. Total Support						
Calendar year (or fiscal year beginning	in) 🕨 (a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4						
8 Gross income from interest,						
dividends, payments received	on					
securities loans, rents, royalties	s					
and income from similar source	es					
9 Net income from unrelated bus	iness					
activities, whether or not the						
business is regularly carried or						
10 Other income Do not include of	jain					
or loss from the sale of capital						
assets (Explain in Part IV)						
11 Total support. Add lines 7 throu	gh 10					<u> </u>
12 Gross receipts from related ac	tivities, etc. (see instructi	ons)			12	
13 First five years. If the Form 99	O is for the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3)	
organization, check this box ar					· · · · · · · · · · · · · · · · · · ·	▶L
Section C. Computation of						
14 Public support percentage for			column (f))		14	
15 Public support percentage from					15	
16a 33 1/3% support test - 2012.				14 is 33 1/3% or i	nore, check this bo	x and
stop here. The organization qu						<b>▶</b> L_
b 33 1/3% support test - 2011.				d line 15 is 33 1/39	6 or more, check th	is box
and stop here. The organization						. ▶∟
17a 10% -facts-and-circumstance						
and if the organization meets t					irt IV how the organ	nization
meets the "facts-and-circumsta						▶∟
b 10% -facts-and-circumstand						
more, and if the organization m						<b>,</b>
organization meets the "facts-a	and-circumstances" test.	The organization	qualifies as a publ	icly supported org	anızatıon	▶∟

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

# Schedule A (Form 990 or 990-EZ) 2012 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to

Section A. Public Support  Calendar year (or fiscal year beginning in)   1 Gifts, grants, contributions, and membership fees received (Do not	(d) 2011		
1 Gifts, grants, contributions, and		(e) 2012	(f) Total
<u> </u>		1-7	
High horizon high received (no not i			
ınclude any "unusual grants.")			
2 Gross receipts from admissions,			·
merchandise sold or services per-			
formed, or facilities furnished in			
any activity that is related to the organization's tax-exempt purpose			
3 Gross receipts from activities that			
are not an unrelated trade or bus-			
iness under section 513			
·			
4 Tax revenues levied for the organ-			
ization's benefit and either paid to			
or expended on its behalf			
5 The value of services or facilities		:	
furnished by a governmental unit to			
the organization without charge			
6 Total. Add lines 1 through 5			
7a Amounts included on lines 1, 2, and		1	
3 received from disqualified persons			
b Amounts included on lines 2 and 3 received			
from other than disqualified persons that exceed the greater of \$5,000 or 1% of the			
amount on line 13 for the year			
c Add lines 7a and 7b			
8 Public support (Subtract line 7c from line 6)			
Section B. Total Support			
Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6			
10a Gross income from interest,			
dividends, payments received on securities loans, rents, royalties			
and income from similar sources			
<b>b</b> Unrelated business taxable income		1	
(less section 511 taxes) from businesses			
acquired after June 30, 1975			
c Add lines 10a and 10b			
11 Net income from unrelated business			
activities not included in line 10b,			
whether or not the business is regularly carned on			
12 Other income. Do not include gain			
or loss from the sale of capital			
assets (Explain in Part IV.)  13 Total support. (Add lines 9, 10c, 11, and 12.)			
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fif	fth tay year as a section	501(c)(3) organiz	ation .
· · · · · · · · · · · · · · · · · · ·	illitax year as a section	30 I(C)(3) Organiz	ation,
check this box and stop here Section C. Computation of Public Support Percentage	<u> </u>		
15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))		15	
		16	
l6 Public support percentage from 2011 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage		10	
17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column	(ft)	17	
te interpretation of the complete property of the contract of		18	
•	<u>.</u>		
18 Investment income percentage from 2011 Schedule A, Part III, line 17	time 15 is more than 22	1/3% and line 1	
18 Investment income percentage from 2011 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2012. If the organization did not check the box on line 14, and			, 13 HOL
18 Investment income percentage from 2011 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2012. If the organization did not check the box on line 14, and more than 33 1/3%, check this box and stop here. The organization qualifies as a publication.	icly supported organizat	ion	. ▶□
18 Investment income percentage from 2011 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2012. If the organization did not check the box on line 14, and	icly supported organizate 19a, and line 16 is more	on e than 33 1/3%, a	. ▶□

## **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions. QMB No. 1545-0047
2012
Open to Public Inspection

Name of the organization

YOUNG MEN'S CHRISTIAN ASSOCIATION OF COLUMBUS, ET AL TRUST

Employer identification number 13-6637132

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin	e 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 for	unds
•	are the organization's property, subject to the organization's	_	Yes No
6	Did the organization inform all grantees, donors, and donor a		•
•	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?		Yes No
Pai	<del></del>	ganization answered "Yes" to Form 990, Part i	
1	Purpose(s) of conservation easements held by the organizat		
_	Preservation of land for public use (e.g., recreation or		cally important land area
	Protection of natural habitat	Preservation of a certified	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of a	conservation easement on the last
_	day of the tax year.		
	day of the tax your.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
h	Total acreage restricted by conservation easements		2b
	Number of conservation easements on a certified historic sti	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	• •	
•	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the org	
•	year ▶	, ,	,
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe	<u> </u>	
	violations, and enforcement of the conservation easements		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		g the year ▶
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) abo		
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservat	ion easements in its revenue and expense sta	tement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes the	organization's accounting for
	conservation easements.		
Pa	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or Othe	er 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 (A	SC 958), not to report in its revenue statement	and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	hibition, education, or research in furtherance	of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	ibes these items.	
b	If the organization elected, as permitted under SFAS 116 (A	SC 958), to report in its revenue statement and	d balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, 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		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$
2	If the organization received or held works of art, historical tre		
	the following amounts required to be reported under SFAS 1		
а	Revenues included in Form 990, Part VIII, line 1		. ▶ \$
	Assets included in Form 990 Part X		<b>▶</b> \$

_		ET AL TRUS		<b>T</b>	O41	_			Z Page Z			
Par	t III   Organizations Maintaining C	ollections of Ai	rt, Historical	Treasures,	or Other	Simila	r Asset	S(contin	nued)			
3	Using the organization's acquisition, accessi	on, and other record	ls, check any of t	the following th	at are a sig	nificant u	se of its o	collection	n items			
	(check all that apply):											
а	Public exhibition	d	Loan or e	exchange progi	rams							
b	Scholarly research	е	Other_									
С	Preservation for future generations											
4	Provide a description of the organization's co	ollections and explai	n how they furth	er the organizat	tion's exem	pt purpos	se in Part	XIII.				
5	During the year, did the organization solicit o											
•	to be sold to raise funds rather than to be maintained as part of the organization's collection?											
Par	t IV Escrow and Custodial Arran				"Yes" to Fo	orm 990.	Part IV. li	ne 9. or				
	reported an amount on Form 990, Par		J			•	·	•				
1a	Is the organization an agent, trustee, custodi		diary for contribu	tions or other a	ssets not in	cluded						
	on Form 990, Part X?		,					Yes	☐ No			
h	If "Yes," explain the arrangement in Part XIII	 and complete the fo	llowing table:	•								
-		a						Amount	<u> </u>			
С	Beginning balance					1c			<u> </u>			
	Additions during the year	•••	• •			1d						
	Distributions during the year	• ••	•			1e						
f	Ending balance	•			•	1f						
	Did the organization include an amount on Fo	orm 990 Part Y line	. 212		•		Г	Yes	□ No			
	If "Yes," explain the arrangement in Part XIII.			sen provided in	Part XIII			, 103	<b>F</b>			
Par							<del></del>					
		(a) Current year	(b) Prior year	1	Í	) Three ye	ars hack	(e) Four	years back			
4.	Beginning of year balance	(a) Guiterit year	(b) i nor year	(C) THO YES	213 Duon 10	<u> </u>	aro baok	<u>Teyrour</u>	youro baok			
_												
b	Contributions	-										
С	Net investment earnings, gains, and losses											
d	Grants or scholarships											
е	Other expenditures for facilities											
	and programs											
f	Administrative expenses			<del></del>		····						
g	End of year balance											
2	Provide the estimated percentage of the curr	rent year end balanc	e (line 1g, colum	n (a)) held as:								
а	Board designated or quasi-endowment		_%									
b	Permanent endowment	%										
С	Temporarily restricted endowment ►	%										
	The percentages in lines 2a, 2b, and 2c should											
3a	Are there endowment funds not in the posse	ssion of the organiz	ation that are hel	d and administ	ered for the	organiza	ition	г	<del></del>			
	by.								Yes No			
	(i) unrelated organizations .		•					3a(i)				
	(ii) related organizations							3a(ii)				
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	on Schedule R?		•		•	3b				
4	Describe in Part XIII the intended uses of the											
Pai	rt VI   Land, Buildings, and Equipm	<del> </del>			,							
	Description of property	(a) Cost or o	1	ost or other	1 ''	umulated	·	(d) Book	k value			
		basis (investr	nent) ba	sis (other)	depr	eciation						
1a	Land				ļ							
b	Buildings											
C	Leasehold improvements				ļ							
d	Equipment											
е	Other		<u> </u>									
Tota	I. Add lines 1a through 1e. (Column (d) must e	gual Form 990. Part	X, column (B), lir	ne 10(c) )			<b>▶</b>		0.			

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c))

Schedule D (Form 990) 2012	UMBUS, ET AL	13-6637132 Page 3						
	s - Other Securities. See							
	category (including name of security)	(b) Book value	(c) Method of	valuation: Cost or end	d-of-year market value			
(1) Financial derivatives								
(2) Closely-held equity interes	ests							
(3) Other	HED SCHEDULE)	843,162	. Cost					
(A) (SEE ATTAC	HED SCHEDOLE)	043,102	· cosc					
(C)					· <u></u> ····,···			
(D)					· · · · · · · · · · · · · · · · · · ·			
(E)								
(F)								
(G)								
(H)								
(I)		0.42 1.60						
	990, Part X, col. (B) line 12.)	843,162			<u> </u>			
	s - Program Related. See	(b) Book value		valuation: Cost or end	d-of-year market value			
	n investment type	(b) Book Value	(c) Method of		2 or your market value			
<u>(1)</u> (2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)				<del></del>				
	1 990, Part X, col. (B) line 13.)		_					
Part IX Other Asse	ts. See Form 990, Part X, line 1	escription			(b) Book value			
(4)	(a) D	Cocription			(b) Book value			
<u>(1)</u> <u>(2)</u>								
(3)		<del></del>						
(4)								
(5)								
(6)		· · · · · · · · · · · · · · · · · · ·						
(7)		······································						
(8)								
(9)			<del></del>	-				
(10)	15000 D-171 (D) t	45.						
	<i>al Form</i> 990, <i>Part X, col. (B) line</i> <b>lities.</b> See Form 990, Part X, lir			<u>·                                      </u>				
	a) Description of liability	10 20.	(b) Book value					
(1) Federal income taxe	<del> </del>			1				
(2)			<del></del> : -	1				
(3)				]				
(4)				_				
(5)								
(6)				_				
				-				
(8)			<del></del>	4				
(9)				4				
(10)				4				
(11)	in Form 990 Part Y col /P) line	25)		1				
	al Form 990, Part X, col (B) line ote. In Part XIII, provide the text		organization's financi	al statements that rer	ports the organization's			
	positions under FIN 48 (ASC 74							

YOUNG MEN'S CHRISTIAN ASSOCIATION OF COL ET AL TRUST 13-6637132 Page 4 Schedule D (Form 990) 2012 UMBUS. Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Total revenue, gains, and other support per audited financial statements 1 1 Amounts included on line 1 but not on Form 990, Part VIII, line 12. Net unrealized gains on investments 2a Donated services and use of facilities 2b c Recoveries of prior year grants 2c Other (Describe in Part XIII.) 2d Add lines 2a through 2d 2e Subtract line 2e from line 1 3 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1. Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) 4b c Add lines 4a and 4b 4c Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 Part XII | Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Total expenses and losses per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities 2a 2b Prior year adjustments Other losses 2c 2d Other (Describe in Part XIII) Add lines 2a through 2d 2e Subtract line 2e from line 1 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b 4c Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 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.

Schedule D (Form 990) 2012

SCHEDULE (Form 990)

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

YOUNG MEN'S CHRISTIAN ASSOCIATION OF COL

Name of the organization

Department of the Treasury Internal Revenue Service

OMB No 1545-0047

Open to Public , 2012

**Employer identification number** 

Inspection

Schedule 1 (Form 990) (2012) % × 13-6637132 (h) Purpose of grant or assistance ☐ Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000 Part II can be duplicated if additional space is needed. (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. if applicable Enter total number of other organizations listed in the line 1 table ET AL TRUST Part I General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization UMBUS, or government Part II

13-6637132 Schedule I (Form 990) (2012) UMBUS, ET AL TRUST

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22

Part III Gran be duplicated if additional space is needed YOUNG MEN'S CHRISTIAN ASSOCIATION OF COLUMBUS, ET AL TRUST

Page 2

	(f) Description of non-cash assistance			ormation				
	(e) Method of valuation (book, FMV, appraisal, other)			n (b), and any other additional inf				
	(d) Amount of non- cash assistance			line 2, Part III, colum				
	(c) Amount of cash grant			n required in Part I,				
	(b) Number of recipients			de the informatio				
Part III can be duplicated if additional space is needed	(a) Type of grant or assistance			Part IV   Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information				

Schedule I (Form 990) (2012)

232102 12-18-12

## **SCHEDULE 0**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2012
Open to Public Inspection

OMB No 1545-0047

Name of the organization

YOUNG MEN'S CHRISTIAN ASSOCIATION OF COL

Employer identification number 13-6637132

UMBUS, ET AL TRUST									13-6637132					
Form	990,	Part	VI,	Section	В,	line	11:	990	IS :	PRESENT				
Form	990,	Part	VI,	Section	C,	Line	19:	COPY	OF	TRUST	DOCUMI	ENT		
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