

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public

| A | ror tn | e 2013 calendar year, or tax year beginning and | ending | | | | | | | | |
|-------------------------|----------------------|---|---------------------------------------|-------------------------------|-------------------------------|--|--|--|--|--|--|
| В | Check if applicab | C Name of organization | | D Employer identific | ation number | | | | | | |
| | | Address SO. DISTRICT YMCA/CAMP LINCOLN, INC. | | | | | | | | | |
| | Name | Doing Business As | | 04-3383996 | | | | | | | |
| | initiai return | Number and street (or P 0. box if mail is not delivered to street address) | Room/suite | E Telephone number | | | | | | | |
| | Termi ated | PO BOX 925 | | 603_6 | 542-3361 | | | | | | |
| | Amen | City or town, state or province, country, and ZIP or foreign postal code | | G Gross receipts \$ | 2,507,226. | | | | | | |
| | Application | EXETER, NH 03833 | | H(a) Is this a group ret | turn | | | | | | |
| | pendi | F Name and address of principal officer:ROB MCGREGOR | | for subordinates? | Yes X No | | | | | | |
| | | 24 FRONT STREET, EXETER, NH 03833 | | H(b) Are all subordinates inc | cluded? Yes No | | | | | | |
| 1 | Tax-ex | empt status: X 501(c)(3) | or 527 | If "No," attach a l | ist. (see instructions) | | | | | | |
| | | te: ► WWW.YMCACAMPLINCOLN.ORG | | H(c) Group exemption | number - | | | | | | |
| K | Form of | organization: X Corporation | L Year | of formation: 1997 M | State of legal domicile: NH | | | | | | |
| R | ërt. I | Summary | | | | | | | | | |
| ë | | Briefly describe the organization's mission or most significant activities: ${f TO}$ P | | | | | | | | | |
| Activities & Governance | | PRACTICE THROUGH PROGRAMS THAT BUILD HEAD | LTHY S | PIRIT, MIND, | AND BODY. | | | | | | |
| Ë | 2 | Check this box if the organization discontinued its operations or dispose | sed of more | than 25% of its net ass | | | | | | | |
| Š | 3 | Number of voting members of the governing body (Part VI, line 1a) | | 3 | 12 | | | | | | |
| অ | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | | | 12 | | | | | | |
| es | 5 | Total number of individuals employed in calendar year 2013 (Part V, line 2a) \dots | | | 187 | | | | | | |
| Ξ | 6 | Total number of volunteers (estimate if necessary) | | | 12 | | | | | | |
| Act | 7 a | Total unrelated business revenue from Part VIII, column (C), line 12 | | | 0. | | | | | | |
| _ | b | Net unrelated business taxable income from Form 990-T, line 34 | | | 0. | | | | | | |
| | | | <u> </u> | Prior Year | Current Year | | | | | | |
| ē | 8 | Contributions and grants (Part VIII, line 1h) | | 71,261. | 217,337. | | | | | | |
| ē | 9 | Program service revenue (Part VIII, line 2g) | ······ | 2,118,589. | 2,272,407. | | | | | | |
| Revenue | | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | 6,581. | 6,774. | | | | | | |
| _ | | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 0. | 8,640. | | | | | | |
| | 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 2,196,431. | 2,505,158. | | | | | | |
| 2014 | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 0. | 0. | | | | | | |
| 7 | 1 | Benefits paid to or for members (Part IX, column (A), line 4) | | 0. | | | | | | | |
| 4 % | | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 1,253,941. | 1,368,935. | | | | | | |
| | | Professional fundraising fees (Part IX column (A), line 11e) | | 30,125. | 16,630. | | | | | | |
| 弩 | | Total fundraising expenses (Part IX, column (1) 16 15 1 15 15 15 15 15 15 15 15 15 15 15 1 | 88. | <u> </u> | | | | | | | |
| = | | Other expenses (Part IX, column (A), Ings TTa-11d, 11f-24e) | | 671,884. | 701,197. | | | | | | |
| | 18 | Total expenses. Add lines 13-17 (mustocual Part X, column (A), line 25) | · ···· | 1,955,950. | 2,086,762. | | | | | | |
| =- | 19 | Revenue less expenses. Subtract line 18 from line 12 | | 240,481. | 418,396. | | | | | | |
| etsor | | OGDEN LIT T | Be | ginning of Current Year | End of Year 2,009,012. | | | | | | |
| SSe Bala | 20 | Total accord (Fart A, III o To) | | 1,714,111. | 31,385. | | | | | | |
| Netrasse Fund Ball | 21 | Total liabilities (Part X, line 26) | | 152,061. 1,562,050. | 1,977,627. | | | | | | |
| 24 | 22 | Net assets or fund balances. Subtract line 21 from line 20 | <u> </u> | 1,302,030 | 1,911,021. | | | | | | |
| | | Signature Block | a and atatam | ante and to the heat of my | knowledge and belief it is | | | | | | |
| | | ities of perjury, I declare that I have examined this return, including accompanying schedule it, and complete. Declaration of prenarer (other than officer) is based on all information of wi | | | Kilowiedge slid bellet, it is | | | | | | |
| true | , correc | it, and complete declaration of pregater (other than officer) is based on an information of wi | ilicii piepaiei | 5 -9-14 | <u> </u> | | | | | | |
| Sig | - | Signature of officer | | Date | | | | | | | |
| He | | ROB MCGREGOR, EXECUTIVE DIRECTOR | | | | | | | | | |
| H | C | Type or print name and title | | | | | | | | | |
| _ | | Print/Type preparer's name Preparer's signature | 1 | Date Check | PTIN | | | | | | |
| Pai | d | ABBY T. DAWSON, CPA ABBY T. DAWSON, | CPA 0 | 5/06/14 self-employed | P00525871 | | | | | | |
| | - parer | Firm's name F.G. BRIGGS, JR., CPA, PROF. AS | | Firm's EIN | 02-0381649 | | | | | | |
| | Only | Firm's address 98 SALMON STREET | · · · · · · · · · · · · · · · · · · · | | | | | | | | |
| | , | MANCHESTER, NH 03104 | | Phone no. (60 | 3)668-1340 | | | | | | |
| Ma | v the II | RS discuss this return with the preparer shown above? (see instructions) | | | . Yes No | | | | | | |
| .,,,, | , | | _ | | | | | | | | |

| Form | 990 (2013) SO. DISTRICT YMCA/CAMP LINCOLN, INC. 04-3383996 Page 2 |
|----------|--|
| | Statement of Program Service Accomplishments |
| | Check if Schedule O contains a response or note to any line in this Part III |
| | |
| 1 | Briefly describe the organization's mission: |
| | TO PUT CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT BUILD |
| | A HEALTHY SPIRIT, MIND, AND BODY. |
| | |
| | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on |
| _ | ₩ ♥ ₩ |
| | |
| | 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 X 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 \$ 843,187. Including grants of \$) (Revenue \$) (Revenue \$) |
| | CAMP PROGRAM - OFFERS A CAMPING EXPERIENCE FOR YOUTH THROUGH A VARIETY |
| | OF CAMPS INCLUDING; TRADITIONAL CAMP, TRAVEL CAMP, SPECIALTY CAMP AND |
| | ADVENTURE CAMP. |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| 4b | (Code:) (Expenses \$ 822,245 · including grants of \$) (Revenue \$) (Revenue \$) |
| | THE SCHOOLS OUT PROGRAM PROVIDES BEFORE AND AFTER SCHOOL PROGRAMS FOR |
| | CHILDREN AT FOURTEEN DIFFERENT LOCATIONS IN NH. |
| | CHILDREN AT TOOKIBEN BITTERDAY BOSILIONS IN IM. |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| 4c | (Code:) (Expenses \$ |
| 4C | (Code:) (Expenses \$ 44,245 · Including grants of \$) (Revenue \$) NATIONAL FAIR SHARE - PAYMENTS TO NATIONAL AFFILIATE |
| | NATIONAL FAIR SHARE - PAIMENTS TO NATIONAL AFFILIATE |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| 4d | Other program services (Describe in Schedule O.) |
| 4d | |
| 4d 4e | (Expenses \$ including grants of \$) (Revenue \$) |

Part IV Checklist of Required Schedules

Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? X Х 2 2 Is the organization required to complete Schedule B, Schedule of Contributors? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for X 3 public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect X 4 during the tax year? If "Yes," complete Schedule C, Part II 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or X 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to X provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space, X 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II...... Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete 8 X 8 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? X 9 If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent X 10 endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X 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 X assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VII 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 Х 11c assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 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 Х Part X, line 16? If "Yes." complete Schedule D, Part IX 11d X Did the organization report an amount for other liabilities in Part X, line 257 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 X the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X 12a Schedule D, Parts XI and XII b Was the organization included in consolidated, independent audited financial statements for the tax year? X 12b If "Yes." and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional X Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E13 14a 14a Did the organization maintain an office, employees, or agents outside of the United States? **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 X or more? If "Yes," complete Schedule F, Parts I and IV. 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any X Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to X 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 X 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 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," X 19 complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Form 990 (2013) SO. DISTRICT YMCA/Part IV Checklist of Required Schedules (continued)

| | | | Yes | No |
|-----|---|-------|------|----------|
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| | government 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 or 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 | | Х |
| 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 | 1 | | |
| | Schedule J | 23 | | Х |
| 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 25a | 24a | | X |
| 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 | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a | İ | | |
| | 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 | | X |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or | | | |
| | former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, | | | |
| | complete Schedule L, Part II | 26 | _ | X |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial | | | |
| | contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member | | | 17 |
| | of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV | 1 | 88;; | i iiiy |
| | instructions for applicable filing thresholds, conditions, and exceptions): | 13. 3 | | |
| | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | X |
| | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | <u> </u> |
| C | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, | | | X |
| | director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | 20 | | Х |
| • | contributions? If "Yes," complete Schedule M | _30_ | | |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? | 24 | | х |
| 00 | If "Yes," complete Schedule N, Part I | 31 | | |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | 32 | | х |
| 22 | Schedule N, Part II | 32 | | |
| 33 | 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 | | | |
| 34 | Part V, line 1 | 34 | | Х |
| 35a | | 35a | | X |
| | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | 302 | | |
| J | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | l |
| 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 Par | 990 (2013) SO. DISTRICT YMCA/CAMP LINCOLN, INC. Statements Regarding Other IRS Filings and Tax Compliance | 04-3383 | 996 | Р | age 5 | <u>;</u> |
|---------------|--|-------------------------------|---|------------|--|-----------|
| L | Check if Schedule O contains a response or note to any line in this Part V | | | | | |
| | | | • | Yes | No | • |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 1a 11 | F-X-11-38 | 5,000 A | 700 | ٠ |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1b 0 | | | | • |
| | Did the organization comply with backup withholding rules for reportable payments to vendors and r | 10 | | | N. | |
| C | | eportable garriing | 1c | X | 1 | |
| 20 | (gambling) winnings to prize winners? | ï | | | . | • |
| 20 | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | 2a 187 | | 13 | ļ | |
| _ | filed for the calendar year ending with or within the year covered by this return | | 2b | | X | |
| D | If at least one is reported on line 2a, did the organization file all required federal employment tax returned by the sum of least 1a and 2a is greater than 250 years and by required to a file (as a instruction | | ~ ~ ~ ~ | | | Ţ |
| 20 | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction: | s) | 3- | | X | ٩ |
| | Did the organization have unrelated business gross income of \$1,000 or more during the year? | | 3a 3b | | | - |
| | If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule | | 30 | | - | - |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other | | 40 | | X | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial | accounty? | 4a | 3. 7 | | 7 |
| D | If "Yes," enter the name of the foreign country: | Assaucto | S | 1,40 | | |
| _ | See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial | Accounts. | | | X | • |
| | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | 5a_ | | X | - |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction to the party of the par | action? | 5b | | - | - |
| | 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 to | ne organization solicit | | | x | |
| | any contributions that were not tax deductible as charitable contributions? | | ва | | | - |
| р | If "Yes," did the organization include with every solicitation an express statement that such contribu | tions or gints | e | | | |
| _ | were not tax deductible? | | 6b | | 37. | 3 |
| 7 | Organizations that may receive deductible contributions under section 170(c). | Province and he beinger and m | 7. | | X | ٠ |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se | | 1 | | | - |
| | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | 7b | | | - |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w | as required | | | X | |
| | to file Form 8282? | | 7c | , .::×(| <u> </u> | : |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | 1 _ 1 | 8. ·•• *) | 1.787 | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of | | 7e | | \vdash | - |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont | | 7f | | | - |
| 9 | If the organization received a contribution of qualified intellectual property, did the organization file F | | 7g | | | - |
| _ | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization and the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, did the organization of cars, ai | | 7h | 27.3 | | 7 |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. D | | | 244 | * | |
| | organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at | any time during the year? | 8 | 2000 | | _ |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | * * |)," | , |
| а | Did the organization make any taxable distributions under section 4966? | | 9a | | | - |
| Ь | Did the organization make a distribution to a donor, donor advisor, or related person? | | 9b | | 19.50 | - |
| 10 | Section 501(c)(7) organizations. Enter: | 1 | | | *** | š |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | 1 | |
| 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: | 144 | 8 7 | | | |
| а | Gross income from members or shareholders | 11a | ∤‱ | | \ ~% | ۶ |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against | | | ija, | | |
| | amounts due or received from them.) | 11b | 46- | , | ~; ^* | • |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form | | 12a | <u>.</u> | 1.0 | į |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | ····· | | | 9 |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | ئىتىنا | <u> </u> | | 1 |
| а | Is the organization licensed to issue qualified health plans in more than one state? | | 13a | | ₹9873 | - |
| | Note. See the instructions for additional information the organization must report on Schedule O. | | E-Wi | | N) i | • |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the | 1.0.1 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 7 | | ور مار |
| | organization is licensed to issue qualified health plans | 13b | | <u> </u> | | ′ |
| _ | Enter the amount of receives on hand | 13c | 1 s. ^} | F ** | \$ 1.2 | ř |

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14a

14b

Form 990 (2013) SO. DISTRICT YMCA/CAMP LINCOLN, INC. 04-3383996 Page 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 or note to any line in this Part VI | | | X |
|----------|---|-----------|-------------|---------------|
| Sec | tion A. Governing Body and Management | | | |
| | And the desirating Doug wild indicagonicite | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | 2[7.3] | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing | | , | |
| | | [(| 8 | |
| _ | body delegated broad authority to an executive committee or similar committee, explain in Schedule 0. Enter the number of voting members included in line 1a, above, who are independent | , r 🕬 | | |
| Ъ | | 1 -,l | | ſ |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other | 1 . " . " | ٠. | |
| _ | officer, director, trustee, or key employee? | 2 | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision | _ | | |
| | of officers, directors, or trustees, or key employees to a management company or other person? | 3 | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4_ | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5_ | | X |
| 6 | Did the organization have members or stockholders? | 6 | | X |
| 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 | | X |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or | 1 1 | | |
| | 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. | 1 . 4 | . \ | 38.77 |
| а | The governing body? | 8a | X | |
| Ь | Each committee with authority to act on behalf of the governing body? | 8b | <u>X</u> | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | | 1 | |
| | organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | _X_ |
| 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 |
| | 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 filling the form? | 11a | | X |
| ь | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | 113 |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | X | |
| | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | X | |
| | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | | | |
| | in Schedule O how this was done | 12c | x | |
| 13 | Did the organization have a written whistleblower policy? | 13 | Х | |
| 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 | 20000 | | ***** |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| 2 | The organization's CEO, Executive Director, or top management official | 15a | X | |
| | Other officers or key employees of the organization | 15b | | X |
| J | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | % _ | 7.5 |
| 16a | | | ».,] | |
| ·va | | 16a | ^ `1 | X |
| _ | taxable entity during the year? | 3 .3 | | 24:Q |
| U | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's | | % :1 | |
| | | 16b | · | . 7. 781 |
| 200 | exempt status with respect to such arrangements? | 100 | | _ |
| | | | | |
| 17 10 | List the states with which a copy of this Form 990 is required to be filed NH Section 5104 requires an experiention to make its Forms 1033 (or 1034 if applicable), 990, and 990-T (Section 501(a)/3)s only) | availab | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) | avallau | U | |
| | for public inspection. Indicate how you made these available. Check all that apply. | | | |
| 4.0 | Own website Another's website X Upon request Other (explain in Schedule O) | e | -1-1 | |
| 19 | Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, are | ig tinañ | CIBI | |
| | 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 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 of | ιτion: 🟲 | | |
| | ROB MCGREGOR - 603 642-3361 | | | |
| | 24 FRONT STREET, EXETER, NH 03833 | | | |

| m 990 (2013) | so. | DISTRICT | YMCA/CAMP | LINCOLN, |
|--------------|-----|----------|-----------|----------|
|--------------|-----|----------|-----------|----------|

04-3383996

Page 7

Form 990 (2013)

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

| Check if Schedule O contains a response or note to any line in this Par | rt VII |] |
|---|--------|---|
| | | _ |

INC.

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

| (A) Name and Title | (B) Average hours per week | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | (D) 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 |
| (1) J. DOUGLAS DEIHL, III BOARD MEMBER | 2.00 | x | | | | | | 0. | 0. | 0. |
| (2) KEVIN FARRAR | 2.00 | | | | | | | | | |
| BOARD MEMBER | | X | | | | | | 0. | 0. | 0. |
| (3) CAROLE MATTHEWS | 2.00 | | | | | | | | | |
| BOARD MEMBER | | X | | | | | | 0. | 0. | 0. |
| (4) JOSEPH GRILLO | 2.00 | | | | | | | | | |
| BOARD MEMBER | | X | | | | | | 0. | 0. | 0. |
| (5) SUSAN JANETOS | 2.00 | | | | | | | | | |
| BOARD MEMBER | | X | | | | <u></u> | | 0. | 0. | 0. |
| (6) KATHY SHEEHAN | 2.00 | | | | | | | _ | _ | |
| BOARD MEMBER | | X | | | | | | 0. | 0. | 0. |
| (7) ROBERT MITCHELL | 2.00 | | i | | | | | | _ | _ |
| BOARD MEMBER | | X | | <u> </u> | | | _ | 0. | 0. | 0. |
| (8) CORY MCPHEE | 2.00 | | | | | | | | 0 | • |
| BOARD MEMBER | 2 00 | X | | | | | | 0. | 0. | 0. |
| (9) TERRY SULLIVAN | 2.00 | | | х | | | | 0. | 0. | 0. |
| BOARD CHAIR | 2.00 | - | _ | ^ | | | | 0. | <u> </u> | |
| (10) CYNTHIA DOMINGUEZ VICE-CHAIR | 2.00 | | | x | | | | 0. | 0. | 0. |
| (11) BRENDAN POWER | 2.00 | | | | | | | | | |
| BOARD SECRETARY | | | | x | | | | 0. | 0. | 0. |
| (12) JEFF JACKSON | 2.00 | | | | | | | | | |
| TREASURER | | | | X | | | | 0. | 0. | 0. |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | <u> </u> | | | | <u> </u> | | | | |
| | | | | | | | | | | |
| | | | | | | | | _ | | |
| | | | | | | | | | | |
| • | | | | | | | | | | |
| | | | | | | | | | | |

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

| | | Check if Schedule O cont | ains a response | or note to any li | ne in this Part VIII | | | |
|--|------|---|---------------------------------------|-------------------|--|--|-------------------------------|--|
| 77 | | | 38.56.40 ; i.e. | | (A) | (B) | (C) | (D) |
| 188 | | | | | Total revenue | Related or | Unrelated business | Revenuè excluded from tax under |
| , ', ', ', ', ', ', ', ', ', ', ', ', ', | | | | | | exempt function revenue | revenue | sections |
| ts ts | 1 | a Federated campaigns | | | NA 1 1 30 1 3 | 22000 | 8 | 3 7 7 7 |
| Grant | | b Membership dues | " · · · · · · | | | RM::74 /) | | |
| | | c Fundraising events | ······ | - | 1 0.794 × 357 <i>i</i> | | | # W .3 *7/28 |
| Gifts ilar A | | d Related organizations | · · · - - | | | | | |
| | | | | | | | | |
| Contributions, and Other Sim | ľ | e Government grants (contribut | , | | | | | |
| iğ ğ | 1 | f All other contributions, gifts, gran | , , | 217 227 | | | | |
| 들 | | similar amounts not included above | | <u>217,337.</u> | | | | |
| <u>a</u> | | Noncash contributions included in lines | | 3,777. | | | | |
| 0 6 | | h Total. Add lines 1a-1f | · | <u></u> | 217,337. | | | <u> </u> |
| | _ | DDOG GEDIT DEVEN | UID DOTA | | 222 | | | |
| Program Service Revenue | 2 : | a PROG.SERV.REVEN | UE-RELA | 624410 | 2,272,407. | 2,212,401. | | ļ |
| E ez | ١ | ь | | | | | | |
| n S ent | • | c | | | _ | | | |
| ev Je | | d | | | | | | |
| 6 | | e | | | | | | |
| <u> </u> | . 1 | f All other program service reve | nue | | | | <u></u> | |
| | | g Total. Add lines 2a-2f | <u></u> | <u> </u> | 2,272,407. | · }^\; | | |
| | 3 | Investment income (including | dividends, intere | est, and | | | | |
| | | other similar amounts) | | | 6,774. | | | 6,774. |
| | 4 | Income from investment of tax | | _ | | | | |
| | 5 | Royalties | · · · · · · · · · · · · · · · · · · · | • | | | | |
| | | Tioyanios | (i) Real | (ii) Personal | 7.7. T. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. | 757.55.888777. | (| 77 38 77 77 77 |
| | A. | a Gross rents | - Wilcer | (ii) i croonar | | | | |
| | | | | | 1.445.7430.11 | | | |
| | | b Less: rental expenses | } | | | | | Timbun Tiling |
| | , | c Rental income or (loss) | | | 1 | and it in the second | S'' - 1' > 1 1 | * |
| | | d Net rental income or (loss) | | 60 Oth | NO. 1887 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 2000 PT 108 PT 10 T 10 | \$27.377878 | (2007) |
| | 7 : | a Gross amount from sales of | (i) Securities | (ii) Other | | | | |
| | | assets other than inventory | | | | | | |
| | | b Less: cost or other basis | | | | M, \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | | |
| | | and sales expenses | - | | | | | 100 July 100 11 |
| | • | c Gain or (loss) | | L | 134. 30. J. | | | / 1880a - 1 - 2 1 - 2 1 - 2 1 - 2 1 - 2 1 - 2 1 - 2 1 - 2 1 - 2 1 - 2 1 - 2 1 - 2 1 - 2 1 - 2 1 - 2 1 - 2 1 - 2 |
| | • | d Net gain or (loss) | | | | | | |
| e | 8 8 | Gross income from fundraising | g events (not | | | | | |
| en | | including \$ | of | | | | | |
| Other Rever | | contributions reported on line | • | | | | 80777000-4:500-4 | |
| er | | Part IV, line 18 | a | 10,708. | | | | |
| Ŧ | 1 | b Less: direct expenses | b | 2,068. | | | | []?##[# &[*^_]). |
| ٦ | | c Net income or (loss) from fund | fraising events | | 8,640. | | | 8,640. |
| | | a Gross income from gaming ac | | | | | N: 288 N | |
| | | Part IV, line 19 | а | | | | | Ŀ <i>"</i> %/%/~~ |
| ĺ | 1 | | b | | | | | |
| | | c Net income or (loss) from gam | | | | | ,, | 2 Table 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| | | a Gross sales of inventory, less | | | | 100 Series 27 - 27 - 27 | The second second | |
| l | | and allowances | | | | | | |
| | | b Less: cost of goods sold | | | | | | |
| - 1 | | c Net income or (loss) from sales | | | s · · · · · · · · · · · · · · · · · · · | en american e nobleme e de l | M · Ab · M | 1 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| | | Miscellaneous Revenue | | | S:427. (8) | 200 - Sec. 2000 2000 2 | | C:57880000 A X 502 |
| | 11 (| | | -usiness Code | 100 T 20046 - 5 - 20,5 (A-1) | ga ya mizerozy / Waa (** | room (* 40. N. V. V. William) | 11. 40. 30. |
| l | | | | | | ····· | | |
| | • | b | | | | | | |
| | • | | | | - | | | |
| ĺ | | d All other revenue | | L | | | | The same of the sa |
| | | Total. Add lines 11a-11d | | _ | 2 505 150 | <u> </u> | | 16 414 |
| | 12 | Total revenue. See instructions. | | <u></u> . ▶ | 2,505,158. | 2,212,401. | 0. | 15,414. |

Form 990 (2013) SO. DISTRICT Part & Statement of Functional Expenses

| _ | Check if Schedule O contains a respon | | | (C) | (D) |
|---|---|-----------------------|---|---------------------------------|---|
| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | | (A) Total expenses | (B) Program service expenses | Management and general expenses | Fundraising expenses |
| 1 6 | Grants and other assistance to governments and | | | | www. |
| 0 | organizations in the United States. See Part IV, line 21 | | | | |
| 2 (| Grants and other assistance to individuals in | | | | |
| | he United States. See Part IV, line 22 | | | 10.800 | > |
| 3 (| Grants and other assistance to governments, | | | | |
| | organizations, and individuals outside the | | | | |
| | Jnited States. See Part IV, lines 15 and 16 | | | | <u> </u> |
| | Benefits paid to or for members | | | | |
| | Compensation of current officers, directors, | | | | |
| | rustees, and key employees | | ·· | | _ , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| | Compensation not included above, to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| - | persons described in section 4958(c)(3)(B) | 1 164 420 | 000 500 | 60 041 | 105 000 |
| | Other salaries and wages | 1,164,438. | 990,589. | 68,041. | 105,808 |
| | Pension plan accruals and contributions (include | 40 000 | 25 145 | 4 107 | 2 000 |
| | ection 401(k) and 403(b) employer contributions) | 42,300. | 35,145. | | 2,968 6,202 8,094 |
| | Other employee benefits | 75,973. | 62,634. | 7,137. | 0,202 |
| | Payroll taxes | 86,224. | 75,778. | 2,352. | 8,094 |
| | Fees for services (non-employees): | | | | |
| a N | Management | | | | |
| b L | .egal | 50.040 | | 50.040 | |
| | Accounting | 58,248. | | 58,248. | |
| | obbying | 16 620 | <u>, , y w w w w w y y w w w w w w w w w w </u> | | 16,630 |
| | Professional fundraising services. See Part IV, line 17 | 16,630. | | | 10,030 |
| | nvestment management fees | | | | |
| _ | Other. (If line 11g amount exceeds 10% of line 25, | | | | |
| | olumn (A) amount, list line 11g expenses on Sch O) | 15 265 | 15 265 | | |
| | Advertising and promotion | 15,265. | 15,265. 22,210. | 20,980. | 10,442 |
| | Office expenses | 53,632. | 22,210. | 20,960. | 10,442 |
| | nformation technology | | | | |
| | Royalties | 110 045 | 07 224 | 20 424 | 3,097 |
| | Occupancy | 118,845. | 87,324. 103,743. | 28,424. 4,468. | 3,091 |
| | ravel | 108,211. | 103,743. | 4,400. | |
| | Payments of travel or entertainment expenses | | | | |
| | or any federal, state, or local public officials | 16,263. | 6,686. | 9,577. | |
| | Conferences, conventions, and meetings | 10,203. | 0,000. | 5,5116 | |
| | nterest | 44,245. | 44,245. | | |
| | Payments to affiliates | 48,879. | 48,879. | | |
| | Depreciation, depletion, and amortization | 58,849. | 50,063. | 3,439. | 5,347 |
| _ | nsurance | 30,047. | 30 , 003. | 3/433. | ******** 35 am 2 x 35 |
| | Other expenses. Itemize expenses not covered bove. (List miscellaneous expenses ın lıne 24e. If line | | | | |
| 2 | 4e amount exceeds 10% of line 25, column (A) | | | | |
| | mount, list line 24e expenses on Schedule 0.) PROGRAM SUPPLIES | 139,561. | 139,561. | E. Samadirinia V. Sad | <u> </u> |
| _ | BANK AND CREDIT CARD FE | 27,555. | 27,555. | | |
| | OUES AND SUBSCRIPTIONS | 11,644. | 21,70001 | 11,644. | <u> </u> |
| | JOES THIS BOSSERIE LIGHTS | **,011. | | | |
| d _ | All other expenses | | | | |
| | All other expensesAdd lines 1 through 24e | 2,086,762. | 1,709,677. | 218,497. | 158,588 |
| | otal functional expenses. Add lines 1 through 24e | 2,000,102. | 1,100,0116 | 210/12/16 | 230,300 |
| | aint costs. Complete this line only if the organization | | | | |
| | eported in column (8) joint costs from a combined | | | | |
| | ducational campaign and fundraising solicitation Check here If following SOP 98-2 (ASC 958-720) | | | | |
| _ | | | | | |

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (R) Beginning of year End of year 28,916. 44,305. Cash - non-interest-bearing 357,245. 477,024. 2 Savings and temporary cash investments 5,000. 88,300. 3 Pledges and grants receivable, net 47,000. 37,500. Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 7 7 Notes and loans receivable, net Inventories for sale or use 8 12,614. 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 1,928,752. 1,143,863. 243,317. b Less: accumulated depreciation ______ 10b 10c 11 11 Investments · publicly traded securities 12 12 13 13 Investments - program-related. See Part IV, line 11 14 14 Intangible assets 111,912. 104,084. 15 15 Other assets. See Part IV, line 11 2,009,012. 1,714,111. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 107,916. 23,885. 17 17 Accounts payable and accrued expenses 18 18 Grants payable 7,500. 44,145. 19 19 Deferred revenue 20 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees, 22 :...*′* key employees, highest compensated employees, and disqualified persons. 22 Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 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 31,385. 152,061 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 1,668,955. 1,457,966. 27 27 Unrestricted net assets 196,760. 28 28 Temporarily restricted net assets 111,912 104,084 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds 32 1,977,627. 1,562,050. 33 Total net assets or fund balances 33 2,009,012. 1,714,111. Total liabilities and net assets/fund balances

| | 990 (2013) SO. DISTRICT YMCA/CAMP LINCOLN, INC. | 04- | <u>-3383996</u> | Page 12 |
|----|---|----------|-----------------|----------------|
| Pa | Reconciliation of Net Assets | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | <u></u> | | <u> </u> |
| | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 2,50 | 5,158. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 2,080 | 6,762. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 41 | 8,396. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 1,562 | 2,050. |
| 5 | Net unrealized gains (losses) on investments | 5 | | 7,829. |
| 6 | Donated services and use of facilities | 6 | | |
| 7 | Investment expenses | 7 | | |
| 8 | Prior period adjustments | 8 | <10 | 0,648. |
| 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 | 1,97 | 7,627. |
| Pa | K XII Financial Statements and Reporting | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | |
| | | | | Yes No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | _ | | • .40% |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule | 0. | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | on a | | |
| | separate basis, consolidated basis, or both: | | 11.3 | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate | e basis, | . [%] | |
| | consolidated basis, or both: | | | ~~ \ |
| | X 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 | e audit, | | S (1/2) |
| | review, or compilation of its financial statements and selection of an independent accountant? | | 2c | X |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Scho | edule O | | (t.∦k. 3. |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir | ngle Aud | dit 💢 | ``` \ * |
| | 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 requi | red auc | tit | |
| | or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | 3b | |
| | | | Form | 990 (2013) |

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.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public inspection

Internal Revenue Service Name of the organization Employer identification number SO. DISTRICT YMCA/CAMP LINCOLN, INC. 04-3383996 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). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) R A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. d Type III · Non-functionally integrated c Type III - Functionally integrated a Type I b ____ Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No 11g(i) the governing body of the supported organization? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? ... 11g(iii) Provide the following information about the supported organization(s). h (vi) is the organization in col. (iv) Is the organization (v) Did you notify the (i) Name of supported (vii) Amount of monetary (II) EIN (III) Type of organization in col. (i) listed in your organization in col. (described on lines 1-9 organization (i) organized in the support governing document? (i) of your support? above or IRC section IIS? (see instructions))

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

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

| Se | ction A. Public Support | | | | | - | |
|------|---|--|--|---------------------|--|---------------------------------------|-----------------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | | | | | | |
| 2 | Tax revenues levied for the organ- | | | - | | | |
| | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 3 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | | | | | | |
| 5 | The portion of total contributions | · · · //// | | | 2 1911 2 | | |
| | by each person (other than a | 1 % 1 2 2 2 2 8 | 0000000 1000000 1000000000000000000000 | | | | |
| | governmental unit or publicly | 70 70 70 70 70 70 70 70 70 70 70 70 70 7 | | | | | |
| | 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 | | | | ()) muning paga salah jahari Salah salah | | _ |
| | ction B. Total Support | | <u> </u> | | · · · · · · · · · · · · · · · · · · · | allani i manana ent | |
| | ndar year (or fiscal year beginning in) | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
| | Amounts from line 4 | (4) 2303 | (4) = 0 . 0 | . (3) | 1-7 | (5/2) | |
| 8 | Gross income from interest. | | | | | | |
| • | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties | + | ; | | | 1 | |
| | and income from similar sources | | | | | | |
| 9 | Net income from unrelated business | | | | · | | |
| ٠ | 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 | | | | | | | |
| | | | | | | 12 | |
| | Gross receipts from related activities, First five years. If the Form 990 is for | - | | | v vear as a sectio | | |
| 13 | organization, check this box and stor | | | | | 1 30 1 (0)(0) | ▶□ |
| Sec | tion C. Computation of Publ | | | | · · · · · · · · · · · · · · · · · · · | | |
| | Public support percentage for 2013 (| | | olumn (fl) | | 14 | |
| | Public support percentage from 2012 | | - | *** | | 15 | % |
| | 33 1/3% support test - 2013. If the c | | | | | | |
| | stop here. The organization qualifies | | | | | | ▶□ |
| b | 33 1/3% support test - 2012. If the c | | | | | | box |
| _ | and stop here. The organization qual | _ | | | | , , , , , , , , , , , , , , , , , , , | ▶□ |
| 172 | 10% -facts-and-circumstances test | • | | | | | more. |
| | and if the organization meets the "fac | _ | | | | | |
| | meets the "facts-and-circumstances" | | | | | | |
| _ | 10% -facts-and-circumstances tes | | | | | | |
| U | more, and if the organization meets the | | | | | | .,,, |
| | organization meets the "facts-and-circ | | | | | | ▶□ |
| 12 | Private foundation. If the organization | | | | | | ······ F |
| 10 | rivate touridation. If the organization | ii did not check a | OUN OIT HITE TO, TO | a, 100, 17a, 01 170 | | dule A (Form 990 o | |

(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 b | ciow, picase corri | SICLO I CIT III | | | | |
|---|--|---|--|--|--|---|--|
| Sec | ction A. Public Support | | | | | | |
| Cale | endar year (or fiscal year beginning in) | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
| 1 | | | | | | 3-7 | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | 70,246. | 54,644. | 73,666. | 71,261. | 217,337. | 487,154. |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | 1916317. | 2074062. | 1926103. | 2118589. | 2272407. | 10307478. |
| 3 | Gross receipts from activities that are not an unrelated trade or business 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 | 1986563. | 2128706. | 1999769. | 2189850. | 2489744. | 10794632. |
| 7a | Amounts included on lines 1, 2, and | | | | | | 0 |
| L | 3 received from disqualified persons | | | | | | 0. |
| D | 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 | | } | | į | | 0. |
| c | Add lines 7a and 7b | | | | | | 0. |
| | Public support (Subtract line 7c from line 8) | 200 A S 3 | Z. 85(Z | | 24 (38%) | | 10794632. |
| | ction B. Total Support | <u> </u> | <u> </u> | | <u> </u> | | |
| | ndar year (or fiscal year beginning in) | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
| | Amounts from line 6 | 1986563. | 2128706. | 1999769. | 2189850. | 2489744. | 10794632. |
| | dividends, payments received on securities loans, rents, royalties and income from similar sources | 3,366. | 6,381. | 7,227. | 6,581. | 6,774. | 30,329. |
| b | Unrelated business taxable income | | | | | | |
| | dilipiatos pasiliose taxasis illositis | | | | | | |
| | (less section 511 taxes) from businesses acquired after June 30, 1975 | | | - <u>-</u> - | | · | |
| | (less section 511 taxes) from businesses | 3,366. | 6,381. | 7,227. | 6,581. | 6,774. | 30,329. |
| 11 | (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is | | | | | | |
| 11 12 13 | (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12) | 1989929. | 2135087. | 2006996. | 2196431. | 2496518. | 10824961. |
| 11 12 13 | (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | 1989929. | 2135087. | 2006996. | 2196431. | 2496518. | 10824961. |
| 11 12 13 | (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12) | 1989929 • the organization's | 2135087 • s first, second, thir | 2006996 . d, fourth, or fifth ta | 2196431 . ux year as a section | 2496518. | 10824961. |
| 11 12 13 14 | (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for | 1989929 • The organization's | 2135087 • s first, second, thire | 2006996 . d, fourth, or fifth ta | 2196431 . ux year as a section | 2496518. | 10824961. ation, ▶□ |
| 11 12 13 14 Sec | (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here | 1989929. The organization's | 2135087. | 2006996 • d, fourth, or fifth ta | 2196431 . ux year as a section | 2496518. | 10824961. ation, |
| 11 12 13 14 Sec 15 | (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for check this box and stop here | 1989929. The organization's ic Support Per | 2135087. s first, second, third rcentage vided by line 13, c | 2006996 • d, fourth, or fifth ta | 2196431 . ux year as a section | 2496518 • n 501(c)(3) organiz | 10824961. ation, |
| 11 12 13 14 Sec 15 | (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for check this box and stop here extion C. Computation of Public support percentage for 2013 (I | 1989929. The organization's ic Support Perline 8, column (f) di | 2135087. s first, second, third rcentage vided by line 13, c | 2006996 . d, fourth, or fifth ta | 2196431 . ux year as a section | 2496518. n 501(c)(3) organiz | 10824961. ation, |
| 11 12 13 14 Sec 15 16 Sec | (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here Ction C. Computation of Public support percentage for 2013 (Incomputation of Investion D. Computation of Investigation in Investigation Invest | 1989929. The organization's ic Support Perine 8, column (f) di | 2135087. s first, second, third rcentage vided by line 13, c | 2006996 . d., fourth, or fifth ta | 2196431 • ax year as a section | 2496518. n 501(c)(3) organiz | 10824961. ation, |
| 11 12 13 14 Sec 15 16 Sec 17 | (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here ction C. Computation of Public support percentage for 2013 (Investment income percentage for 2012) | 1989929. the organization's ic Support Period (f) dischadule A, Part streent Income | 2135087. s first, second, third rcentage vided by line 13, c (II, line 15 s Percentage nn (f) divided by line | 2006996 . d, fourth, or fifth ta | 2196431 • x year as a section | 2496518 . n 501(c)(3) organiz | 10824961. ation, 99.72 % 99.71 % |
| 11 12 13 14 Sec 15 16 Sec 17 | (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here Ction C. Computation of Public support percentage for 2013 (Investment income percentage for 2012) Investment income percentage from 2012 Investment income percentage from 2012 Investment income percentage from 2012 | 1989929. The organization's ic Support Perine 8, column (f) die Schedule A, Part stment Income 13 (line 10c, colum 2012 Schedule A, | 2135087. s first, second, third rcentage vided by line 13, c [II, line 15 s Percentage nn (f) divided by line Part III, line 17 | 2006996 . d, fourth, or fifth ta | 2196431 • ix year as a section | 2496518. n 501(c)(3) organiz | 10824961. ation, 99.72 % 99.71 % .28 % .29 % |
| 11 12 13 14 Sec 15 16 Sec 17 18 19a | (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for check this box and stop here Stion C. Computation of Public support percentage for 2013 (I Public support percentage from 2012 ction D. Computation of Investment income percentage from 2013 (Investment income percentage from 2013 (Investmen | 1989929. The organization's The organization's The Support Per Time 8, column (f) di Schedule A, Part Strment Income 113 (line 10c, colum 2012 Schedule A, organization did n nd stop here. The | 2135087. a first, second, third rcentage vided by line 13, co III, line 15 a Percentage nn (f) divided by line Part III, line 17 ot check the box of organization quali | 2006996. d, fourth, or fifth ta | 2196431 • x year as a section | 2496518. n 501(c)(3) organiz 15 16 17 18 3 1/3%, and line 1 | 10824961. ation, 99.72 % 99.71 % .28 % .29 % 7 is not |
| 11 12 13 14 Sec 15 16 Sec 17 18 19a | (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for check this box and stop here ction C. Computation of Public support percentage for 2013 (I Public support percentage from 2012 ction D. Computation of Investment income percentage from 2013 (Investment income percentage from 2013 (Investment income percentage from 2013). | 1989929. The organization's ic Support Per line 8, column (f) di Schedule A, Part stment Income 13 (line 10c, colum 2012 Schedule A, organization did n organization did n | 2135087. s first, second, third rcentage vided by line 13, c (II, line 15 e Percentage on (f) divided by line Part III, line 17 ot check the box of organization quality ot check a box on | 2006996. d, fourth, or fifth ta | 2196431. Ex year as a section 15 is more than 3 supported organize and line 16 is mo | 2496518. n 501(c)(3) organiz 15 16 17 18 3 1/3%, and line 1 ation | 10824961. ation, |

| Schedule A | (Form 990 or 990-E | Z) 2013 SO. | DISTRICT | YMCA/CAMP lanations required by | LINCOLN, | INC. | 04-3383996 | Page 4 |
|-------------|--------------------|--------------------|----------------------|------------------------------------|----------------|---------------------|---------------------------|--------|
| Part IV | | | | | | art II, line 17a or | 17b; and Part III, line 1 | 2. |
| | Also complete this | s part for any add | ditional information | n. (See instructions). | | | | - |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | - | | | | | | | |
| | | _ | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | _ | | | _ - | . | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | - | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | _ | | | | | |
| | | | <u> </u> | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

SCHEDULE D

(Form 990)

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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization Employer identification number

inspection.

OMB No 1545-0047

| | SO. DISTRICT YMCA/CAMP LINCOLN, INC. | 04-3383996 |
|------|--|--|
| Pa | 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 fu | ande |
| • | are the organization's property, subject to the organization's exclusive legal control? | |
| 6 | Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used | |
| • | | _ |
| | for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confe | Yes No |
| Dies | impermissible private benefit? | |
| | | , 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) | |
| | Protection of natural habitat Preservation of a certified I | nistoric 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 contribution contribution in the form of a conservation contribution contributi | conservation easement on the last |
| | day of the tax year. | k or may |
| | | Held at the End of the Tax Year |
| а | Total number of conservation easements | 2a |
| b | Total acreage restricted by conservation easements | 2b |
| C | Number of conservation easements on a certified historic structure included in (a) | 2c |
| d | Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure | |
| | listed in the National Register | 2d |
| 3 | Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization | inization 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 y | |
| 8 | Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(| |
| _ | and section 170(h)(4)(B)(ii)? | |
| 9 | In Part XIII, describe how the organization reports conservation easements in its revenue and expense state | |
| • | include, if applicable, the text of the footnote to the organization's financial statements that describes the o | |
| | conservation easements. | gariization s accounting for |
| Dai | Conservation easements. Conservation easements. Conservation easements. Conservation easements. | Similar Assets |
| 849 | Complete if the organization answered "Yes" to Form 990, Part IV, line 8. | |
| 12 | If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement a | and balance sheet works of art |
| 10 | historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of | |
| | the text of the footnote to its financial statements that describes these items. | public scrylec, provide, in real vall, |
| | | belease about works of ort. historical |
| ь | If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and | |
| | treasures, or other similar assets held for public exhibition, education, or research in furtherance of public sections. | ervice, 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 | 5 |
| 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: | |
| а | Revenues included in Form 990, Part VIII, line 1 | |
| b | Assets included in Form 990, Part X | > \$ |
| | | |

| | dule D (Form | | TRICT YMCA | | | | | | | | Page 2 |
|--------------|----------------|---|-------------------------|-------------|--------------|--------------------------|--|---|--------------|---------------------|-----------|
| Pa | t III Orga | anizations Maintaining (| Collections of A | rt, Hist | torical 1 | <u> reasures,</u> | or Oth | er Simil | ar Asse | ts (continu | ied) |
| 3 | Using the org | ganization's acquisition, access | ion, and other record | ds, checl | any of th | ne following th | at are a s | ignificant | use of its | collection | items |
| | (check all the | at apply): | | | | | | | | | |
| а | Public | exhibition | d | | Loan or ex | xchange prog | rams | | | | |
| b | Schola | rly research | e | , 🗀 | Other | | | | | | |
| C | Preser | vation for future generations | | | | | | | | | |
| 4 | Provide a de | scription of the organization's c | collections and explai | n how th | ey further | r the organiza | tion's exe | mpt purpo | ose in Par | t XIII. | |
| 5 | During the ye | ear, did the organization solicit o | or receive donations | of art, hi | storical tre | easures, or ot | her simila | r assets | | | |
| | | raise funds rather than to be m | | | | | | | | Yes | No_ |
| Poi | | row and Custodial Arran ed an amount on Form 990, Pa | | ete if the | organizat | tion answered | l "Yes" to | Form 990 | , Part IV, I | ine 9, or | |
| 1a | | zation an agent, trustee, custod | | diary for | contribution | ons or other a | ssets not | included | | | |
| | | , Part X? | | | | | | | | Yes | ☐ No |
| b | | ain the arrangement in Part XIII | | | | | ••••• | | • | | |
| | | _ | • | | | | | | | Amount | |
| c | Beginning ba | lance | | | | | | 1c | | | |
| d | Additions du | ring the year | | | | | | 1d | | | |
| e | 4 | during the year | | | | | | . 1e | | | |
| f | Ending balan | | | | | | | . 1f | | | |
| 2a | Did the organ | nization include an amount on F | | | | | | | 🗀 | Yes | ☐ No |
| b | | ain the arrangement in Part XIII | | | | | | | | | |
| | | owment Funds. Complete | | | | | | | | | |
| | | | (a) Current year | | rior year | (c) Two year | | | ears back | (e) Four y | ears back |
| 1a | Beginning of | year balance | | | | | | | | | |
| b | | 3 | | | | | | | | | |
| С | ł l | nt earnings, gains, and losses | | | | | | | | | |
| d | Grants or sch | | | | | 1 | | | | | |
| е | | ditures for facilities | | | | | | | | | |
| | I . | s |] | | | | j | | | | |
| f | | e expenses | | | | | | | | | |
| Я | I | palance | | | | 1 | | | | _ | |
| 2 | 1 | stimated percentage of the cur | | e (line 1 | a. column | (a)) held as: | | | | | |
| а | l. | nated or quasi-endowment | | 96 | • | \ | | | | | |
| b | _ | ndowment > | % | | | | | | | | |
| | 1 | estricted endowment | ·· | | | | | | | | |
| | | ges in lines 2a, 2b, and 2c show | | | | | | | | | |
| 32 | | dowment funds not in the posse | | ation tha | t are held | and administ | ered for t | he organiz | ration | | |
| 40 | by: | townione funds flot in the posse | obsidit of the organiza | 2.10/1 1.10 | 0.0 11010 | are derimine | .0.00 .0 | | | Γ¥ | res No |
| | * 1 | d organizations | | | | | | | | 3a(i) | |
| | t t | rganizations | | | | | | • • • | | | |
| h | | rganizations | | | | | | | | | |
| 4 | | art XIII the intended uses of the | • | | | | | *************************************** | | 00 | |
| D. | T T- 10 1111 | i, Buildings, and Equipn | | MILIGHT | <u>unus</u> | | | | | | |
| S | | lete if the organization answere | | Bort IV | lina 11a | See Form 00 | n Dart Y | line 10 | | | |
| | | | | | | | | ccumulate | - T | (d) Book | |
| | Des | scription of property | (a) Cost or o | | | st or other s (other) | 1 , , | ccumulate preciation | 1 | (a) Book | value |
| | | | Dasis (investin | nent) | | 19,854. | | | | 110 | ,854. |
| _ | Land | | - | | | 82,032. | | 319,30 | | $\frac{119}{1,062}$ | |
| b | Buildings | | | | 1,3 | 02,032. | | 272,30 | V 4 • | 1,002 | , 120. |
| | Leasehold im | | · · · | | <u> </u> | 16 720 | | 212 6 | 55 | 7/ | 075 |
| | | | | | | 46,730. | | 212,6 | | | ,075. |
| | Other | | <u></u> | | | 80,136. | <u> </u> | 153,4 | | | ,660. |
| <u>Total</u> | . Add lines 1a | through 1e. (Column (d) must e | equal Form 990, Part | X, colun | nn (B), line | 10(c).) | | | | 1,243 | ,31/. |

| 1. | (a) Description of liability | (b) Book value | |
|------------|--|------------------------|--|
| (1) Fe | ederal income taxes | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | and the second s |
| Total. (Co | lumn (b) must equal Form 990, Part X, col. (B) line 25.) | ., .,. , >] | |

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the
organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

SCHEDULE G (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form 990. Open To Public Inspection

| Name of the organization | | | | | | Employer ide | ntification number |
|---|--|--|--|--|--------|--|---|
| SO. DIS | STRICT YMCA/CAMP L | INCO | LN, | INC. | _ | 04-3383 | 996 |
| Fundraising Activities required to complete this part | Complete if the organization answrt. | ered "Y | 'es" to | Form 990, Part IV, I | ine 17 | 7. Form 990-EZ | filers are not |
| Indicate whether the organization rail X Mail solicitations b Internet and email solicitations c X Phone solicitations d X In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, F b If "Yes," list the ten highest paid indicompensated at least \$5,000 by the | e X Solicite f Solicite g Specia or oral agreement with any individual Part VII) or entity in connection with play individuals or entities (fundraisers) pure | ation of ation of al fundra al (inclue profess | non-g gover alsing ding o ional 1 | overnment grants nment grants events fficers, directors, true fundraising services | stees | X Yes | |
| (i) Name and address of individual or entity (fundralser) | (ii) Activity | have c | Did raiser ustody itrol of utions? | (iv) Gross receipts from activity | to (c | Amount paid or retained by) fundraiser ed in col. (i) | (vi) Amount paid to (or retained by) organization |
| DONOR BY DESIGN GROUP, LLC ~ | PROFESSIONAL FUNDRAISING | Yes | No | | | _ | |
| 725 W. GILBERT ROAD, | SERVICES | | х | 0. | | 13,130. | 0. |
| | | | | | | | |
| | | ┼ | | | | | |
| | | 1 | | | | | |
| | | + | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | <u> </u> | | | | | |
| | | | | | | | |
| | | + | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | <u></u> | | | | | |
| | | | | 1 | | | |
| | | | | | | | |
| | |] , | | | | | |
| · — — — — — — — — — — — — — — — — — — — | | | | | | _ | |
| Total | | | • | ' | | 13,130. | |
| 3 List all states in which the organization | | contrib | utions | or has been notified | lit is | | egistration |
| or licensing. | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | - | - | | | | | |
| | | | - | | | | |
| | | | | | | | |
| | | | | | | | |

| | ŗŧ, | Fundraising Events. Complete if the of fundraising event contributions and groups. | | | | |
|-----------------|-----------|--|---------------------------|--|------------------|--|
| | | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events (add col. (a) through col. (c)) |
| ē | | | (event type) | (event type) | (total number) | - Col. (C)) |
| Revenue | _ | On a series late | | | | |
| æ | 1 | Gross receipts | | | | |
| | 2 | Less: Contributions | - | | | |
| | 3 | Gross income (line 1 minus line 2) | | | | |
| | 4 | Cash prizes | | | | |
| Se | 5 | Noncash prizes | | | | |
| Direct Expenses | 6 | Rent/facility costs | | | | |
| Direct E | 7 | Food and beverages | | | | |
| | 8 | Entertainment | | | | |
| | 9 | Other direct expenses | | | | |
| | 10 | Direct expense summary. Add lines 4 through | | | | |
| P | 11 irt | Net income summary. Subtract line 10 from li | | | | |
| تتسنط | سنسن | \$15,000 on Form 990-EZ, line 6a. | | | | |
| ne | | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) |
| Revenue | | | | Singo/programme Singo | | (0) |
| œ — | 1 | Gross revenue | | | | |
| S) | 2 | Cash prizes | | | | |
| Direct Expenses | 3 | Noncash prizes | · · · | | | |
| Direct | 4 | Rent/facility costs | | | | |
| | 5 | Other direct expenses | | | | |
| | | | ☐ Yes % | | Yes % | |
| | 6 | Volunteer labor | No No | No No | No No | |
| | 7 | Direct expense summary. Add lines 2 through | n 5 in column (d) , | | · | |
| | | | | | | |
| | 8 | Net gaming income summary. Subtract line 7 | from line 1, column (a) | | | |
| | ls t | ter the state(s) in which the organization operate he organization licensed to operate gaming ac | tivities in each of these | states? | | Yes No |
| C | 17 * | No," explain: | | | | |
| | _ | | | | | |
| | | ere any of the organization's gaming licenses re Yes," explain: | | | year? . | Yes No |
| | | ere any of the organization's gaming licenses re Yes," explain: | | | year? . | Yes No |

Schedule G (Form 990 or 990-EZ) 2013 SO. DISTRICT YMCA/CAMP LINCOLN, INC.

04-3383996 Page 2

| Schedule G (Form 990 or 990-EZ) 2013 SO. DISTRICT YMCA/CAMP LINCOLN, INC. 04-3383996 Page 10 or 990-EZ) 2013 SO. DISTRICT YMCA/CAMP LINCOLN, INC. | age 3 |
|---|--------------|
| 11 Does the organization operate gaming activities with nonmembers? | 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 | - % |
| b An outside facility | % |
| The the hame and address of the person who prepares the organization's garming/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? |] 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 | |
| a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? | |
| Supplemental Information. Provide the explanations required by Part I, line 2b, columns (III) and (v), and Part III, lines 9, 9b, 10b, 1 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions). | 5b, |
| SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS: | |
| (I) NAME OF FUNDRAISER: DONOR BY DESIGN GROUP, LLC | |
| (I) ADDRESS OF FUNDRAISER: 725 W. GILBERT ROAD, PALATINE, IL 60067 | |
| Tal manufacture in the me description of the second transfer of the | |
| | |
| | |
| | |
| | |

| Schedule G | (Form 990 or 990-EZ) Supplemental Inf | SO. DISTRICT | YMCA/CAMP | LINCOLN, | INC. | 04-3383996 | Page 4 |
|------------|--|----------------------|-----------|--------------|-------------|--------------|--------|
| Part IV | Supplemental Info | ormation (continued) | | | | | |
| | | | | | | | |
| | | • • | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | _ | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | ·· | | | |
| | | | | | | | |
| | | | | | | | |
| | | <u>,</u> | | <u> </u> | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | - | |
| | | | | | | | |
| | | | | | | | |

SCHEDULE O (Form 990 or 990-EZ)

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

► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

| SO. DISTRICT YMCA/CAMP LINCOLN, INC. | Employer identification number 04-3383996 |
|---|---|
| FORM 990, PART VI, SECTION B, LINE 11: | |
| EXPLANATION: THE FORM 990 IS REVIEWED BY THE EXECUTIVE DI | RECTOR AND |
| SELECTED BOARD MEMBERS BEFORE SUBMISSON. | |
| | |
| FORM 990, PART VI, SECTION B, LINE 12C: | |
| EXPLANATION: BOARD MEMBERS SIGN A CONFLICT OF INTEREST PO | LICY ANNUALLY AND |
| ARE REQUIRED TO DISCLOSE CHANGES AT ANY TIME DURING THEIR | TERM OF OFFICE. |
| | |
| FORM 990, PART VI, SECTION B, LINE 15A: | |
| EXPLANATION: THE BOARD OF DIRECTORS DETERMINES THE EXECUT | IVE DIRECTOR'S |
| SALARY. IT IS REVEIWED ANNUALLY AND IS ADJUSTED FOR ANY | INCREASES IN THE |
| COST OF LIVING. | |
| | |
| FORM 990, PART VI, SECTION C, LINE 19: | |
| EXPLANATION: REQUESTORS ARE FURNISHED PHOTOCOPIES OF THE | DOCUMENTS. |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

Form 4562

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

Depreciation and Amortization (Including Information on Listed Property)

► See separate instructions. ► Attach to your tax return. Business or activity to which this form relates OMB No. 1545-0172

990

identifying number

| | DISTRICT YMCA/CAI | | | <u>RM 990 P</u> | | | 04-3383996 |
|--------------|---|--|--|---------------------|----------------|------------|---------------------------------------|
| Pai | Election To Expense Certain Pro | perty Under Section 17 | 9 Note: If you have any i | isted property, c | complete Part | V before y | |
| 1 N | faximum amount (see instructions) | | | | | 1 | 500,000. |
| 2 T | otal cost of section 179 property pla | aced in service (see I | nstructions) | | | 2 | |
| 3 T | hreshold cost of section 179 proper | ty before reduction i | n limitation | | | 3 | 2,000,000. |
| 4 F | eduction in limitation. Subtract line | 3 from line 2. If zero | or less, enter -0 | | | . 4 | |
| 5 D | ollar limitation for tax year Subtract line 4 from | line 1. if zero or tess, enter - | 0 If married filing separately, s | ee instructions | | . 5 | |
| 6 | (a) Description of | | | iness use only) | (c) Elected | cost | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| 7 L | isted property. Enter the amount fro | om line 29 | | 7 | | | |
| 8 T | otal elected cost of section 179 pro | perty. Add amounts | in column (c), lines 6 an | d7 | | . 8 | |
| 9 T | entative deduction. Enter the small | er of line 5 or line 8 . | | | | . 9 | |
| | arryover of disallowed deduction fro | | | | | . 10 | |
| 11 B | usiness income limitation. Enter the | smaller of business | income (not less than z | ero) or line 5 | | 11 | |
| 12 S | ection 179 expense deduction. Add | l lines 9 and 10, but | do not enter more than | line 11 | <u></u> | 12 | |
| 1 3 C | arryover of disallowed deduction to | 2014. Add lines 9 ar | nd 10, less line 12 | 🕨 13 | | | All Market Commence |
| Note | Do not use Part II or Part III below | for listed property. In | stead, use Part V. | | | | |
| Par | Special Depreciation Allov | vance and Other De | preciation (Do not incl | ude listed prope | erty.) | | |
| 14 S | pecial depreciation allowance for qu | ualified property (oth | er than listed property) i | olaced in service | during | | |
| ti | ne tax year | | | | | 14 | |
| 15 P | roperty subject to section 168(f)(1) | election | | | | . 15 | |
| | other depreciation (including ACRS) | | <u> </u> | | - <u>-</u> | . 16 | 48,879. |
| Par | MACRS Depreciation (Do | | | | | , | |
| | | | Section A | | | | |
| 17 N | IACRS deductions for assets placed | d in service in tax vea | ars beginning before 20 | 13 | | . 17 | |
| | you are electing to group any assets placed in s | | | | .▶ □ | | |
| | Section B - Asse | ts Placed in Service | During 2013 Tax Year | Using the Gen | eral Deprecia | tion Syst | em |
| | (a) Classification of property | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only - see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
| 19a | 3-year property | | | | | | |
| b | 5-year property | | | 1 | | | |
| c | 7-year property | | | | | | |
| d | 10-year property | | | | | | |
| e | 15-year property | | | | | | |
| f | 20-year property | | | | | | |
| g | 25-year property | | | 25 yrs. | | S/L | |
| | | / | | 27.5 yrs. | ММ | S/L | |
| h | Residential rental property | / | | 27.5 yrs. | MM | S/L | |
| | | 1 | | 39 yrs. | MM | S/L | |
| i | Nonresidential real property | / | | 7 | MM | S/L | |
| | Section C - Assets | Placed in Service I | During 2013 Tax Year l | Jsing the Alterr | | | stem |
| 20a | Class life | 1 7 | | T | | S/L | |
| b | 12-year | | | 12 yrs. | | S/L | |
| C | 40-year | / / / | | 40 yrs. | ММ | S/L | |
| . 44 | Summary (See instructions | .) | ····· | | | · <u>=</u> | |
| | isted property. Enter amount from li | | | · | | 21 | |
| | otal. Add amounts from line 12, line | | s 19 and 20 in column | a), and line 21 | | · | |
| | nter here and on the appropriate lin | | | | ? | 22 | 48,879. |
| | or assets shown above and placed | | | <u>400 111311</u> | | | |
| | or assets shown above and placed ortion of the basis attributable to se | | | . 23 | | | |
| 216251 | | | | · | | | Farm 4580 (2012) |

44

44 Total. Add amounts in column (f). See the instructions for where to report