

Form **990**

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

**2005**

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 2005 calendar year, or tax year beginning** \_\_\_\_\_, **and ending** \_\_\_\_\_

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return  
 Amended return  
 Application pending

**C Name of organization**  
**SHERMAN LAKE YMCA OUTDOOR CENTER**

**D Employer identification no.**  
**38-3167869**

**E Telephone number**  
**269-731-3000**

**F Accounting method:**  Cash  Accrual  Other (specify) \_\_\_\_\_

**G Website:** **WWW.SHERMANLAKEYMCA.ORG**

**J Organization type**  
 (check only one)  501(c) ( **3** ) < (insert no)  4947(a)(1) or  527

**K Check here**  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization chooses to file a return be sure to file a complete return. **Some states require a complete return.**

**L Gross receipts:** Add lines 6b, 8b, 9b, and 10b to line 12 **2,700,224**

**H** and are not applicable to section 527 organizations I  
 H(a) Is this a group return for affiliates?  Yes  No  
 H(b) If "Yes," enter number of affiliates **▶**  
 H(c) Are all affiliates included?  Yes  No (If "No," attach a list. See instr.)  
 H(d) Is this a separate return filed by an organization covered by a group ruling?  Yes  No

**I Group Exemption Number** **▶**

**M Check**  if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF).

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)**

<b>1</b>	Contributions, gifts, grants, and similar amounts received				
<b>a</b>	Direct public support	<b>1a</b>	<b>673,672</b>		
<b>b</b>	Indirect public support	<b>1b</b>	<b>60,100</b>		
<b>c</b>	Government contributions (grants)	<b>1c</b>			
<b>d</b>	<b>Total</b> (add lines 1a through 1c) (cash \$ <b>733,772</b> noncash \$ _____)			<b>1d</b>	<b>733,772</b>
<b>2</b>	Program service revenue including government fees and contracts (from Part VII, line 93)			<b>2</b>	<b>1,863,604</b>
<b>3</b>	Membership dues and assessments			<b>3</b>	
<b>4</b>	Interest on savings and temporary cash investments			<b>4</b>	<b>16,802</b>
<b>5</b>	Dividends and interest from securities			<b>5</b>	
<b>6a</b>	Gross rents	<b>6a</b>			
<b>b</b>	Less: rental expenses	<b>6b</b>			
<b>c</b>	Net rental income or (loss) (subtract line 6b from line 6a)			<b>6c</b>	
<b>7</b>	Other investment income (describe _____)			<b>7</b>	
<b>8a</b>	Gross amount from sales of assets other than inventory	(A) Securities	(B) Other		
<b>b</b>	Less: cost or other basis and sales expenses	<b>8a</b>	<b>9,044</b>		
<b>c</b>	Gain or (loss) (attach schedule)	<b>8b</b>	<b>6,961</b>		
<b>d</b>	Net gain or (loss) (combine line 8c, columns (A) and (B))	<b>8c</b>	<b>2,083</b>	<b>8d</b>	<b>2,083</b>
<b>9</b>	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
<b>a</b>	Gross revenue (not including \$ _____ of contributions reported on line 1a)	<b>9a</b>	<b>18,724</b>		
<b>b</b>	Less: direct expenses other than fundraising expenses	<b>9b</b>	<b>12,044</b>		
<b>c</b>	Net income or (loss) from special events (subtract line 9b from line 9a)			<b>9c</b>	<b>6,680</b>
<b>10a</b>	Gross sales of inventory, less returns and allowances				
<b>b</b>	Less: cost of goods sold	<b>10b</b>	<b>27,978</b>		
<b>c</b>	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)			<b>10c</b>	<b>12,809</b>
<b>11</b>	Other revenue (from Part VII, line 103)			<b>11</b>	<b>17,491</b>
<b>12</b>	<b>Total revenue</b> (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			<b>12</b>	<b>2,653,241</b>
<b>13</b>	Program services (from line 44, column (B))			<b>13</b>	<b>2,286,376</b>
<b>14</b>	Management and general (from line 44, column (C))			<b>14</b>	<b>454,496</b>
<b>15</b>	Fundraising (from line 44, column (D))			<b>15</b>	<b>74,421</b>
<b>16</b>	Payments to affiliates (attach schedule)			<b>16</b>	<b>21,182</b>
<b>17</b>	<b>Total expenses</b> (add lines 16 and 44, column (A))			<b>17</b>	<b>2,836,475</b>
<b>18</b>	Excess or (deficit) for the year (subtract line 17 from line 12)			<b>18</b>	<b>-183,234</b>
<b>19</b>	Net assets or fund balances at beginning of year (from line 73, column (A))			<b>19</b>	<b>15,354,058</b>
<b>20</b>	Other changes in net assets or fund balances (attach explanation)			<b>20</b>	
<b>21</b>	Net assets or fund balances at end of year (combine lines 18, 19, and 20)			<b>21</b>	<b>15,170,824</b>

RECEIVED 40,787  
 MAY 16 2006  
 OGDEN, UT

SCANNED JUN 16 2005

8

**Part II Statement of Functional Expenses** All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions )

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising	
22	Grants and allocations (attach schedule) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22				
23	Specific assistance to individuals (attach schedule) <input type="checkbox"/>	23				
24	Benefits paid to or for members (attach schedule)	24				
25	Compensation of officers, directors, etc.	25	114,529	68,717	22,906	
26	Other salaries and wages	26	869,238	738,852	86,924	
27	Pension plan contributions	27	77,760	69,984	7,776	
28	Other employee benefits	28	78,027	70,224	7,803	
29	Payroll taxes	29	70,176	63,158	7,018	
30	Professional fundraising fees	30				
31	Accounting fees	31	14,700		14,700	
32	Legal fees	32	67		67	
33	Supplies	33	115,024	92,019	17,254	
34	Telephone	34	14,698	10,288	3,675	
35	Postage and shipping	35	11,816	8,862	2,363	
36	Occupancy	36				
37	Equipment rental and maintenance	37	107,457	102,084	5,373	
38	Printing and publications	38	19,514	16,587	1,951	
39	Travel	39				
40	Conferences, conventions, and meetings	40	11,062	8,628	2,434	
41	Interest	41				
42	Depreciation, depletion, etc. (attach schedule)	42	614,491	460,868	153,623	
43	Other expenses not covered above (itemize).					
a	<b>SEE STATEMENT 4</b>	43a	696,734	576,105	120,629	
b		43b				
c		43c				
d		43d				
e		43e				
f		43f				
g		43g				
44	<b>Total functional expenses.</b> Add lines 22 through 43 (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	2,815,293	2,286,376	454,496	74,421

**Joint Costs.** Check  if you are following SOP 98-2.  
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_, (ii) the amount allocated to Program services \$ \_\_\_\_\_,  
 (iii) the amount allocated to Management and general \$ \_\_\_\_\_, and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments (See the instructions.)**

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments

What is the organization's primary exempt purpose?

▶ **SEE STATEMENT 5**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

**Program Service Expenses**  
(Required for 501(c)(3) & (4) orgs, & 4947(a)(1) trusts, but optional for others)

a **DAYCAMP, RESIDENT CAMP, CONFERENCE AND MEMBERSHIP EXPERIENCES WITH NATURAL RESOURCES GUIDED BY CHRISTIAN PRINCIPLES. APPROXIMATELY 18,600 INDIVIDUALS SERVED.**

(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶  **2,286,376**

b

(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶

c

(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶

d

(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶

e Other program services (attach schedule)

(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶

f **Total of Program Service Expenses (should equal line 44, column (B), Program services)** ▶ **2,286,376**

**Part IV Balance Sheets (See the instructions.)**

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year
<b>Assets</b>	45 Cash-non-interest-bearing	258,138	45	271,514
	46 Savings and temporary cash investments	749,295	46	520,228
	47a Accounts receivable	127,019		
	b Less allowance for doubtful accounts		47c	127,019
	48a Pledges receivable	766,098		
	b Less: allowance for doubtful accounts	3,500	48c	762,598
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a Other notes and loans receivable (attach schedule)			
	b Less allowance for doubtful accounts		51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	25,666	53	34,403
	54 Investments-securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54	
	55a Investments-land, buildings, and equipment: basis			
	b Less: accumulated depreciation (attach schedule)		55c	
56 Investments-other (attach schedule)		56		
57a Land, buildings, and equipment: basis	18,016,463			
b Less: accumulated depreciation (attach schedule) <b>SEE STATEMENT 6</b>	4,424,104	57c	13,592,359	
58 Other assets (describe <b>SEE STATEMENT 7</b> )	43,022	58	54,366	
59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58.	15,529,487	59	15,362,487	
<b>Liabilities</b>	60 Accounts payable and accrued expenses	175,429	60	191,663
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe <b>SEE STATEMENT 7</b> )		65	
66 <b>Total liabilities.</b> Add lines 60 through 65	175,429	66	191,663	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/></b> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	14,924,656	67	14,315,337
	68 Temporarily restricted	429,402	68	855,487
	69 Permanently restricted		69	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/></b> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
73 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	15,354,058	73	15,170,824	
74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73.	15,529,487	74	15,362,487	





Part VI Other Information (continued)		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		<b>X</b>
b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III)			
82b			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	<b>X</b>	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?		<b>N/A</b>
83b			
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		<b>X</b>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		<b>N/A</b>
84b			
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?		<b>N/A</b>
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		<b>N/A</b>
c	Dues, assessments, and similar amounts from members		<b>85c</b>
d	Section 162(e) lobbying and political expenditures		<b>85d</b>
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		<b>85e</b>
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		<b>85f</b>
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		<b>N/A</b>
85g			
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		<b>N/A</b>
85h			
86	501(c)(7) orgs Enter: a Initiation fees and capital contributions included on line 12		<b>86a</b>
b	Gross receipts, included on line 12, for public use of club facilities		<b>86b</b>
87	501(c)(12) orgs Enter a Gross income from members or shareholders		<b>87a</b>
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		<b>87b</b>
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		<b>X</b>
88			
89a	501(c)(3) organizations Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 , section 4955 ▶ 0		<b>0</b>
b	501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		<b>X</b>
89b			
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year sections 4912, 4955, and 4958 ▶		<b>0</b>
d	Enter Amount of tax on line 89c, above, reimbursed by the organization ▶		<b>0</b>
90a	List the states with which a copy of this return is filed ▶ <b>MI</b>		
b	Number of employees employed in the pay period that includes March 12, 2005 (See instructions)		<b>74</b>
90b			
91a	The books are in care of ▶ <b>KATHY SIMPSON</b> <b>6225 NORTH 39TH STREET</b> Located at ▶ <b>AUGUSTA, MI</b>	Telephone no ▶	ZIP + 4 ▶ <b>49012</b>
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts	<b>Yes</b>	<b>No</b>
91b			<b>X</b>
c	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country ▶		<b>X</b>
91c			
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶		<b>92</b>

**Part VII Analysis of Income-Producing Activities (See the instructions.)**

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by sec 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a <b>PROGRAM FEES</b>					<b>676,785</b>
b <b>MEMBERSHIPS</b>					<b>456,515</b>
c <b>RETREATS AND CONFERENCES</b>					<b>427,072</b>
d <b>SCHOOL PROGRAMS</b>					<b>303,232</b>
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments				<b>14</b>	<b>16,802</b>
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					<b>2,083</b>
101 Net income or (loss) from special events					<b>6,680</b>
102 Gross profit or (loss) from sales of inventory				<b>3</b>	<b>12,809</b>
103 Other revenue a					
b <b>OTHER INCOME</b>					<b>17,491</b>
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))			<b>0</b>	<b>29,611</b>	<b>1,889,858</b>
105 Total (add line 104, columns (B), (D), and (E))					<b>1,919,469</b>

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)**

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	<b>SEE STATEMENT 11</b>

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)**

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
<b>N/A</b>	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)**

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

Please Sign Here

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.

Signature of officer: Luke Austenfeld Date: 5/2/06

Type or print name and title: Luke Austenfeld, CEO

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Paid Preparer's Use Only

Preparer's signature: [Signature] Date: 4/2/06 Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: **FISHER SPIEGEL KUNKLE & GERBER, PLLC**  
**4625 BECKLEY ROAD, BUILDING 100**  
**BATTLE CREEK, MI 49015**

Preparer's SSN or PTIN (See Gen Instr W): **274-52-3005**  
 EIN: **38-2771156**  
 Phone no: **269-979-4102**

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

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),  
or 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0047

**2005**

Department of the Treasury  
Internal Revenue Service

**Supplementary Information-(See separate instructions.)**  
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

**SHERMAN LAKE YMCA OUTDOOR CENTER**

Employer identification number  
**38-3167869**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Comp	(d) Contrib to empl ben plans & deferred comp	(e) Expense account & other allowances
NONE				

Total number of other employees paid over \$50,000 ▶

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<b>CREATIVE DINING SERVICES</b> ZEELAND MI 49469	<b>FOOD SERVICE</b>	<b>164,309</b>

Total number of others receiving over \$50,000 for professional services ▶

0

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of other contractors receiving over \$50,000 for other services ▶

<b>Part III</b> Statements About Activities (See page 2 of the instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B ) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		<b>X</b>
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a	Sale, exchange, or leasing of property?	2a	<b>X</b>
b	Lending of money or other extension of credit?	2b	<b>X</b>
c	Furnishing of goods, services, or facilities?	2c	<b>X</b>
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? <b>SEE PART V-A, FORM 990</b>	2d	<b>X</b>
e	Transfer of any part of its income or assets?	2e	<b>X</b>
3a	Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.) <b>SEE STATEMENT 12</b>	3a	<b>X</b>
b	Do you have a section 403(b) annuity plan for your employees?	3b	<b>X</b>
c	During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	3c	<b>X</b>
4a	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a	<b>X</b>
b	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b	<b>X</b>

**Part IV** Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is (Please check only **ONE** applicable box.)

5  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).

6  A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)

7  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii)

8  A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v)

9  A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ►

10  An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A.)

11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A.)

11b  A community trust. Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A )

12  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 charitable, etc , 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). (Also complete the **Support Schedule** in Part IV-A.)

13  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization:  Type 1  Type 2  Type 3

Provide the following information about the supported organizations (See page 6 of the instructions )

(a) Name(s) of supported organization(s)	(b) Line number from above

14  An organization organized and operated to test for public safety. Section 509(a)(4) (See page 6 of the instructions )

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting.

**Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	531,316	1,050,832	767,267	928,042	3,277,457
16 Membership fees received	438,420	487,801	479,361	446,317	1,851,899
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	1,313,211	1,328,664	1,550,576	1,328,074	5,520,525
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	15,760	22,585	20,796	73,433	132,574
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					0
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets. <b>STMT 13</b>	59,821	93,392	125,757	122,363	401,333
23 Total of lines 15 through 22	2,358,528	2,983,274	2,943,757	2,898,229	11,183,788
24 Line 23 minus line 17	1,045,317	1,654,610	1,393,181	1,570,155	5,663,263
25 Enter 1% of line 23	23,585	29,833	29,438	28,982	

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24	26a	0
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts	26b	
c Total support for section 509(a)(1) test. Enter line 24, column (e)	26c	
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____	26d	
e Public support (line 26c minus line 26d total)	26e	
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))	26f	%

27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year	(2004)	0	(2003)	0	(2002)	0	(2001)	0
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger the amount on line 25 for the year or of (1) (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year	(2004)	0	(2003)	0	(2002)	0	(2001)	0
c Add: Amounts from column (e) for lines: 15 <u>3,277,457</u> 16 <u>1,851,899</u> 17 <u>5,520,525</u> 20 _____ 21 _____	27c	10,649,881						
d Add: Line 27a total _____ and line 27b total _____	27d							
e Public support (line 27c total minus line 27d total)	27e	10,649,881						
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e)	27f	11,183,788						
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	27g	95.2261%						
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	27h	1.1854%						

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

**Part V Private School Questionnaire (See page 7 of the instructions.)**  
**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

	N/A	Yes	No
<b>29</b> Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	<b>29</b>		
<b>30</b> Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	<b>30</b>		
<b>31</b> Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement.)	<b>31</b>		
<b>32</b> Does the organization maintain the following:			
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff?	<b>32a</b>		
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	<b>32b</b>		
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	<b>32c</b>		
<b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions?	<b>32d</b>		
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement )			
<b>33</b> Does the organization discriminate by race in any way with respect to:			
<b>a</b> Students' rights or privileges?	<b>33a</b>		
<b>b</b> Admissions policies?	<b>33b</b>		
<b>c</b> Employment of faculty or administrative staff?	<b>33c</b>		
<b>d</b> Scholarships or other financial assistance?	<b>33d</b>		
<b>e</b> Educational policies?	<b>33e</b>		
<b>f</b> Use of facilities?	<b>33f</b>		
<b>g</b> Athletic programs?	<b>33g</b>		
<b>h</b> Other extracurricular activities?	<b>33h</b>		
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement )			
<b>34a</b> Does the organization receive any financial aid or assistance from a governmental agency?	<b>34a</b>		
<b>b</b> Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	<b>34b</b>		
<b>35</b> Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	<b>35</b>		

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions.)  
 (To be completed **ONLY** by an eligible organization that filed Form 5768) **N/A**

Check  **a** if the organization belongs to an affiliated group Check  **b** if you checked "a" and "limited control" provisions apply.

**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred.)

	(a) Affiliated group totals	(b) To be completed for ALL electing organizations
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>	
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>	
<b>38</b> Total lobbying expenditures (add lines 36 and 37)	<b>38</b>	
<b>39</b> Other exempt purpose expenditures	<b>39</b>	
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>	
<b>41</b> Lobbying nontaxable amount Enter the amount from the following table-		
<b>If the amount on line 40 is-</b>		
Not over \$500,000		
Over \$500,000 but not over \$1,000,000		
Over \$1,000,000 but not over \$1,500,000		
Over \$1,500,000 but not over \$17,000,000		
Over \$17,000,000		
<b>The lobbying nontaxable amount is-</b>		
20% of the amount on line 40		
\$100,000 plus 15% of the excess over \$500,000		
\$175,000 plus 10% of the excess over \$1,000,000		
\$225,000 plus 5% of the excess over \$1,500,000		
\$1,000,000		
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>	
<b>43</b> Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	<b>43</b>	
<b>44</b> Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	<b>44</b>	

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below  
 See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
<b>45</b> Lobbying nontaxable amount					
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					
<b>47</b> Total lobbying expenditures					
<b>48</b> Grassroots nontaxable amount					
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					
<b>50</b> Grassroots lobbying expenditures					

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.) **N/A**

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

- a** Volunteers
- b** Paid staff or management (Include compensation in expenses reported on lines through **c h**.)
- c** Media advertisements
- d** Mailings to members, legislators, or the public
- e** Publications, or published or broadcast statements
- f** Grants to other organizations for lobbying purposes
- g** Direct contact with legislators, their staffs, government officials, or a legislative body
- h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i** Total lobbying expenditures (Add lines through **c h**.)

	Yes	No	Amount

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities





**Federal Statements**

**Statement 1 - Form 990, Part I, Line 8c - Sale of Assets Other Than Inventory - Other**

Desc		How Rec'd	Whom Sold	Date Acquired	Date Sold	Sale Price	Cost & Expense	Deprec	Gain/ -Loss
MACINTOSH POWERBOOK	PURCHASE			1/26/94	12/31/05	\$	3,533	\$ 3,533	\$
POWERMAC & MONITOR	PURCHASE			6/24/94	12/31/05		2,443	2,443	
SHARP COPIER, ETC	PURCHASE			10/31/94	12/31/05		6,469	6,469	
POWERMAC, MON., KYBD	PURCHASE			11/02/94	12/31/05		2,510	2,510	
LASER WRITER PRO	PURCHASE			3/18/94	12/31/05		1,677	1,677	
APPLIANCES	PURCHASE			8/15/95	12/31/05		1,866	1,866	
PC-G6-180 W/MONITER	PURCHASE			10/29/96	12/31/05		2,796	2,796	
PC-G6-180	PURCHASE			10/29/96	12/31/05		2,742	2,742	
PC-G6-180 W/MONITER	PURCHASE			10/29/96	12/31/05		2,742	2,742	
LASER PRINTER	PURCHASE			12/31/96	12/31/05		2,085	2,085	
17 MONITER	PURCHASE			4/16/96	12/31/05		1,053	1,053	
GATEWAY SERVER AND WORKSTATIONS	PURCHASE			1/14/99	12/31/05		20,894	20,894	
2 PRECOR ELLIPIICALS	PURCHASE			4/02/99	12/31/05	2,000	8,332	8,332	2,000
AQUATIC SOUND SYSTEM	PURCHASE			12/15/99	12/31/05		2,179	1,657	-522
ID CARD MACHINE	PURCHASE			3/31/99	12/31/05		9,826	9,826	
HARD DRIVE FOR SERVER	PURCHASE			3/31/01	12/31/05		1,545	1,468	-77
DODGE VAN - 2001	PURCHASE			7/15/01	1/01/05	6,044	20,146	14,102	
DELUXE CLASSIC REFORMER - PEAK BODY SYSTEMS	PURCHASE			9/03/02	12/31/05	1,000	952	634	682

**Federal Statements**

**Statement 1 - Form 990, Part I, Line 8c - Sale of Assets Other Than Inventory - Other  
 (continued)**

Desc	How Rec'd	Whom Sold	Date Acquired	Date Sold	Sale Price	Cost & Expense	Deprec	Gain/ -Loss
TOTAL					\$ 9,044	\$ 93,790	\$ 86,829	\$ 2,083

**Statement 2 - Form 990, Line 10c - Sales of Inventory**

<u>Description</u>	<u>Gross Sales</u>	<u>COGS</u>	<u>Gross Profit</u>
SALES OF INVENTORY	\$ 40,787	\$ 27,978	\$ 12,809
TOTAL	<u>\$ 40,787</u>	<u>\$ 27,978</u>	<u>\$ 12,809</u>

### Federal Statements

Statement 3 - Form 990, Part I, Line 16 - Payments to Affiliates

Bus Name	Addr	Purpose	Amount
YMCA OF THE USA	101 N. WACKER DR.	NATIONAL SUPPORT	\$ 21,182
TOTAL			\$ <u>21,182</u>

**Federal Statements****Statement 4 - Form 990, Part II, Line 43 - Other Functional Expenses**

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
	\$	\$	\$	\$
EXPENSES				
ADVERTISING	24,009	19,207	4,802	
CONTRACTED SERVICE	11,299	10,169	1,130	
DUES AND SUBSCRIPTIONS	3,879	1,746	2,133	
INSURANCE	50,527	35,369	15,158	
MISCELLANEOUS	74,099	27,845	46,254	
STAFF RECRUITMENT	5,240	4,716	524	
UTILITIES	163,209	146,888	16,321	
VEHICLE OPERATIONS	43,153	38,838	4,315	
CONTRACTED& PROFESSIONAL FEES	39,790	23,874	15,916	
FOOD SERVICE	281,529	267,453	14,076	
TOTAL	<u>\$ 696,734</u>	<u>\$ 576,105</u>	<u>\$ 120,629</u>	<u>\$ 0</u>

## Federal Statements

### Statement 5 - Form 990, Part III - Organization's Primary Exempt Purpose

WE ARE MISSION DRIVEN ORGANIZATION. OUR MISSION IS TO ENHANCE THE LIVES OF ALL PEOPLE WHO VISIT OUR GROUNDS, ONE LIFE AT A TIME... EVERY TIME. THIS MISSION IS ACCOMPLISHED THROUGH A VOLUNTEER DRIVEN STRATEGIC PLAN, IMPLEMENTED WITH TIMELY, INNOVATIVE PROGRAMS CARRIED OUT BY QUALIFIED STAFF ON OUR WELL MANAGED SITES. OUR PROGRAMS ARE BASED ON THE YMCA HERITAGE OF ENHANCING THE DEVELOPMENT OF SPIRIT, MIND AND BODY. THE CORNERSTONES OF OUR ORGANIZATIONAL CULTURE ARE HONESTY, CARING, RESPECT, AND RESPONSIBILITY. THESE CORE VALUES ARE VISIBLE IN EVERY THING WE DO.

WE WELCOME EVERYONE, REGARDLESS OF AGE, RACE, SEX, FAITH, ETHNICITY, ABILITY, OR RELIGION. MEMBERSHIP DUES AND PROGRAM FEES ARE BASED ON COMMUNITY AFFORDABILITY. FINANCIAL ASSISTANCE IS AVAILABLE FOR THOSE WHO CANNOT AFFORT TO PAY THE FULL COST OF MEMBERSHIP OR PROGRAM FEES. PROGRAM SERVICES, PROPERTY DEVELOPMENT, HUMAN RESOURCE DEVELOPMENT, AND FUND DEVELOPMENT ARE CONDUCTED IN A MANNER THAT MAKES OUR ORGANIZATION ACCESSIBLE TO ALL PEOPLE. THIS INCLUDES SPECIAL NEED POPULATIONS, ESPECIALLY PERSONS WITH DISABILITIES AND THE ECONOMICALLY DISADVANTAGED. EACH YEAR WE SERVE CLOSE TO 20,000 PEOPLE, PRIMARILY YOUTH.

WE ARE AN EXAMPLE ORGANIZATION. THE SHERMAN LAKE YMCA OUTDOOR CENTER IS A MODEL YMCA WELLNESS CENTER, CAMP AND RETREAT CENTER. WE ARE NATIONALLY RECOGNIZED FOR OUR WORK IN CHARACTER DEVELOPMENT, YOUTH DEVELOPMENT METHODOLOGY, AND EDUCATIONAL ADVANCEMENT. WE ARE A NATIONAL TRAINING CENTER FOR YOUTH CAREGIVERS AND EDUCATORS.

WE HAVE VARIED PROGRAMS AND SERVICES IN MULTIPLE MARKETS TO MEET COMMUNITY NEEDS. OUR PROGRAMS INCLUDE DAY CAMP, RESIDENT CAMP, TEEN LEADERSHIP, FAMILY CAMP, SENIORS, VOLUNTEER SERVICE, INTEGRATED EDUCATION, DAY AND OVERNIGHT RENTALS AND RETREATS, AND COMMUNITY MEMBERSHIP SERVICES. OUR FACILITIES ARE OF HIGH QUALITY, ENVIRONMENTALLY FRIENDLY, AND ARE BUILT TO LAST.

PEOPLE ARE AT THE CENTER OF, AND THE REASON FOR, OUR EXISTENCE. WHEN FOLKS COME TO OUR YMCA THEY EXPERIENCE WHAT LIFE SHOULD BE LIKE FOR ALL OF THE POPULACE. THEIR LIVES ARE FILLED WITH OPPORTUNITIES TO DISCOVER AND EXPLORE. THE ACTIVITIES ARE AS DIVERSE AS THE PEOPLE WHO DESIRE THEM. WHETHER THE GOAL IS TO TEST ONE'S METTLE OR PONDER THE UNIVERSE, EVERYONE SUCCEEDS IN HIS OR HER QUEST.

WE HAVE A TOP NOTCH GROUP OF GOVERNING VOLUNTEERS, THE BOARD OF DIRECTORS. THESE PEOPLE ARE EXEMPLARY COMMUNITY LEADERS. BROAD THINKING AND PASSIONATE, THEY REPRESENT OUR CONSTITUENCY IN THEIR THINKING AND ACTIONS. THEY ARE DIVERSE IN THEIR DEMOGRAPHICS BUT THEY ARE SINGULAR IN THEIR VALUES.

ALL OF OUR MAJOR DEPARTMENT AREAS HAVE GROUPS OF VOLUNTEERS SUPPORTING THEIR EFFORTS WITH GIFTS OF TIME, TALENT AND TITHES. THIS SUPPORT CREATES AN INTRINSIC, ORGANIC LINK

**Federal Statements**

**Statement 5 - Form 990, Part III - Organization's Primary Exempt Purpose (continued)**

BETWEEN ORGANIZATION AND SERVICE. THEY CONTRIBUTE THOUSANDS OF HOURS OF THEIR TIME TO BENEFIT THE SHERMAN LAKE YMCA.

OUR STAFF IS UNPARALLELED IN THEIR COMMITMENT AND QUALITY. EACH ONE IS A NUMBER ONE CHOICE BASED ON THEIR APTITUDE AND ATTITUDE. THEY, TOO, ARE REPRESENTATIVE OF THE CONSTITUENCY OF WHICH WE SERVE. CREATIVE AND DETERMINED, THEY CONSTANTLY SEEK NEW WAYS TO BUILD CAPACITY INTO PEOPLE EVERYDAY, ONE LIFE AT A TIME. OUR STAFF IS HIRED FOR THEIR HEARTS AS WELL AS THEIR MINDS. WE TREAT THEM LIKE WE WANT THEM TO TREAT OUR MEMBERS AND GUESTS; FAIRLY, AND WITH DIGNITY AND RESPECT.

OUR SHERMAN LAKE YMCA ALUMNI SOCIETY WAS CREATED TO REACH PAST CAMPERS, VOLUNTEERS, AND STAFF OF THE SHERMAN LAKE YMCA. THEY HELP RAISE ANNUAL SUPPORT DOLLARS ENSURING UNDERPRIVILEGED CHILDREN THE OPPORTUNITY TO ATTEND CAMP AND ALLOWING THE STORY, FUTURE, AND MAGIC OF SHERMAN LAKE TO GROW.

WE ARE VERY ACTIVE IN FUND DEVELOPMENT. WE SPONSOR AN ANNUAL SUPPORT CAMPAIGN EACH YEAR IN WHICH KEY VOLUNTEERS ENSURE NO ONE IS DENIED THE OPPORTUNITY TO PARTICIPATE IN OUR PROGRAMS DUE TO AN INABILITY TO PAY. ESTABLISHED IN 1994, WE CREATED A PLANNED GIVING GROUP APTLY NAMED THE HERITAGE CLUB. THIS GROUP OF CHERISHED FRIENDS MEETS ANNUALLY FOR AN UPDATE AND CELEBRATION OF THEIR FAITH IN OUR ORGANIZATION, THEIR WONDERFUL, GIVING HEARTS AND THE GOOD WORK OF THE SHERMAN LAKE YMCA. THESE HERITAGE DONORS ARE RESPONSIBLE FOR OUR GROWING ENDOWMENT AND THE PROMISE THAT WE WILL BE HERE IN PERPETUITY.

WE ARE GOOD STEWARDS OF OUR RESOURCES. WE CURRENTLY OWN 325 ACRES OF BEAUTIFUL, PRISTINE, SOUTHWEST MICHIGAN PROPERTY. ALL OF OUR EXISTING FACILITIES ARE IN "LIKE NEW" CONDITION. THE BUILDINGS ALL MAKE "A STATEMENT" WITH THEIR ARCHITECTURE AND THEIR FURNISHINGS. THEY ARE BUILT "GREEN" WITH A BEND TOWARDS BEING ENVIRONMENTALLY FRIENDLY AND EFFICIENT. THE FACILITY AND SITE ARE MANAGED WITH ENVIRONMENTAL CONSCIOUSNESS PROMOTING THE WELLNESS OF OUR PLANET. THE BUILDINGS ARE CLEAN AND WELL MAINTAINED AND WILL SUIT THE NEEDS OF OUR DIVERSE CLIENTELE. WE KEEP THE FACILITY AND EQUIPMENT "LIKE NEW, FOREVER".

**Federal Statements****Statement 6 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment**

<u>Description</u>	<u>Beginning of Year</u>	<u>Accum Deprec</u>	<u>End of Year</u>	<u>Accum Deprec</u>
BUILDINGS	\$15,760,971	\$ 3,043,340	\$15,838,185	\$ 3,528,498
MACHINERY AND EQUIPMENT	1,218,171	804,377	1,268,358	851,642
TRANSPORTATION EQUIPMENT	66,134	49,303	45,987	43,964
LAND	863,933		863,933	
TOTAL	<u>\$17,909,209</u>	<u>\$ 3,897,020</u>	<u>\$18,016,463</u>	<u>\$ 4,424,104</u>

**Statement 7 - Form 990, Part IV, Line 58 - Other Assets**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
BENEFICIAL INTEREST IN ASSETS HELD BY COMMUNITY FOUNDATIONS	\$ 43,022	\$ 54,366
TOTAL	<u>\$ 43,022</u>	<u>\$ 54,366</u>

**Federal Statements**

**Statement 8 - Form 990, Part IV-A - Other Revenue Included on Financial Statements**

<u>Description</u>	<u>Amount</u>
COST OF GOODS SOLD	\$ 27,978
SPECIAL EVENT EXPENSES	12,044
TOTAL	<u>\$ 40,022</u>

**Statement 9 - Form 990, Part IV-B - Other Expenses Included on Financial Statements**

<u>Description</u>	<u>Amount</u>
COST OF GOODS SOLD	\$ 27,978
SPECIAL EVENT EXPENSES	12,044
TOTAL	<u>\$ 40,022</u>

7550 SHERMAN LAKE YMCA OUTDOOR CENTER  
 38-3167869  
 FYE: 12/31/2005

**Statement 10 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees**

Name	City, State, Zip	Address	Title	Average Hours	Compensation	Benefits	Expenses
LUKE AUSTENFELD	AUGUSTA MI 49012	6225 NORTH 39TH STREET	EXE. DIRECTO	40	144,529	33,265	0
MARK LANCASTER	AUGUSTA MI 49012	6225 NORTH 39TH STREET	PRESIDENT	0	0	0	0
KYLE CALDWELL	AUGUSTA MI 49012	6225 NORTH 39TH STREET	VICE PRES.	0	0	0	0
BARB PARISH	AUGUSTA MI 49012	6225 NORTH 39TH STREET	TREASURER	0	0	0	0
JON VANDERMOLEN	AUGUSTA MI 49012	6225 NORTH 39TH STREET	SECRETARY	0	0	0	0
ANNE BAREA	AUGUSTA MI 49012	6225 NORTH 39TH STREET	DIRECTOR	0	0	0	0
PHIL CARTER	AUGUSTA MI 49012	6225 NORTH 39TH STREET	DIRECTOR	0	0	0	0
DAN FULLENKAMP	AUGUSTA MI 49012	6225 NORTH 39TH STREET	DIRECTOR	0	0	0	0
JULIE GARSIDE	AUGUSTA MI 49012	6225 NORTH 39TH STREET	DIRECTOR	0	0	0	0
TOM GEIL	AUGUSTA MI 49012	6225 NORTH 39TH STREET	DIRECTOR	0	0	0	0
HENRY B. HAWK	AUGUSTA MI 49012	6225 NORTH 39TH STREET	DIRECTOR	0	0	0	0
SKIP SHERRIFF	AUGUSTA MI 49012	6225 NORTH 39TH STREET	DIRECTOR	0	0	0	0
MARGARET SKIDMORE	AUGUSTA MI 49012	6225 NORTH 39TH STREET	DIRECTOR	0	0	0	0
CHRIS SLIVA	AUGUSTA MI 49012	6225 NORTH 39TH STREET	DIRECTOR	0	0	0	0
VERN STEFFEL	AUGUSTA MI 49012	6225 NORTH 39TH STREET	DIRECTOR	0	0	0	0
PETER THOMAS	AUGUSTA MI 49012	6225 NORTH 39TH STREET	DIRECTOR	0	0	0	0
JAY WALBRIDGE	AUGUSTA MI 49012	6225 NORTH 39TH STREET	DIRECTOR	0	0	0	0

**Federal Statements**

**Statement 10 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees (continued)**

Name	Address	City, State, Zip	Title	Average Hours	Compensation	Benefits	Expenses
SYDNEY WALDORF	AUGUSTA MI 49012	6225 NORTH 39TH STREET	DIRECTOR	0	0	0	0
				0	0	0	0

**Statement 11 - Form 990, Part VIII - Relationship of Activities**

<u>Line No.</u>	<u>Description</u>
93A	FEEES PAID BY CAMPERS/OTHER INDIVIDUALS IN DIRECT PURSUIT OF EXPERIENCE WITH THE ORGANIZATION'S NATURAL RESOURCES AND CHRISTIAN GUIDANCE.
93B	FEEES PAID BY INDIVIDUALS FOR MEMBERSHIP IN DIRECT PURSUIT OF MAINTAINING A HEALTHY LIFESTYLE.
93C	FEEES PAID BY INDIVIDUALS AND GROUPS FOR CONFERENCES AND RETREATS
93D	FEEES PAID BY INDIVIDUALS/SCHOOLS FOR EDUCATION WITH THE THE ORGANIZATION'S NATURAL RESOURCES AND CHRISTIAN GUIDANCE.
100	GAIN ON SALE OF ASSETS USED IN PERFORMING EXEMPT FUNCTIONS
101	FUNDS RAISED FROM THE SPECIAL EVENT ARE USED TO SUPPORT MEMBER SCHOLARSHIPS.
103B	REVENUES RELATED TO CAMP EXPERIENCE & NATURAL RESOURCES SUCH AS FIRST TIME MEMBER FEES AND OTHER.

**Statement 12 - Schedule A, Part III, Line 3a - Explanation of Grant / Loan Qualifications**

Description

SCHOLARSHIPS OF VARIOUS PERCENTAGES OF THE COST OF ATTENDING CAMP ARE GRANTED TO INDIVIDUALS SHOWING FINANCIAL NEED BASED ON THE FEDERAL POVERTY GUIDELINES.

**Statement 13 - Schedule A, Part IV-A, Line 22 - Other Income**

<u>Description</u>	<u>2004</u>	<u>2003</u>	<u>2002</u>	<u>2001</u>
OTHER INCOME	\$ 59,821	\$ 93,392	\$ 125,757	\$ 122,363
TOTAL	\$ 59,821	\$ 93,392	\$ 125,757	\$ 122,363