Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► The organization may have to use a copy of this return to satisfy state reporting requirements.

A F	or th	ne 201	2 calendar yea	ar, or tax year beg	inning	, 2012	2, and ending				, 20	
_			C Name of organ	nization YOUNG MEN	'S CHRISTIAN AS	SSOCIATIO	ON	1	Employer ider	ntification	number	
Вс	heck if a	pplicable:	OF THE E	PIKES PEAK REG	GION							
	Addr	ess	Doing Business	s As					84-04042	266		
	7	ge e change			s not delivered to street addr	ress)	Room/suite	E	Telephone nui	mber		
-	+	l return		TEJON STREET					(719) 471	-9790		
	┪			tate or country, and ZIP +	4	***************************************	1		(/			
	Ame	ninated nded	1	-				، ا	Gross receipts	. \$	18,254	- 605
-	retur			SPRINGS, CO	ficer: DAN DUMMERM	TITUTT			H(a) Is this a group		Yes	X No
	pend			•					affiliates?			
			·		DRADO SPRINGS,				(b) Are all affiliate			No
		empt st		<u> </u>) (insert no.)	4947(a)(1)	or 527		If "No," attach			
			WWW.PPYMCA		T				H(c) Group exempt			
K	Form	of orgar	nization: X Corp	poration Trust	Association Other	<u> </u>	L Year of	formatio	n: 1968 M s	tate of leg	al domicile	: CO
Pa	rt I	Su	mmary									
	1	Briefly	describe the or	rganization's mission	or most significant activit	ies:						
a		TO I	PUT CHRIST	IAN PRINCIPLE	S INTO PRACTICE	E THROUG	H PROGRAM	IS TH	AT BUILD			
ũ				T, MIND AND B								
г												
Governance	2	Check	this hox	if the organization	discontinued its operation	ons or dispos	ed of more tha	n 25% c	of its net assets.			
Ŏ	3		-		g body (Part VI, line 1a)				1	3		29.
త క్ల	4				the governing body (Par					4		28.
Activities	1 _				lendar year 2012 (Part V					5	1	,212.
Ę	5									6		2,686.
Ř	6			teers (estimate if nece								, 000.
	7a	Total	gross unrelated	business revenue from	Part VIII, column (C), lir	ne 12	,		· · · · · <u>- </u>	7a		
	b	Net u	nrelated busines	ss taxable income from	Form 990-T, line 34 .		· · · · · · · · ·			7b	O	
									Prior Year		Current Y	
ē	8	Contr	ibutions and gra	ints (Part VIII, line 1h)		· COP	Y FOR		2,050,55		2,620	
enr	9	Progr	am service reven	nue (Part VIII, line 2g)		. BUBUCI	SPECTION		L3,741,775		14,371	
Revenue	10										107	<mark>,108.</mark>
ш.	11	Other	revenue (Part V	/III, column (A), lines 5	i, 6d, 8c, 9c, 10c, and 11			368,43	9.	404	,282.	
	12	Total	revenue - add lir	nes 8 through 11 (mus	st equal Part VIII, column	(A), line 12)		1	L6,180,341	1.	17 , 504	,015.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)										C
	14			members (Part IX, col			0					
w	15			ensation, employee ber			9,598,75	9,598,756. 10,514,				
Se				ng fees (Part IX, colum				0				
Expenses				enses (Part IX, column	(D) line 25) >	93,89	0.					
ŭ	17				1a-11d, 11f-24f)				7,378,163	3.	7.866	5,538.
	18				al Part IX, column (A), line			-	16,976,919		18,380	N-0
			•						-796 , 578			5,815.
or es	19	Rever	iue iess expense	es. Subtract line to ito	m line 12	• • • • • • •		Reginni	ng of Current Ye		End of Ye	
ts o				4.00								
Net Assets Fund Balance	20		assets (Part X, lir						15,674,420		44,264	
ğΑ	21		liabilities (Part X						21,084,326		20 , 697	
žī	22	Net a	ssets or fund ba	lances. Subtract line 2	1 from line 20				24,590,094	4.	23 , 567	<u>, 141.</u>
	rt II		gnature Block								1 1 12 . 6 24	To America
Und	der pei rect. a	nalties o	f perjury, I declare olete. Declaration o	that I have examined this	retum, including accompar icer) is based on all informa	nying schedules Ition of which p	s and statements reparer has any	s, and to t knowled	ine best of my kn ge.	owiedge a	na bellet, it	is true,
		1				<u> </u>				, ,		
	ign '			- che						29/1	3	
Н	ere		Signature of office						Date			
					President & CE	0						
			Type or print name	e and title								
		Print/	Type preparer's na	ame	Preparer's signature		Date	_	Check if	P	ΓIN	
Paid		DOR	EEN B. MER	Z	1 Down BY	new	10-2	9-13	self- employed	\square P	008414	139
	parer	Eirmie		STOCKMAN KASI	RYAN & CO, LL	P		E	IN ▶ 8	4-150		
Use	Only		s name				CO 00003				0-1186	
May	the				<pre>IUE, SUITE 400 COLORA vn above? (see instructio</pre>		CO 80303			. X		
viay	uic l	NO UIS	ouss uns ittuill	******* The brehaler 2010A	20040: (366 111311111111111					^	_ i es	No

For Paperwork Reduction Act Notice, see the separate instructions.

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P	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission:
-	THE MISSION OF THE YMCA OF THE PIKES PEAK REGION IS TO PUT CHRISTIAN
	PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT BUILD HEALTHY SPIRIT,
	MIND AND BODY FOR ALL.
	SEE SCHEDULE O FOR CONTINUATION
_	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes X No
	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.
	the total expenses, and revenue, if any, for each program service reported.
_	
4a	(Code:) (Expenses \$1,347,368. including grants of \$) (Revenue \$1,161,083.
	THE Y IS A LEADING VOICE ON HEALTH AND WELL-BEING. WE BRING
	FAMILIES CLOSER TOGETHER, ENCOURAGE GOOD HEALTH, AND FOSTER
	CONNECTIONS THROUGH FITNESS, SPORTS, FUN AND SHARED INTERESTS.
	SEE SCHEDULE O FOR CONTINUATION
4b	(Code:) (Expenses \$ $_{3,732,860}$. including grants of \$) (Revenue \$ $_{2,424,476}$.
	OUR YMCA IS COMMITTED TO NURTURING THE POTENTIAL OF EVERY CHILD
	AND TEEN. WE BELIEVE THAT ALL KIDS DESERVE THE OPPORTUNITY TO
	DISCOVER WHO THEY ARE AND WHAT THEY CAN ACHIEVE.
	SEE SCHEDULE O FOR CONTINUATION
40	(Code:) (Expenses \$ 467,907. including grants of \$) (Revenue \$
70	OUR YMCA BELIEVES IN GIVING BACK AND SUPPORTING OUR NEIGHBORS. WE
	HAVE BEEN LISTENING AND RESPONDING TO OUR COMMUNITY'S MOST
	CRITICAL NEEDS FOR 135 YEARS.
	SEE SCHEDULE O FOR CONTINUATION
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
46	Total program service expenses > 15,548,135

4e Total program service expenses ► 15,548,135.

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Page 1

-ar	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		37	
_	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	_		v
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			Х
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Λ
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	5		Х
6	Part III			21
O	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"	-		
Ĭ	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
-	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	37	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
t	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	445	Х	
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Λ	
ıza	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"	12a		Х
h	complete Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	120		21
b	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section $170(b)(1)(A)(ii)$? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	4.0		7.7
	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		X
<u>a</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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Part	V Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States			
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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 Schedule J	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25	24a	Х	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		Х
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
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		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, 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		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	X	<u> </u>
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	

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return . 212			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	_	3.5	
_	and services provided to the payor?	7a	X	37
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		X
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7.		v
	required to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7-		X
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g		21
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 y 7 h		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	/ 11		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
-	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans 13b			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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YOUNG MEN'S CHRISTIAN ASSOCIATION Form 990 (2012) 84-0404266 Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management Yes 2.9 1a Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 2.8 Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 Χ any other officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct X 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? . . . X 4 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets?.... Х 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint Х **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X 8a a The governing body?................ 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Nο Х 10a **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . b Describe in Schedule O the process, if any, used by the organization to review this Form 990. Χ 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give Χ 12b rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," Х 12c describe in Schedule O how this was done 13 Χ 13 Χ 14 14 Did the organization have a written document retention and destruction policy?........ Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement Χ 16a with a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶_NONE _____ 17 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. | X | Upon request Other (explain in Schedule O) Own website Another's website

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶DAN DUMMERMUTH, CEO 316 N. TEJON ST. COLORADO SPRINGS, CO 80903 7194719790

Part VII

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list an)	box, unless person is both an officer and a director/trustee)					an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted 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) THOMAS KENNEDY	1.00									
BOARD CHAIR		X		Х				0	0	0
(2) WALT GLOVER	1.00									·
TREASURER		Х		Х				0	0	0
(3) SHARIE FLANAGAN	1.00									
SECRETARY		Х		Х				l o	0	0
(4) MIKE CALLICRATE	1.00									
DIRECTOR		Х						0	0	0
(5) LINDSEY APARACIO	1.00									
DIRECTOR		Х						0	0	0
(6) PAUL BUTCHER	1.00									_
DIRECTOR		Х						O	0	0
(7) RAFAEL CINTRON	1.00									
DIRECTOR		X						C	0	0
(8) MATT CARPENTER	1.00									
DIRECTOR		Х						0	0	0
(9) DEBORAH ADAMS	1.00									
DIRECTOR		X						0	0	0
(10) STEVE HELBING	1.00									
DIRECTOR		X						0	0	0
(11)KENT FORTUNE	1.00									
DIRECTOR		X						0	0	0
(12) TED KERR	1.00									
DIRECTOR		X			_			О	0	0
(13) PHIL LANE	1.00									
DIRECTOR		Х			_			О	0	0
(14) REGINA LEWIS	1.00							_	_	_
DIRECTOR		X						0	0	0

Form **990** (2012)

JSA.

Form 990 (2012) Page **8**

Part VII Section A. Officers, Directors	·	y En	пріо			and F	ııgı		1 1	ontinue		
(A) Name and title	(B) Average hours per week (list any hours for	box,	unles er and	s pe	ition more rson irect	e than o	an ee)	(D) Reportable compensation from the	Reportable compensation from related organizations	am	(F) stimated nount of other pensation	f
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	org and	om the anizatio d related anization	b
15) AL HOLLAND	1.00											
DIRECTOR		Х						С	0			0
16) RICK MACK	1.00											_
DIRECTOR	1 22	X						С	0			0
17) NATE OLSON	1.00											_
DIRECTOR	1 00	X						С	0			0
18) SHAWN RAINTREE	1.00											_
DIRECTOR	1 00	X						С	0			0
19) C.J. MOORE DIRECTOR	1.00							C				0
20) STEVE WOODFORD	1.00	X							0			
DIRECTOR		X						C				0
21) JEFF THOMAS	1.00	Λ							0			
DIRECTOR - SEE SCH O		Х						1,097.	0			0
22) MARY THURMAN	1.00	Λ						1,007.				
DIRECTOR		X										0
23) ANN WINSLOW	1.00	21										
DIRECTOR		Х										0
24) MATT GRAGE	1.00											
DIRECTOR		Х							ol ol			0
25) JULIAN FLORES	1.00											
DIRECTOR		Х							ol			0
1b Sub-total	<u>'</u>							C	0			0
c Total from continuation sheets to Part	VII, Section A						•	521,626.	0		85,0	38.
d Total (add lines 1b and 1c)							>	521,626.	0		85,0	38.
2 Total number of individuals (including bur reportable compensation from the organi			liste 2	d at	ove	e) who	re	ceived more than	\$100,000 of			
											Yes	No
3 Did the organization list any former employee on line 1a? If "Yes," complete S										3		X
4 For any individual listed on line 1a, is organization and related organizations	s greater than	\$15	50,00	00?	lf	"Yes	,"	complete Schedu	le J for such			
individual										4	X	
5 Did any person listed on line 1a receiv for services rendered to the organization? Section B. Independent Contractors										5		Х
· ·			- ا- مر			hacte	'	hot rood:	than #100 000 -	τ		
1 Complete this table for your five highest	compensated II	паере	enae	ent (con	ıracto	ıst	nat received more	e man \$100,000 o	I		

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 1		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 5

Part VII Section A. Officers, Directors, (A)	(B)			(C)	•	Ŭ	(D)	(E)		F)
Name and title	Average hours per week (list any hours for	box, office	not che unless er and	Position eck most personal a dire	ore than on is both ctor/trus	n an stee)	Reportable compensation from the	Reportable compensation from related organizations	Estin amo otl compe	nated unt of her ensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	organ and r	n the nization related izations
6) JAY KLOSTER	1.00									
DIRECTOR		X					0	0		
7) GARY FEFFER	1.00									
DIRECTOR		X					0	0		
8) ED GLEASON	1.00									
PAST CHAIR		Х					0	0		
9) DAN DUMMERMUTH	45.00									
CEO	5.00			X			172,880.	0	2	8,591
0) BOYD WILLIAMS	45.00									
C00	5.00			X			116,796.	0	2	5,788
1) LISA AUSTIN	45.00									
VP HR	5.00			X			93,604.	0	1	1,754
2) CARRIE BAIR-NORWOOD	45.00									
VP FINANCIAL DEVELOPMENT	5.00			X			92,581.	0	1	1,489
3) SCOTT CHRISTIAN	45.00									
CFO	5.00			X			44,668.	0		7,416
1b Sub-total						•				
c Total from continuation sheets to Part V d Total (add lines 1b and 1c)	•					>				
2 Total number of individuals (including but						o re	eceived more than	\$100.000 of		
reportable compensation from the organization	ation >	2	2		,					
									١	res No
3 Did the organization list any former	officer. directo	r. or	trus	stee.	kev	emr	olovee, or highes	t compensated		
employee on line 1a? If "Yes," complete Sc.									3	Х
4 For any individual listed on line 1a, is t										
organization and related organizations	greater than	\$15	0,00	0?	If "Ye	es,"	complete Schedu	le J for such		
individual									4	X
5 Did any person listed on line 1a receive										
for services rendered to the organization?	If "Yes," comple	te Sch	nedul	e J fo	or such	n pei	rson		5	X
Section B. Independent Contractors										
 Complete this table for your five highest of compensation from the organization. Reported. 										

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

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

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Part VIII Statement of Revenue

Check if Schedule O contains a response to any question in this Part VIII (B) (C) (D) Related or Unrelated Revenue Total revenue business excluded from tax exempt revenue function under sections 512, 513, or 514 revenue Contributions, Gifts, Grants and Other Similar Amounts 311 1a Federated campaigns 1b Membership dues С Fundraising events 188,018 1d 1e 1,028,862 Government grants (contributions) . . f All other contributions, gifts, grants, and similar amounts not included above . 1f 1,403,752 g Noncash contributions included in lines 1a-1f: \$ _ Total. Add lines 1a-1f 2,620,943 Program Service Revenue **Business Code** YOUTH DEVELOPMENT 624410 2,254,600 2,254,600 2a 713940 11,966,496 11,966,496 HEALTHY LIVING h SOCIAL RESPONSIBILITY 713940 150,586 150,586 f All other program service revenue Total. Add lines 2a-2f 14,371,682 Investment income (including dividends, interest, and 36,848. Income from investment of tax-exempt bond proceeds . . . > 0 4 5 Royalties (i) Real (ii) Personal 303,979 6a Gross rents **b** Less: rental expenses 303,979 Rental income or (loss) . . d Net rental income or (loss) . . 303,979 303,979 (i) Securities (ii) Other Gross amount from sales of 698,732. assets other than inventory 7,500 **b** Less: cost or other basis and sales expenses 635,972. 62,760. 7,500 c Gain or (loss) 70,260. 70,260 Other Revenue Gross income from fundraising ATCH 2 events (not including \$ _____188,018. of contributions reported on line 1c). 20,562. See Part IV, line 18 a Less: direct expenses **b** c Net income or (loss) from fundraising events .ATCH .3 .▶ -65,682 -65,682 9a Gross income from gaming activities. See Part IV, line 19 a **b** Less: direct expenses c Net income or (loss) from gaming activities . _ _ 10a Gross sales of inventory, less returns and allowances 82,883 **b** Less: cost of goods sold . ATCH .4 28,374. Net income or (loss) from sales of inventory 54,509 54,509 Miscellaneous Revenue **Business Code** MISCELLANEOUS 900099 5,976 5,976 11a 523920 RESOURCE Y SUPPORT 105,500 105,500 b С All other revenue 111,476 e Total. Add lines 11a-11d Total revenue. See instructions 17,504,015 41,426. 14,841,646

Part IX Statement of Functional Expenses

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

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

Table Fees for services (non-employees): a Management		Check if Schedule O contains a resp	onse to any question in	this Part IX		
Grants and other assistance in individuals in the United States. See Part IV, line 22		not include amounts reported on lines 6b, 7b,		(B) Program service	(C) Management and	(D) Fundraising
2 Grants and other assistance to individuals in the United States. See Part IV, line 22. 3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, line 24. 4 Benefits paid to or for members. 5 Compensation of current officers, directors, trustees, and key employees. 6 Compensation of current officers, directors, trustees, and key employees. 6 Compensation of current officers, directors, trustees, and key employees. 7 Other salaries and wages. 8 236 c.819. 7 7,279,795. 9 26,641. 30,182 Pession plan actival activation of trusted seaton 4868(filt) and episode params described in section 486(sil(3)) and 40(3)) employer contributions (include seaton 490,783. 30 (1) Payroll libror and wages. 9 Other employee benefits. 9 Other employee benefits. 9 Other employee benefits. 9 Other employee benefits. 10 Eagl . 10 Accounting . 10 Legal . 12 Accounting . 13 A, 624. 14 Accounting . 14 Legal . 15 Accounting . 16 Lobbying . 17 Investment management flees. 18 Advertising and promotion . 242,587. 242,195. 242,587. 277,986. 67,756. 453. 244,195. 359,986. 67,756. 453. 244,195. 331,375. 63,327. 266,775. 453. 266,7756. 453. 27,370. 28 Advertising and promotion . 242,587. 297,919. 11,363. 23,465. 34,624. 34	1	Grants and other assistance to governments and				
the United States. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16. Benefits paid to or for members Compensation of current officers, directors, trustees, and Key employees the part of the state of the pass of the state of the pass of the state of the state of the pass of the state of the state of the pass of the state of the state of the state of the pass of the state of the		organizations in the United States. See Part IV, line 21	0			
3 Grants and other assistance to governments, organizations, and other assistance to governments, organizations, and individuals outside the United States. See Part N. lines 15 and 16. 4 Benefits paid to or for members 5 Compensation of current officores, directors, trustees, and key employees. 6 Compensation not included above, to disqualified persons (accorded in acction 4988(0)(1)) and persons electroded in acction 4988(0)(3)(8) 7 Other salaries and wages. 8 Paration plan accruels and contributions (include section 4011) and 4010) employee certifications. 9 Other employee benefits. 3 31, 895. 2 57, 892. 7 2, 980. 1, 248 9 Payroll taxes. 8 02, 654. 6 680, 970. 119, 499. 2, 185 1 Foos for services (non-employees): 9 Contenting and promotion of the employee benefits. 1 Legal 9 Contenting 1 Legal 2 Accounting 1 Lotbying 1 Lotbying 1 Lotbying 2 Compensation and the section of	2	Grants and other assistance to individuals in				
organizations, and individuals outside, the United States. See Part IV, lines 15 and 16, 0 8 Benefits paid to or for members		the United States. See Part IV, line 22	0			
United States. See Part IV, lines 15 and 16, 4 Banelitis paid to or for members . 0 5 Compensation of current officers, directors, trustees, and key employees . 673,341. 673,341. 673,341. 673,341. 673,341. 673,341. 673,341. 673,341. 673,341. 673,341. 673,341. 673,341. 673,341. 7 Other salaries and wages . 8,236,619. 7,279,796. 926,641. 30,182 Person plan accusia and controlutions (include section 401(k) and 403(b) employer contributions). 469,783. 390,088. 78,167. 1,588 7 Other employee benefits . 331,895. 257,892. 72,980. 1,023 10 Payroll taxes . 802,654. 680,970. 119,499. 2,185 11 Fees for services (non-employees): 802,654. 680,970. 119,499. 2,185 12 Advantagement . 0 13 Alanagement . 0 14 Lobyling . 0 16 Protessional bradrating services. See Part IV. line 17 f Investment management fees . 16,525. 16,525. 16,525. 17 12 Advantagement services (non-employees): 318,549. 240,546. 72,465. 5,538. 17 13 Office expenses . 318,549. 240,546. 72,465. 5,538. 17 14 Order persones . 2,632,125. 2,612,035. 20,090. 17 17 Travel . 9,798. 18,7478. 123,011. 57,991. 6,476 18 Payments of travel or entertainment expenses for any factoral, state, or local public officials of Conference . 18,7478. 123,011. 57,991. 6,476 19 Other expenses . 10 and moving and promotion . 1,695,741. 1,621,417. 74,324. 220,884. 184,857. 16,027. 189. 11,693. 4,930 10 Interest . 684,589. 588,237. 96,352. 2 10 Payments to diffiales . 0 10 Other expenses . Intrinsic expenses not covered above filts interest complete sin in early 18, 180, 180. 15,548,135. 2,738,805. 93,890 18 Payments to affiliates . 0 19 PROGRAM SUPPLIES . 16,937. 14,744. 677,633. 49,510. 13,621 19 PROGRAM SUPPLIES . 180,000. 15,930. 4,930 10 PROGRAM SUPPLIES . 180,000. 15,930. 4,930 20 PROGRAM SUPPLIES . 180,000. 15,930. 4,930 21 Advancia, is line 24e expenses not covered above filts interest complete this interest in covered above filts interest complete this interest in covered above filts miscolairous peparses in filts 24e. 19 interest control in column (B)	3	Grants and other assistance to governments,				
## Benefits paid to or for members 0 0		-				
5 Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4986/(11)) and persons described in section 4986/(11)) and persons described in section 4986/(11) and persons described in section 4986/(11)) and person described in section 4986/(11)) and person described in section 4986/(11) and person described in section 4986/(11)) and person described in section 4986/(11) and person described in section 4986/(11)) and person described in section 4986/(11) and person described in section 4986/(11) and person described in section 4986/(11) and person 4016 and 4916 and	_					
trustees, and key employees (Compensation not included above, to disquatified persons (so defined under section 4958(i(1)) and persons (see softened under section 4958(i(1)) and persons described in section 4958(i(1)) and persons described in section 4958(i(1)) and persons described in section 4958(i(1)) and person describe			0			
6 Compensation not included above, to disqualities pursons (as defined under section 4988(f(1)) and pursons described in section 4988 and accurate and contributions (include section 4918) and 403(t) employer contributions). 7 Other employee benefits. 8 0 Other employee benefits. 8 0 2,654. 8 0 2,654. 8 0 2,654. 8 0 2,72,880. 1 19,499. 2 1,1023 2 1,1023 2	5	'	672 241		672 241	
persons (as defined under section 4958(a)(3)(8) 0 0			6/3,341.		6/3,341.	
Person described in section 4958(c)(3)(B) 7 Other salaries and wages 8 Person plan accruate and contributions (include section 401(k) and 403(k) employer contributions). 9 Other employee benefits. 9 Other employee benefits. 1 Fees for services (incn-employees): 1 Peyroll taxes. 9 Other minimum anagement to 1 to	6					
7 Other salaries and wages 8,236,619 7,279,796 926,641 30,182 8 Pension plan accruals and contributions (include section 401(k) and 403(k) employer contributions). 469,783 390,068 78,167 1,548 9 Other employee benefits 331,895 257,892 72,980 1,023 10 Payroll taxes 802,654 680,970 119,499 2,185 11 Fees for services (non-employees): 0 18,340 18,340 18,340 18,340 18,340 18,340 18,340 18,340 18,340 16,525						
8 Pension plan accruals and contributions (include section 40(t) and 40(3(b) employer contributions). 469,783. 390,068. 78,167. 1,548 9 Other employee benefits . 331,895. 257,892. 72,980. 1,023 10 Payroll taxes . 802,654. 680,970. 119,499. 2,185 1 Fees for services (non-employees): a Management . 0 b Logal . 34,624. 34,624. d Lobbying . 0 e Professional fundraising services. See Part IV. line 17 finvestiment management fees . 16,525. g Other. (# line 11g amount secureds 10% to line 25, column (A) amount. list line 11g expenses on Schedule O.) . 242,587. 207,819. 11,363. 23,405 10 Travel . 331,375. 63,327. 266,775. 1,273 11 Travel . 323,1375. 633,27. 266,775. 1,273 12 Royalties . 0 13 Contenency . 2,632,125. 2,612,035. 20,090. Cocupancy . 2,632,125. 2,612,035. 20,090. Cocupancy . 2,632,125. 2,612,035. 20,090. Cocupancy . 1 Travel . 955,348. 68,929. 23,682. 2,737 11 Travel . 958,348. 68,929. 23,682. 2,737 12 Payments to affiliates . 0 1 Conferences, conventions, and meetings . 187,478. 123,011. 57,991. 6,476 1 Payments to affiliates . 0 2 Depreciation, depletion, and amortization . 1,695,741. 1,621,417. 74,324	_		0 226 610	7 070 706	006 641	20 100
469,783			0,230,019.	7,279,796.	920,641.	30,162.
9 Other employee benefits	8	·	160 702	300 060	70 167	1 5/0
Payroll taxes 802,654 680,970 119,499 2,185	_			· · · · · · · · · · · · · · · · · · ·	•	
Fees for services (non-employees): a Management 0						
a Management b Legal C Accounting 18,340. 18,340. d Lobbying e Professional fundraking services. See Part IV. line 17 f Investment management fees g Other. (if line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O). Advertising and promotion 242,587. 207,819. 11,363. 23,405 348,549. 240,546. 72,465. 5,538 16 Occupancy 2,632,125. 2,612,035. 20,090. Travel Cocupancy 2,632,125. 2,612,035. 20,090. 71 Travel 95,348. 68,929. 23,682. 2,737 8 Payments of travel or entertainment expenses for any federal, state, or local public officials C Conferences, conventions, and meetings 187,478. 123,011. 157,991. 6,476 10 Interest 10 Interest 10 Interest 10 Interest 11 Interest 12 Depreciation, depletion, and amortization 1,695,741. 1,621,417.	10		002,034.	000,970.	117,477.	۷,105.
b Legal		, , , ,	0			
C Accounting 18,340. 18,340. 18,340.			34 624		34 624	
Company Comp		· ·				
e Professional fundraising services. See Part IV, line 17 f Investment management fees 16,525. 16,525. 16,525. g Other. (# line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O). 428,195. 359,986. 67,756. 453 12 Advertising and promotion 242,587. 207,819. 11,363. 23,405 31 Office expenses 318,549. 240,546. 72,465. 5,538 11 Information technology. 331,375. 63,327. 266,775. 1,273 12 Royalties. 0 0 0 Cocupancy. 2,632,125. 2,612,035. 20,090. 17 Travel. 95,348. 68,929. 23,682. 2,737 13 Payments of travel or entertainment expenses for any federal, state, or local public officials 0 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 0 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 0 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 0 187,478. 123,011. 57,991. 6,476 189,7478. 123,011. 57,991. 6,476 189,7478. 123,011. 57,991. 6,476 199,764. 11,621,417. 74,324. 16,95,741. 1,621,417. 74,324. 16,95,741. 1,621,417. 74,324. 16,95,741. 1,621,417. 74,324. 16,95,741. 1,621,417. 74,324. 16,95,741. 1,621,417. 74,324. 184,857. 16,027. 189,000 (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) a PROGRAM_SUPPLIES 740,764. 677,633. 49,510. 13,621 b ORGAN_IZATION_DUES 181,412. 165,589. 10,893. 4,930 c MISCEXPENSES 58,002. 26,023. 31,460. 519 d All other expenses 181 line only if the organization reported in column (B) joint costs from a combined educational exampsign and fundraising solicitation. Check here ▶ 1 if following SOP 98-2 (ASC 986-720). 0		-			10,540.	
f Investment management fees 16,525. 16,525.						
9 Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.). 2 Advertising and promotion 242,587. 207,819. 11,363. 23,405 318,549. 240,546. 72,465. 5,538 14 Information technology. 331,375. 63,327. 266,775. 1,273 15 Royalties. 0 16 Occupancy 2,632,125. 2,612,035. 20,090. 17 Travel. 95,348. 68,929. 23,682. 2,737 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 187,478. 123,011. 57,991. 6,476 20 Interest 19 Depreciation, depletion, and amortization 1,695,741. 1,621,417. 74,324. 1 Insurance 200,884. 184,857. 16,027. 24 Other expenses, Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a PROGRAM SUPPLIES 740,764. 677,633. 49,510. 13,621 b ORGANIZATION DUES 181,412. 165,589. 10,893. 4,930 c MISC. EXPENSES 58,002. 26,023. 31,460. 519 d e All other expenses. Add lines 1 through 24e 18 torganization reported in column (B) joint costs from a combined educational campaign and fundratising solicitation clorum (B) joint costs from a combined educational campaign and fundratising solicitation. Check here			16.525		16.525	
(A) amount. list line 11g expenses on Schedule O.), 428,195. 359,986. 67,756. 453 242,587. 207,819. 11,363. 23,405 318,549. 240,546. 72,465. 5,538 1 Information technology. 331,375. 63,327. 266,775. 1,273 8 Royalties. 0 Cocupancy. 2,632,125. 2,612,035. 20,090. 1 Travel. 95,348. 68,929. 23,682. 2,737 8 Payments of travel or entertainment expenses for any federal, state, or local public officials 0 Conferences, conventions, and meetings. 187,478. 123,011. 57,991. 6,476 1 Interest			20,0201		20,020.	
242,587. 207,819. 11,363. 23,405	9		428,195.	359,986.	67,756.	453.
318,549. 240,546. 72,465. 5,538	12					
14 Information technology. 331,375. 63,327. 266,775. 1,273 15 Royalties. 0 2,632,125. 2,612,035. 20,090. 16 Occupancy 2,632,125. 2,612,035. 20,090. 17 Travel 95,348. 68,929. 23,682. 2,737 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 0 23,682. 2,737 19 Conferences, conventions, and meetings 187,478. 123,011. 57,991. 6,476 20 Interest 684,589. 588,237. 96,352. 21 Payments to affiliates. 0 0 22 Depreciation, depletion, and amortization 1,695,741. 1,621,417. 74,324. 23 Insurance 200,884. 184,857. 16,027. 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 740,764. 677,633. 49,510. 13,621 b ORGANIZATION DUES 181,412. 165,589. 10,893. 4,930 c MISC. EXPENSES 58,002. 26,023. 31,460. 519 d e All other expenses. Add lines 1 through 24e torganization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP	13					5,538.
15 Royalties	14					1,273.
16 Occupancy 2,632,125. 2,612,035. 20,090.	15					
17 Travel	16	· ·	2,632,125.	2,612,035.	20,090.	
Payments of travel or entertainment expenses for any federal, state, or local public officials 187,478. 123,011. 57,991. 6,476	17		95,348.	68,929.	23,682.	2,737.
for any federal, state, or local public officials Conferences, conventions, and meetings	18					
187 ,478 . 123 ,011 . 57 ,991 . 6 ,476 20 Interest			0			
Interest	19	Conferences, conventions, and meetings	187,478.	123,011.	57,991.	6,476.
Payments to affiliates.	20		684,589.	588,237.	96,352.	
Depreciation, depletion, and amortization	21		-			
Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a PROGRAM SUPPLIES 740,764. 677,633. 49,510. 13,621 b ORGANIZATION DUES 181,412. 165,589. 10,893. 4,930 c MISC. EXPENSES 58,002. 26,023. 31,460. 519 d 6 8 All other expenses Add lines 1 through 24e 18,380,830. 15,548,135. 2,738,805. 93,890 25 Total functional expenses. Add lines 1 through 24e organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	22		1,695,741.	1,621,417.	74,324.	
Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a PROGRAM SUPPLIES	23	Insurance	200,884.	184,857.	16,027.	
line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a PROGRAM_SUPPLIES	24					
(A) amount, list line 24e expenses on Schedule O.) a PROGRAM_SUPPLIES		above (List miscellaneous expenses in line 24e. If				
a PROGRAM SUPPLIES 740,764. 677,633. 49,510. 13,621 b ORGANIZATION DUES 181,412. 165,589. 10,893. 4,930 c MISC. EXPENSES 58,002. 26,023. 31,460. 519 d		·				
b ORGANIZATION DUES c MISC. EXPENSES 58,002. 26,023. 31,460. 519 d e All other expenses Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶		(A) amount, list line 24e expenses on Schedule O.)				
c MISC. EXPENSES d e All other expenses 25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶						13,621.
de All other expenses						4,930.
e All other expenses	С	MISC. EXPENSES	58,002.	26,023.	31,460.	519.
Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	d					
Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	е	All other expenses				
organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)	25		18,380,830.	15,548,135.	2,738,805.	93,890.
following SOP 98-2 (ASC 958-720)	26	organization reported in column (B) joint costs from a combined educational campaign and				
	ISA		0			5 000 (a

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Form 990 (2012) Page **11**

Part X **Balance Sheet**

		Chack if Schodula Cooptains a response	to on	, guardian in this Dari	• V		
		Check if Schedule O contains a response	to any	question in this Pan			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			590,804.	1	749,886.
	2	Savings and temporary cash investments			261,997.	2	113,365.
	3	Pledges and grants receivable, net			13,743.	3	138,272.
	4	Accounts receivable, net			62,012.	4	272,258.
	5	Loans and other receivables from current and					
		trustees, key employees, and highest co	omper	nsated employees.			
		Complete Part II of Schedule L			0	5	0
	6	Loans and other receivables from other disqualified pers	ons (as	defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B) and sponsoring organizations of section 501(c)(9) volu					
		organizations (see instructions). Complete Part II of Sche			0	6	0
ets	7	Notes and loans receivable, net			0	7	0
Assets	8	Inventories for sale or use			557.	8	0
_	9	Prepaid expenses and deferred charges			198,484.	9	234,913.
	10 a	Land, buildings, and equipment: cost or					
			10a	60,328,707.			
	b	Less: accumulated depreciation	10b	20,725,459.	40,978,647.	10c	39,603,248.
	11	Investments - publicly traded securities			1,378,098.	11	1,040,206.
	12	Investments - other securities. See Part IV, line 11		210,000.	12	210,000.	
	13	Investments - program-related. See Part IV, line 11		0	13	0	
	14	Intangible assets		0	17	0	
	15	Other assets. See Part IV, line 11			1,980,078.	15	1,902,213.
	16	Total assets. Add lines 1 through 15 (must equal			45,674,420.	16	44,264,361.
	17	Accounts payable and accrued expenses		1,199,106.	17	1,354,670.	
	18	Grants payable	0		0		
	19	Deferred revenue	599,793.	_	621,023.		
	20	Tax-exempt bond liabilities			16,993,750.		16,303,500.
es	21	Escrow or custodial account liability. Complete Pa		0	21	0	
Liabilities	22	Loans and other payables to current and for					
<u>ia</u>		trustees, key employees, highest compen					
_		disqualified persons. Complete Part II of Schedule			000.006	22	0.50, 205
	23	Secured mortgages and notes payable to unrelate			280,006.	_	262,326.
	24	Unsecured notes and loans payable to unrelated			0	24	0
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lines		' '	2,011,671.	25	2,155,701.
	26	of Schedule D Total liabilities. Add lines 17 through 25			21,084,326.	_	20,697,220.
_	20	Organizations that follow SFAS 117 (ASC 958),			21,004,320.	20	20,057,220.
es		complete lines 27 through 29, and lines 33 and	34.	There A and			
anc	27	Unrestricted net assets			22,118,604.	27	21,200,128.
Bal	28	Temporarily restricted net assets			856,196.	28	701,700.
2	29	Permanently restricted net assets		<u></u>	1,615,294.	29	1,665,313.
Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958) complete lines 30 through 34.	, chec	k here 🕨 🔛 and			
ts	30	Capital stock or trust principal, or current funds				30	
SSe	31	Paid-in or capital surplus, or land, building, or equ	ıipmer	nt fund		31	
Ä	32	Retained earnings, endowment, accumulated inco		32			
Net	33	Total net assets or fund balances			24,590,094.	33	23,567,141.
	34	Total liabilities and net assets/fund balances			45,674,420.	34	44,264,361.

Form 990 (2012) Page **12**

						J -
Part			-	-		
	Check if Schedule O contains a response to any question in this Part XI				Х	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		17,5	04,0	015.
2	Total expenses (must equal Part IX, column (A), line 25)	2		18,3	80,8	330.
3	Revenue less expenses. Subtract line 2 from line 1	3			76,8	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		24,5	90,0	094.
5	Net unrealized gains (losses) on investments	5		-1	46,2	138.
6	Donated services and use of facilities	6				0
7	Investment expenses	7				0
8	Prior period adjustments	8				0
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		23,5	67,3	141.
Part						
	Check if Schedule O contains a response to any question in this Part XII				Ш	
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," ex	xplai	n in			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	pile	d or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ted o	on a			
	separate basis, consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for overs	sight				
	of the audit, review, or compilation of its financial statements and selection of an independent accour	-		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, e	xplai	n in			
	Schedule O.	-				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	t fort	h in			
	the Single Audit Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	ergo	the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	_		3b		

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

Department of the Treasury

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

Open to Public Inspection

► Attach to Form 990 or Form 990-EZ. ► See separate instructions. Internal Revenue Service Name of the organization YOUNG MEN'S CHRISTIAN ASSOCIATION **Employer identification number** OF THE PIKES PEAK REGION 84-0404266 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 Χ An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 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 11 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. Type II **c** Type III-Functionally integrated **d** Type III-Non-functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (vii) Amount of monetary (iv) Is the (v) Did you notify (vi) Is the organization in organization (described on lines 1-9 the organization organization in support col. (i) listed in above or IRC section in col. (i) of col. (i) organized your governing (see instructions)) your support? in the U.S.? document? Yes No Yes No Yes No (A) (B) (C) (D)

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

Schedule A (Form 990 or 990-EZ) 2012

(E)

Schedule A (Form 990 or 990-EZ) 2012 Page 2

Pai	Support Schedule for C (Complete only if you che Part III. If the organization	cked the box o	n line 5, 7, or	8 of Part I or i	f the organiza	tion failed to q	
Sec	tion A. Public Support	. ,	<u>``</u>			,	
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do no include any "unusual grants.")	t					
2	Tax revenues levied for the organization's benefit and either pair to or expended on its behalf	d					
3	The value of services or facilitie furnished by a governmental unit to the organization without charge	e -					
4	Total. Add lines 1 through 3	-					
5	governmental unit or publicl supported organization) included or line 1 that exceeds 2% of the amount	a y n t					
•	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line	1.					
	tion B. Total Support	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	ndar year (or fiscal year beginning in)	` ,	(b) 2009	(6) 2010	(u) 2011	(6) 2012	(i) Total
7 8	Amounts from line 4 Gross income from interest, dividends payments received on securities loans rents, royalties and income from similar sources	i, i, r					
9	Net income from unrelated busines activities, whether or not the busines is regularly carried on	s					
10	Other income. Do not include gain o loss from the sale of capital asset (Explain in Part IV.)	s					
11	Total support. Add lines 7 through 10.						
12	Gross receipts from related activities, etc.	,					
13	First five years. If the Form 990 is organization, check this box and stop her						
Sec	tion C. Computation of Public Su	pport Percenta	age				
14	Public support percentage for 2012			e 11. column (f)	1	14	%
15	Public support percentage from 201						%
	331/3% support test - 2012. If the						
	this box and stop here . The organiza						
b	331/3% support test - 2011. If the	•		_			
	check this box and stop here . The or						
17a	10%-facts-and-circumstances test						
	10% or more, and if the organization Part IV how the organization meets					-	
b	organization. 10%-facts-and-circumstances test 15 is 10% or more, and if the or Explain in Part IV how the organization.	- 2011. If the organization meets the	ganization did i s the "facts-ar "facts-and-circu	not check a box id-circumstances mstances" test.	x on line 13, 10 s" test, check The organizati	6a, 16b, or 17a this box and s o on qualifies as	top here.
18	supported organization Private foundation. If the organization						▶ ∟ e

Schedule A (Form 990 or 990-EZ) 2012

Schedule A (Form 990 or 990-EZ) 2012 Page 3

Part III

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

500	tion A Public Support	any ander the	tests listed be	now, picase co	inpicto i ait ii	•)	
	tion A. Public Support	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
_	ndar year (or fiscal year beginning in)	(a) 2000	(b) 2009	(6) 2010	(u) 2011	(6) 2012	(i) iotai
1	Gifts, grants, contributions, and membership fees						
_	received. (Do not include any "unusual grants.")	1,843,986.	2,158,109.	1,566,048.	2,050,557.	2,620,943.	10,239,643.
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	15,796,384.	15,524,055.	14,967,266.	13,961,968.	14,580,627.	74,830,300.
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						0
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						0
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						0
6	Total. Add lines 1 through 5	17,640,370.	17,682,164.	16,533,314.	16,012,525.	17,201,570.	85,069,943.
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons	35,721.	330,731.	177,184.	74,168.	80,568.	698,372.
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
c	Add lines 7a and 7b	35,721.	330,731.	177,184.	74,168.	80,568.	698,372.
8	Public support (Subtract line 7c from	,	,		,	55,555	
	line 6.)						84,371,571.
Sec	tion B. Total Support						01,3,1,3,1.
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6	17,640,370.	17,682,164.	16,533,314.	16,012,525.	17,201,570.	85,069,943.
	Gross income from interest, dividends,	17,840,370.	17,002,104.	10,533,314.	10,012,525.	17,201,570.	65,069,943.
	payments received on securities loans,						
	rents, royalties and income from similar	005 404	102.044	002 020	052 024	240.005	1 256 525
h	Unrelated business taxable income (less	295,494.	183,244.	283,038.	253,934.	340,827.	1,356,537.
b	,						
	section 511 taxes) from businesses						
_	acquired after June 30, 1975						0
	Add lines 10a and 10b	295,494.	183,244.	283,038.	253,934.	340,827.	1,356,537.
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is regularly						
	carried on						0
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV.) ATCH 1		222,183.	403.	5,170.	5,976.	233,732.
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	17,935,864.	18,087,591.	16,816,755.	16,271,629.	17,548,373.	86,660,212.
14	First five years. If the Form 990 is for	U			,	`	~ _
	organization, check this box and stop here						<u> ▶ </u>
Sec	tion C. Computation of Public Sup	•					
15	Public support percentage for 2012 (line 8					15	97.36%
16	Public support percentage from 2011 Sche	edule A, Part III, lin	e 15			16	97.33%
Sec	tion D. Computation of Investmen	nt Income Per	centage				
17	Investment income percentage for 2012 (li	ne 10c, column (t	f) divided by line 1	3, column (f))		17	1.57%
18	Investment income percentage from 2011	Schedule A, Part	III, line 17			18	1.47%
19 a	331/3% support tests - 2012. If the or	ganization did no	ot check the box	on line 14, and	line 15 is more	e than 331/3%, a	nd line
	17 is not more than 331/3%, check th	is box and stop	here. The orga	anization qualifies	as a publicly	supported organiz	ation > X
b	331/3% support tests - 2011. If the orga	anization did not	check a box on I	ine 14 or line 19	a, and line 16 is	more than 331/3	%, and
	line 18 is not more than 331/3 %, check						
20	Private foundation If the organization						

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Schedule A (Form 990 or 990-EZ) 2012 Page **4**

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

				<u>A</u> '	TTACHMENT 1	
SCHEDULE A, PART I	II - OTHER INCOME					
DESCRIPTION	2008	2009	2010	2011	2012	TOTAL
MISCELLANEOUS		10,820.	403.	5,170.	5,976.	22,369.
INSURANCE CLAIM		211,363.				211,363.
TOTALS	_ =	222,183.	403.	5,170.	5,976.	233,732.

Schedule B (Form 990, 990-EZ,

Department of the Treasury

or 990-PF)

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

2012

Internal Revenue Service **Employer identification number** Name of the organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE PIKES PEAK REGION 84-0404266 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990,

990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Name of organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE PIKES PEAK REGION

Employer identification number 84-0404266

Part I	Contributors	(see instructions).	Use duplicate	copies of Part I if	additional space is needed.
--------	--------------	---------------------	---------------	---------------------	-----------------------------

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1 _		\$228,586.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2 _		\$70,740.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3 _		\$54,322.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4			Person
		\$40,000.	Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	\$40,000. (c) Total contributions	Noncash (Complete Part II if there is
I		(c)	Noncash (Complete Part II if there is a noncash contribution.) (d)
No.		(c) Total contributions	Noncash (Complete Part II if there is a noncash contribution.) (d) Type of contribution Person Payroll Noncash (Complete Part II if there is

Name of organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE PIKES PEAK REGION

Employer identification number 84-0404266

Part I	Contributors ((see instructions)	. Use du	plicate cop	pies of I	Part I if	additional	space is	needed.
--------	----------------	--------------------	----------	-------------	-----------	-----------	------------	----------	---------

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7 -		\$31,058.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8 _		\$30,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9 _		\$25,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$20,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 11 _		\$13,800.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$10,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Name of organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE PIKES PEAK REGION

Employer identification number 84-0404266

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_ 13 _		\$8,950.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_ 14 _		\$8,504.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_ 15 _		\$7,900.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
16		\$7,500.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_ 17 _		\$7,500.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
18		1	

Name of organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE PIKES PEAK REGION

Employer identification number 84-0404266

Part I	Contributors	see	instructions).	Use	duplicate	copies o	of Part I if	additional	space is needed	١.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 19 _		\$6,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20		\$ <u>5,525.</u>	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 21 _		\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 22 _		\$5,000.	Person X Payroll Noncash
			(Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(Complete Part II if there is
			(Complete Part II if there is a noncash contribution.)
No.		Total contributions	(Complete Part II if there is a noncash contribution.) (d) Type of contribution Person Payroll Noncash (Complete Part II if there is

Name of organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE PIKES PEAK REGION

Employer identification number 84-0404266

Dowl I	0 (! (/!:t::-:-\	I las skuslisata assissa	4 Dant I if a dalitica a l	
Part I	Contributors	(see instructions)	. Use duplicate copies of	ot Part i it additional	space is needed.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
25		\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_ 26 _		\$5,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_ 27 _		\$5,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Name of organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE PIKES PEAK REGION

Employer identification number 84-0404266

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

Name of organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE PIKES PEAK REGION

Employer identification number 84-0404266

Part III	Exclusively religious,	charitable, etc.,	individual cor	ntributions to	section 501(c)	(7), (8), or (1	0) organizations
	that total more than	\$1,000 for the ye	ear. Complete	columns (a) t	hrough (e) and	the following	ng line entry.

For organizations completing Part III, enter the total of exclusively religious, charitable, etc.,

\ .	duplicate copies of Part III if additiona	ai space is needed.			
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of gift			
	Transferee's name, address, and 2	ZIP + 4	Relationship of transferor to transferee		
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of gift			
	Transferee's name, address, and 2	ZIP + 4	Relationship of transferor to transferee		
a) No. From Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of gift			
	Transferee's name, address, and 2	ZIP + 4	Relationship of transferor to transferee		
n) No. From	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of gift			
	Transferee's name, address, and 2		er or gift Relationship of transferor to transferee		

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047
2012

Open to Publ Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990. ► See separate instructions.

Name of the organization YOUNG MEN'S CHRISTIAN ASSOCIATION

Employer identification number

OF	THE PIKES PEAK REGION	84-0404266
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 c	donor advised
	funds are the organization's property, subject to the organization's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds	s can be used
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any of	
	conferring impermissible private benefit?	Yes . No
Pa	rt II Conservation Easements. Complete if the organization answered "Yes" to For	rm 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
		an historically important land area
	Protection of natural habitat	a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in t	the form of a conservation
	easement on the last day of the tax year.	
		Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a	
_		2d
3	Number of conservation easements modified, transferred, released, extinguished, or termina	ted by the organization during the
	tax year	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, han	-
6	violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation ease	
6	Stan and volunteer flours devoted to monitoring, inspecting, and emorcing conservation ease	inents during the year
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easement	te during the year
'	S	is during the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of sec	tion 170(h)(4)(B)
Ū	(i) and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and	expense statement, and
•	balance sheet, and include, if applicable, the text of the footnote to the organization's financia	
	organization's accounting for conservation easements.	
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its re-	evenue statement and balance sheet
	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its reworks of art, historical treasures, or other similar assets held for public exhibition, educing public service, provide, in Part XIII, the text of the footnote to its financial statements that described in the control of the control of the footnote to its financial statements.	ation, or research in furtherance of
h		
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its reworks of art, historical treasures, or other similar assets held for public exhibition, educing public service, provide the following amounts relating to these items:	
	(i) Revenues included in Form 990, Part VIII, line 1	▶ \$
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar as	
	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	> \$

Schedule D (Form 990) 2012 Page **2**

Par	t Ⅲ Organizations Maintaining	Collections of	f Art, H	istorical ⁻	Treasure	es, or Ot	her Simila	r Asse	ts (co	ntinu	ied)
3	Using the organization's acquisition, collection items (check all that apply):	accession, and o	other reco	ords, check	c any of	the follow	ving that are	a signi	ficant	use c	of its
а	Public exhibition		d	Loan	or exchar	nge progra	ms				
b	Scholarly research		e	Other							
С	Preservation for future generati	ons									
4	Provide a description of the organiza		and exp	lain how t	hev furth	ner the or	ganization's	exempt	purpo	se in	Part
	XIII.				,		g		F F		
5	During the year, did the organization s	solicit or receive o	lonations	of art. histo	orical trea	asures. or	other similar				
-	assets to be sold to raise funds rather								Yes		No
Par	t IV Escrow and Custodial Arr								_		
	line 9, or reported an amou				, a <u>_</u> a				000,		,
			,,	-							
1a	Is the organization an agent, trustee, or	custodian or othe	r interme	diary for co	ntributio	ns or othe	r assets not				
	included on Form 990, Part X?								Yes		No
h	If "Yes," explain the arrangement in Pa	art XIII and compl	ete the fo	llowing tah	ıle:				00		
-	ii 100, oxpiaii iio arrangement iii i	arczani dria compi		mo wing tab	о.		Am	ount			
c	Beginning balance					1c	7 (111	Ount			
Ч	Additions during the year					1d					
и Д	Distributions during the year					1e					
f	Ending balance					1f					
22	Did the organization include an amou								Yes		No
	If "Yes," explain the arrangement in Pa						in Part XIII				ן ואט
	t V Endowment Funds. Compl								<u> </u>		
гаі	Endowinent Funds. Compi	(a) Current year		rior year		years back	(d) Three yea		(e) Fou	r vears	hack
1a	Beginning of year balance	1,965,409.		51,769.		05,704.	1,735,				710.
	Contributions	1,000,400.	2,0	JI, 109.		27,158.	1,755,	400.			, 471 , 471
	Net investment earnings, gains,					27,130.				, د	, + / + .
·	and losses	107 151		74,821.	1	22 044	101	E72		105	006
٨	Grants or scholarships	107,151.		74,021.		32,944.	191,	573.		105,	,806.
	Other expenditures for facilities										
e	and programs	10 220		11 520		14 027	21	260		1.0	E 0 7
	Administrative expenses	19,330.		11,539.		14,037.	Z1,	269.		10,	,587.
	•	2 052 220	1 0	CE 400	2 0	F1 760	1,905,	704	1	72E	400
g	End of year balance	2,053,230.		65,409.		51,769.		704.	⊥,	/35,	400.
2	Provide the estimated percentage of t	•		ce (line 1g,	column (a)) neid as					
a	Board designated or quasi-endowmer		_%								
	Permanent endowment - 68.553										
C	Temporarily restricted endowment ▶	.0536 %	0.007								
20	The percentages in lines 2a, 2b, and 2										
Sa	Are there endowment funds not in the	possession of tr	ne organiz	zation that	are neid	and admir	nistered for th	ie	١	V	NI-
	organization by:									Yes	No
	(i) unrelated organizations								3a(i)	X	
L	(ii) related organizations								3a(ii)		
	If "Yes" to 3a(ii), are the related organ		-						3b	Х	
4	Describe in Part XIII the intended uses										
Par	t VI Land, Buildings, and Equip		•								
	Description of property	(a) Cost or (inves			or other basi ther)		cumulated eciation	(d)	Book va	llue	
	Land		00,000		203,026	_			6,4	03,0	26.
b	Buildings			48,8	342,169	16,6	66,756.		32,1	75,4	113.
С	Leasehold improvements										
d	Equipment			1	41,879	9. 1	26,068.			15,8	311.
е	Other			4,9	941,633	3. 3,9	32,635.		1,0	08,9	98.
Tota	I. Add lines 1a through 1e. (Column (d) must equal Forn	n 990, Pai						39,6		

Page 3 Schedule D (Form 990) 2012

Part VII	Investments - Other Securities. See Fo	orm 990, Part X, line	12.	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year marl	
(1) Financi	al derivatives			
(2) Closely	-held equity interests			
(A)				
(B)				
<u>(C)</u>				
(D)				
(E)				
(F) (G)				
(G) (H)				
<u>(I)</u>				
	nn (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII		orm 990 Part X line	e 13	
r are viii	(a) Description of investment type	(b) Book value	(c) Method of valua Cost or end-of-year marl	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)			<u> </u>	
	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets. See Form 990, Part X, lir			1
	(a) [Description		(b) Book value
(1)				
(2)				
(3)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Total. (Col	umn (b) must equal Form 990, Part X, col. (B) lii	ne 15.)		
Part X	Other Liabilities. See Form 990, Part X,	line 25.		
1.	(a) Description of liability	(b) Book value	e	
(1) Fede	ral income taxes			
(2) BOND	INTEREST RATE SWAP	1,484,0		
	ITABLE GIFT ANNUITY	671,6	574.	
(4)				
(5)				
(6)				
(8)				
(9)				
(10)				
(11)	mn (b) must equal Form 990, Part X, col. (B) line 25.)	▶ 2,155,7	701	
	ASC 740) Footnote. In Part XIII, provide the text o			enorte the organization's
	ncertain tay positions under FIN 48 (ASC 740). Chec			eports the organizations

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	e D (Form 990) 2012		Page 4
Part		n	
1	Total revenue, gains, and other support per audited financial statements	1	17,374,954.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments 2a -146,138.		
b	Donated services and use of facilities 2b		
С	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIII.) 2d 33,602.		
е	Add lines 2a through 2d	2e	-112,536.
3	Subtract line 2e from line 1	3	17,487,490.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.) 4b 16,525.		
	Add lines 4e and 4h	4c	16,525.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	17,504,015.
Part			17,304,013.
	Total expenses and losses per audited financial statements		18,394,036.
1 2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1	10,394,030.
a	Donated services and use of facilities 2a		
b	Prior year adjustments 2b		
C	Other losses 2c		
d	Other (Describe in Part XIII.) 29,731.		
е	Add lines 2a through 2d	2e	29,731.
3	Subtract line 2e from line 1	3	18,364,305.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.) 4b 16,525.		
С	Add lines 4a and 4b	4c	16,525.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	18,380,830.
Part	XIII Supplemental Information		
	ete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro ation.		
SE	E PAGE 5		

Schedule D (Form 990) 2012

Page 5

Part XIII Supplemental Information (continued)

PART V, LINE 4

THE YMCA OF THE PIKES PEAK REGION WILL USE THE INCOME EARNED ON THE ENDOWMENT FUNDS TO PROVIDE PROGRAMS AND SERVICES AS INTENDED BY THE DONOR. IN SITUATIONS WHERE THE DONOR HAS NOT DESIGNATED THE USAGE OF THE PROCEEDS THE YMCA WILL UTILIZE THE FUNDS IN A MANNER THAT MAXIMIZES THE FULFILLMENT OF THE MISSION AND ADDRESSES CRITICAL COMMUNNITY NEEDS AS DIRECTED BY THE VISION 2020 STRATEGIC PLAN.

PART X LINE 2

THE ORGANIZATION BELIEVES THAT IT DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS.

SCH D PART XI LINE 2D

COST OF GOODS SOLD RECLASSIFICATION: \$28,374

FOUNDATION REVENUE REPORTED ON SEPARATE 990: \$ 5,228

SCH D PART XI LINE 4B

INVESTMENT EXPENSES REPORTED NET OF INCOME ON AUDIT

Page 5

Part XIII Supplemental Information (continued)

SCH D PART XII LINE 2D

COST OF GOODS SOLD RECLASSIFICATION: (\$28,374)

FOUNDATION EXPENSES REPORTED ON SEPARATE 990: (\$ 1,357)

SCH D PART XII LINE 4B

INVESTMENT EXPENSES REPORTED NET OF INCOME ON AUDIT

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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.

Department of the Treasury Inspection Internal Revenue Service ► Attach to Form 990 or Form 990-EZ. ► See separate instructions. Name of the organization YOUNG MEN'S CHRISTIAN ASSOCIATION Employer identification number OF THE PIKES PEAK REGION 84-0404266 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. 1 Mail solicitations Solicitation of non-government grants а Internet and email solicitations f Solicitation of government grants Phone solicitations Special fundraising events C g In-person solicitations d Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) custody or control of (or retained by) (ii) Activity or entity (fundraiser) from activity fundraiser listed in contributions? organization col. (i) Yes No 1 2 3 6 8

Total							
3	List all states in which the organizar registration or licensing.	tion is registered o	r licensed	d to solicit	t contributions or	has been notified	it is exempt from
			•	•			

9

10

Schedule G (Form 990 or 990-EZ) 2012

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

		gross receipts greater than \$5,00	00.			
			(a) Event #1 TURKEY TROT	(b) Event #2 GOLF TOURNAMEN	(c) Other events 7.	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c)
Revenue	1	Gross receipts	94,744.	40,100.	73,736.	208,580.
	2	Less: Contributions	94,744.	31,998.	61,276.	188,018.
		Gross income (line 1 minus		0.100	10 460	20.562
_		line 2)		8,102.	12,460.	20,562.
	4	Cash prizes				
	5	Noncash prizes				
enses	6	Rent/facility costs		6,278.	12,735.	19,013.
Direct Expenses	7	Food and beverages		2,489.		2,489.
Dire	8	Entertainment				
	9	Other direct expenses	47,547.	5,789.	11,406.	64,742.
		Direct expense summary. Add lines 4 Net income summary. Combine line 3				(86,244.) -65,682.
Pa		Gaming. Complete if the orga	anization answered "Y			<u> </u>
		than \$15,000 on Form 990-E	Z, line 6a.	I I		
une			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
Revenue						
<u>~</u>	1	Gross revenue				
Ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes% No	Yes% No	Yes% No	
	7	Direct expense summary. Add lines 2	through 5 in column (d)			()
	8	Net gaming income summary. Comb	ne line 1, column d, and	l line 7		
9		nter the state(s) in which the organizat				
		the organization licensed to operate g "No," explain:	aming activities in each	of these states?		. Yes No
		ere any of the organization's gaming I "Yes," explain:	icenses revoked, suspe			Yes No
	_		·	·		

YOUNG MEN'S CHRISTIAN ASSOCIATION

Sched	ule G (Form 990 or 990-EZ) 2012
11	Does the organization operate gaming activities with nonmembers? Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity
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?
13	Indicate the percentage of gaming activity operated in:
а	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name ▶
	Address ►
15 a	Does the organization have a contract with a third party from whom the organization receives gaming
	revenue?
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the
	amount of gaming revenue retained by the third party ▶ \$
С	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
17	Mandatory distributions:
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to
	retain the state gaming license?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations
	or spent in the organization's own exempt activities during the tax year ▶ \$
Par	Supplemental Information. Complete this part to provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Schedule G (Form 990 or 990-EZ) 2012

SCHEDULE J (Form 990)

Compensation Information

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

 Complete if the organization answered "Yes" to Form 990, Part IV, line 23.
 ► Attach to Form 990.
 ► See separate instructions. 2012
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

YOUNG MEN'S CHRISTIAN ASSOCIATION

Name of the organization YOUNG MEN'S CHRIST OF THE PIKES PEAK REGION

Employer identification number 84-0404266

Part	Questions Regarding Compensation					
			Yes	No		
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.					
	First-class or charter travel Housing allowance or residence for personal use					
	Travel for companions Payments for business use of personal residence					
	Tax indemnification and gross-up payments Health or social club dues or initiation fees					
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)					
	Proproductionary openiating account 1 crosmar correspond (e.g., maia, criatinour, orion)					
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to					
	explain					
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers,					
	directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2				
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the					
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a					
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.					
	X Compensation committee Written employment contract					
	Independent compensation consultant X Compensation survey or study					
	Form 990 of other organizations X Approval by the board or compensation committee					
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing					
	organization or a related organization:	4.		37		
a	Receive a severance payment or change-of-control payment?	4a		X		
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X		
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X		
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.					
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.					
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any					
3	compensation contingent on the revenues of:					
а	The organization?	5a		Х		
b	Any related organization?	5b		X		
	If "Yes" to line 5a or 5b, describe in Part III.					
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any					
-	compensation contingent on the net earnings of:					
а	The organization?	6a		Х		
b	Any related organization?	6b		Х		
	If "Yes" to line 6a or 6b, describe in Part III.					
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed					
	payments not described in lines 5 and 6? If "Yes," describe in Part III	7		Х		
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject					
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe					
	in Part III	8		Х		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in					
	Regulations section 53.4958-6(c)?	9				

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2012

YOUNG MEN'S CHRISTIAN ASSOCIATION 84-0404266

Schedule J (Form 990) 2012

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

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

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

	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	reported as deferred in prior Form 990	
DAN DUMMERMUTH (i)	172,880.	((21,317.	7,274.	201,471.	0	
1 CEO (ii)	0	((g	0	0	0	
2 (ii)								
3 (ii)								
(i)								
4 (ii)								
(i)								
5 (ii)								
(i)								
6 (ii)								
(i)								
7 (ii)								
(i)								
8 (ii)								
(i)								
9 (ii)								
(i)								
10 (ii)								
(i)								
11 (ii)								
(i)								
12 (ii)								
(i)								
13 (ii)								
(i)		 	ļ					
14 (ii)								
(i)			ļ					
15 (ii)								
(i)			ļ					
							adula 1/Form 000\ 2012	

YOUNG MEN'S CHRISTIAN ASSOCIATION 84-0404266

Schedule J (Form 990) 2012

Part || Supplemental Information

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

Schedule J (Form 990) 2012

SCHEDULE K (Form 990)

Supplemental Information on Tax-Exempt Bonds

OMB No. 1545-0047
2012
Open to Public

Inspection

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

► Attach to Form 990.

► See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization

YOUNG MEN'S CHRISTIAN ASSOCIATION

Employer identification number

OF THE I	PIKES PEAK REGION									8	4-04	0426	6		
Part I	Bond Issues													(i) Poole	
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Is	sue price	(f) [(f) Description of purpose			(g) Defeased		(h) On behalf of issuer		
										Yes	No	Yes	No	Yes N	
A COLORADO	DEMAND REVENUE	84-6000764	28337LBM9	12/26/2006	5 19	,000,000.	CONSTRUCT	FACILITY			х		х	2	
				, , , ,		, ,									
В															
С															
D															
Part II	Proceeds														
						Α		В С					D		
1 Amou	1 Amount of bonds retired														
	int of bonds legally defeased														
3 Total	proceeds of issue														
4 Gross	4 Gross proceeds in reserve funds														
5 Capita	5 Capitalized interest from proceeds														
6 Proce	eds in refunding escrows														
7 Issuar	nce costs from proceeds				3	384,129									
8 Credit	t enhancement from proceeds														
9 Worki	ing capital expenditures from proceeds														
10 Capita	al expenditures from proceeds				12,6	555,871	•								
11 Other	spent proceeds														
12 Other	unspent proceeds														
13 Year	of substantial completion				200										
					Yes	No	Yes	No	Yes	No		Yes		No	
14 Were	the bonds issued as part of a current refund	ing issue?			X										
15 Were	the bonds issued as part of an advance refu	nding issue?				X									
	he final allocation of proceeds been made?				X										
	ne organization maintain adequate books and records to	support the final alloca	tion of proceeds	?	X										
Part III	Private Business Use					_									
						A		В					D		
	the organization a partner in a partnership, o owned property financed by tax-exempt bo			-	Yes	No X	Yes	No	Yes	No		Yes	-	No	
	ere any lease arrangements that may result in pri					X									

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule K (Form 990) 2012

Page 2 Schedule K (Form 990) 2012

Pai	¹t Ⅲ Private Business Use (Continued)	COLORADO DEMAND REVENUE									
			, ,	١		В	-	С	l	D	
3a	Are there any management or service contracts that may result in private busines	s _	Yes	No	Yes	No	Yes	No	Yes	No	
	use of bond-financed property?			X							
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside couns to review any management or service contracts relating to the financed property?	el									
С	Are there any research agreements that may result in private business use of bone financed property?			X							
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or othe outside counsel to review any research agreements relating to the financed property?	er									
4	Enter the percentage of financed property used in a private business use by entitied other than a section 501(c)(3) organization or a state or local government			%		%		%		%	
5	Enter the percentage of financed property used in a private business use as result of unrelated trade or business activity carried on by your organization another section 501(c)(3) organization, or a state or local government	n,		%		%		%		%	
6	Total of lines 4 and 5			%		%		%		%	
7	Does the bond issue meet the private security or payment test?			X							
8a	Has there been a sale or disposition of any of the bond-financed property to a nongove mental person other than a 501(c)(3) organization since the bonds were issued?			X							
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of			%		%		%		%	
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?										
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?		Х								
Pai	t IV Arbitrage									•	
			, ,	1		В	С			D	
			Yes	No	Yes	No	Yes	No	Yes	No	
1	Has the issuer filed Form 8038-T?	🗆		X							
	If "No" to line 1, did the following apply?										
а	Rebate not due yet?										
b	Exception to rebate?										
С	No rebate due?										
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate										
	computation was performed										
3	Is the bond issue a variable rate issue?		X								
4 a	Has the organization or the governmental issuer entered into a qualified hedge with										
	respect to the bond issue?		X								
b	Name of provider		VELLS FARG	0							
	Term of hedge			10.000							
	Was the hedge superintegrated?			X							
	Was the hedge terminated?			X							

Schedule K (Form 990) 2012

Schedule K (Form 990) 2012

Part IV Arbitrage (Continued)								_
		Α		В				D
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X						
7 Has the organization established written procedures to monitor the								
requirements of section 148?		X						
Part V Procedures To Undertake Corrective Action								
		A	В			;		D
Has the organization established written procedures to ensure that violations of federal	Yes	No	Yes	No	Yes	No	Yes	No
tax requirements are timely identified and corrected through the voluntary closing								
agreement program if self-remediation is not available under applicable regulations?	Х							
Part VI Supplemental Information. Complete this part to provide additional inform		response	s to question	ons on Sc	hedule K (see instru	ctions)	1
Tall VI	1411011101	Тоороноо	o to quodin	3110 011 00	noddio it (000 1110110	0110110).	

Page 4 Schedule K (Form 990) 2012

Part VI Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K (see instructions) (Continued)

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SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service 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.

Name of the organization YOUNG MEN'S CHRISTIAN ASSOCIATION

OF THE PIKES PEAK REGION

Employer identification number 84-0404266

FORM 990 PART III LINE 1

YMCA VOLUNTEERS AND STAFF WENT THROUGH A REAL TIME STRATEGIC PLANNING
PROCESS TO FIND OUT THE MISSION ADVANTAGE IS FOR THE YMCA TO BEST SERVICE
OUR COMMUNITY BASED ON NEEDS IN THE PIKES PEAK REGION. OUR MISSION IMPACT
IS TO ENHANCE THE WELL BEING AND QUALITY OF LIFE IN OUR COMMUNITY BY
FOCUSING ON 3 KEY AREAS:

FAMILY STABILITY: ENHANCING THE HEALTH AND WELL BEING OF FAMILIES

YOUTH & TEEN DEVELOPMENT: BUILDING SELF ESTEEM AND CONFIDENCE IN OUR
YOUTH

SENIOR WELL BEING: CREATING COMMUNITY AND INSPIRING HEALTH AND VITALITY
IN OUR SENIOR POPULATION

THE YMCA OF THE PIKES PEAK REGION IS COMMITTED TO STRENGTHEN THE FOUNDATION OF OUR COMMUNITY BY FOCUSING OUR WORK IN YOUTH DEVELOPMENT, HEALTHY LIVING AND SOCIAL RESPONSIBILITY.

FORM 990 PART III LINE 4A

AS A RESULT, OVER 59,000 PEOPLE IN OUR COMMUNITY ARE RECEIVING THE SUPPORT, GUIDANCE AND RESOURCES THEY NEED TO ACHIEVE GREATER HEALTH IN SPIRIT, MIND AND BODY. THIS IS PARTICULARLY IMPORTANT AS OUR NATION STRUGGLES WITH AN OBESITY CRISIS, FAMILIES STRUGGLE WITH WORK/LIFE

Employer identification number 84-0404266

BALANCE, AND INDIVIDUALS SEARCH FOR PERSONAL FULFILLMENT. OUR PROGRAMS

ARE ACCESSIBLE, AFFORDABLE AND OPEN TO ALL FAITHS, BACKGROUNDS, ABILITIES

AND INCOME LEVELS. IN 2012, THE YMCA OF THE PIKES PEAK REGION PROVIDED

\$1,240,689 IN FINANCIAL ASSISTANCE AND PROGRAM SUBSIDY TO 44,319 PEOPLE

WHO WOULD OTHERWISE WOULD NOT HAVE BEEN ABLE TO AFFORD TO PARTICIPATE.

PROGRAMS INCLUDED IN THIS AREA FOR THE YMCA OF THE PIKES PEAK REGION

INCLUDE: ADULT SPORTS, GROUP EXERCISE, PERSONAL TRAINING, WELLNESS

COACHING, NUTRITION, FAMILY CAMP, FAMILY NIGHTS, SOCIAL CLUBS.

FORM 990 PART III LINE 4B

THAT IS WHY WE HELP YOUNG PEOPLE CULTIVATE THE VALUES, SKILLS AND RELATIONSHIPS THAT LEAD TO POSITIVE BEHAVIORS, BETTER HEALTH, AND EDUCATIONAL ACHIEVEMENT. OUR YMCA PROGRAMS SUCH AS BEFORE AND AFTER SCHOOL CARE, DAY CAMP, RESIDENT CAMP, CHILD WATCH, SWIM LESSONS, PARENT'S NIGHT OUT, TWEEN NIGHT OUT, YOUTH SPORTS AND YOUTH MAKING A DIFFERENCE IN OUR YMCA HIGHER EDUCATION PROGRAM. THESE PROGRAMS ALL OFFER A RANGE OF EXPERIENCES THAT ENRICH COGNITIVE, SOCIAL, PHYSICAL AND EMOTIONAL GROWTH. EXPENSES INCLUDE SUBSIDIES AND DIRECT FINANCIAL ASSISTANCE THAT MAKE PARTICIPATION POSSIBLE FOR 989 OF THE YOUNG PEOPLE WE ENGAGE DAILY.

FORM 990 PART III LINE 4C

AT THE Y WE BELIEVE THAT WORKING TOGETHER TO STRENGTHEN OUR COMMUNITY IS

A KEY COMPONENT TO MAKING OUR COMMUNITY A BETTER PLACE TO LIVE AND RAISE

A FAMILY. IN 2012, 2,686 VOLUNTEERS RECORDED A TOTAL OF 27,265 HOURS OF

THEIR PERSONAL TIME ON BOARDS AND COMMITTEES, AS YOUTH SPORTS COACHES,

MENTORS TO OUR TEENS, HELPING TO ORGANIZE AND LEAD EVENTS THAT SUPPORT

Employer identification number

84-0404266

OUR COMMUNITY OR RAISING FUNDS TO ENSURE EVERY CHILD, ADULT AND FAMILY HAVE AN OPPORTUNITY TO PARTICIPATE IN YMCA PROGRAMS. PART OF THE Y'S SOCIAL RESPONSIBILITY IS TO EASE THE BURDEN ON GOVERNMENT, WHICH IS WHY IN 2012, THE YMCA OF THE PIKES PEAK REGION AND THE CITY OF COLORADO SPRINGS FINALIZED AN AGREEMENT FOR THE YMCA TO RE-OPEN AND OPERATE 2 COMMUNITY RECREATION CENTERS AND 4 OUTDOOR AQUATIC FACILITIES. OTHER AREAS IN WHICH THE YMCA FOCUSES ON GIVING BACK AND SUPPORTING OUR NEIGHBORS IS BY BEING THE FISCAL AGENT FOR LIVEWELL COLORADO SPRINGS. AN ORGANIZATION FOCUSED ON COMMUNITY HEALTH; FOCUSING ON SERVING OUR MILITARY THROUGH PROGRAMS SUCH AS COMFORT QUILTS, DADDY/DAUGHTER AND MOTHER/SON EVENTS, SPOUSE APPRECIATION AND ENSURING ACCESS FOR ALL MILITARY IN YMCA PROGRAMS; ACCESS TO HEALTHCARE PROGRAM PROVIDING ASSISTANCE TO FAMILIES IN NEED IN HEALTH CARE RESOURCES; MEND PROGRAM PROVIDING YOUTH AGES 7-13 AND THEIR FAMILIES WITH A PROGRAM DESIGNED TO GET ACTIVE AND LEARN HEALTHY EATING BEHAVIORS TO COMBAT CHILDHOOD OBESITY; AND CONFERENCES AND RETREATS AT CAMP SHADY BROOK WHERE WE FOCUS ON TEAM BUILDING AND ENVIRONMENTAL EDUCATION.

FORM 990 PART VI LINE 11B

A COPY OF THE FORM 990 IS PROVIDED TO, REVIEWED AND DISCUSSED BY THE FINANCE/AUDIT COMMITTEE OF THE ASSOCIATION BOARD OF DIRECTORS PRIOR TO FILING. IN ADDITION, THE FORM 990 IS PROVIDED TO THE ASSOCIATION BOARD OF DIRECTORS AND DISCUSSED WITH THE FINANCE/AUDIT COMMITTEE.

FORM 990 PART VI SECTION B LINE 12C

ALL ASSOCIATION BOARD OF DIRECTORS ARE REQUIRED TO FILL OUT A CONFLICT OF

84-0404266

INTEREST QUESTIONNAIRE ANNUALLY. THE QUESTIONNAIRES ARE REVIEWED

ANNUALLY BY THE EXECUTIVE COMMITTEE OF THE ASSOCIATION BOARD OF

DIRECTORS. WHEN AND WHERE CONFLICTS EXIST, THE BOARD MEMBER IS REMOVED

FROM THE DECISION MAKING PROCESS THAT RESULT IN THE POTENTIAL OR

PERCEIVED CONFLICT.

FORM 990 PART VI SECTION B LINE 15

THE CEO'S COMPENSATION IS BASED ON LOCAL, STATE AND NATIONAL

COMPARABILITY DATA, BOARD APPROVED SALARY RANGE AND PERFORMANCE. THE

CEO'S COMPENSATION IS REVIEWED ANNUALLY BY THE EXECUTIVE COMMITTEE, WITH

PERFORMANCE INPUT BY THE ENTIRE BOARD. FINAL COMPENSATION IS RECOMMENDED

TO THE ASSOCIATION BOARD OF DIRECTORS FOR APPROVAL. THE SALARY RANGES FOR

ALL POSITIONS ARE REVIEWED ANNUALLY BY THE HUMAN RESOURCE COMMITTEE OF

THE ASSOCIATION BOARD OF DIRECTORS. RANGES ARE REVIEWED WITH COMPARABLE

DATA FROM THE YMCA OF THE USA AND LOCAL EMPLOYERS. THE HUMAN RESOURCES

COMMITTEE RECOMMENDS THE SALARY RANGES AND ANNUAL COMPENSATION GUIDELINES

TO THE ASSOCIATION BOARD OF DIRECTORS FOR FINAL APPROVAL.

FORM 990 PART VI SECTION C LINE 19

THE YMCA OF THE PIKES PEAK REGION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE FOR THE PUBLIC TO REVIEW IN THE OFFICE OF THE EXECUTIVE ASSISTANT TO THE PRESIDENT/CEO.

990 PART VII LINE 1A

FORMER CFO KACY PARTRIDGE LEFT THE ORGANIZATION IN MAY, AND WAS REPLACED

Schedule O (Form 990 or 990-EZ) 2012 Page **2**

Name of the organization YOUNG MEN'S CHRISTIAN ASSOCIATION

OF THE PIKES PEAK REGION

Employer identification number

84-0404266

BY SCOTT CHRISTIAN IN JULY.

JEFF THOMAS IS PAID IN A CAPACITY OTHER THAN AS A BOARD MEMBER.

ATTACHMENT 1

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS DESCRIPTION OF SERVICES COMPENSATION AIR CONDITIONING PLUS HEATING & A/C SERV. 205,322. 3923 VAN TEYLINGTON DR. COLORADO SPRINGS, CO 80917 ASPENPOINTE ENTERPRISES CLEANING SERVICES 169,193. 220 RUSKIN DR. COLORADO SPRINGS, CO 80910 WELLS FARGO BANK, NA LETTER OF CREDIT FEE 145,983. 90 S. CASCADE AVE COLORADO SPRINGS, CO 80903 CINTAS TOWEL & MAT CLEANING 117,469. 4157 SINTON RD COLORADO SPRINGS, CO 80907

ATTACHMENT 2

FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

DESCRIPTION AMOUNT

FUNDRAISING EVENTS 188,018.

TOTAL _____188,018.

Schedule O (Form 990 or 990-EZ) 2012

Name of the organization YOUNG MEN'S CHRISTIAN ASSOCIATION

OF THE PIKES PEAK REGION

84-0404266

ATTACHMENT 3

FORM 990, PART VIII - FUNDRAISING EVENTS

DESCRIPTION	GROSS INCOME	DIRECT EXPENSES	NET INCOME
FUNDRAISING EVENTS	20,562.	86,244.	-65,682.
TOTALS	20,562.	86,244.	-65,682.

	ATTACHMENT 4
FORM 990, PART VIII - GROSS SALES AND COST OF GOODS SOLD	
GROSS SALES LESS RETURNS AND ALLOWANCES	82,883.
TARKENERODY ARE DESCRIPTING OF VEAD	
INVENTORY AT BEGINNING OF YEAR	•
PURCHASES	
SALARIES AND WAGES	
	00.054
OTHER COSTS	. 28,374.
SUBTOTAL	28,374.
MINUS ENDING INVENTORY	
COST OF GOODS SOLD	28,374.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047 20**12**

Department of the Treasury Internal Revenue Service

Part I

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

Attach to Form 990.

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

See separate instructions.

Open to Public	
Inspection	

Name of the organization YOUNG MEN'S CHRISTIAN ASSOCIATION Employ	mployer identification number
OF THE PIKES PEAK REGION 84-0	34-0404266

	(a) Name, address, and EIN (if applicable) of disregarded entity	ity		(b) rimary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct co enti	ntrolling
_(1)									
_(2)									
_(3)									
_(4)									
<u>(5)</u>									
<u>(6)</u>									
Part II Ider	tification of Related Tax-Exempt Organizations or more related tax-exempt organizations during the	(Complete if the tax year.)	he or	ganization answ	vered "Yes" to F	orm 990, Part IV,	line 34 because	it had	
	(a) Name, address, and EIN of related organization		ity	(c) Legal domicile (state or foreign country)	· ·	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5 cont	g) 512(b)(13) rolled ity?
								Yes	No
_(1) YMCA FOUNDA	26-2940459 STREET COLORADO SPRINGS, CO 80903	 SEE PART \	/II	co	501(C)(3)	11A, TYPE I	SEE PART VII	X	
_(3)									
_(4)									
_(5)									
_(6)									
_(7)									

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2012

JSA

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PAGE 49

Schedule R (Form 990) 2012

because it had one or n						nswered res	IO F	OIIII	990, Part IV, II	ine s	04																					
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		Disproportionate		Disproportionate		Disproportionate		Disproportionate		Disproportionate		Disproportionate		Disproportionate		Disproportionate		Disproportionate		Disproportionate		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gen man	(j) eral or aging tner?	(k) Percentage ownership
		oounity)					Yes	No		Yes	No																					
(1)																																
(2)																																
(3)																																
(4)																																
(5)																																
(6)																																
(7)																																

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percen- tage ownership	(i) Section 512(b)(13 controlled entity?
(1)							Yes No
(2)							
(3)							
(4)							
(5) (6)							
(7)							\vdash

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Part V	Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)	

No	te. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	١	Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	1a	X	
b		1b		X
С	Gift, grant, or capital contribution from related organization(s)	1c		X
d	Loans or loan guarantees to or for related organization(s)	1d		X
е		1e		X
f	Dividends from related organization(s)	1f		
g		1g		X
h		1h		X
i	Exchange of assets with related organization(s)	1i		X
j		1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		Х
ı		11		X
m		1m		X
n		1n		X
0		10		X
р	Reimbursement paid to related organization(s) for expenses	1p		X
q		1q		X
r	Other transfer of cash or property to related organization(s)	1r		Х
s		1s		X
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresh	olds.		

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved		
(1) YMCA FOUNDATION	А	6,550.	FMV		
(2)					
(3)					
<u>(4)</u>					
<u>(5)</u>					
(6)					

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Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) (c) Primary activity Legal domicile (state or foreign country)	Legal domicile (state or foreign	(d) Predominant income (related, unrelated, excluded from tax under	(e) Are all partner section 501(c)(3) organizations		total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		e Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership	
			section 512-514)	Yes	No			Yes	No	(1 01111 1000)	Yes	No		
_(1)														
(2)														
(3)														
<u>(4)</u>														
(5)														
<u>(6)</u>														
<u>(7)</u>														
(8)														
<u>(9)</u>														
(10)														
(11)														
(12)														
(13)														
(14)														
(15)														
<u>(16)</u>														

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Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

PART II LINE 1 COLUMN B

SUPPORT THE YMCA OF THE PIKES PEAK REGION.

PART II LINE 1 COLUMN F

DIRECT CONTROLLING ENTITY: YMCA OF THE PIKES PEAK REGION.