#### Form 8879-EO

## IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2011, or fiscal year beginning 01/01, 01, and ending 12/31, 0, 0

OMB No. 1545-1878

Department of the Treasury

▶ Do not send to the IRS. Keep for your records.

➤ See instructions on back. Internal Revenue Service Employer identification number Name of exempt organization 84-0404266 YOUNG MEN'S CHRISTIAN ASSOCIATION DAN DUMMERMUTH, CEO Part I Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8879-E0 and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0on the applicable line below. Do not complete more than 1 line in Part I. 1a Form 990 check here ▶ X b Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . . 1b 16180341. \_b Total revenue, if any (Form 990-EZ, line 9) . . . . . . . . . 2b \_ 2a Form 990-EZ check here ▶ **b** Total tax (Form 1120-POL, line 22) . . . . . . . . . . . . . . . . 3b 3a Form 1120-POL check here ▶ b Tax based on investment income (Form 990-PF, Part VI, line 5). 4b 4a Form 990-PF check here ▶ **Declaration and Signature Authorization of Officer** Part II Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2011 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Officer's PIN: check one box only 6 6 X Lauthorize STOCKMAN KAST RYAN to enter my PIN as my signature on the organization's tax year 2011 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2011 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Officer's signature Part | Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification 5 6 0 number (EFIN) followed by your five-digit self-selected PIN. I certify that the above numeric entry is my PIN, which is my signature on the 2011 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. ERO's signature **ERO Must Retain This Form - See Instructions** Do Not Submit This Form To the IRS Unless Requested To Do So

JSA

For Paperwork Reduction Act Notice, see back of form.

Form 8879-EO (2011)

# Form **990**

# **Return of Organization Exempt From Income Tax**

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

OMB No. 1545-0047

Department of the Treasury

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

Open to Public Inspection

ΑI	For t	he 201	1 calendar year, or tax year beg	inning	, 2011	, and e	nding	_		, 20			
<b>D</b>			C Name of organization YOUNG MEN	'S CHRISTIAN A	SSOCIATIO	N		D Employer id	entifica	tion number			
В	Check if:	applicable;	OF THE PIKES PEAK REG	GION				84-040	4266				
	Add chai	ress	Doing Business As		The later with the la			1					
T	7	ne change	Number and street (or P.O. box if mail is	s not delivered to street add	ress)	Room/su	ite	E Telephone n	umber				
$\vdash$	$\dashv$	al return	316 N. TEJON ST.					(719) 32	9-72	203			
$\vdash$		minated	City or town, state or country, and ZIP +	4				(12)					
$\vdash$	-	ended	COLORADO SPRINGS, CO					G Gross receip	nts \$	16,563,482.			
$\vdash$	retu App	rn lication	F Name and address of principal officer:		ATTT'LI			H(a) Is this a gro					
L	pen	ding	• •					affiliates?		1.00   25			
-			316 N. TEJON ST. COLO	T-				H(b) Are all affilia					
<u></u>		xempt sta		) ◀ (insert no.)	4947(a)(1)	or	527	1		(see instructions)			
<u>J</u>			WWW.PPYMCA.ORG	<del></del>				H(c) Group exem	·	<del></del>			
_		of organ	ization: X Corporation Trust	Association Other	<u> </u>	L Ye	ear of format	tion: 1968 <b>M</b>	State o	f legal domicile: CO			
Pa	art I	Sur	nmary							·			
	1	Briefly	describe the organization's mission of	or most significant activi	ties:								
a)		TO E	OUT CHRISTIAN PRINCIPLE:	S INTO PRACTIC	E THROUGH	I PROG	RAMS T	HAT BUILD					
Š		HEAI	THY SPIRIT, MIND AND BO	ODY FOR ALL.									
ra													
Activities & Governance	2	Check	this box if the organization	discontinued its operati	ons or dispose	ed of more	 e than 25%	of its net asset	 s	·			
Ŏ	3		er of voting members of the governing	•	•				3	29.			
SS	4		er of independent voting members of						<del> </del>	29.			
Ħ									<del> </del>	1,105.			
냚	5		number of individuals employed in cal	,					6				
Ř			number of volunteers (estimate if neces							2,236.			
			nrelated business revenue from Part \						7a	(			
	b	Net un	related business taxable income from	Form 990-T, line 34 .			<del></del>		7b	(			
								Prior Year	$\rightarrow$	Current Year			
<u>o</u>	8	Contril	outions and grants (Part VIII, line 1h)					1,566,04	.7.	2,050,557.			
enc	9	Progra	m service revenue (Part VIII, line 2g) .					14,678,42	2.	13,741,775.			
Revenue	10		ment income (Part VIII, column (A), lin					43,69	0.	19,570.			
I.	11		revenue (Part VIII, column (A), lines 5		472,47	7.	368,439.						
	12		evenue - add lines 8 through 11 (mus					16,760,63		16,180,341.			
	13		and similar amounts paid (Part IX, col						0	(			
	14		ts paid to or for members (Part IX, colu										
	4.5		es, other compensation, employee ben					10,323,62	6	9,598,756.			
Expenses	46-						• •	10,525,02	<u> </u>				
en	16a	Profes	sional fundraising fees (Part IX, column	1 (A), line 11e)			• •		-4-				
Ä	_ b		undraising expenses (Part IX, column (					7 470 05	_	7 270 162			
	17		expenses (Part IX, column (A), lines 11					7,479,25		7,378,163.			
	18		xpenses. Add lines 13-17 (must equa					17,802,87		16,976,919.			
. 46	19	Reven	ue less expenses. Subtract line 18 fror	n line 12				-1,042,24		<del>-</del> 796 <b>,</b> 578.			
s or								ning of Current Y		End of Year			
ot Assets nd Balanc	20	Total a	ssets (Part X, line 16)					47,399,44	6.	45,674,420.			
t As	21	Total li	abilities (Part X, line 26)					21,068,18	4.	21,084,326.			
훒	22	Net as	sets or fund balances. Subtract line 21	1 from line 20				26,331,26	2.	24,590,094.			
	rt II	Sig	nature Block										
Und	der per	nalties of	perjury, I declare that I have examined this	retum, including accompar	nying schedules a	and staten	nents, and to	the best of my k	nowledg	ge and belief, it is true,			
cor	rect, a	nd comp	ete. Declaration of preparer (other than office	cer) is based on all informa	tion of which pre	eparer has	any knowle	dge.					
					_			1	1/29	2/12			
Sig	n	1 5	ignature of officer					Date	161				
Hei	re			M. ?	. +//	161							
		7	ype or print name and title	JIVES, IYES	un 1/6	w	m+			***************************************			
		1		Prenarer's signature		Data		Check	; PTI	N			
Paid	ı		Print/Type preparer's name Preparer's signature Date						"				
	oarer	DORE	EN B. MERZ				т	self-employe		P00841439			
	Only	Firm's	name ▶ STOCKMAN KAST RY	AN & CO, LLP						509584			
			address > 102 n. CASCADE AVENUE, S			903		Phone no.	719-6	630-1186			
May	the I		uss this return with the preparer show			<u></u> .	<u> </u>	<u> </u>		X Yes No			

YOUNG MEN'S CHRISTIAN ASSOCIATION 84-0404266 Form 990 (2011) Page 2 **Statement of Program Service Accomplishments** Part III Briefly describe the organization's mission: ATTACHMENT 1 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 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 and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 12,514,369. including grants of \$\_\_\_\_\_ ) (Revenue \$ 4a (Code: ) (Expenses \$ 12,360,430. SEE SCHEDULE O FOR DESCRIPTION. 1,649,812. including grants of \$ **4b** (Code: ) (Expenses \$ 1,521,060. SEE SCHEDULE O FOR DESCRIPTION 249,244. including grants of \$ ) (Revenue \$ ) (Expenses \$ SEE SCHEDULE O FOR DESCRIPTION 4d Other program services (Describe in Schedule O.) (Expenses \$ 100,674. including grants of \$ ) (Revenue \$

4e Total program service expenses ► 14,514,099.

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Form 990 (2011)
Page 3

Part	Checklist of Required Schedules		V	N1 -
			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			
	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)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
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,	_		37
_	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			3.5
_	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		v
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part	-		21
9	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If</i> "Yes,"			
	complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	<u> </u>		
	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		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			
	complete Schedule D, Parts XI, XII, and XIII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if		37	
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	X	v
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Λ
D	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	145		
13	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		Х
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		Х
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	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H			X
b	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		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States			
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
2 <del>-</del> a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
		24a	X	
L	through 24d and complete Schedule K. If "No," go to line 25	24a	21	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	240		- 21
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	0.4-		v
_	to defease any tax-exempt bonds?	24c		X
	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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	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		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
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		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
•	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
٠-	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,	- 33		
34	IV, and V, line 1	34	х	
25.0	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
35 a		33a	Δ.	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the	256	X	
	meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Λ	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			3.7
	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 11 and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	Х	

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Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response to any question in this Part V............... 38 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable \_\_\_\_\_\_\_\_1b c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . 2a Χ b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? Χ **b** If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 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 Χ **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. Х 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Χ b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 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? Χ b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods Х 7a and services provided to the payor? Χ **b** If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was Χ 7с Х 7e e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Χ f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7<u>g</u> g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? **b** Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: 10a a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . | 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a 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 c Enter the amount of reserves on hand Χ

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**14a** Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response to any question in this Part VI			X
Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year. If there are 1a 29			
	material differences in voting rights among members of the governing body, or if the governing body			
	delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	,	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	37	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		37	
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	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			37
	with a taxable entity during the year?	16a		X
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			
Soct	organization's exempt status with respect to such arrangements?	16b		
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 5	01(c)(	3)s o	nly)
	available for public inspection. Indicate how you made these available. Check all that apply.  Own website  Another's website  X Upon request			
4.0				- 12
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of	ınter	est p	olicy,
0.0	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	ne		
JSA	Organization: PDAN DUMMERMUTH, CEO 316 N. TEJON ST. COLORADO SPRINGS, CO 80903 7194719790	Form	990	(2011)

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#### 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)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average hours per	Ŭ					one	Reportable compensation	Reportable compensation from	Estimated amount of
	week	(describe						from the	related organizations	other
	(describe hours for	office	er and	d a d	lirect	or/trust	tee)	organization	(W-2/1099-MISC)	compensation from the
	related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		organization and related organizations
(1) MIKE MILES										
BOARD CHAIR	1.00	X		Х				C	0	0
(2) WALT GLOVER TREASURER	1.00	Х		Х				С	0	0
(3) CATHY ROBBINS										
SECRETARY	1.00	Х		Х				C	0	0
(4) MIKE CALLICRATE										
DIRECTOR	1.00	X						C	0	0
(5) LINDSEY APARACIO										
DIRECTOR	1.00	X						C	0	0
(6) PAUL BUTCHER										
DIRECTOR	1.00	X						С	0	0
	1.00	Х						C	0	0
(8) RANDY GEVING										
DIRECTOR	1.00	Х						C	0	0
(9) SHARIE FLANAGAN										
DIRECTOR	1.00	Х						C	0	0
(10) STEVE HELBING										
DIRECTOR	1.00	Х						C	0	0
(11) THOMAS KENNEDY										
VICE CHAIR	1.00	X						C	0	0
_(12) TED KERR DIRECTOR	1.00	х		Х				C	0	0
(13) PHIL LANE DIRECTOR	1.00	Х						C	0	0
(14) REGINA LEWIS		<u> </u>								
DIRECTOR	1.00	Х						C	0	0
·										5 000 (0044)

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Section A. Officers, Directors, 110	istees, Ke	y En	npic	yee	es,	and F	ııgı	nest Compensat	ed Employees (c	ontinue	ed)	
(A)	(B)				C)			(D)	(E)	Г-	(F)	
Name and title	Average hours per	·   , .			sition more	e than o	ne	Reportable compensation	Reportable compensation from		timated ount of	
	week	box,	unles	ss pe	erson	is both	an	from	related		other	
	(describe hours for					tor/trust		the	organizations		pensation	on
	related	r dire	stitu	Officer	Key employee	ighe mplo	Forme	organization (W-2/1099-MISC)	(W-2/1099-MISC)		anizatio	n
	organizations	dual	tion	- T	mplc	st co	¥	(11 2, 1000 11100)			related	
	in Schedule O)	Individual trustee or director	Institutional trustee		yee	Highest compensated employee				orga	ınizatior	15
	,	lee	ıstee			ensa						
						ted						
15) TIM MASON												
DIRECTOR	1.00	X						C	0			0
16) RICK MACK												_
DIRECTOR	1.00	Х						С	0			C
17) NATE OLSON	1 00											_
DIRECTOR	1.00	X						C	0			C
18) SHAWN RAINTREE	1 00											_
DIRECTOR	1.00	X						C	0			
19) LISA ROSINTOSKI	1 00	37										_
DIRECTOR	1.00	X						C	0			
20) STEVE WOODFORD	1 00	3.7										,
DIRECTOR	1.00	X						C	0			(
21) JEFF THOMAS	1 00	· v										_
DIRECTOR 22) MARY THURMAN	1.00	X							, 0			
DIRECTOR	1.00	Х										(
23) RICH WILBUR	1.00	Λ							, 0			
DIRECTOR	1.00	Х										C
24) ANN WINSLOW	1.00	Λ										
DIRECTOR	1.00	X										(
25) MATT GRAGE	1.00	21							,			
DIRECTOR	1.00	Х										(
4h Cub total									0			
c Total from continuation sheets to Part VII, S					• •			558,529.	0	1	04,2	66.
d Total (add lines 1b and 1c)	_						•	558,529.	0		04,2	
2 Total number of individuals (including but not							o re		\$100,000 of			
reportable compensation from the organization	n 🕨	2	2			,						
											Yes	No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedu										3		Х
4 For any individual listed on line 1a, is the organization and related organizations gro												
individual										4	Х	
5 Did any person listed on line 1a receive or										-		
for services rendered to the organization? If "Ye										5		Х
Section B. Independent Contractors												
1 Complete this table for your five highest com	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of											

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 2		

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 ▶ 3

Part VII Section A. Officers, Directors, Tru		y ⊑ii	ihio			anu r	ııyı				
<b>(A)</b> Name and title	Average hours per week (describe	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	Estimate amount o other compensat	unt of her ensation
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	organ and r	n the nization related izations
26) JULIAN FLORES											
DIRECTOR	1.00	Х						0	0		
27) JAY KLOSTER											
DIRECTOR	1.00	Х						0	0		
28) GARY FEFFER											
DIRECTOR	1.00	X						0	0		
29) ED GLEASON											
PAST CHAIR	1.00	X						0	0		
30) DAN DUMMERMUTH											
CEO	45.00			Х				171,263.	0	3	1,174
B1) BOYD WILLIAMS											
C00	45.00			Х				112,743.	0	2	3,472
32) KACY PARTRIDGE											
CFO	45.00			Х				98,574.	0	2	3,869
33) LISA AUSTIN											
VP HR	45.00			Х				93,173.	0	1	1,985
34) CARRIE BAIR-NORWOOD											
VP FINANCIAL DEVELOPMENT	45.00			Х				82,776.	0	1	3,766
	_										
1b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	ection A						<b>*</b> * *				
2 Total number of individuals (including but not	limited to t						o re	ceived more than	\$100,000 of		
reportable compensation from the organizatio	n ►	2	2							1,	N.
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched										3	Yes No
<b>4</b> For any individual listed on line 1a, is the organization and related organizations gr individual	eater than	\$15	50,0	00?	If	"Yes	5, "	complete Schedu	le J for such	4	X
5 Did any person listed on line 1a receive or											
for services rendered to the organization? If "Y										5	Х
Section B. Independent Contractors											
<ol> <li>Complete this table for your five highest com- compensation from the organization. Report of year.</li> </ol>											

(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  $\blacktriangleright$ 

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Par	t VIII	Statement of Revenue		(4)	(5)	(0)	(5)
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts	1a	Federated campaigns 1	<b>a</b> 2,564.				
e a	b		b				
ts,	С	Fundraising events 1	<b>c</b> 152,955.				
┋┋	d	Related organizations 1	d				
Sin	е	Government grants (contributions) 1	<b>e</b> 22,000.				
je je	f	All other contributions, gifts, grants,					
<u></u> 5		and similar amounts not included above . 1	· ·				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines 1a-1f:					
	h	Total. Add lines 1a-1f	Business Code	2,050,557.			
Program Service Revenue	_	MINISTRALITA		10 886 520	10 555 530		
Re	2a	MEMBERSHIPS	713940	10,776,532.	10,776,532.		
<u>:</u>	b	AQUATICS, SPORTS, OTHER CHILDCARE/DAY CAMP/RESIDENT CAMP	713940 624410	1,503,843.	1,503,843.		
ē	C			1,461,400.	1,461,400.		
E	d	-					
gra	f	All other program service revenue					
P	g	Total. Add lines 2a-2f	·	13,741,775.			
	3	Investment income (including dividends, i		, ,			
		other similar amounts)		29,745.			29,745.
	4	Income from investment of tax-exempt bo		0			
	5	Royalties	<u> ▶</u>	0			
		(i) Real	(ii) Personal				
	6a	Gross rents	189.				
	b	Less: rental expenses					
	С	Rental income or (loss)					
	d	Net rental income or (loss)		224,189.	224,189.		
	7a	Gross amount from sales of (i) Securities					
		assets other than inventory 269,	053. 22,800.				
	b	Less: cost or other basis					
		and sales expenses					
	C	Gain or (loss) 14,		10.155			10.155
	d	Net gain or (loss)		-10,175.			-10,175.
Other Revenue	8a	Gross income from fundraising	ATCH 3				
ě		events (not including \$152,955. of contributions reported on line 1c).	111011 5				
Re		See Part IV, line 18	a 10,882.				
ē	h	Less: direct expenses					
¥		Net income or (loss) from fundraising ever		-54,163.			-54,163.
		Gross income from gaming activities. See Part IV, line 19					
	L						
		Less: direct expenses  Net income or (loss) from gaming activities		0			
	10a	Gross sales of inventory, less					
	_	returns and allowances					
		Less: cost of goods sold		F.4. 63.0	F4 610		
	٠	Miscellaneous Revenue	Business Code	54,618.	54,618.		
	11-	MISCELLANEOUS	900099	5,170.	5,170.		
	11a b	MISCELLANEOUS RESOURCE Y SUPPORT	523920	138,625.	138,625.		
	C			130,023.	130,023.		
	d	All other revenue	_				
	e	Total. Add lines 11a-11d		143,795.			
	12	Total revenue. See instructions		16,180,341.	14,164,377.		-34,593.

#### 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) but are not required to complete columns (B), (C), and (D).

109	Check if Schedule O contains a resp	onse to any question in	this Part IX		
Do	o not include amounts reported on lines 6b,	(A) Total expenses	<b>(B)</b> Program service	(C) Management and	(D) Fundraising
7b	, 8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	0			
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	0			
3	Grants and other assistance to governments,				
ŭ	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,				
	trustees, and key employees	662,795.	534,818.	127,977.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	7 360 030	6 002 040	1 245 000	
7	Other salaries and wages	7,369,938.	6,023,948.	1,345,990.	
8	Pension plan accruals and contributions (include section	478,677.	359,442.	119,235.	
•	401(k) and 403(b) employer contributions)	375,624.	282,058.	93,566.	
9 10	Other employee benefits	711,722.	607,775.	103,947.	
10 11	Payroll taxes	, 11, , 22.	337,773.	100,017.	
	Management	0			
	Legal	9,439.	4,531.	4,908.	
	Accounting	18,665.	8,959.	9,706.	
	Lobbying	0			
	Professional fundraising services. See Part IV, line 17	0			
	Investment management fees	0			
g	Other	473,124.	226,141.	246,983.	
12	Advertising and promotion	0			
13	Office expenses	1,168,557.	1,048,297.	120,260.	
14	Information technology	0			
15	Royalties	0			
16	Occupancy	2,556,676.	2,548,720.	7,956.	
17	Travel	79,043.	49,773.	29,270.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	143,931.	85,488.	58,443.	
20	Interest	659,715.	659,156.	559.	
21	Payments to affiliates	0	, ==		
22	Depreciation, depletion, and amortization	1,753,043.	1,682,294.	70,749.	
23	Insurance	228,192.	212,259.	15,933.	
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.)				
	ORGANIZATION DUES	168,694.	157,889.	10,805.	
	FUNDRAISING EXPENSES	65,747.			65,747.
	MISC. EXPENSES	38,226.	7,440.	30,786.	
d	EQUIPMENT, MAINT., & REPAIRS	15,111.	15,111.		
	All other expenses	16 076 010	14 514 000	2 207 272	CE 747
	Total functional expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the	16,976,919.	14,514,099.	2,397,073.	65,747.
20	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ if				
JSA	following SOP 98-2 (ASC 958-720)	0			Form <b>990</b> (2011)

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1 Cash - non-interest-bearing			Balance Sheet			Page II
1 Cash - non-interest-bearing   540,738   1 590,804     2 Savings and temporary cash investments   1,061,574   2 261,997     3 Pledges and grants receivable, net   1,061,574   2 261,997     4 Accounts receivable ent   540,738   4 62,012     5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L   0 5 5 0 0     6 Receivables from other disqualified persons (as defined under section 4958(f)(11)), persons described in section 4958(c)(3)(8), and contributing employees and sponsoring organizations of section 501(c)(9) voluntary employees beneficiary organizations of section 501(c)(9) voluntary employees and loans receivable, net	Pa	Irt A	Balance Sheet	(4)		(D)
2   Savings and temporary cash investments   1,061,574. 2   261,997.				(A) Beginning of year		
3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Receivables from current and lormer officers, directors, trustees, key employees and highest compensated employees. Complete Part II of Schedule L 6 Receivables from other disqualified persons (as defined under section 4956(I/01), persons described in section 4956(I/01), persons 4957, person		1		540,738.	1	590,804.
A Accounts receivable, net		2	Savings and temporary cash investments	1,061,574.	2	261,997.
A Accounts receivable, net		3	Pledges and grants receivable, net	155,348.	3	13,743.
Seceivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L   Schedule		4	Accounts receivable, net	85,393.	4	62,012.
Schedule L		5	Receivables from current and former officers, directors, trustees, key			
8 Receivables from other disqualified persons (as defined under section 4958(f)(11), persons described in section 4958(c)(3)(8), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employers and sponsoring organizations of sections 501(c)(9) voluntary employers and sponsoring organizations of sections 501(c)(9) voluntary employees and deferred charges 1,652, 8 557. 9 198.484.  10a Land, buildings, and equipment: cost or or other basic. Complete Part IV of Schedule D 10b 19,098,647. 42.385,763. 10c 40,978,647. 11 Investments - program-related. See Part IV, line 11 210,000. 12 210,000. 12 210,000. 13 Investments - program-related. See Part IV, line 11 210,000. 12 210,000. 13 Investments - program-related. See Part IV, line 11 210,000. 14 0 0 13 0 0 14 0 0 13 0 0 14 0 0 14 0 0 15 0 0 14 0 0 15 0 0 14 0 0 15 0 0 14 0 0 15 0 0 14 0 0 0 15 0 0 14 0 0 0 15 0 0 14 0 0 0 15 0 0 0 14 0 0 0 15 0 0 0 15 0 0 0 15 0 0 0 0 15 0 0 0 0			employees, and highest compensated employees. Complete Part II of			
7 Notes and loans receivable, net   0, 7   0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0,		6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary			0
9 Prepaid expenses and deferred charges   235,857.   9   198,484.	ets	7	Notes and loans receivable, net	0		0
9 Prepaid expenses and deferred charges   235,857.   9   198,484.	SS		Inventories for sale or use	1,652.		557.
10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D   10a   60,077,294.	⋖		Prepaid expenses and deferred charges			
ther basis. Complete Part VI of Schedule D b Less: accumulated depreciation.  11 Investments - publicly traded securities. 12 Investments - other securities. See Part IV, line 11. 13 Investments - program-related. See Part IV, line 11. 14 Intangible assets. 15 Other assets. See Part IV, line 11. 15 Other assets. See Part IV, line 11. 16 Total assets. Add lines 1 through 15 (must equal line 34). 17 Accounts payable and accrued expenses. 18 Grants payable. 19 Deferred revenue. 20 Tax-exempt bond liabilities. 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part I of Schedule L 23 Secured mortgages and notes payable to unrelated third parties. 24 Unsecured notes and loans payable to unrelated third parties. 25 Other liabilities not included on lines 17-24). Complete Part X of Schedule D 26 Other liabilities not included on lines 17-24). Complete Part X of Schedule D 27 Unrestricted net assets 28 Temporarily restricted net assets 29 Permanently restricted net assets 29 Permanently restricted net assets 20 Capital stock or trust principal, or current funds 20 Capital stock or trust principal, or current funds 21 Retained earnings, endowment, accumulated income, or other funds 29 Total inet assets or fund balances 20 Capital earnings, endowment, accumulated income, or other funds 20 Capital earnings, endowment, accumulated income, or other funds 21 Retained earnings, endowment, accumulated income, or other funds 22 Secured and carnings, endowment, accumulated income, or other funds 20 Capital earnings, endowment, accumulated income, or other funds 21 Retained earnings, endowment, accumulated income, or other funds 22 Capital earnings, endowment, accumulated income, or other funds 23 Total net assets or fund balances 24 Capital surplus, or fund balances 26 Capital stock or fund balances		_		255 / 55 / 1		150,101.
b Less: accumulated depreciation.   10b   19,098,647.   42,385,763.   10c   40,978,647.   11   Investments - publicly traded securities   1,138,278.   11   1,378,098.   12   Investments - other securities. See Part IV, line 11   0   13   0   0   13   0   0   14   14   14   Intangible assets   0   14   0   0   14   0   0   15   0   0   15   0   0   16   0   0   0   16   0   0   0   0   0   0   0   0   0		100	- ' '			
11   Investments - publicly traded securities   1,138,278. 11   1,378,098. 12   Investments - other securities. See Part IV, line 11   0   13   0   0   14   0   0   14   14   14   1		b		42.385.763.	10c	40.978.647.
12   Investments - other securities. See Part IV, line 11		1				
13   Investments - program-related. See Part IV, line 11   0   13   0   0   14   10   10   15   10   15   10   15   10   15   10   15   10   15   10   15   10   15   10   15   10   10						
14   Intangible assets   0   14   0   0   15   15   0   15   0   16   15   0   0   15   0   0   15   0   0   15   0   15   0   15   0   15   0   15   0   15   0   15   0   15   0   15   0   15   0   15   0   15   0   15   0   15   0						0
15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons.  Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25.  27 Unrestricted net assets 28 Temporarily restricted net assets 29 Permanently restricted net assets 20 Capital stock or trust principal, or current funds 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 31 Total net assets or fund balances				0		0
16			Other assets. See Part IV. line 11	1,584,843.		1,980,078.
17						
18   Grants payable   0   18   0   18   0   19   0   19   0   19   0   19   0   19   0   19   0   19   0   19   0   19   0   19   0   19   0   10   1	_					
19 Deferred revenue 609,271. 19 599,793. 20 Tax-exempt bond liabilities 17 tax-exempt bond liabilities 17 through 25.  21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 284,657. 23 280,006. 24 Unsecured notes and loans payable to unrelated third parties 0 24 00 00 00 00 00 00 00 00 00 00 00 00 00					18	0
Tax-exempt bond liabilities  Tax-exempt bond liabilities  Tax-exempt bond liabilities  Escrow or custodial account liability. Complete Part IV of Schedule D  Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons.  Complete Part II of Schedule L  Secured mortgages and notes payable to unrelated third parties  Unsecured notes and loans payable to unrelated third parties  Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D  Total liabilities. Add lines 17 through 25.  Organizations that follow SFAS 117, check here   Total liabilities. Add lines 33 and 34.  Unrestricted net assets  Unrestricted net assets  Temporarily restricted net assets  Permanently restricted net assets  Organizations that do not follow SFAS 117, check here   Torganizations that do not follow SFAS 117, check here   Torganizations that do not follow SFAS 117, check here   Temporarily restricted net assets  Temporarily restricted			Deferred revenue			599,793.
21 Escrow or custodial account liability. Complete Part IV of Schedule D Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D Total liabilities. Add lines 17 through 25.  Organizations that follow SFAS 117, check here Inless 27 through 29, and lines 33 and 34.  Unrestricted net assets Unrestricted net assets Permanently restricted net assets Organizations that do not follow SFAS 117, check here Inless 27 through 29, and lines 33 through 34.  Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances  26, 331, 262.  33		20	Tax-exempt bond liabilities		20	
Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons.  Complete Part II of Schedule L  Secured mortgages and notes payable to unrelated third parties  Unsecured notes and loans payable to unrelated third parties  Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D  Total liabilities. Add lines 17 through 25.  Organizations that follow SFAS 117, check here ► X and complete lines 27 through 29, and lines 33 and 34.  Unrestricted net assets  Temporarily restricted net assets  Permanently restricted net assets  Organizations that do not follow SFAS 117, check here ► and complete lines 30 through 34.  Capital stock or trust principal, or current funds  Paid-in or capital surplus, or land, building, or equipment fund  Retained earnings, endowment, accumulated income, or other funds  Total net assets or fund balances  Page 10 22 00 22 00 24 00	Ś	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	0
Secured mortgages and notes payable to unrelated third parties  23 Secured mortgages and notes payable to unrelated third parties  24 Unsecured notes and loans payable to unrelated third parties  25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D  26 Total liabilities. Add lines 17 through 25.  27 Organizations that follow SFAS 117, check here ▶ ▼ and complete lines 27 through 29, and lines 33 and 34.  28 Temporarily restricted net assets  29 Permanently restricted net assets  29 Permanently restricted net assets  30 Capital stock or trust principal, or current funds  31 Paid-in or capital surplus, or land, building, or equipment fund  32 Retained earnings, endowment, accumulated income, or other funds  30 Total net assets or fund balances  20 Secured mortgages and notes payable to unrelated third parties  24 .093 .27 . 23 .280 .006.  25 24 .00  26 24 .00  27 .20 .11,671.  28 .21,068,184 .26 .21,084,326.  29 .21,068,184 .26 .21,084,326.  20 .21,068,184 .26 .21,084,326.  21,068,184 .26 .21,084,326.  22 .2,118,604 .21  23 .24,093,277 .27 .22,118,604 .21  24 .093,277 .27 .22,118,604 .21  25 .25,011,671 .21  26 .27,068,184 .26 .21,084,326 .21  26 .21,084,326 .21  27 .21,068,184 .26 .21,084,326 .21  28 .856,196 .21  29 .21,068,184 .26 .21,084,326 .21  20 .21,068,184 .26 .21,084,326 .21  20 .21,068,184 .26 .21,084,326 .21  21,068,184 .26 .21,084,326 .21  22 .2,118,604 .21  23 .24,093,277 .27 .22,118,604 .21  24 .093,277 .27 .22,118,604 .21  25 .25,184,694 .25  26 .21,084,326 .21  27 .21,068,184 .26 .21,084,326 .21  27 .21,068,184 .26 .21,084,326 .21  28 .21,068,184 .26 .21,084,326 .21  29 .21,068,184 .26 .21,084,326 .21  20 .21,068,184 .26 .21,084,326 .21  21,068,184 .26 .21,084,326 .21  22 .2,118,604 .21  23 .24,093,277 .27 .27  22 .2118,604 .21  24 .093,277 .27  25 .22,118,604 .21  26 .21,084,326 .21  27 .21,068,184 .26 .21  27 .21,068,184 .26 .21  27 .21,068,184 .26 .21  27 .21,068,184 .26 .21  28	itie					
Secured mortgages and notes payable to unrelated third parties  23 Secured mortgages and notes payable to unrelated third parties  24 Unsecured notes and loans payable to unrelated third parties  25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D  26 Total liabilities. Add lines 17 through 25.  27 Organizations that follow SFAS 117, check here ▶ ▼ and complete lines 27 through 29, and lines 33 and 34.  28 Temporarily restricted net assets  29 Permanently restricted net assets  29 Permanently restricted net assets  30 Capital stock or trust principal, or current funds  31 Paid-in or capital surplus, or land, building, or equipment fund  32 Retained earnings, endowment, accumulated income, or other funds  30 Total net assets or fund balances  20 Secured mortgages and notes payable to unrelated third parties  24 .093 .27 . 23 .280 .006.  25 24 .00  26 24 .00  27 .20 .11,671.  28 .21,068,184 .26 .21,084,326.  29 .21,068,184 .26 .21,084,326.  20 .21,068,184 .26 .21,084,326.  21,068,184 .26 .21,084,326.  22 .2,118,604 .21  23 .24,093,277 .27 .22,118,604 .21  24 .093,277 .27 .22,118,604 .21  25 .25,011,671 .21  26 .27,068,184 .26 .21,084,326 .21  26 .21,084,326 .21  27 .21,068,184 .26 .21,084,326 .21  28 .856,196 .21  29 .21,068,184 .26 .21,084,326 .21  20 .21,068,184 .26 .21,084,326 .21  20 .21,068,184 .26 .21,084,326 .21  21,068,184 .26 .21,084,326 .21  22 .2,118,604 .21  23 .24,093,277 .27 .22,118,604 .21  24 .093,277 .27 .22,118,604 .21  25 .25,184,694 .25  26 .21,084,326 .21  27 .21,068,184 .26 .21,084,326 .21  27 .21,068,184 .26 .21,084,326 .21  28 .21,068,184 .26 .21,084,326 .21  29 .21,068,184 .26 .21,084,326 .21  20 .21,068,184 .26 .21,084,326 .21  21,068,184 .26 .21,084,326 .21  22 .2,118,604 .21  23 .24,093,277 .27 .27  22 .2118,604 .21  24 .093,277 .27  25 .22,118,604 .21  26 .21,084,326 .21  27 .21,068,184 .26 .21  27 .21,068,184 .26 .21  27 .21,068,184 .26 .21  27 .21,068,184 .26 .21  28	abil					
23 Secured mortgages and notes payable to unrelated third parties 284,657. 23 280,006. 24 Unsecured notes and loans payable to unrelated third parties 0 24 00 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 1,254,243. 25 2,011,671. 26 Total liabilities. Add lines 17 through 25. 21,068,184. 26 21,084,326.  Organizations that follow SFAS 117, check here ▶ X and complete lines 27 through 29, and lines 33 and 34.  27 Unrestricted net assets 24,093,277. 27 22,118,604. 28 Temporarily restricted net assets 549,691. 28 856,196. Organizations that do not follow SFAS 117, check here ▶ and complete lines 30 through 34.  29 Permanently restricted net assets 549,691. 28 856,196. Organizations that do not follow SFAS 117, check here ▶ and complete lines 30 through 34.  29 Paid-in or capital surplus, or land, building, or equipment fund 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 Total net assets or fund balances 26,331,262. 33 24,590,094.	Ë			0	22	0
24 Unsecured notes and loans payable to unrelated third parties.  Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D  26 Total liabilities. Add lines 17 through 25.  Organizations that follow SFAS 117, check here ▶ ☒ and complete lines 27 through 29, and lines 33 and 34.  27 Unrestricted net assets  28 Temporarily restricted net assets  29 Permanently restricted net assets  Organizations that do not follow SFAS 117, check here ▶ ☒ and complete lines 30 through 34.  30 Capital stock or trust principal, or current funds  31 Paid-in or capital surplus, or land, building, or equipment fund  Retained earnings, endowment, accumulated income, or other funds  Total net assets or fund balances  24 093,277 27 22,118,604.  24,093,277 27 22,118,604.  24,093,277 27 22,118,604.  24,093,277 27 22,118,604.  36 856,196.  37 1,688,294 29 1,615,294.  38 20 20 20 20 20 20 20 20 20 20 20 20 20		23		284,657.	23	280,006.
Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		24		0	24	0
of Schedule D  26 Total liabilities. Add lines 17 through 25.  Organizations that follow SFAS 117, check here ► X and complete lines 27 through 29, and lines 33 and 34.  27 Unrestricted net assets  28 Temporarily restricted net assets  29 Permanently restricted net assets  Organizations that do not follow SFAS 117, check here ► A and complete lines 30 through 34.  29 Permanently restricted net assets  Organizations that do not follow SFAS 117, check here ► A and complete lines 30 through 34.  29 Paid-in or capital surplus, or land, building, or equipment fund  20 Retained earnings, endowment, accumulated income, or other funds  30 Total net assets or fund balances  20 2,011,671.  21,068,184.  26 21,084,326.  21,084,326.  22,118,604.  24,093,277.  27 22,118,604.  28 856,196.  30 1,688,294.  29 1,615,294.  31 20 31 31 32 32 32 32 32 32 32 33 32 32 33 32 33 32 33 32 33 32 33 32 33 32 33 32 33 32 33 32 33 32 33 32 33 32 33 32 34 590,094.		25				
Total liabilities. Add lines 17 through 25.  Organizations that follow SFAS 117, check here ► X and complete lines 27 through 29, and lines 33 and 34.  Unrestricted net assets  Temporarily restricted net assets  Permanently restricted net assets  Organizations that do not follow SFAS 117, check here ► and complete lines 30 through 34.  Capital stock or trust principal, or current funds  Paid-in or capital surplus, or land, building, or equipment fund  Retained earnings, endowment, accumulated income, or other funds  Total net assets or fund balances  21,068,184. 26  21,068,184. 26  21,068,184. 26  21,068,184. 26  21,068,184. 26  21,068,184. 26  21,068,184. 26  21,068,184. 26  21,068,184. 26  21,068,184. 26  21,068,184. 26  22,118,604.  24,093,277. 27  22,118,604.  36,691. 28  856,196.  37,688,294. 29  1,615,294.  30  30  31  Paid-in or capital surplus, or land, building, or equipment fund  31  Retained earnings, endowment, accumulated income, or other funds  32  33  Total net assets or fund balances			parties, and other liabilities not included on lines 17-24). Complete Part X			
Total liabilities. Add lines 17 through 25.  Organizations that follow SFAS 117, check here ► X and complete lines 27 through 29, and lines 33 and 34.  Unrestricted net assets  Temporarily restricted net assets  Permanently restricted net assets  Organizations that do not follow SFAS 117, check here ► and complete lines 30 through 34.  Capital stock or trust principal, or current funds  Paid-in or capital surplus, or land, building, or equipment fund  Retained earnings, endowment, accumulated income, or other funds  Total net assets or fund balances  21,068,184.  26  21,084,326.  24,093,277.  27  22,118,604.  856,196.  1,688,294.  29  1,615,294.  30  Capital stock or trust principal, or current funds  Retained earnings, endowment, accumulated income, or other funds  Total net assets or fund balances  26,331,262.  33  24,590,094.			of Schedule D	1,254,243.	25	2,011,671.
lines 27 through 29, and lines 33 and 34.  27 Unrestricted net assets  28 Temporarily restricted net assets  29 Permanently restricted net assets  Organizations that do not follow SFAS 117, check here  Organizations that do not follow SFAS 117, check here  Organizations that do not follow SFAS 117, check here  Organizations that do not follow SFAS 117, check here  And complete lines 30 through 34.  Capital stock or trust principal, or current funds  Paid-in or capital surplus, or land, building, or equipment fund  Retained earnings, endowment, accumulated income, or other funds  Total net assets or fund balances  24,093,277. 27  22,118,604.  38 856,196.  1,688,294. 29 1,615,294.  30 30 30 31  24,590,094.		26	Total liabilities. Add lines 17 through 25	21,068,184.	26	21,084,326.
	es					
	anc	27	Unrestricted net assets	24,093,277.	27	22,118,604.
	3ak	28				856,196.
	ğ	29	Permanently restricted net assets	1,688,294.	29	1,615,294.
	or Fur		Organizations that do not follow SFAS 117, check here ▶ and			
	ts (	30	Capital stock or trust principal, or current funds		30	
	Se	31	Daid in an applied assertion and healthing an applied to the second			
	As	32				
	Net	33	Total net assets or fund balances	26,331,262.		24,590,094.
	_		Total liabilities and net assets/fund balances			

Form 990 (2011) Page **12 Reconciliation of Net Assets** Part XI Check if Schedule O contains a response to any question in this Part XI.............. 16,180,341. 1 1 16,976,919. 2 2 -796,578. 3 3 26,331,262. 4 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . . . . -944,590. 5 5 Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, 24,590,094. **Financial Statements and Reporting** Part XII No X Accrual Accounting method used to prepare the Form 990: Cash Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a Χ **b** Were the organization's financial statements audited by an independent accountant? 2b Х c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: Both consolidated and separate basis X Consolidated basis Separate basis 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in

the Single Audit Act and OMB Circular A-133?

If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form **990** (2011)

Χ

3a

3b

#### SCHEDULE A (Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

Open to Public Inspection

Nan	ne of t	he organization YOUN	NG MEN'S CHRI	STIAN ASSOCIATION	1				Emplo	yer iden	tification number
OF	THE	PIKES PEAK RE	EGION							84-	-0404266
Pa	rt I	Reason for Publ	lic Charity Status	<b>s</b> (All organizations mu	ıst cor	nplete	this pa	art.) Se	e instr	uctions	
The	orga	•		cause it is: (For lines 1 th	_		-				
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	Ш	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, cit									
5		= :		nefit of a college or univ	ersity	owned	l or ope	erated b	oy a go	vernme	ntal unit described in
		section 170(b)(1)(A)(iv). (Complete Part II.)									
6	$\square$		-	or governmental unit des							
7		An organization that normally receives a substantial part of its support from a governmental unit or from the general public									
_		described in <b>sectio</b>									
8		-		on 170(b)(1)(A)(vi). (Com	•						
9	X	_	-	es: (1) more than 331/3%							· -
		· ·		exempt functions - sub							
		· · ·		ome and unrelated busi						n 511	tax) from businesses
40				ne 30, 1975. See <b>section</b>	-		-				
10	$\vdash$	•	•	ted exclusively to test for	•	•				•	or to corm, out the
11		-		rated exclusively for the apported organizations de			-				•
		• •	•	es the type of supporting				. , .	,		. , . ,
		a Type I	<b>b</b> Type		-			-			Type III - Other
_				the organization is not			-	_			_ ,,
•	'Ш	-	-	gers and other than one			-		-	-	•
		509(a)(1) or section		goro and other than one	01 1110	io pui	mory ou	pponoc	a organ	izationo	
f		( , ( ,	` ' ' '	n determination from th	e IRS	that it	is a Tv	vpe I. T	Type II.	or Type	e III supporting
		organization, check						,,,,,	) [ · · · · · · · · · · · · · · · · · ·	7	capperg
ç	1			nization accepted any gif	t or co	ntributi	on from	anv of	the		
•		following persons?	, 0	, , , ,				,			
			directly or indire	ectly controls, either alor	ne or t	ogethe	er with	person	s desc	ribed in	(ii) Yes No
				dy of the supported organ							11g(i)
		(ii) A family memb	per of a person des	scribed in (i) above?							11g(ii)
				on described in (i) or (ii) a	bove?						11g(iii)
ŀ	1	Provide the following	ng information abo	ut the supported organization	ation(s	).					
	(i) Na	ame of supported	(ii) EIN	(iii) Type of organization		Is the		ou notify		s the	(vii) Amount of
		organization		(described on lines 1-9 above or IRC section	col. (i)	zation in Iisted in	the orga	anization (i) of		zation in rganized	support
				(see instructions))			your su			U.S.?	
					Yes	No	Yes	No	Yes	No	
(A)											
(/·) —											
(B)											
(C)											
(D)											
(E)											
Tot	al										
ı Ot	aı										İ

Form 990 or 990-EZ.

For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2011

Schedule A (Form 990 or 990-EZ) 2011 Page 2 Part II

Par	Support Schedule for On (Complete only if you check Part III. If the organization	ked the box o	n line 5, 7, or	8 of Part I or i	f the organiza	tion failed to qu	
Sec	tion A. Public Support				, p	,	
	ndar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	<b>(e)</b> 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	<b>(e)</b> 2011	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc.	(see instructions)				12	
13	First five years. If the Form 990 is						
500	organization, check this box and stop here tion C. Computation of Public Sup						•
14	Public support percentage for 2011 (			11 column (f\)		14	%
15	Public support percentage from 2010					15	
	331/3% support test - 2011. If the						
104	this box and <b>stop here.</b> The organizat						Te, encek
b	331/3% support test - 2010. If the	•		_			or more.
	check this box and <b>stop here.</b> The org	_					
17a	10%-facts-and-circumstances test -						
	10% or more, and if the organizatio						
	Part IV how the organization meets	the "facts-and-o	circumstances" t	est. The organ	ization qualifies	as a publicly s	-
	organization						▶ □
b	10%-facts-and-circumstances test -		•				
	15 is 10% or more, and if the organization in Part IV how the organization						-
	Explain in Part IV how the organization				_	-	a publicly
18	supported organization  Private foundation. If the organization						▶∟
10	instructions	i did fiot crieck	a box on mie 13	, ioa, iou, i/a	a, or ito, check	and box and 58	▶ □

Schedule A (Form 990 or 990-EZ) 2011

Schedule A (Form 990 or 990-EZ) 2011 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.)

Sec	Section A. Public Support									
	ndar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total			
1	Gifts, grants, contributions, and membership fees									
	received. (Do not include any "unusual grants.")	2,733,393.	1,843,986.	2,158,109.	1,566,048.	2,050,557.	10,352,093.			
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	14,845,698.	15,796,384.	15,524,055.	14,967,266.	13,961,968.	75,095,371.			
3	Gross receipts from activities that are not an									
	unrelated trade or business under section 513									
4	Tax revenues levied for the									
	organization's benefit and either paid									
	to or expended on its behalf									
5	The value of services or facilities									
	furnished by a governmental unit to the									
	organization without charge									
6	Total. Add lines 1 through 5	17,579,091.	17,640,370.	17,682,164.	16,533,314.	16,012,525.	85,447,464.			
	Amounts included on lines 1, 2, and 3	17,373,031.	17,010,570.	17,002,101.	10,333,311.	10,012,323.	03,117,101.			
	received from disqualified persons	202,877.	35,721.	330,731.	177,184.	74,168.	820,681.			
b	Amounts included on lines 2 and 3	202,077.	33,721.	330,731.	177,101.	71,100.	020,001.			
	received from other than disqualified									
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year									
_	Add lines 7a and 7b	202,877.	35,721.	330,731.	177,184.	74,168.	820,681.			
8	Public support (Subtract line 7c from	202,077.	33,721.	330,731.	177,104.	74,100.	020,001.			
	line 6.)						84,626,783.			
Sec	tion B. Total Support		·	I			01,020,703.			
	ndar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	<b>(e)</b> 2011	(f) Total			
9	Amounts from line 6	17,579,091.	17,640,370.	17,682,164.	16,533,314.	16,012,525.	85,447,464.			
10a	Gross income from interest, dividends,	, , ,	, ,	, ,	.,,.	, , , , , , , , , , , , , , , , , , , ,				
	payments received on securities loans,									
	rents, royalties and income from similar sources	244,218.	295,494.	183,244.	283,038.	253,934.	1,259,928.			
b	Unrelated business taxable income (less	211,2101	233 / 13 1.	103/2111	203,030.	23373311	17207720.			
	section 511 taxes) from businesses									
	acquired after June 30, 1975			13,938.			13,938.			
С	Add lines 10a and 10b	244,218.	295,494.	197,182.	283,038.	253,934.	1,273,866.			
11	Net income from unrelated business	244,210.	233,434.	157,102.	203,030.	233,734.	1,273,000.			
	activities not included in line 10b,									
	whether or not the business is regularly									
10	Carried on									
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.	227,756.			
13	Total support. (Add lines 9, 10c, 11,			222,103.	403.	5,170.	227,750.			
. •	and 12.)	17,823,309.	17,935,864.	18,101,529.	16,816,755.	16,271,629.	86,949,086.			
14	First five years. If the Form 990 is for									
	organization, check this box and <b>stop here</b>	ŭ			•	,	· · ·			
Sec	tion C. Computation of Public Sup									
15	Public support percentage for 2011 (line 8			nn (f))		15	97.33%			
16	Public support percentage from 2010 Sche					16	97.36%			
Sec	tion D. Computation of Investmen									
17	Investment income percentage for 2011 (lin			3. column (f))		17	1.47%			
18	Investment income percentage from 2010					18	1.39%			
	331/3% support tests - 2011. If the org									
	17 is not more than 331/3%, check th	-								
b	331/3% support tests - 2010. If the orga									
~	line 18 is not more than 331/3%, check						. $\square$			
20	<b>Private foundation.</b> If the organization						<u> </u>			

JSA 1E1221 1.000 Schedule A (Form 990 or 990-EZ) 2011 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).

,				ATT	FACHMENT 1	
SCHEDULE A, PART I	II - OTHER INCO	ME				
DESCRIPTION	2007	2008	2009	2010	2011	TOTAL
MISCELLANEOUS			10,820.	403.	5,170.	16,393.
INSURANCE CLAIM			211,363.			211,363.
TOTALS			222,183.	403.	5,170.	227,756.

#### Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

#### Schedule of Contributors

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

OMB No. 1545-0047

2011

**Employer identification number** 

YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE PIKES PEAK REGION 84-0404266 Organization type (check one): Filers of: Section: Х 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 more during the year  $\blacktriangleright$  \$\_ 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) (2011)

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

Employer identification number 84-0404266

Part I	<b>Contributors</b>	(see instructions).	. Use duplicate c	opies of Part I if	additional space is needed.
--------	---------------------	---------------------	-------------------	--------------------	-----------------------------

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_		\$10,000.	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
2_		\$7,500.	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
3 _		\$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
4		\$5,750.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.			
140.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5_			
		Total contributions	Person X Payroll Noncash (Complete Part II if there is

Name of organization YOUNG MEN'S CHRISTIAN ASSOCIATION
OF THE DIKES DEAK REGION

Employer identification number 84-0404266

	OF THE PIKES PEAK REGION		04-0404200
Part I	Contributors (see instructions). Use duplicate copies of Par	t I if additional space is need	ded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7 _		\$5,000.	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
8		\$40,000.	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 _		\$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
_ 10 _		\$15,000.	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 _		\$6,000.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Person Payroll

Noncash

(d) Type of contribution

(Complete Part II if there is a noncash contribution.)

Χ

(a)

No.

\_ 12

(b)

Name, address, and ZIP + 4

5,910.

(c)

**Total contributions** 

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
_ 13 _		\$5,000.	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
_ 14 _		\$5,000.	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
_ 15 _		\$8,000.	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
_ 16 _		\$5,000.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b)	(c)	/ IN
	Name, address, and ZIP + 4	Total contributions	(d) Type of contribution
_ 17 _			
17 		Total contributions	Person X 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 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 \_19 Χ Person **Payroll** 25,000. Noncash (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 20 Χ Person **Payroll** 7,500. Noncash (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 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) (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) (d) No. Name, address, and ZIP + 4 **Total contributions** 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 contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) > \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and 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 Part I (e) Transfer of gift Transferee's name, address, and 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 Part I (e) Transfer of gift

Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

(a) No. (c) Use of gift (b) Purpose of gift (d) Description of how gift is held from Part I

(e) Transfer of gift

Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

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

# **Supplemental Financial Statements**

OMB No. 1545-0047 Open to Public

Department of the Treasury

► 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.

Inspection

▶ Attach to Form 990. ▶ See separate instructions. Internal Revenue Service Name of the organization YOUNG MEN'S CHRISTIAN ASSOCIATION Employer identification number

	THE PIKES PEAK REGION	84-0404266
Pai		Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6.	(h) Funda and other accounts
	(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	
	funds are the organization's property, subject to the organization's exclusive legal control? .	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fund	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any	
	conferring impermissible private benefit?	
Pa		orm 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
		f an historically important land area
		f a certified historic structure
_	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in	the form of a conservation
	easement on the last day of the tax year.	Held at the End of the Tax Year
_	Total number of concernation accompanie	
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	20
C C	Number of conservation easements on a certified historic structure included in (a)	20
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a	2d
3	historic structure listed in the National Register	·
3		ated by the organization during the
4	tax year ▶  Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, ha	ndling of
5	violations, and enforcement of the conservation easements it holds?	-
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation eas	
•	b	omente daming the year
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easemer	nts during the year
-	▶\$	saming and year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of se	ction 170(h)(4)(B)
	(i) and section 170(h)(4)(B)(ii)?	
9	In Part XIV, describe how the organization reports conservation easements in its revenue and	d expense statement, and
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial	
	organization's accounting for conservation easements.	
Pai	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 it works of art, historical treasures, or other similar assets held for public exhibition, education public service, provide, in Part XIV, the text of the footnote to its financial statements that des	revenue statement and balance sheet
	public service, provide, in Part XIV, the text of the footnote to its financial statements that des	cation, or research in furtherance of cribes these items.
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its re	
-	works of art, historical treasures, or other similar assets held for public exhibition, education public service, provide the following amounts relating to these items:	cation, or research in furtherance of
	(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 a	=
	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	▶\$

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

Schedule D (Form 990) 2011

Schedule D (Form 990) 2011 Page 2

Par	t     Organizations Maintainin	g Collections of	Art, Histo	rical Tre	asures,	or Other	Similar Assets	'continu	ed)	
3	Using the organization's acquisition collection items (check all that apply)		ther record	ds, check	any of	the follow	ving that are a sig	nificant	use o	of its
•	Public exhibition	/•	4	]	n or ovek	ongo prod	rame			
a			d	Oth		nange prog				
b	Scholarly research	arationa	е	J	ei –––-					
C										
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.									
5	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? • • • • • • • • • • • • • • • • • • •									
Par	Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.									
			<u> </u>							
1 a	Is the organization an agent, trustee,			-						_
	included on Form 990, Part X?							Yes	,	No
b	If "Yes," explain the arrangement in F	Part XIV and compl	ete the foll	owing tab	ole:					
							Amount			
	Beginning balance					С				
	Additions during the year					d				
	Distributions during the year					е				
f	Ending balance				🛮	f				
2a	Did the organization include an amo	unt on Form 990, F	Part X, line	21?				Yes	;	No
b	If "Yes," explain the arrangement in F	Part XIV.								
Par	t V Endowment Funds. Comp	olete if the organ	ization an	swered '	'Yes" to	Form 99				
		(a) Current year	<b>(b)</b> Prio	r year	(c) Two :	ears back	(d) Three years back	<b>(e)</b> Fou	r years	back
1 a	Beginning of year balance	2,051,769.	1,905	5,704.	1,73	35,400.	1,564,710.			
b	Contributions		2	7,158.			3,471.			
С	Net investment earnings, gains,									
	and losses	-74,821.	132	2,944.	19	91,573.	185,806.			
d	Grants or scholarships									
е	Other expenditures for facilities .									
	and programs	11,539.	14	4,037.	2	21,269.	18,587.			
f	Administrative expenses									
g	End of year balance	1,965,409.	2,052	1,769.	1,90	5,704.	1,735,400.			
2	Provide the estimated percentage of									
а	Board designated or quasi-endowme			( - 3,	•	.,,				
	Permanent endowment ► 69.70									
	Temporarily restricted endowment ▶									
	The percentages in lines 2a, 2b, and		10%							
3a	Are there endowment funds not in the	· · · · · · · · · · · · · · · · · · ·		tion that	are held	and admir	nistered for the			
	organization by:	.е ресоссой и	.o o.gaa						Yes	No
	(i) unrelated organizations							3a(i)	X	
	(ii) related organizations							3a(ii)		X
b	If "Yes" to 3a(ii), are the related orga							3 b		- 21
4	Describe in Part XIV the intended use		-					0.0		
Par										
Гаі	Description of property					(-) (		(-1) D		
	Description of property	(a) Cost or (invest			r other basis ther)		cumulated eciation	( <b>d)</b> Book va	aiue	
1 a	Land	1,2	00,000.	5,2	203,026			6,4	03,0	26.
b	Buildings			48,7	67,311	. 15,2	42,640.	33,5	24,6	571.
С	Leasehold improvements									
d	Equipment				41,879		15,370.		26,5	509.
<u>e</u>	Other				65,078		40,637.	1,0	24,4	141.
Tota	I. Add lines 1a through 1e. (Column (	d) must equal Form	n 990, Part .	X, column	n (B), line	10(c).).	▶	40,9	78,6	547.

Schedule D (Form 990) 2011

Schedule D (Form 990) 2011 Page 3

Day VIII Instruction Other Occupition Co. 5	000 Dt V li-	- 40	i age <b>c</b>
Part VII Investments - Other Securities. See F			
<ul><li>(a) Description of security or category (including name of security)</li></ul>	(b) Book value	(c) Method of valua Cost or end-of-year mark	tion: ket value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
(l)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related. See F	orm 990, Part X, lin	e 13.	
(a) Description of investment type	(b) Book value	(c) Method of valua	
		Cost or end-of-year mark	ket value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX  Other Assets. See Form 990, Part X, li	no 1 <i>E</i>		
	Description		(b) Book value
(1)	Description		(b) Book value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)			
Part X Other Liabilities. See Form 990, Part X			
1. (a) Description of liability	(b) Book value	e	
(1) Federal income taxes			
(2) BOND INTEREST RATE SWAP	1,319,6	540.	
(3) CHARITABLE GIFT ANNUITY	692,0	031.	
(4)			
(5)			
_ (6)			
(8)			
(9)			
(10)			
<u>(11)</u>			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)			
2 FINI 49 (ASC 740) Ecotooto In Part VIV provide the	tout of the feetness to	the arganization's financial statemen	to that raparta the

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

JSA 1E1270 1.000

Page 4 Schedule D (Form 990) 2011

Conoac	6 b (1 cm 600) 2011			i age -
Part		nent	S	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1		16,180,341.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2		16,976,919.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3		-796,578.
4	Net unrealized gains (losses) on investments	4		-864,200.
5	Donated services and use of facilities	5		
6	Investment expenses	6		
7	Prior period adjustments	7		
8	Other (Describe in Part XIV.)	8		-71,108.
9	Total adjustments (net). Add lines 4 through 8	9		-935,308.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10		-1,731,886.
Part		urn		
1	Total revenue, gains, and other support per audited financial statements	L	1	15,263,838.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains on investments 2a -864,20	0.		
b	Donated services and use of facilities 2b			
С	Recoveries of prior year grants 2c			
d	Other (Describe in Part XIV.)  2d -52,30	3.		
е	Add lines 2a through 2d	L	2e	-916,503.
3	Subtract line 2e from line 1	L	3	16,180,341.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 4a			
b	Other (Describe in Part XIV.)			
С	Add lines 4a and 4b	_	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	16,180,341.
Part	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per R	etur	n	
1	Total expenses and losses per audited financial statements	📙	1	16,995,724.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities 2a			
b	Prior year adjustments 2b			
С	Other losses 2c			
d	Other (Describe in Part XIV.) 2d 18,80	5.		
е	Add lines 2a through 2d		2e	18,805.
3	Subtract line 2e from line 1		3	16,976,919.
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			
b	Other (Describe in Part XIV.)			
С	Add lines 4a and 4b	-	4c	
_5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	16,976,919.
	XIV Supplemental Information			
Part V	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa , line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comp Iditional information.			
SEE_	PAGE 5			

#### Part XIV Supplemental Information (continued)

SCH D PART XI LINE 8

FOUNDATION NET INCOME: \$9,284

PRIOR YEAR RECEIVABLE WRITE-OFF: (\$80,392)

SCH D PART XII LINE 2D

COST OF GOODS SOLD: (\$16,068)

FOUNDATION REVENUE: (\$12,021)

PRIOR YEAR RECEIVABLE WRITE-OFF: \$80,392

SCH D PART XIII LINE 2E

COST OF GOODS SOLD: (\$16,068)

FOUNDATION EXPENSES: (\$2,737)

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.

Page 5

#### Part XIV Supplemental Information (continued)

PART X LINE 2

THE ORGANIZATION BELIEVES THAT IT DOES NOT HAVE ANY UNCERTAIN TAX

POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS.

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

# Supplemental Information Regarding Fundraising or Gaming Activities Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

TValle of the organization YOUNG MEN'S C	JCCA MALICIAN	CIAIIO	N		Linployer identification	
OF THE PIKES PEAK REGION					84-0404266	
Fundraising Activities. Com Form 990-EZ filers are not				"Yes" to Form 9	90, Part IV, line	17.
1 Indicate whether the organization rais				activities Chack s	all that apply	
	_		_			
a Mail solicitations	e			non-government g		
b Internet and email solicitations	f			government grants	S	
c Phone solicitations	g	Spec	cial fundra	ising events		
<b>d</b> In-person solicitations						
2a Did the organization have a written o or key employees listed in Form 990						Yes No
<b>b</b> If "Yes," list the ten highest paid indi compensated at least \$5,000 by the		(fundraise	ers) pursua	ant to agreements	under which the	fundraiser is to be
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in	(vi) Amount paid to (or retained by) organization
		Yes	No		col. (i)	-
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						
3 List all states in which the organizar registration or licensing.				contributions or	has been notified	it is exempt from

Page 2 Schedule G (Form 990 or 990-EZ) 2011

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	(b) Event #2	(c) Other Events	(d) Total events
ø)			TURKEY TROT	GOLF TOURNAMEN	10.	(add col. <b>(a)</b> through col. <b>(c)</b> )
			(event type)	(event type)	(total number)	coi. <b>(c)</b> )
Revenue		Gross receipts	79,265.	28,275.	56,297.	163,837
Ľ.	2	contributions	79,265.	17,393.	56,297.	152,955
	3	Gross income (line 1 minus				
_		line 2)		10,882.	0	10,882
	4	Cash prizes				
		Noncash prizes		640.		640
S						
Expenses	6	Rent/facility costs		3,719.		3,719
t Exp	7	Food and beverages		2,000.		2,000
Direct	8	Entertainment				
	9	Other direct expenses	35,284.	4,523.	18,879.	58,686
	10	Direct expense summary. Add lines 4	L through 9 in column (d	1	_	( 65,045.)
	11	Net income summary. Combine line 3	3. column (d), and line 1	,		-54,163
Pa	rt l	<b>Gaming.</b> Complete if the orgathan \$15,000 on Form 990-E		es" to Form 990, Par	t IV, line 19, or repo	rted more
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
sesu	2	Cash prizes				
Expe	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes% No	Yes% No	Yes% No	
	7	Direct expense summary. Add lines 2	2 through 5 in column (d)	)		( )
	8	Net gaming income summary. Comb	ine line 1, column d, and	d line 7		
	_					
	ls	nter the state(s) in which the organizat the organization licensed to operate of "No," explain:		of these states?		Yes No
10-		ere any of the organization's gaming I				Yes No
		"Vee " evalein.				• — —
	_					

#### YOUNG MEN'S CHRISTIAN ASSOCIATION

Sched	ule G (Form 990 or 990-EZ) 2011 Page <b>3</b>
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 🕨 \$
Part	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) 2011

#### **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.

OMB No. 1545-0047 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

YOUNG MEN'S CHRISTIAN ASSOCIATION

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)			
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	41		
_	explain	1b		
2	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. Explain in Part III.  X Compensation committee  Independent compensation consultant  Form 990 of other organizations  X Approval by the board or compensation committee			
4 a	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:  Receive a severance payment or change-of-control payment?	4a		Х
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?	4 c		Х
	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			
	compensation contingent on the revenues of:	_		37
а	The organization?	5a		X
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:	C-		Х
a L	The organization?	6a 6b		X
b	Any related organization?  If "Yes" to line 6a or 6b, describe in Part III.	gb		Λ
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	-'-		- 71
o	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			21
•	Regulations section 53.4958-6(c)?	9		
		1		

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

Schedule J (Form 990) 2011

YOUNG MEN'S CHRISTIAN ASSOCIATION 84-0404266

Schedule J (Form 990) 2011

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

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

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

(A) Name		(B) Breakdown	of W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(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
	(i)	171,263.	(	0	21,318.	9,856.	202,437.	0
1 DAN DUMMERMUTH	(ii)		(	0	d	0	C	0
	(i)							
2	(ii)							
	(i)							
_3	(ii)							
	(i)							
_4	(ii)							
	(i)							
_ 5	(ii)							
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11	(ii)							
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15	(ii)							
	(i)	ļ	ļ	<del> </del>				
16	(ii)							1 1 1 (5 000) 0044

YOUNG MEN'S CHRISTIAN ASSOCIATION 84-0404266

Schedule J (Form 990) 2011 Page 3

## 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) 2011

## SCHEDULE K (Form 990)

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

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

Department of the Treasury
Internal Revenue Service ► Attach to Form 990.

► See separate instructions.

OMB No. 1545-0047
2011
Open to Public
Inspection

Name of the organization YOUNG MEN'S CHRISTIAN ASSOCIATION **Employer identification number** OF THE PIKES PEAK REGION 84-0404266 **Bond Issues** (i) Pooled (h) On (a) Issuer name (b) Issuer EIN (c) CUSIP # (d) Date issued (e) Issue price (f) Description of purpose (q) Defeased behalf of financing issuer Yes Nο Yes Nο Yes No A COLORADO DEMAND REVENUE 28337LBM9 84-6000764 12/26/2006 19,000,000. CONSTRUCT FACILITY В C **Proceeds** Α R C D 5,865,000. 18,905,000. 6 Proceeds in refunding escrows............ 384,129. 9 Working capital expenditures from proceeds ............. 12,655,871. 2008 Yes No Yes No Yes No Yes No Χ Χ 15 Were the bonds issued as part of an advance refunding issue?.......... Χ 17 Does the organization maintain adequate books and records to support the final allocation of proceeds? Part | Private Business Use В С D Α Yes 1 Was the organization a partner in a partnership, or a member of an LLC, which owned Yes No No Yes No Yes No property financed by tax-exempt bonds? Х 2 Are there any lease arrangements that may result in private business use of bond-financed property? Χ

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

Schedule K (Form 990) 2011

Schedule K (Form 990) 2011

Pa	Private Business Use (Continued)	LORADO	DEMAND R	EVENUE					
			Α		В		С	ı	<u> </u>
3a	Are there any management or service contracts that may result in private business	Yes	No	Yes	No	Yes	No	Yes	No
- u	use of bond-financed property?		Х						
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel								
	to review any management or service contracts relating to the financed property?								
С	Are there any research agreements that may result in private business use of bond-								
	financed property?		X						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other								
	outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities								
	other than a section 501(c)(3) organization or a state or local government ▶		%		%		%		<u>%</u>
5	Enter the percentage of financed property used in a private business use as a								
	result of unrelated trade or business activity carried on by your organization,								
	another section 501(c)(3) organization, or a state or local government		%		%		%		%
6	Total of lines 4 and 5		%		%		%		%
7	Has the organization adopted management practices and procedures to								
	ensure the post-issuance compliance of its tax-exempt bond liabilities?	X							
	Aulturan								
Pa	rt IV Arbitrage		•		<b>D</b>		С		
_			Α		В		1		
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?	Yes	No X	Yes	No	Yes	No	Yes	No
		Х	Λ						
	Is the bond issue a variable rate issue?	Λ							
3a	Has the organization or the governmental issuer entered into a qualified hedge with	X							
	respect to the bond issue?								
	Name of provider	WELLS FARG	10.000						
	Term of hedge		X X						
			X						
	Was the hedge terminated?		X						
	Name of provider		22						
	Term of GIC								
	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
<del>u</del>	Were any gross proceeds invested beyond an available temporary period?		X						
			X						
_6_	Did the bond issue qualify for an exception to rebate?		Λ						
Pa	Procedures To Undertake Corrective Action								
	ck the box if the organization established written procedures to ensure that violations of fe	deral tav	requirement	s are time	v identified	and corre	nted through	the volunts	arv
	ing agreement program if self-remediation is not available under applicable regulations								No
Pa	t VI Supplemental Information. Complete this part to provide additional information.	nation for	responses	to questi	ons on Sch	edule K	(see instruc	rtions)	INU
ı al	Supplemental information. Complete this part to provide additional information.	11411011101	responses	io questi	0113 011 001	iodule IX	(JOCO III JUIU	,	

JSA 1E1296 1.000

### SCHEDULE O (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2011

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 YOU

YOUNG MEN'S CHRISTIAN ASSOCIATION

OF THE PIKES PEAK REGION

Employer identification number 84-0404266

FORM 990 PART III LINE 4A

THE YMCA OF THE PIKES PEAK REGION VIEWS HEALTH HOLISTICALLY: A HEALTHY PERSON HAS BALANCE AND HARMONY OF SPIRIT, MIND AND BODY. YMCA HEALTH AND WELLNESS PROGRAMS ARE DESIGNED TO ENHANCE INDIVIDUAL, FAMILY AND COMMUNITY WELL-BEING BY ADDRESSING LOCAL AND NATIONAL HEALTH CONCERNS SUCH AS PHYSICAL INACTIVITY, POOR NUTRITION, CHRONIC STRESS AND ISOLATION. YMCA HEALTH AND WELL-BEING PROGRAMS PROVIDE INDIVIDUALS OF ALL AGES AND FAMILIES, REGARDLESS OF MAKEUP, WITH CONTINUOUS SUPPORTIVE RELATIONSHIPS AND ENVIRONMENTS THAT ENGAGE, INVOLVE AND SUPPORT HEALTH IN SPIRIT, MIND AND BODY. YMCA HEALTH AND WELL-BEING PROGRAMS ALSO PROMOTE AND PROVIDE DEVELOPMENT OF SOCIAL SKILLS, SELF-ESTEEM, MORAL AND ETHICAL BEHAVIOR. WE SERVE ALL AGES, ABILITIES, RACES, NATIONALITIES AND FAITHS. WE PROVIDE FINANCIAL ASSISTANCE TO THOSE WHO NEED IT. IN 2011 WE SERVED 98,412 INDIVIDUALS IN OUR COMMUNITY. WE PROVIDED A TOTAL OF \$1,288,705 IN FINANCIAL SUPPORT AND UNDERWRITTEN PROGRAMS TO MORE THAN 15,000 IN THE AREA OF HEALTH AND WELL-BEING WE PROVIDED DIFFERENT PERSONS. \$1,078,322 IN FINANCIAL SUPPORT AND UNDERWRITTEN PROGRAMS.

FORM 990 PART III LINE 4B

THE YMCA OF THE PIKES PEAK REGION CHILD CARE AND DAY CAMP PROVIDES

OPPORTUNITIES FOR GROWTH AND DEVELOPMENT OUTSIDE OF THEIR SCHOOL DAY AND

DURING SUMMER THROUGH ACTIVITIES AND ADVENTURES THAT ARE CHILD

DEVELOPMENT CENTERED, NURTURING, ASSET BUILDING AND FUN. WE PROVIDE A

SAFE AND ENCOURAGING ENVIRONMENT THAT PROMOTES HEALTHY LIFESTYLES,

84-0404266

POSITIVE SELF-ESTEEM AND IMAGE, LIFE SKILLS, TEAMWORK, LEADERSHIP, CREATIVITY, AND EDUCATION SUPPORT. WE HAVE DEVELOPED A VARIETY OF ACTIVITIES AND OPPORTUNITIES FOR YOUTH AND TEENS WITH OUTCOME-BASED CURRICULUM TO INCLUDE CHARACTER DEVELOPMENT, LIFE LONG LEARNING AND SKILLS. WE CURRENTLY PARTNER WITH 7 SCHOOL DISTRICTS, CARE AND SHARE FOOD BANK, JC PENNEY AFTERSCHOOL FUND, COLORADO CHILD CARE ASSISTANCE PROGRAM, THE COLORADO TRUST AND THE NATIONAL AFTERSCHOOL ALLIANCE. IN 2011 WE SERVED 1,248 CHILDREN IN LICENSED YMCA CHILD CARE. WE PROVIDED \$67,480 IN FINANCIAL ASSISTANCE TO CHILDREN IN THESE PROGRAMS. YMCA RESIDENT CAMP (CAMP SHADY BROOK) OFFERS AGE APPROPRIATE PROGRAMMING FOR AGES 6-17 IN THE FIELDS OF ADVENTURE EDUCATION, OUTDOOR ENVIRONMENTAL EDUCATION, EXPERIENTIAL LEARNING, LEADERSHIP DEVELOPMENT AND HANDS ON TEACHING THAT ENCOMPASSES THE FOUR CORE VALUES OF THE YMCA, CARING, HONESTY, RESPECT AND RESPONSIBILITY. WE FOCUS ON PERSONAL DEVELOPMENT AND THE BUILDING OF RELATIONSHIPS THROUGH THE PROGRAMMING WE OFFER. WE SERVE CHILDREN AND FAMILIES FROM A DIVERSE BACKGROUND AND OFFER PROGRAMMING FOR ALL REGARDLESS OF THEIR ABILITY TO PAY. WE PARTNER WITH SCHOOL DISTRICTS, BOYS AND GIRLS CLUBS, SERVICE CLUBS AND OTHER FRONT RANGE YMCAS. IN 2011 WE SERVED 717 YOUTH AND TEENS IN EXPERIENCES AT CAMP SHADY BROOK. THROUGH A VARIETY OF GRANTS AND FUND RAISING EFFORTS WE PROVIDED FINANCIAL ASSISTANCE TO CAMPERS IN THE AMOUNT OF \$138,172. IN 2011 THE YMCA OF THE PIKES PEAK REGION SERVED 42,766 YOUTH AND TEENS IN YMCA MISSION DRIVEN PROGRAMS AND SERVICES.

FORM 990 PART III LINE 4C

THE YMCA OF THE PIKES PEAK REGION IS COMMITTED TO SUPPORTING TEENS IN OUR

COMMUNITY. THROUGH THE 21ST CENTURY CCLC CLASS (COMMUNITY LEARNING ALLIANCE FOR SUCCESS) AT SIERRA HIGH SCHOOL, THE YMCA HAS BEEN ABLE TO ENRICH THE LIVES OF YOUNG PEOPLE IN DYNAMIC WAYS. PROGRAMS SUCH AS THE COLORADO DROPOUT PREVENTION PROGRAM, THE SOUTHEAST COMPUTER CLUBHOUSE AND THE SIERRA HIGH SCHOOL DISTRICT 2 YMCA SUMMER PROGRAM HAVE HELPED UNDER-SERVED YOUTH AS THEY LOOK TOWARDS ACHIEVING THEIR FUTURE GOALS. THROUGH THESE PROGRAMS TEENS HAVE MANY OPPORTUNITIES IN A SAFE AND NURTURING ENVIRONMENT. THE 21ST CENTURY CCLC CLASS PROVIDES OPPORTUNITIES FOR PHYSICAL AND NUTRITIONAL EDUCATION, FOOD DISTRIBUTION, HOMEWORK SUPPORT, WORKSHOPS THAT HELP TO IMPROVE ACT SCORES, EXPOSURE TO ART AND CULTURE AND SO MUCH MORE. MANY OF THESE OPPORTUNITIES ARE AVAILABLE IN ENGLISH AND SPANISH AND IN COLLABORATION WITH SIERRA HIGH SCHOOL. THE COLORADO DROPOUT PREVENTION PROGRAM HAS ENCOURAGED YOUTH TO INVEST IN THEIR FUTURE AND STAY IN SCHOOL BY HELPING THEM DISCOVER THEIR INTERESTS THROUGH THE HIP HOP EDUCATIONAL LITERACY PROGRAM (HELP), VIDEO-EDITING CLASSES, ART PROGRAMS AND COLLABORATIONS WITH THE PIKES PEAK WORK FORCE. PROGRAMMING IN THE SOUTHEAST COMPUTER CLUBHOUSE ENCOURAGES OPEN-ENDED EXPLORATION. MENTORS WORK WITH PARTICIPANTS TO CREATE WEB PAGES, MAKE THEIR OWN ANIMATION, CREATE VIDEOS, HELP CONDUCT A WEB SEARCH, COMPOSE MUSIC AND MORE. TEENS ARE ENCOURAGED TO EXPRESS THEMSELVES CREATIVELY THROUGH THE LATEST COMPUTER TECHNOLOGY. STUDENTS FROM SIERRA HIGH SCHOOL DISTRICT TAKE PART IN A YMCA SUMMER PROGRAM. THIS PROGRAM SUPPORTS TEENS AS THEY STRIVE TO IMPROVE THEIR LANGUAGE ARTS AND MATHEMATICS SKILLS. AS THEY DO THIS THE TEENS ARE EXPOSED TO NEW TECHNOLOGY, SPORTS ACTIVITIES, NUTRITION AND COOKING, LEADERSHIP

DEVELOPMENT, TEAM BUILDING ACTIVITIES, AS WELL AS LANGUAGE PROGRAMS. ALL OF THESE ACTIVITIES ARE INTENTIONAL AND HELP TO MAKE MATH AND LANGUAGE ARTS FUN.

FORM 990 PART III LINE 4D

TEEN AND FAMILY PARTICIPATION - THE YMCA OF THE PIKES PEAK REGION TEEN

EVENTS TAKE A VARIETY OF FORMS INCLUDING TEEN NIGHTS IN WHICH TEENS AND

PRETEENS CAN PARTICIPATE IN A VARIETY OF ACTIVITIES. THESE EVENINGS ARE

HELD AT ALL OF OUR BRANCHES AND ALLOW THE PARTICIPANTS TO SWIM, PLAY

SPORTS, AND INTERACT WITH THEIR PEERS AND WITH STAFF IN A SAFE

ENVIRONMENT. WE ALSO WORK WITH FAMILIES IN A VARIETY OF PROGRAMS THAT

PROMOTE HEALTHY RELATIONSHIPS WITHIN THE FAMILY. THESE PROGRAMS INCLUDE

PRESCHOOL GYM ACTIVITIES WITH THE PARENTS PARTICIPATING WITH THEIR YOUNG

CHILDREN AND ALSO SWIM AND GYM PROGRAMS FOR THOSE CHILDREN THAT ARE NOT

OFFERED SUCH PROGRAMS IN A TRADITIONAL SCHOOL ENVIRONMENT. THESE PROGRAMS

ENCOURAGE PHYSICAL ACTIVITIES AS WELL AS PROMOTING CORE VALUES AND

POSITIVE INTERACTION BETWEEN PARENTS AND THEIR CHILDREN. AS STATED

PREVIOUSLY, IN 2011 THE YMCA OF THE PIKES PEAK REGION SERVED 42,766 YOUTH

AND TEENS IN MISSION DRIVEN PROGRAMS AND SERVICES.

FORM 990 PART VI SECTION B 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 LINE 12C

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

Schedule O (Form 990 or 990-EZ) 2011 Page 2

Name of the organization YOUNG MEN'S CHRISTIAN ASSOCIATION

OF THE PIKES PEAK REGION

Employer identification number 84-0404266

ATTACHMENT 1

### FORM 990, PART III, LINE 1 - 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. OUR VISION IS TO BE THE LEADER IN OUR COMMUNITY IN IMPROVING THE QUALITY OF LIFE AND NURTURING LIFELONG DEVELOPMENT OF HEALTHIER INDIVIDUALS, FAMILIES AND COMMUNITY BY: 1) PREPARING TEENS FOR THE ROLE THEY PLAY IN CREATING STRONG COMMUNITIES FOR TOMORROW. 2) IMPROVING THE HEALTH AND WELLNESS OF OUR COMMUNITY.

- 3) STRENGTHENING FAMILIES THROUGH HOLISTIC PROGRAMS AND ACTIVITIES.
- 4) DEVELOPING RELATIONSHIPS WITH MEMBERS THAT STRENGTHEN THEIR

  COMMITMENT TO OUR MISSION. 5) ADVANCING OUR MISSION BY PROVIDING

  NECESSARY RESOURCES THROUGH THE LEADERSHIP OF VOLUNTEERS AND STAFF.
- 6) CREATING STRATEGIC PARTNERSHIPS THAT ADDRESS CRITICAL COMMUNITY NEEDS.

THE YMCA OF THE PIKES PEAK REGION IS COMMITTED TO STRENGTHEN THE FOUNDATIONS OF COMMUNITY BY FOCUSING ON YOUTH DEVELOPMENT, HEALTHY LIVING AND SOCIAL RESPONSIBILITY.

ATTACHMENT 2

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

DESCRIPTION OF SERVICES COMPENSATION

SERVICEMASTER CLEAN
2123 E ST VRAIN
COLORADO SPRINGS, CO 80909

COPY EXPERTS
15 S WEBER
COLORADO SPRINGS, CO 80903

Schedule O (Form 990 or 990-EZ) 2011 Page **2** 

Name of the organization YOUNG MEN'S CHRISTIAN ASSOCIATION

OF THE PIKES PEAK REGION

84-0404266

ATTACHMENT 2 (CONT'D)

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

NAME AND ADDRESS DESCRIPTION OF SERVICES COMPENSATION

THE CLEAR SOLUTION JANITORIAL SERVICES 114,350.

3882 SONORAN DRIVE

COLORADO SPRINGS, CO 80922

TOTAL COMPENSATION 590,176.

ATTACHMENT 3

FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

DESCRIPTION AMOUNT

FUNDRAISING EVENTS 152,955.

TOTAL 152,955.

ATTACHMENT 4

FORM 990, PART VIII - FUNDRAISING EVENTS

GROSS DIRECT NET
INCOME EXPENSES INCOME

FUNDRAISING EVENTS

10,882. 65,045. -54,163.

TOTALS 10,882. 65,045. -54,163.

Schedule O (Form 990 or 990-EZ) 2011 Page 2

Name of the organization YOUNG MEN'S CHRISTIAN ASSOCIATION	Employer identification number
OF THE PIKES PEAK REGION	84-0404266
AT	FACHMENT 5
FORM 990, PART VIII - GROSS SALES AND COST OF GOODS SOLD	
GROSS SALES LESS RETURNS AND ALLOWANCES	70,686.
INVENTORY AT BEGINNING OF YEAR	1,652.
PURCHASES	
SALARIES AND WAGES	
OTHER COSTS	14,973.
SUBTOTAL	16,625.
MINUS ENDING INVENTORY	557.
COST OF GOODS SOLD	16,068.

### SCHEDULE R (Form 990)

# **Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

Attach to Form 990.

See separate instructions.

	Open to I done
	Inspection
er ic	lentification number

Name of the c	rganization YOUNG MEN'S CHRISTIAN ASSOCIATION	Employer identification number
OF THE	PIKES PEAK REGION	84-0404266
Part I	Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)	

(a) Name, address, and EIN of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
<u>(1)</u>					
(2)					
_(3)					
_(4)					
<u>(5)</u>					
<u></u>					

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

Name, address, and	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5	(g) n 512(b)(13) entrolled entity?	
							Yes	No
(1) YMCA FOUNDATION	26-2940459							
207 N NEVADA AVE	COLORADO SPRINGS, CO 80903	SEE PART VII	CO	501(C)(3)	11A, TYPE I	SEE PART VII	X	
(2)								
_(3)								
_(4)								
(5)								
_(6)								
_(7)								

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

Schedule R (Form 990) 2011

Schedule R (Form 990) 2011

Part III	Identification of Relate because it had one or r						answered "Yes"	to F	orm	990, Part l'	V, Iir	ne 3	4	
	(a) Name, address, and EIN of related organization	<b>(b)</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	Disprop	h) portionate ations?	(i) Code V-UB amount in boto of Schedule K- (Form 1065	1	(j) Gener mana partn	ral or iging	(k) Percentage ownership
			oouniny)		,			Yes	No	(1 01111 1000		Yes	No	
_(1)														
(2)														
<u>(3)</u>														
<u>(4)</u>														
<u>(5)</u>														
<u>(6)</u>														
<u>(7)</u>														
Part IV	Identification of Relate	ed Organizations one or more rela	Taxable ted orga	as a Corporation	on or Trust (Condition as a corporation	nplete if the orga	 anization answer the tax vear.)	ed "`	Yes"	to Form 99	90, F	Part	IV,	
	(a) Name, address, and EIN of t		3	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)		(f) are of t		(g) Share of-yea	e of	ets	(h) Percentage ownership
<u>(1)</u>				_										
<u>(2)</u>														
<u>(3)</u>														
<u>(4)</u>														
<u>(5)</u>														
<u>(6)</u>														

Schedule R (Form 990) 2011

Schedule R (Form 990) 2011

	1.0 1. (1. G.IIII 600) 20 1.					. age
Pa	Transactions With Related Organizations (Complete if the organization answered "Y	es" to Form 990, Pa	rt IV, line 34, 35, 35a, or	36.)		
Not	e. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Y	es N
1	During the tax year, did the organization engage in any of the following transactions with one or more r	elated organizations lis	ted in Parts II–IV?			
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a	Х
b	Gift, grant, or capital contribution to related organization(s)				1b	
С	Gift, grant, or capital contribution from related organization(s)				1 c	
d	Loans or loan guarantees to or for related organization(s)				1d	
е	Loans or loan guarantees by related organization(s)				1e	
f	Sale of assets to related organization(s)				1f	
q	Purchase of assets from related organization(s)				1g	
h	Exchange of assets with related organization(s)				1h	
i	Lease of facilities, equipment, or other assets to related organization(s)				1i	
	· · · · · · · · · · · · · · · · · · ·					
i	Lease of facilities, equipment, or other assets from related organization(s)				1j	
k	Performance of services or membership or fundraising solicitations for related organization(s)				1k	
ı	Performance of services or membership or fundraising solicitations by related organization(s)				11	
m	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1 m	
n	Sharing of paid employees with related organization(s)				1n	
0	Reimbursement paid to related organization(s) for expenses				10	
р	Reimbursement paid by related organization(s) for expenses				1p	
•						
q	Other transfer of cash or property to related organization(s)				1q	
r	Other transfer of cash or property from related organization(s)				1r	
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete t				sholds.	
	(a)	(b)	(c)		(d)	
	Name of other organization	Transaction type (a-r)	Amount involved	Method	of deterr int involv	-
		type (a-i)		aniou	iiit iiivoiv	eu
(1)	YMCA FOUNDATION	A	2,656.	FMV		
(2)						
(3)						
(4)						
(5)						

Schedule R (Form 990) 2011

Schedule R (Form 990) 2011

# 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)		income (related,		partners tion (c)(3) cations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		oortionate Code V-UBI		i) eral or aging ner?	(k) Percentage ownership
40			section 512-514)	Yes	No			Yes	No	(1 01111 1000)	Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
<u>(6)</u>													
<u>(7)</u>													
<u>(8)</u>													
<u>(9)</u>													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Schedule R (Form 990) 2011

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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.