

IRS e-file Signature Authorization for an Exempt Organization

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

▶ Do not send to the IRS. Keep for your records.
▶ See instructions on back.

2011

Department of the Treasury
Internal Revenue Service

Name of exempt organization

YOUNG MEN'S CHRISTIAN ASSOCIATION

Employer identification number

84-0404266

Name and title of officer

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-EO 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 -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a	Form 990 check here ▶ <input checked="" type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . .	1b	<u>16180341.</u>
2a	Form 990-EZ check here ▶ <input type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here ▶ <input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here ▶ <input type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part VI, line 5).	4b	
5a	Form 8868 check here ▶ <input type="checkbox"/>	b	Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

Part II Declaration and Signature Authorization of Officer

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

I authorize STOCKMAN KAST RYAN & CO, to enter my PIN

4	2	6	6
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 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

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 ▶  Date ▶ 10/29/12

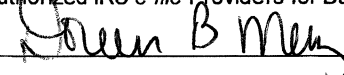
Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

8	4	3	5	5	6	0	9	5	8	4
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do not enter all zeros

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 ▶  Date ▶ 10/29/12

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see back of form.

Return of Organization Exempt From Income Tax

2011

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2011 calendar year, or tax year beginning , 2011, and ending , 20

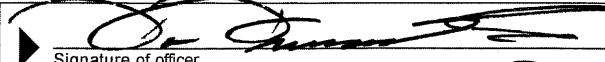
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE PIKES PEAK REGION Doing Business As			D Employer identification number 84-0404266		
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 316 N. TEJON ST.		E Telephone number (719) 329-7203			
	City or town, state or country, and ZIP + 4 COLORADO SPRINGS, CO 80903			G Gross receipts \$ 16,563,482.		
	F Name and address of principal officer: DAN DUMMERMUTH 316 N. TEJON ST. COLORADO SPRINGS, CO 80903			H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527						
J Website: ▶ WWW.PPYMCA.ORG H(c) Group exemption number ▶						
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ L Year of formation: 1968 M State of legal domicile: CO						

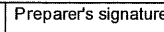
Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO PUT CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT BUILD HEALTHY SPIRIT, MIND AND BODY FOR ALL.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	29
	4	Number of independent voting members of the governing body (Part VI, line 1b)	29
	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	1,105
	6	Total number of volunteers (estimate if necessary)	2,236
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0
7b	Net unrelated business taxable income from Form 990-T, line 34	0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year: 1,566,047. Current Year: 2,050,557.
	9	Program service revenue (Part VIII, line 2g)	14,678,422. 13,741,775.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	43,690. 19,570.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	472,477. 368,439.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	16,760,636. 16,180,341.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0 0
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0 0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	10,323,626. 9,598,756.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0 0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 65,747.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	7,479,250. 7,378,163.
Net Assets or Fund Balances	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	17,802,876. 16,976,919.
	19	Revenue less expenses. Subtract line 18 from line 12	-1,042,240. -796,578.
	20	Total assets (Part X, line 16)	Beginning of Current Year: 47,399,446. End of Year: 45,674,420.
	21	Total liabilities (Part X, line 26)	21,068,184. 21,084,326.
	22	Net assets or fund balances. Subtract line 21 from line 20	26,331,262. 24,590,094.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer: 	Date: 10/29/12
	Type or print name and title: Dan Dummermuth, President/CEO	

Paid Preparer Use Only	Print/Type preparer's name: DOREEN B. MERZ	Preparer's signature: 	Date:	Check <input type="checkbox"/> if self-employed	PTIN: P00841439
	Firm's name: STOCKMAN KAST RYAN & CO, LLP	Firm's EIN: 84-1509584		Phone no.: 719-630-1186	
	Firm's address: 102 N. CASCADE AVENUE, SUITE 400 COLORADO SPRINGS, CO 80903				

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2011)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III Yes No

1 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 No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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.

4a (Code:) (Expenses \$ 12,514,369. including grants of \$) (Revenue \$ 12,360,430.)

SEE SCHEDULE O FOR DESCRIPTION.

4b (Code:) (Expenses \$ 1,649,812. including grants of \$) (Revenue \$ 1,521,060.)

SEE SCHEDULE O FOR DESCRIPTION

4c (Code:) (Expenses \$ 249,244. including grants of \$) (Revenue \$ 11,047.)

SEE SCHEDULE O FOR DESCRIPTION

4d Other program services (Describe in Schedule O.)

(Expenses \$ 100,674. including grants of \$) (Revenue \$ 271,840.)

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

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 20b regarding organizational requirements and reporting.

Part IV 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? <i>If "Yes," complete Schedule I, Parts I and II.</i>		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? <i>If "Yes," complete Schedule I, Parts I and III.</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	X	
24 a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25.</i>	X	
24 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
24 c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		X
24 d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		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? <i>If "Yes," complete Schedule L, Part I.</i>		X
25 b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>		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? <i>If "Yes," complete Schedule L, Part II.</i>		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? <i>If "Yes," complete Schedule L, Part III.</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
28 a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
28 b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
28 c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1.</i>	X	
35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
35 b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		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? <i>If "Yes," complete Schedule R, Part VI.</i>		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.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 1a through 14b regarding IRS filings and tax compliance.

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]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a, 1b, 2, 3, 4, 5, 6, 7a, 7b, 8, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 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 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: DAN DUMMERMUTH, CEO 316 N. TEJON ST. COLORADO SPRINGS, CO 80903 7194719790

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MIKE MILES BOARD CHAIR	1.00	X		X				0	0	0
(2) WALT GLOVER TREASURER	1.00	X		X				0	0	0
(3) CATHY ROBBINS SECRETARY	1.00	X		X				0	0	0
(4) MIKE CALLICRATE DIRECTOR	1.00	X						0	0	0
(5) LINDSEY APARACIO DIRECTOR	1.00	X						0	0	0
(6) PAUL BUTCHER DIRECTOR	1.00	X						0	0	0
(7) RAFAEL CINTRON DIRECTOR	1.00	X						0	0	0
(8) RANDY GEVING DIRECTOR	1.00	X						0	0	0
(9) SHARIE FLANAGAN DIRECTOR	1.00	X						0	0	0
(10) STEVE HELBING DIRECTOR	1.00	X						0	0	0
(11) THOMAS KENNEDY VICE CHAIR	1.00	X						0	0	0
(12) TED KERR DIRECTOR	1.00	X		X				0	0	0
(13) PHIL LANE DIRECTOR	1.00	X						0	0	0
(14) REGINA LEWIS DIRECTOR	1.00	X						0	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
15) TIM MASON DIRECTOR	1.00	X						0	0	0
16) RICK MACK DIRECTOR	1.00	X						0	0	0
17) NATE OLSON DIRECTOR	1.00	X						0	0	0
18) SHAWN RAINTREE DIRECTOR	1.00	X						0	0	0
19) LISA ROSINTOSKI DIRECTOR	1.00	X						0	0	0
20) STEVE WOODFORD DIRECTOR	1.00	X						0	0	0
21) JEFF THOMAS DIRECTOR	1.00	X						0	0	0
22) MARY THURMAN DIRECTOR	1.00	X						0	0	0
23) RICH WILBUR DIRECTOR	1.00	X						0	0	0
24) ANN WINSLOW DIRECTOR	1.00	X						0	0	0
25) MATT GRAGE DIRECTOR	1.00	X						0	0	0
1b Sub-total								0	0	0
c Total from continuation sheets to Part VII, Section A								558,529.	0	104,266.
d Total (add lines 1b and 1c)								558,529.	0	104,266.

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

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

Section B. Independent Contractors

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

(A) 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, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) JULIAN FLORES DIRECTOR	1.00	X					0	0	0	
(27) JAY KLOSTER DIRECTOR	1.00	X					0	0	0	
(28) GARY FEFFER DIRECTOR	1.00	X					0	0	0	
(29) ED GLEASON PAST CHAIR	1.00	X					0	0	0	
(30) DAN DUMMERMUTH CEO	45.00			X			171,263.	0	31,174.	
(31) BOYD WILLIAMS COO	45.00			X			112,743.	0	23,472.	
(32) KACY PARTRIDGE CFO	45.00			X			98,574.	0	23,869.	
(33) LISA AUSTIN VP HR	45.00			X			93,173.	0	11,985.	
(34) CARRIE BAIR-NORWOOD VP FINANCIAL DEVELOPMENT	45.00			X			82,776.	0	13,766.	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

(A) 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 **▶**

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a	2,564.				
	b Membership dues	1b					
	c Fundraising events	1c	152,955.				
	d Related organizations	1d					
	e Government grants (contributions) . .	1e	22,000.				
	f All other contributions, gifts, grants, and similar amounts not included above .	1f	1,873,038.				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f ▶			2,050,557.			
Program Service Revenue	Business Code						
	2a MEMBERSHIPS		713940	10,776,532.	10,776,532.		
	b AQUATICS, SPORTS, OTHER		713940	1,503,843.	1,503,843.		
	c CHILDCARE/DAY CAMP/RESIDENT CAMP		624410	1,461,400.	1,461,400.		
	d _____						
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f ▶			13,741,775.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶			29,745.			29,745.
	4 Income from investment of tax-exempt bond proceeds . . . ▶			0			
	5 Royalties ▶			0			
		(i) Real	(ii) Personal				
	6a Gross rents		224,189.				
	b Less: rental expenses						
	c Rental income or (loss)		224,189.				
	d Net rental income or (loss) ▶			224,189.	224,189.		
		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory		269,053.	22,800.			
	b Less: cost or other basis and sales expenses		254,988.	47,040.			
	c Gain or (loss)		14,065.	-24,240.			
	d Net gain or (loss) ▶			-10,175.			-10,175.
	8a Gross income from fundraising events (not including \$ 152,955. of contributions reported on line 1c). See Part IV, line 18 a		ATCH 3	10,882.			
	b Less: direct expenses b			65,045.			
c Net income or (loss) from fundraising events ▶		ATCH 4		-54,163.		-54,163.	
9a Gross income from gaming activities. See Part IV, line 19 a							
b Less: direct expenses b							
c Net income or (loss) from gaming activities ▶				0			
10a Gross sales of inventory, less returns and allowances a			70,686.				
b Less: cost of goods sold b			16,068.				
c Net income or (loss) from sales of inventory ▶		ATCH 5		54,618.	54,618.		
Miscellaneous Revenue			Business Code				
11a MISCELLANEOUS		900099		5,170.	5,170.		
b RESOURCE Y SUPPORT		523920		138,625.	138,625.		
c _____							
d All other revenue							
e Total. Add lines 11a-11d ▶				143,795.			
12 Total revenue. See instructions ▶				16,180,341.	14,164,377.		

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).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising 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, 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)	0			
7 Other salaries and wages	7,369,938.	6,023,948.	1,345,990.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	478,677.	359,442.	119,235.	
9 Other employee benefits	375,624.	282,058.	93,566.	
10 Payroll taxes	711,722.	607,775.	103,947.	
11 Fees for services (non-employees):				
a Management	0			
b Legal	9,439.	4,531.	4,908.	
c Accounting	18,665.	8,959.	9,706.	
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	0			
f 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.)				
a ORGANIZATION DUES -----	168,694.	157,889.	10,805.	
b FUNDRAISING EXPENSES -----	65,747.			65,747.
c MISC. EXPENSES -----	38,226.	7,440.	30,786.	
d EQUIPMENT, MAINT., & REPAIRS -----	15,111.	15,111.		
e All other expenses -----				
25 Total functional expenses. Add lines 1 through 24e	16,976,919.	14,514,099.	2,397,073.	65,747.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0			

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	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	155,348.	3	13,743.
	4 Accounts receivable, net	85,393.	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	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 employees' beneficiary organizations (see instructions)	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	1,652.	8	557.
	9 Prepaid expenses and deferred charges	235,857.	9	198,484.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 60,077,294.		
	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	210,000.	12	210,000.
	13 Investments - program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	1,584,843.	15	1,980,078.
16 Total assets. Add lines 1 through 15 (must equal line 34)	47,399,446.	16	45,674,420.	
Liabilities	17 Accounts payable and accrued expenses	1,276,013.	17	1,199,106.
	18 Grants payable	0	18	0
	19 Deferred revenue	609,271.	19	599,793.
	20 Tax-exempt bond liabilities	17,644,000.	20	16,993,750.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0
	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	0
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.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> 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.
	29 Permanently restricted net assets	1,688,294.	29	1,615,294.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	26,331,262.	33	24,590,094.	
34 Total liabilities and net assets/fund balances	47,399,446.	34	45,674,420.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	16,180,341.
2	Total expenses (must equal Part IX, column (A), line 25)	2	16,976,919.
3	Revenue less expenses. Subtract line 2 from line 1	3	-796,578.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	26,331,262.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-944,590.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	24,590,094.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ 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?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and 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?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2011

Open to Public Inspection

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

Employer identification number
84-0404266

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)

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

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

- a Type I b Type II c Type III - Functionally integrated d Type III - Other

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

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

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

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

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

h Provide the following information about the supported organization(s).

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

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

Schedule A (Form 990 or 990-EZ) 2011

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

Section A. Public Support

Table with 7 columns: (a) 2007, (b) 2008, (c) 2009, (d) 2010, (e) 2011, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f); 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2007, (b) 2008, (c) 2009, (d) 2010, (e) 2011, (f) Total. Rows include: 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); 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Percentage, %. Rows include: 14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)); 15 Public support percentage from 2010 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; b 33 1/3% support test - 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; 17a 10%-facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization; b 10%-facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization; 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

Part 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(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.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	202,877.	35,721.	330,731.	177,184.	74,168.	820,681.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.	202,877.	35,721.	330,731.	177,184.	74,168.	820,681.
8 Public support (Subtract line 7c from line 6.)						84,626,783.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 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 section 511 taxes) from businesses acquired after June 30, 1975			13,938.			13,938.
c Add lines 10a and 10b	244,218.	295,494.	197,182.	283,038.	253,934.	1,273,866.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly 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, 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 the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	97.33%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	97.36%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	1.47%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	1.39%

- 19a 33 1/3% support tests - 2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶
- b 33 1/3% support tests - 2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶

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).

ATTACHMENT 1

SCHEDULE A, PART III - OTHER INCOME

DESCRIPTION	2007	2008	2009	2010	2011	TOTAL
MISCELLANEOUS			10,820.	403.	5,170.	16,393.
INSURANCE CLAIM			211,363.			211,363.
TOTALS			<u>222,183.</u>	<u>403.</u>	<u>5,170.</u>	<u>227,756.</u>

Schedule of Contributors

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

2011

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

Organization type (check one):

Filers of:

Section:

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 ▶ \$ _____

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).

Name of organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE PIKES PEAK REGION	Employer identification number 84-0404266
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4		\$ 5,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5		\$ 5,610.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE PIKES PEAK REGION	Employer identification number 84-0404266
---	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8		\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9		\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11		\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12		\$ 5,910.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE PIKES PEAK REGION	Employer identification number 84-0404266
---	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15		\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
17		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
18		\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (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
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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
19		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
20		\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (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
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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
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE PIKES PEAK REGION	Employer identification number 84-0404266
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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 Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(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

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

Employer identification number 84-0404266

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

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate contributions, aggregate grants, aggregate value, and two Yes/No questions regarding donor advisement.

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

Table with 3 columns: Line number, Description, Held at the End of the Tax Year. Includes rows for purpose(s) of conservation easements, total number of easements, total acreage, and various monitoring and reporting questions.

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

Table with 3 columns: Line number, Description, Amount. Includes rows for reporting on collections of art, historical treasures, and other similar assets.

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

Schedule D (Form 990) 2011

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

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

- a Public exhibition, b Scholarly research, c Preservation for future generations, d Loan or exchange programs, e Other

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?

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

b If "Yes," explain the arrangement in Part XIV and complete the following table:

Table with 2 columns: Description, Amount. Rows: 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance.

2a Did the organization include an amount on Form 990, Part X, line 21?

b If "Yes," explain the arrangement in Part XIV.

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

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows: 1a-1g (Beginning of year balance, Contributions, Net investment earnings, gains, and losses, Grants or scholarships, Other expenditures for facilities and programs, Administrative expenses, End of year balance).

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

- a Board designated or quasi-endowment 1000%
b Permanent endowment 69.7000%
c Temporarily restricted endowment 30.2000%

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

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
(ii) related organizations

Table with 2 columns: Yes, No. Rows: 3a(i), 3a(ii), 3b.

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

4 Describe in Part XIV the intended uses of the organization's endowment funds.

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

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows: 1a Land, 1b Buildings, 1c Leasehold improvements, 1d Equipment, 1e Other, Total.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
(I) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market 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, line 15.

(a) Description	(b) Book value
(1)	
(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, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) BOND INTEREST RATE SWAP	1,319,640.	
(3) CHARITABLE GIFT ANNUITY	692,031.	
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	2,011,671.	

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).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

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 XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	15,263,838.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-864,200.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	-52,303.
e	Add lines 2a through 2d	2e	-916,503.
3	Subtract line 2e from line 1	3	16,180,341.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	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 Return

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:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	18,805.
e	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:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	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.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional 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 COMMUNITY NEEDS AS
DIRECTED BY THE VISION 2020 STRATEGIC PLAN.

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)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2011

**Open to Public
Inspection**

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

Employer identification number
84-0404266

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- | | |
|--|---|
| a <input type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <input type="checkbox"/> In-person solicitations | |
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							

- 3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total events	
		TURKEY TROT	GOLF TOURNAMEN	10.	(add col. (a) through col. (c))	
		(event type)	(event type)	(total number)		
Revenue	1	Gross receipts	79,265.	28,275.	56,297.	163,837.
	2	Less: Charitable contributions	79,265.	17,393.	56,297.	152,955.
	3	Gross income (line 1 minus line 2)		10,882.	0	10,882.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes		640.		640.
	6	Rent/facility costs		3,719.		3,719.
	7	Food and beverages		2,000.		2,000.
	8	Entertainment				
	9	Other direct expenses	35,284.	4,523.	18,879.	58,686.
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶ (65,045.)				
	11	Net income summary. Combine line 3, column (d), and line 10 ▶ -54,163.				

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1	Gross revenue		
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d) ▶ ()				
8	Net gaming income summary. Combine line 1, column d, and line 7 ▶				

9 Enter the state(s) in which the organization operates gaming activities: _____

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11 Does the organization operate gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	%
b An outside facility	13b	%

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

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

- 17 Mandatory distributions:
 - a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
 - b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Complete this part to provide the 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 J
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

2011

Open to Public Inspection

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

Employer identification number
84-0404266

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

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.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? **4a** Yes No
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b** Yes No
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c** Yes No
- 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:

- a** The organization? **5a** Yes No
- b** Any related organization? **5b** Yes No
- If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? **6a** Yes No
- b** Any related organization? **6b** Yes No
- If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III **7** Yes No

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III **8** Yes No

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9** Yes No

	Yes	No
1b		
2		
4a		<input checked="" type="checkbox"/>
4b		<input checked="" type="checkbox"/>
4c		<input checked="" type="checkbox"/>
5a		<input checked="" type="checkbox"/>
5b		<input checked="" type="checkbox"/>
6a		<input checked="" type="checkbox"/>
6b		<input checked="" type="checkbox"/>
7		<input checked="" type="checkbox"/>
8		<input checked="" type="checkbox"/>
9		<input checked="" type="checkbox"/>

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

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-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 DAN DUMMERMUTH	(i)	171,263.	0	0	21,318.	9,856.	202,437.	0
	(ii)	0	0	0	0	0	0	0
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

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

**SCHEDULE K
(Form 990)**

Supplemental Information on Tax-Exempt Bonds

OMB No. 1545-0047

2011

**Open to Public
Inspection**

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

▶ **Attach to Form 990.** ▶ **See separate instructions.**

Department of the Treasury
Internal Revenue Service

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

Employer identification number
84-0404266

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A COLORADO DEMAND REVENUE	84-6000764	28337LBM9	12/26/2006	19,000,000.	CONSTRUCT FACILITY		X		X		X
B											
C											
D											

Part II Proceeds

	A	B	C	D
1 Amount of bonds retired	5,865,000.			
2 Amount of bonds legally defeased				
3 Total proceeds of issue				
4 Gross proceeds in reserve funds	18,905,000.			
5 Capitalized interest from proceeds				
6 Proceeds in refunding escrows				
7 Issuance costs from proceeds	384,129.			
8 Credit enhancement from proceeds				
9 Working capital expenditures from proceeds				
10 Capital expenditures from proceeds	12,655,871.			
11 Other spent proceeds				
12 Other unspent proceeds				
13 Year of substantial completion	2008			
	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?	X			
15 Were the bonds issued as part of an advance refunding issue?		X		
16 Has the final allocation of proceeds been made?	X			
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X			

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X						

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

Schedule K (Form 990) 2011

Part III Private Business Use (Continued)

COLORADO DEMAND REVENUE

Table with 9 rows and 8 columns (A, B, C, D). Rows include questions about management contracts, research agreements, and percentages of financed property used.

Part IV Arbitrage

Table with 10 rows and 8 columns (A, B, C, D). Rows include questions about Form 8038-T, variable rate issues, and qualified hedges.

Part V Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations [X] Yes [] No

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

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 **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 DIFFERENT PERSONS. IN THE AREA OF HEALTH AND WELL-BEING WE PROVIDED \$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,

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

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

Employer identification number
84-0404266

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

Name of the organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE PIKES PEAK REGION	Employer identification number 84-0404266
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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.

Name of the organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE PIKES PEAK REGION	Employer identification number 84-0404266
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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.

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
SERVICEMASTER CLEAN 2123 E ST VRAIN COLORADO SPRINGS, CO 80909	JANITORIAL SERVICES	357,698.
COPY EXPERTS 15 S WEBER COLORADO SPRINGS, CO 80903	PRINTING/COPYING SER	118,128.

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

Employer identification number
84-0404266

ATTACHMENT 2 (CONT'D)

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
THE CLEAR SOLUTION 3882 SONORAN DRIVE COLORADO SPRINGS, CO 80922	JANITORIAL SERVICES	114,350.
TOTAL COMPENSATION		590,176.

ATTACHMENT 3

FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>AMOUNT</u>
FUNDRAISING EVENTS	152,955.
TOTAL	152,955.

ATTACHMENT 4

FORM 990, PART VIII - FUNDRAISING EVENTS

<u>DESCRIPTION</u>	<u>GROSS INCOME</u>	<u>DIRECT EXPENSES</u>	<u>NET INCOME</u>
FUNDRAISING EVENTS	10,882.	65,045.	-54,163.
TOTALS	10,882.	65,045.	-54,163.

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

Employer identification number
84-0404266

ATTACHMENT 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	<u>16,625.</u>
MINUS ENDING INVENTORY	557.
COST OF GOODS SOLD	<u><u>16,068.</u></u>

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2011

**Open to Public
Inspection**

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.**

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

Employer identification number
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) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) -----					
(2) -----					
(3) -----					
(4) -----					
(5) -----					
(6) -----					

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.)

(a) Name, address, and EIN of related organization	(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	(g) Section 512(b)(13) controlled 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

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

Table with 11 columns: (a) Name, address, and EIN of related organization; (b) Primary activity; (c) Legal domicile; (d) Direct controlling entity; (e) Predominant income; (f) Share of total income; (g) Share of end-of-year assets; (h) Disproportionate allocations? (Yes/No); (i) Code V-UBI amount; (j) General or managing partner? (Yes/No); (k) Percentage ownership. Rows 1-7 are dashed.

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

Table with 8 columns: (a) Name, address, and EIN of related organization; (b) Primary activity; (c) Legal domicile; (d) Direct controlling entity; (e) Type of entity; (f) Share of total income; (g) Share of end-of-year assets; (h) Percentage ownership. Rows 1-7 are dashed.

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	X	
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Sale of assets to related organization(s)		X
g Purchase of assets from related organization(s)		X
h Exchange of assets with related organization(s)		X
i Lease of facilities, equipment, or other assets to related organization(s)		X
j Lease of facilities, equipment, or other assets from related organization(s)		X
k Performance of services or membership or fundraising solicitations for related organization(s)		X
l Performance of services or membership or fundraising solicitations by related organization(s)		X
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
n Sharing of paid employees with related organization(s)		X
o Reimbursement paid to related organization(s) for expenses		X
p Reimbursement paid by related organization(s) for expenses		X
q Other transfer of cash or property to related organization(s)		X
r Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)	YMCA FOUNDATION	A	2,656.	FMV
(2)				
(3)				
(4)				
(5)				
(6)				

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

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.