

Form **990**

Department of the Treasury  
Internal Revenue Service

### 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)

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

OMB No 1545-0047

**2007**

Open to Public Inspection

**A For the 2007 calendar year, or tax year beginning** , and ending

- B Check if applicable
- Address change
- Name change
- Initial return
- Termination
- Amended return
- Application pending

Please use IRS label or print or type. See Specific Instructions.

**C Name of organization**

**SHERMAN LAKE YMCA OUTDOOR CENTER**

Number and street (or P O box if mail is not delivered to street address) Room/suite  
**6225 NORTH 39TH STREET**

City or town, state or country, and ZIP + 4

**AUGUSTA MI 49012**

**D Employer identification number**  
**38-3167869**

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

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

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations

**H(a)** Is this a group return for affiliates?  Yes  No

**H(b)** If "Yes," enter number of affiliates  Yes  No

**H(c)** Are all affiliates included?  Yes  No  
(If "No," attach a list. See instructions.)

**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)

**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 is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return

**L Gross receipts** Add lines 6b, 8b, 9b, and 10b to line 12 **2,962,286**

#### 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>	Contributions to donor advised funds	1a			
<b>b</b>	Direct public support (not included on line 1a)	1b	627,882		
<b>c</b>	Indirect public support (not included on line 1a)	1c	12,000		
<b>d</b>	Government contributions (grants) (not included on line 1a)	1d			
<b>e</b>	Total (add lines 1a through 1d) (cash \$ 639,882 noncash \$ )	1e		639,882	
<b>2</b>	Program service revenue including government fees and contracts (from Part VII, line 93)	2		2,120,749	
<b>3</b>	Membership dues and assessments	3			
<b>4</b>	Interest on savings and temporary cash investments	4		25,475	
<b>5</b>	Dividends and interest from securities	5			
<b>6a</b>	Gross rents	6a			
<b>b</b>	Less rental expenses	6b			
<b>c</b>	Net rental income or (loss) Subtract line 6b from line 6a	6c			
<b>7</b>	Other investment income (describe )	7			
<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	8a		11,667	
<b>c</b>	Gain or (loss) (attach schedule)	8b		83,168	
<b>d</b>	Net gain or (loss) Combine line 8c, columns (A) and (B)	8c		-71,501	
<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 1b)	9a		82,188	
<b>b</b>	Less direct expenses other than fundraising expenses	9b		34,967	
<b>c</b>	Net income or (loss) from special events Subtract line 9b from line 9a	9c		47,221	
<b>10a</b>	Gross sales of inventory, less returns and allowances	10a		53,611	
<b>b</b>	Less cost of goods sold	10b		32,504	
<b>c</b>	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c		21,107	
<b>11</b>	Other revenue (from Part VII, line 103)	11		28,714	
<b>12</b>	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12		2,811,647	
<b>13</b>	Program services (from line 44, column (B))	13		2,574,233	
<b>14</b>	Management and general (from line 44, column (C))	14		504,099	
<b>15</b>	Fundraising (from line 44, column (D))	15		85,195	
<b>16</b>	Payments to affiliates (attach schedule)	16		27,333	
<b>17</b>	Total expenses. Add lines 16 and 44, column (A)	17		3,190,860	
<b>18</b>	Excess or (deficit) for the year Subtract line 17 from line 12	18		-379,213	
<b>19</b>	Net assets or fund balances at beginning of year (from line 73, column (A))	19		15,108,415	
<b>20</b>	Other changes in net assets or fund balances (attach explanation)	20			
<b>21</b>	Net assets or fund balances at end of year Combine lines 18, 19, and 20	21		14,729,202	

SCANNED JUN 16 2008

Expenses

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

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3 29 217-18

**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
22a	Grants paid from donor advised funds (attach schedule) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b	Other grants and allocations (attach schedule) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>				
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25a	Compensation of current officers, directors, key employees, etc listed in Part V-A <b>SEE STATEMENT 4</b>	180,073	120,674	30,962	28,437
25b	Compensation of former officers, directors, key employees, etc listed in Part V-B				
25c	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
26	Salaries and wages of employees not included on lines 25a, b, and c	964,488	819,815	96,449	48,224
27	Pension plan contributions not included on lines 25a, b, and c	78,826	70,943	7,883	
28	Employee benefits not included on lines 25a - 27	87,156	78,440	8,716	
29	Payroll taxes	91,054	81,949	9,105	
30	Professional fundraising fees				
31	Accounting fees	12,600		12,600	
32	Legal fees	3,831		3,831	
33	Supplies	114,104	91,283	17,116	5,705
34	Telephone	19,966	13,976	4,992	998
35	Postage and shipping	15,211	11,408	3,042	761
36	Occupancy				
37	Equipment rental and maintenance	123,737	117,550	6,187	
38	Printing and publications	21,379	18,171	2,138	1,070
39	Travel				
40	Conferences, conventions, and meetings	18,930	14,765	4,165	
41	Interest				
42	Depreciation, depletion, etc (attach schedule)	615,953	461,965	153,988	
43a	Other expenses not covered above (itemize) <b>SEE STATEMENT 5</b>	816,219	673,294	142,925	
43b					
43c					
43d					
43e					
43f					
43g					
44	<b>Total functional expenses.</b> Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	3,163,527	2,574,233	504,099	85,195

**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 6**

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) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)

a **DAYCAMP, RESIDENT CAMP, CONFERENCE AND MEMBERSHIP EXPERIENCES WITH NATURAL RESOURCES GUIDED BY CHRISTIAN PRINCIPLES. APPROXIMATELY 18,900 INDIVIDUALS SERVED.**

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

**2,574,233**

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) ▶

**2,574,233**

Form 990 (2007)

**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	
Assets	45 Cash—non-interest-bearing	650	45	650	
	46 Savings and temporary cash investments	973,856	46	741,335	
	47a Accounts receivable	95,426			
	b Less allowance for doubtful accounts		47c	95,426	
	47b		74,893		
	48a Pledges receivable	982,058			
	b Less allowance for doubtful accounts	3,500	48c	978,558	
	48b		889,353		
	49 Grants receivable		49		
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a		
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (att schedule)		50b		
	51a Other notes and loans receivable (attach schedule)				
	b Less allowance for doubtful accounts		51c		
	51b				
	52 Inventories for sale or use		52		
	53 Prepaid expenses and deferred charges		31,253	53	37,078
	54a Investments—publicly-traded securities	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54a	
	b Investments—other securities (attach schedule)	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b	
	55a Investments—land, buildings, and equipment basis				
b Less accumulated depreciation (attach schedule)			55c		
55b			56		
56 Investments—other (attach schedule)					
57a Land, buildings, and equipment basis	18,782,338				
b Less accumulated depreciation (attach schedule) <b>SEE STATEMENT 7</b>	5,485,564	57c		13,296,774	
57b		13,293,196			
58 Other assets, including program-related investments (describe ▶ <b>SEE STATEMENT 8</b> )		247,159	58	251,422	
59 <b>Total assets</b> (must equal line 74) Add lines 45 through 58		15,510,360	59	15,401,243	
Liabilities	60 Accounts payable and accrued expenses	401,945	60	672,041	
	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 ▶ )		65		
	66 <b>Total liabilities.</b> Add lines 60 through 65		401,945	66	672,041
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
	67 Unrestricted	13,949,679	67	14,010,252	
	68 Temporarily restricted	1,158,736	68	718,950	
	69 Permanently restricted		69		
	Organizations that do not follow SFAS 117, check here ▶ <input type="checkbox"/> 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 and column (B) must equal line 21)		15,108,415	73	14,729,202	
74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73		15,510,360	74	15,401,243	





**Part VI Other Information (continued)**

		Yes	No
<b>82a</b>	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>82b</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.)		
<b>83a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications?	<b>X</b>	
<b>83b</b>	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	N/A	
<b>84a</b>	Did the organization solicit any contributions or gifts that were not tax deductible?		<b>X</b>
<b>84b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
<b>85a</b>	501(c)(4), (5), or (6) Were substantially all dues nondeductible by members?	N/A	
<b>85b</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.	N/A	
<b>85c</b>	Dues, assessments, and similar amounts from members		
<b>85d</b>	Section 162(e) lobbying and political expenditures		
<b>85e</b>	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
<b>85f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
<b>85g</b>	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	
<b>85h</b>	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?	N/A	
<b>86a</b>	501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12		
<b>86b</b>	Gross receipts, included on line 12, for public use of club facilities		
<b>87a</b>	501(c)(12) orgs. Enter a Gross income from members or shareholders		
<b>87b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>88a</b>	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>
<b>88b</b>	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		<b>X</b>
<b>89a</b>	501(c)(3) organizations. Enter Amount of tax imposed on the organization during the year under: section 4911 <b>0</b> , section 4912 <b>0</b> ; section 4955 <b>0</b>		
<b>89b</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>
<b>89c</b>	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	<b>0</b>	
<b>89d</b>	Enter Amount of tax on line 89c, above, reimbursed by the organization	<b>0</b>	
<b>89e</b>	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		<b>X</b>
<b>89f</b>	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		<b>X</b>
<b>89g</b>	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		<b>X</b>
<b>90a</b>	List the states with which a copy of this return is filed <b>MI</b>		
<b>90b</b>	Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)		<b>100</b>
<b>91a</b>	The books are in care of <b>KATHY SIMPSON</b> <b>6225 NORTH 39TH STREET</b> Located at <b>AUGUSTA, MI</b>	Telephone no	<b>49012</b>
<b>91b</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 <b>MI</b> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts	Yes	No
			<b>X</b>

**Part VI Other Information (continued)**

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c  Yes  No

If "Yes," enter the name of the foreign country ▶

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 ▶ 92

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

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 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>					861,756
b <b>MEMBERSHIPS</b>					490,269
c <b>RETREATS AND CONFERENCES</b>					423,494
d <b>SCHOOL PROGRAMS</b>					345,230
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			14	25,475	
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					-71,501
101 Net income or (loss) from special events			1	47,221	
102 Gross profit or (loss) from sales of inventory			3	21,107	
103 Other revenue:					
a					
b <b>OTHER INCOME</b>					28,714
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))			0	93,803	2,077,962
105 Total (add line 104, columns (B), (D), and (E))					2,171,765

Note: Line 105 plus line 1e, 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 12</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
N/A	%			
	%			
	%			
	%			

**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)

**Part XI Information Regarding Transfers To and From Controlled Entities.** Complete only if the organization is a controlling organization as defined in section 512(b)(13).

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

Yes	No
	<b>X</b>

	(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
<b>Totals</b>				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

Yes	No
	<b>X</b>

	(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
<b>Totals</b>				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No

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, this is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Please Sign Here**

Signature of officer: *Loke Gustentelof* Date: *4/30/08*

Type or print name and title: *Loke Gustentelof, CEO*

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**Paid Preparer's Use Only**

Preparer's signature: *[Signature]* Date: *4/28/08* 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**

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

**2007**

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) Compensation	(d) Contributions to empl benefit plans & deferred comp	(e) Expense account and other allowances
LORRIE SYVERSON 6225 NORTH 39TH ST AUGUSTA MI 49012	CAMP/RET DIR 40	53,929	10,317	0
MARK VANDAFF 6225 NORTH 39TH ST AUGUSTA MI 49012	FACILITY MGR 40	50,806	6,350	0
Total number of other employees paid over \$50,000 ▶		0		

**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
CREATIVE DINING SERVICES ONE ROYAL PARK DR SUITE #3 ZEELAND MI 49464	FOOD SERVICE	191,899
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 ▶		

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

Schedule A (Form 990 or 990-EZ) 2007

**Part III Statements About Activities** (See page 2 of the instructions.)

		Yes	No
<b>1</b>	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)		<b>X</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>2</b>	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.)		
<b>a</b>	Sale, exchange, or leasing of property?		<b>X</b>
<b>b</b>	Lending of money or other extension of credit?		<b>X</b>
<b>c</b>	Furnishing of goods, services, or facilities?		<b>X</b>
<b>d</b>	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? <b>SEE PART V-A, FORM 990</b>	<b>X</b>	
<b>e</b>	Transfer of any part of its income or assets?		<b>X</b>
<b>3a</b>	Did the organization make grants for scholarships, fellowships, student loans, etc? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments) <b>SEE STATEMENT 13</b>	<b>X</b>	
<b>b</b>	Did the organization have a section 403(b) annuity plan for its employees?		<b>X</b>
<b>c</b>	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement		<b>X</b>
<b>d</b>	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		<b>X</b>
<b>4a</b>	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g		<b>X</b>
<b>b</b>	Did the organization make any taxable distributions under section 4966?		
<b>c</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>d</b>	Enter the total number of donor advised funds owned at the end of the tax year ► _____		
<b>e</b>	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ► _____		
<b>f</b>	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ► _____		<b>0</b>
<b>g</b>	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ► _____		<b>0</b>

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 8 of the instructions.)

I certify that 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 otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization
  - Type I
  - Type II
  - Type III-Functionally Integrated
  - Type III-Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
<b>Total</b>					►

- 14  An organization organized and operated to test for public safety Section 509(a)(4) (See page 8 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) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	875,096	733,772	531,316	1,050,832	3,191,016
16 Membership fees received	474,082	456,515	438,420	487,801	1,856,818
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	1,497,267	1,407,089	1,313,211	1,328,664	5,546,231
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	27,676	16,802	15,760	22,585	82,823
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 14</b>	84,900	77,002	59,821	93,392	315,115
23 Total of lines 15 through 22	2,959,021	2,691,180	2,358,528	2,983,274	10,992,003
24 Line 23 minus line 17	1,461,754	1,284,091	1,045,317	1,654,610	5,445,772
25 Enter 1% of line 23	29,590	26,912	23,585	29,833	

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 2003 through 2006 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: (2006) 0 (2005) 0 (2004) 0 (2003) 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 of (1) the amount on line 25 for the year or (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: (2006) 0 (2005) 0 (2004) 0 (2003) 0		
c Add Amounts from column (e) for lines 15 <u>3,191,016</u> 16 <u>1,856,818</u> 17 <u>5,546,231</u> 20 _____ 21 _____	27c	10,594,065
d Add Line 27a total _____ and line 27b total _____	27d	
e Public support (line 27c total minus line 27d total)	27e	10,594,065
f Total support for section 509(a)(2) test Enter amount from line 23, column (e) <b>10,992,003</b>	27f	
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	27g	96.3797%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	27h	0.7535%

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, 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 9 of the instructions.)

**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

		N/A	Yes	No
29	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?			
30	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?			
31	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.)			
32	Does the organization maintain the following			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement )			
33	Does the organization discriminate by race in any way with respect to:			
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement )			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
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	34b		
35	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	35		







**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	Depr	Gain/ -Loss
LAND IMPROVEMENTS	PURCHASE			VARIOUS	VARIOUS	\$ 154,717	\$ 77,370	\$ 77,347	-77,347
EQUIPMENT	PURCHASE			VARIOUS	VARIOUS	42,808	36,987		-5,821
VEHICLES	PURCHASE			VARIOUS	VARIOUS	11,667	45,987	45,987	11,667
TOTAL						\$ 11,667	\$ 243,512	\$ 160,344	\$ -71,501

**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	\$ 53,611	\$ 32,504	\$ 21,107
TOTAL	<u>\$ 53,611</u>	<u>\$ 32,504</u>	<u>\$ 21,107</u>

# Federal Statements

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

Bus Name Address	Purpose	Amount
YMCA OF THE USA 101 N. WACKER DR. CHICAGO IL 60606	NATIONAL SUPPORT	\$ 27,333
TOTAL		<u>\$ 27,333</u>

## Federal Statements

## Statement 4 - Form 990, Part II, Line 25a - Compensation of Current Officers

Name	Program Services	Management & General	Fundraising
EXPENSES	\$	\$	\$
KATHY SIMPSON, BUS MGR COMPENSATION	42,945	5,052	2,527
LUKE AUSTENFELD, EX DIRECTOR COMPENSATION	77,729	25,910	25,910
TOTAL	<u>\$ 120,674</u>	<u>\$ 30,962</u>	<u>\$ 28,437</u>

**Statement 5 - Form 990, Part II, Line 43 - Other Functional Expenses**

Description	Total Expenses	Program Service	Mgt & General	Fund-Raising
EXPENSES	\$	\$	\$	\$
ADVERTISING	34,361	27,489	6,872	
CONTRACTED SERVICE	16,066	14,459	1,607	
DUES AND SUBSCRIPTIONS	5,016	2,257	2,759	
INSURANCE	58,523	40,966	17,557	
MISCELLANEOUS	99,599	34,860	64,739	
STAFF RECRUITMENT	17,870	16,083	1,787	
UTILITIES	177,720	159,948	17,772	
VEHICLE OPERATIONS	57,162	51,446	5,716	
CONTRACTED AND PROFESSIONAL	18,917	11,350	7,567	
FOOD SERVICE	330,985	314,436	16,549	
TOTAL	\$ 816,219	\$ 673,294	\$ 142,925	\$ 0

**Statement 6 - Form 990, Part III - Organization's Primary Exempt Purpose****Description**

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 AFFORD 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 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.

**Statement 6 - Form 990, Part III - Organization's Primary Exempt Purpose (continued)****Description**

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".

**Statement 7 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment**

Description	Beginning of Year	Accum Depr	End of Year	Accum Depr
BUILDINGS	\$16,093,141	\$ 4,008,739	\$16,478,883	\$ 4,429,808
MACHINERY AND EQUIPMENT	1,320,091	975,230	1,341,599	1,041,546
TRANSPORTATION EQUIPMENT	45,987	45,987	97,923	14,210
LAND	863,933		863,933	
TOTAL	<u>\$18,323,152</u>	<u>\$ 5,029,956</u>	<u>\$18,782,338</u>	<u>\$ 5,485,564</u>

**Statement 8 - Form 990, Part IV, Line 58 - Other Assets**

Description	Beginning of Year	End of Year
BENEFICIAL INTEREST IN ASSETS HELD BY COMMUNITY FOUNDATIONS	\$ 247,159	\$ 251,422
TOTAL	<u>\$ 247,159</u>	<u>\$ 251,422</u>

**Statement 9 - Form 990, Part IV-A - Other Revenue Included on Financial Statements**

Description	Amount
COST OF GOODS SOLD	\$ 32,504
SPECIAL EVENT EXPENSES	34,967
TOTAL	\$ <u>67,471</u>

**Statement 10 - Form 990, Part IV-B - Other Expenses included on Financial Statements**

Description	Amount
COST OF GOODS SOLD	\$ 32,504
SPECIAL EVENT EXPENSES	34,967
TOTAL	\$ <u>67,471</u>

## Federal Statements

## Statement 11 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
LUKE AUSTENFELD 6225 NORTH 39TH STREET AUGUSTA MI 49012	EX. DIRECTOR	40	129,549	26,996	0
KATHY SIMPSON 6225 NORTH 39TH STREET AUGUSTA MI 49012	BUSINESS MGR	40	50,524	6,306	0
MARK LANCASTER 6225 NORTH 39TH STREET AUGUSTA MI 49012	DIRECTOR	0	0	0	0
KYLE CALDWELL 6225 NORTH 39TH STREET AUGUSTA MI 49012	PRESIDENT	0	0	0	0
BARB PARISH 6225 NORTH 39TH STREET AUGUSTA MI 49012	VP	0	0	0	0
JON VANDERMOLEN 6225 NORTH 39TH STREET AUGUSTA MI 49012	DIRECTOR	0	0	0	0
PHIL CARTER 6225 NORTH 39TH STREET AUGUSTA MI 49012	DIRECTOR	0	0	0	0
MARK DOBBINS 6225 NORTH 39TH STREET AUGUSTA MI 49012	TREASURER	0	0	0	0
DAN FULLENKAMP 6225 NORTH 39TH STREET AUGUSTA MI 49012	DIRECTOR	0	0	0	0

## Federal Statements

## Statement 11 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees (continued)

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
PAT GALLAGHER 6225 NORTH 39TH STREET AUGUSTA MI 49012	DIRECTOR	0	0	0	0
JULIE GARSIDE 6225 NORTH 39TH STREET AUGUSTA MI 49012	DIRECTOR	0	0	0	0
TOM GEIL 6225 NORTH 39TH STREET AUGUSTA MI 49012	DIRECTOR	0	0	0	0
HENRY B. HAWK 6225 NORTH 39TH STREET AUGUSTA MI 49012	DIRECTOR	0	0	0	0
REGAN LAMOTHE 6225 NORTH 39TH STREET AUGUSTA MI 49012	DIRECTOR	0	0	0	0
SHANNON LEGG 6225 NORTH 39TH STREET AUGUSTA MI 49012	DIRECTOR	0	0	0	0
STACEY MCKAY 6225 NORTH 39TH STREET AUGUSTA MI 49012	DIRECTOR	0	0	0	0
MICHAEL MUELLER 6225 NORTH 39TH STREET AUGUSTA MI 49012	DIRECTOR	0	0	0	0
MARGARET SKIDMORE 6225 NORTH 39TH STREET AUGUSTA MI 49012	DIRECTOR	0	0	0	0

## Federal Statements

**Statement 11 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees (continued)**

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
CHRIS SLIVA 6225 NORTH 39TH STREET AUGUSTA MI 49012	DIRECTOR	0	0	0	0
VERN STEFFEL 6225 NORTH 39TH STREET AUGUSTA MI 49012	DIRECTOR	0	0	0	0
JAY WALBRIDGE 6225 NORTH 39TH STREET AUGUSTA MI 49012	DIRECTOR	0	0	0	0
SYDNEY WALDORF 6225 NORTH 39TH STREET AUGUSTA MI 49012	SECRETARY	0	0	0	0

**Statement 12 - Form 990, Part VIII - Relationship of Activities**

<u>Line No.</u>	<u>Description</u>
93A	FEEs PAID BY CAMPERS AND OTHER INDIVIDUALS FOR EXPERIENCE WITH THE ORGANIZATION'S NATURAL RESOURCES AND CHRISTIAN GUIDANCE.
93B	FEEs PAID BY INDIVIDUALS FOR MEMBERSHIP IN MAINTAINING A HEALTHY LIFESTYLE.
93C	FEEs PAID BY INDIVIDUALS AND GROUPS FOR CONFERENCES AND RETREATS
93D	FEEs PAID BY INDIVIDUALS/SCHOOLS FOR EDUCATION WITH THE THE ORGANIZATION'S NATURAL RESOURCES AND CHRISTIAN GUIDANCE.
100	LOSS 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 13 - Schedule A, Part III, Line 3a - Explanation of Grant/Loan Qualifications**

Description

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

**Statement 14 - Schedule A, Part IV-A, Line 22 - Other Income**

Description	2006	2005	2004	2003
OTHER INCOME	\$ 84,900	\$ 77,002	\$ 59,821	\$ 93,392
TOTAL	<u>\$ 84,900</u>	<u>\$ 77,002</u>	<u>\$ 59,821</u>	<u>\$ 93,392</u>