

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

**2009**

Open to Public Inspection

**A For the 2009 calendar year, or tax year beginning** \_\_\_\_\_, **and ending** \_\_\_\_\_

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

**C Name of organization**  
**SHERMAN LAKE YMCA OUTDOOR CENTER**  
 Doing Business As \_\_\_\_\_  
 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**

**G Gross receipts \$** **2,658,987**

**F Name and address of principal officer**

**H(a)** Is this a group return for affiliates? Yes  No  **X**  
**H(b)** Are all affiliates included? Yes  No   
 If "No," attach a list (see instructions)

**H(c) Group exemption number** ▶

**I Tax-exempt status**  501(c) ( **3** ) ◀ (insert no ) 4947(a)(1) or 527

**J Website:** ▶ **WWW.SHERMANLAKEYMCA.ORG**

**K Type of organization**  Corporation  Trust  Association  Other ▶

**L Year of formation** \_\_\_\_\_ **M State of legal domicile** \_\_\_\_\_

**Part I Summary**

**1** Briefly describe the organization's mission or most significant activities  
**SEE SCHEDULE O**

**2** Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets

**3** Number of voting members of the governing body (Part VI, line 1a) **3 18**

**4** Number of independent voting members of the governing body (Part VI, line 1b) **4 18**

**5** Total number of employees (Part V, line 2a) **5 190**

**6** Total number of volunteers (estimate if necessary) **6 150**

**7a** Total gross unrelated business revenue from Part VIII, column (C), line 12 **7a**

**7b** Net unrelated business taxable income from Form 990-T, line 34 **7b 0**

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	2,059,385	489,571
<b>9</b> Program service revenue (Part VIII, line 2g)	2,078,035	2,042,302
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	7,786	14,000
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	89,974	43,586
<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,235,180	2,589,459
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,413,229	1,473,221
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>87,534</b>		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,775,456	1,642,669
<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	3,188,685	3,115,890
<b>19</b> Revenue less expenses Subtract line 18 from line 12	1,046,495	-526,431
<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year 15,893,622	End of Year 15,587,269
<b>21</b> Total liabilities (Part X, line 26)	179,876	355,533
<b>22</b> Net assets or fund balances Subtract line 21 from line 20	15,713,746	15,231,736

**Part II Signature Block**

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

**Sign Here**  
 Signature of officer: *Luke Austenfeld* Date: **7/29/10**  
 Type or print name and title: **Luke Austenfeld CEO**

**Paid Preparer's Use Only**  
 Preparer's signature: *[Signature]* Date: **7/29/10** Check if self-employed  Preparer's identifying number (see instructions): **274-52-3005**  
 Firm's name (or yours if self-employed), address, and ZIP + 4: **FISHER SPIEGEL KUNKLE & GERBER, PLLC**  
**4625 BECKLEY RD BLDG 400**  
**BATTLE CREEK, MI 49015**  
 EIN ▶ **38-2771156**  
 Phone no ▶ **269-979-4102**

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

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

Form **990** (2009)

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**Part III Statement of Program Service Accomplishments**

**1** Briefly describe the organization's mission  
**SEE SCHEDULE O**

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes  No

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

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

If "Yes," describe these changes on Schedule O

**4** Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

**4a** (Code ) (Expenses \$ **2,525,311** including grants of \$ ) (Revenue \$ **2,074,131** )  
**DAYCAMP, RESIDENT CAMP, CONFERENCE AND MEMBERSHIP EXPERIENCES WITH NATURAL RESOURCES GUIDED BY CHRISTIAN PRINCIPLES. OVER 17,000 INDIVIDUALS SERVED DURING 2009.**

**4b** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4c** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4d** Other program services (Describe in Schedule O )  
(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses **▶ 2,525,311**

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
5	<b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI		
	• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		
	• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		
	• Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		
	• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X		
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional		
		Yes	No
12A			X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		<b>X</b>
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		<b>X</b>
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	<b>X</b>	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25		<b>X</b>
<b>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>24c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>24d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		<b>X</b>
<b>25b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		<b>X</b>
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		<b>X</b>
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		<b>X</b>
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
<b>28a</b> A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		<b>X</b>
<b>28b</b> A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		<b>X</b>
<b>28c</b> An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		<b>X</b>
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		<b>X</b>
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		<b>X</b>
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		<b>X</b>
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		<b>X</b>
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		<b>X</b>
<b>34</b> Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1		<b>X</b>
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		<b>X</b>
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		<b>X</b>
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		<b>X</b>
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	<b>X</b>	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable		
	8		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		X
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	190		
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
<b>4a</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)?		X
<b>4b</b>	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>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>5c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>7e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
<b>7g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the organization make any taxable distributions under section 4966?		
<b>9b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter		
<b>11a</b>	Gross income from members or shareholders		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

**Section A. Governing Body and Management**

		Yes	No
1a	Enter the number of voting members of the governing body		
1b	Enter the number of voting members that are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?		X
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)		X
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

- 17 List the states with which a copy of this Form 990 is required to be filed ► **MI**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
Own website  Another's website  Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► **KATHY SIMPSON**  
**6225 NORTH 39TH STREET**  
**AUGUSTA MI 49012**

**269-731-3015**

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year Use Schedule J-2 if additional space is needed

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

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

Check this box if the organization did not compensate any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
KYLE CALDWELL DIRECTOR		X					0	0	0	
BARB PARISH PRESIDENT		X		X			0	0	0	
MARK DOBBINS VICE PRESIDENT		X		X			0	0	0	
DAN FULLENKAMP DIRECTOR		X					0	0	0	
JULIE GARSIDE DIRECTOR		X					0	0	0	
TOM GEIL DIRECTOR		X					0	0	0	
HENRY B. HAWK TREASURER		X		X			0	0	0	
STACEY MCKAY DIRECTOR		X					0	0	0	
MICHAEL MUELLER DIRECTOR		X					0	0	0	
CHRIS SLIVA DIRECTOR		X					0	0	0	
SYDNEY WALDORF SECRETARY		X		X			0	0	0	
SIMON BOEHME DIRECTOR		X					0	0	0	
TIM KOOL DIRECTOR		X					0	0	0	
STEVE SPRINGS DORF DIRECTOR		X					0	0	0	
A.J. TODD DIRECTOR		X					0	0	0	
MIKE WOOD DIRECTOR		X					0	0	0	
LONDA JUE DIRECTOR		X					0	0	0	

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
<b>ROB KELLER</b> DIRECTOR		<input checked="" type="checkbox"/>						0	0	0
<b>LUKE AUSTENFELD</b> EX. DIRECTOR	40.00			<input checked="" type="checkbox"/>				136,276	0	47,347
<b>1b Total</b>								<b>136,276</b>		<b>47,347</b>

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **▶ 1**

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

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
<b>CSM GROUP, INC</b> <b>KALAMAZOO MI 49007</b>	<b>100 WEST MICHIGAN AVE. SUITE 200</b> <b>CONSTRUCTION</b>	190,610
<b>GORDON FOOD SERVICES</b> <b>PALATINE IL 60055-0490</b>	<b>DEPT CH 10490</b> <b>FOOD SERVICE</b>	136,812

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

**Part VIII Statement of Revenue**

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>				
	<b>b</b> Membership dues	<b>1b</b>				
	<b>c</b> Fundraising events	<b>1c</b> 20,248				
	<b>d</b> Related organizations	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 469,323				
	<b>g</b> Noncash contributions included in lines 1a-1f \$					
	<b>h</b> Total. Add lines 1a-1f		489,571			
<b>Program Service Revenue</b>		<b>Busn. Code</b>				
	<b>2a</b> PROGRAM FEES		735,317	735,317		
	<b>b</b> MEMBERSHIPS		476,468	476,468		
	<b>c</b> SCHOOL PROGRAMS		446,006	446,006		
	<b>d</b> RETREATS AND CONFERENCES		384,511	384,511		
	<b>e</b>					
	<b>f</b> All other program service revenue					
	<b>g</b> Total. Add lines 2a-2f		2,042,302			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		11,320		11,320	
	<b>4</b> Income from investment of tax-exempt bond proceeds					
	<b>5</b> Royalties					
	<b>6a</b> Gross Rents	(i) Real				
		(ii) Personal				
	<b>b</b> Less rental exps					
	<b>c</b> Rental inc or (loss)					
	<b>d</b> Net rental income or (loss)					
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	2,910			2,910
		(ii) Other				
		<b>b</b> Less cost or other basis & sales exps	746			2,394
		<b>c</b> Gain or (loss)	2,164			516
	<b>d</b> Net gain or (loss)		2,680	2,680		
	<b>8a</b> Gross income from fundraising events (not including \$ 20,248 of contributions reported on line 1c) See Part IV, line 18	<b>a</b>	45,182			
<b>b</b> Less direct expenses		42,588				
<b>c</b> Net income or (loss) from fundraising events			2,594		2,594	
<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>					
	<b>b</b> Less direct expenses					
	<b>c</b> Net income or (loss) from gaming activities					
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>a</b>	42,659				
	<b>b</b> Less cost of goods sold	23,800				
	<b>c</b> Net income or (loss) from sales of inventory		18,859		18,859	
<b>Miscellaneous Revenue</b>		<b>Busn. Code</b>				
<b>11a</b> OTHER INCOME	<b>b</b>		22,133	22,133		
	<b>c</b>					
	<b>d</b> All other revenue					
	<b>e</b> Total. Add lines 11a-11d		22,133			
	<b>12</b> Total Revenue. See instructions		2,589,459	2,067,115	0	32,773

**Part IX Statement of Functional Expenses**

**Section 501(c)(3) and 501(c)(4) organizations must complete all columns.  
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).**

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2 Grants and other assistance to individuals in the U S See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	136,276	81,766	27,255	27,255
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,066,799	906,779	106,680	53,340
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	73,514	66,163	7,351	
9 Other employee benefits	95,431	85,888	9,543	
10 Payroll taxes	101,201	91,081	10,120	
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	13,800		13,800	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion	19,727	15,782	3,945	
13 Office expenses	22,656	18,126	3,397	1,133
14 Information technology				
15 Royalties				
16 Occupancy	251,063	221,054	28,783	1,226
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	5,295	4,130	1,165	
20 Interest				
21 Payments to affiliates	21,907	10,954	10,953	
22 Depreciation, depletion, and amortization	638,808	479,106	159,702	
23 Insurance	56,120	39,284	16,836	
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )				
a <b>FOOD SERVICE</b>	228,701	217,266	11,435	
b <b>MAINTENANCE &amp; REPAIRS</b>	107,192	101,832	5,360	
c <b>SUPPLIES</b>	91,606	73,285	13,741	4,580
d <b>MISCELLANEOUS</b>	81,716	28,601	53,115	
e <b>VEHICLE OPERATIONS</b>	49,603	44,643	4,960	
f All other expenses	54,475	39,571	14,904	
<b>25 Total functional expenses. Add lines 1 through 24f</b>	<b>3,115,890</b>	<b>2,525,311</b>	<b>503,045</b>	<b>87,534</b>
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest bearing	650	<b>1</b>	650
	<b>2</b> Savings and temporary cash investments	1,326,698	<b>2</b>	1,442,410
	<b>3</b> Pledges and grants receivable, net	1,116,818	<b>3</b>	895,870
	<b>4</b> Accounts receivable, net	157,280	<b>4</b>	93,413
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			<b>5</b>
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L			<b>6</b>
	<b>7</b> Notes and loans receivable, net			<b>7</b>
	<b>8</b> Inventories for sale or use			<b>8</b>
	<b>9</b> Prepaid expenses and deferred charges	19,085	<b>9</b>	20,169
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	19,551,961		
	<b>b</b> Less accumulated depreciation	6,629,513		
		13,100,975	<b>10c</b>	12,922,448
	<b>11</b> Investments—publicly traded securities		<b>11</b>	2,535
	<b>12</b> Investments—other securities See Part IV, line 11		<b>12</b>	
	<b>13</b> Investments—program-related See Part IV, line 11		<b>13</b>	
	<b>14</b> Intangible assets		<b>14</b>	
<b>15</b> Other assets See Part IV, line 11	172,116	<b>15</b>	209,774	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34)	15,893,622	<b>16</b>	15,587,269	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	179,876	<b>17</b>	355,533
	<b>18</b> Grants payable		<b>18</b>	
	<b>19</b> Deferred revenue		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities		<b>20</b>	
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties		<b>24</b>	
	<b>25</b> Other liabilities Complete Part X of Schedule D		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25	179,876	<b>26</b>	355,533
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	13,692,756	<b>27</b>	13,431,896
	<b>28</b> Temporarily restricted net assets	2,020,990	<b>28</b>	1,799,840
	<b>29</b> Permanently restricted net assets		<b>29</b>	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
<b>33 Total net assets or fund balances</b>	15,713,746	<b>33</b>	15,231,736	
<b>34 Total liabilities and net assets/fund balances</b>	15,893,622	<b>34</b>	15,587,269	

**Part XI Financial Statements and Reporting**

**1** Accounting method used to prepare the Form 990      Cash       Accrual      Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O

**2a** Were the organization's financial statements compiled or reviewed by an independent accountant?

**b** Were the organization's financial statements audited by an independent accountant?

**c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

**d** If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both  
           Separate basis      Consolidated basis      Both consolidated and separate basis

**3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
<b>2a</b>		<input checked="" type="checkbox"/>
<b>2b</b>	<input checked="" type="checkbox"/>	
<b>2c</b>	<input checked="" type="checkbox"/>	
<b>3a</b>		<input checked="" type="checkbox"/>
<b>3b</b>		

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

**Public Charity Status and Public Support**

OMB No 1545-0047

**2009**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

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

Name of the organization

**SHERMAN LAKE YMCA OUTDOOR CENTER**

Employer identification number

**38-3167869**

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state.
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.

**a** Type I      **b** Type II      **c** Type III—Functionally integrated      **d** Type III—Other

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

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

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

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

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

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

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

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<b>6 Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc (see instructions)					<b>12</b>	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	%
<b>15</b> Public support percentage from 2008 Schedule A, Part II, line 14	<b>15</b>	%
<b>16a 33 1/3 % support test—2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
<b>b 33 1/3 % support test—2008.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
<b>17a 10%-facts-and-circumstances test—2009.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶		
<b>b 10%-facts-and-circumstances test—2008.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶		

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**  
(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	1,190,287	1,349,178	1,130,151	2,530,220	489,571	6,689,407
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	1,407,089	1,497,267	1,630,480	1,607,200	2,042,302	8,184,338
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5	2,597,376	2,846,445	2,760,631	4,137,420	2,531,873	14,873,745
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6)						14,873,745

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6	2,597,376	2,846,445	2,760,631	4,137,420	2,531,873	14,873,745
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	16,802	27,676	25,475	10,548	11,320	91,821
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b	16,802	27,676	25,475	10,548	11,320	91,821
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	77,002	84,900	164,513	151,351	109,974	587,740
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12)	2,691,180	2,959,021	2,950,619	4,299,319	2,653,167	15,553,306
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ▶						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	95.63%
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15	<b>16</b>	95.75%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	1%
<b>18</b> Investment income percentage from 2008 Schedule A, Part III, line 17	<b>18</b>	1%

- 19a 33 1/3 % support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶ **X**
- b 33 1/3 % support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

**PART III, LINE 12 - OTHER INCOME DETAIL**

<b>SPECIAL EVENT REVENUE</b>	<b>\$</b>	<b>200,075</b>
<b>GROSS SALES OF INVENTORY</b>	<b>\$</b>	<b>239,524</b>
<b>OTHER INCOME</b>	<b>\$</b>	<b>148,141</b>

**SCHEDULE D  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

**2009**

Open to Public Inspection

Name of the organization

**SHERMAN LAKE YMCA OUTDOOR CENTER**

Employer identification number

**38-3167869**

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		Yes No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		Yes No

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply)
- Preservation of land for public use (e.g., recreation or pleasure)
  - Protection of natural habitat
  - Preservation of open space
  - Preservation of an historically important land area
  - Preservation of certified historic structure

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ \_ \_ \_ \_ \_

4 Number of states where property subject to conservation easement is located ▶ \_ \_ \_ \_ \_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_ \_ \_ \_ \_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_ \_ \_ \_ \_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

- (i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ \_ \_ \_ \_ \_
- (ii) Assets included in Form 990, Part X ▶ \$ \_ \_ \_ \_ \_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

- a Revenues included in Form 990, Part VIII, line 1 ▶ \$ \_ \_ \_ \_ \_
- b Assets included in Form 990, Part X ▶ \$ \_ \_ \_ \_ \_

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a** Public exhibition
  - b** Scholarly research
  - c** Preservation for future generations
  - d** Loan or exchange programs
  - e** Other \_\_\_\_\_
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIV and complete the following table
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance             | <b>1c</b> |
| <b>d</b> Additions during the year     | <b>1d</b> |
| <b>e</b> Distributions during the year | <b>1e</b> |
| <b>f</b> Ending balance                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b** If "Yes," explain the arrangement in Part XIV

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance					
<b>b</b> Contributions					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs					
<b>f</b> Administrative expenses					
<b>g</b> End of year balance					

- 2** Provide the estimated percentage of the year end balance held as
- a** Board designated or quasi-endowment ▶ \_\_\_\_\_ %
  - b** Permanent endowment ▶ \_\_\_\_\_ %
  - c** Term endowment ▶ \_\_\_\_\_ %
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- |                                    | Yes           | No |
|------------------------------------|---------------|----|
| <b>(i)</b> unrelated organizations | <b>3a(i)</b>  |    |
| <b>(ii)</b> related organizations  | <b>3a(ii)</b> |    |
- b** If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? **3b**
- 4** Describe in Part XIV the intended uses of the organization's endowment funds

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land		863,933		863,933
<b>b</b> Buildings		17,144,192	5,449,610	11,694,582
<b>c</b> Leasehold improvements				
<b>d</b> Equipment		1,445,912	1,126,524	319,388
<b>e</b> Other		97,924	53,379	44,545
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) )				<b>12,922,448</b>



<b>Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements</b>		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	2,589,459
2	Total expenses (Form 990, Part IX, column (A), line 25)	3,115,890
3	Excess or (deficit) for the year Subtract line 2 from line 1	-526,431
4	Net unrealized gains (losses) on investments	
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV )	44,421
9	Total adjustments (net) Add lines 4 through 8	44,421
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	-482,010

<b>Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return</b>		
1	Total revenue, gains, and other support per audited financial statements	2,700,268
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a	Net unrealized gains on investments	2a
b	Donated services and use of facilities	2b
c	Recoveries of prior year grants	2c
d	Other (Describe in Part XIV )	2d 110,809
e	Add lines 2a through 2d	2e 110,809
3	Subtract line 2e from line 1	3 2,589,459
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a
b	Other (Describe in Part XIV )	4b
c	Add lines 4a and 4b	4c
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 )	5 2,589,459

<b>Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return</b>		
1	Total expenses and losses per audited financial statements	3,182,278
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
a	Donated services and use of facilities	2a
b	Prior year adjustments	2b
c	Other losses	2c
d	Other (Describe in Part XIV )	2d 66,388
e	Add lines 2a through 2d	2e 66,388
3	Subtract line 2e from line 1	3 3,115,890
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a
b	Other (Describe in Part XIV )	4b
c	Add lines 4a and 4b	4c
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 )	5 3,115,890

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

<b>PART XI, LINE 8 - RECONCILIATION OF CHANGES - OTHER</b>		
<u>COST OF GOODS SOLD</u>	\$	<u>23,800</u>
<u>SPECIAL EVENT EXPENSES</u>	\$	<u>42,588</u>
<u>CHANGE IN BENEFICIAL INTEREST</u>	\$	<u>44,421</u>
<u>COST OF GOODS SOLD</u>	\$	<u>-23,800</u>
<u>SPECIAL EVENT EXPENSES</u>	\$	<u>-42,588</u>

~~Part XIV~~ Supplemental Information (continued)

PART XII, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER

COST OF GOODS SOLD \$ 23,800

SPECIAL EVENT EXPENSES \$ 42,588

CHANGE IN BENEFICIAL INTEREST \$ 44,421

PART XIII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER

COST OF GOODS SOLD \$ 23,800

SPECIAL EVENT EXPENSES \$ 42,588



**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through col (c))	
		<u>SHERMANATOR TRI</u> (event type)	<u>YMCA GOLF OUTIN</u> (event type)	<u>NONE</u> (total number)		
1	Gross receipts	37,389	28,041		65,430	
2	Less Charitable contributions	5,560	14,688		20,248	
3	Gross revenue (line 1 minus line 2)	31,829	13,353		45,182	
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	15,940	26,648		42,588
	10	Direct expense summary Add lines 4 through 9 in column (d)				42,588
11	Net income summary Combine line 3, column (d), and line 10				2,594	

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

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

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities		
a Is the organization licensed to operate gaming activities in each of these states?	9a	
b If "No," Explain		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b If "Yes," Explain		
11 Does the organization operate gaming activities with nonmembers?	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

**13** Indicate the percentage of gaming activity operated in

**a** The organization's facility

**b** An outside facility

<b>13a</b>		%			
<b>13b</b>		%			

Yes No

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

Name ▶

Address ▶

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?

**b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$

**c** If "Yes," enter name and address of the third party

Name ▶

Address ▶

**15a**

**16** Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

Director/officer

Employee

Independent contractor

**17** Mandatory distributions

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

**b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$

**17a**

**SCHEDULE J**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

**2009**

Open To Public Inspection

Name of the organization

**SHERMAN LAKE YMCA OUTDOOR CENTER**

Employer identification number

**38-3167869**

**Part I Questions Regarding Compensation**

	Yes	No								
<p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input checked="" type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input checked="" type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input checked="" type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p><b>b</b> If any of the boxes on line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	<b>X</b>									
<p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?</p>		<b>X</b>								
<p><b>3</b> Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p><b>4</b> During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization</p>										
<p><b>a</b> Receive a severance payment or change-of-control payment?</p>		<b>X</b>								
<p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	<b>X</b>									
<p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</p>		<b>X</b>								
<p><b>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</b></p>										
<p><b>5</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of</p>										
<p><b>a</b> The organization?</p>		<b>X</b>								
<p><b>b</b> Any related organization?</p> <p>If "Yes" to line 5a or 5b, describe in Part III</p>		<b>X</b>								
<p><b>6</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of</p>										
<p><b>a</b> The organization?</p>		<b>X</b>								
<p><b>b</b> Any related organization?</p> <p>If "Yes" to line 6a or 6b, describe in Part III</p>		<b>X</b>								
<p><b>7</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>		<b>X</b>								
<p><b>8</b> Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>		<b>X</b>								
<p><b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>										



SHERMAN LAKE YMCA OUTDOOR CENTER 38-3167869

Schedule J (Form 990) 2009

Part III Supplemental Information

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

PART I, LINE 1A - FRINGE OR EXPENSE EXPLANATION

THE ORGANIZATION PROVIDES THE CEO WITH A RESIDENCE ON THE PROPERTY OF THE CAMP SINCE THE CEO IS ON CALL 24 HOURS. THIS IS A NONTAXABLE BENEFIT TO THE CEO. THE HOUSING BENEFIT IS ESTIMATED AT \$12,000 PER YEAR.

PART I, LINE 4 - SEVERANCE, NONQUALIFIED, AND EQUITY-BASED PAYMENTS

SEVERANCE NONQUALIFIED EQUITY-BASED

LUKE AUSTENFELD 0 15,000 0

**SCHEDULE O**

(Form 990)

Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990**Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.

▶ Attach to Form 990.

OMB No 1545-0047

**2009**Open to Public  
Inspection

Name of the organization

**SHERMAN LAKE YMCA OUTDOOR CENTER**

Employer identification number

**38-3167869****FORM 990 - ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVITIES**

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. (CONTINUED ON SCHEDULE O)

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

Name of the organization

SHERMAN LAKE YMCA OUTDOOR CENTER

Employer identification number

38-3167869

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

Name of the organization

SHERMAN LAKE YMCA OUTDOOR CENTER

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38-3167869

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

Name of the organization

SHERMAN LAKE YMCA OUTDOOR CENTER

Employer identification number

38-3167869

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".

FORM 990, PART VI, LINE 11A - ORGANIZATION'S PROCESS TO REVIEW FORM 990 THE EXECUTIVE DIRECTOR AND THE BUSINESS MANAGER REVIEW AND APPROVE THE ACCURACY AND PRESENTATION OF THE 990 PRIOR TO FILING.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY THE ORGANIZATIONS BOARD AND STAFF ARE AWARE OF THE POLICY AND ARE EXPECTED TO DISCLOSE IMMEDIATELY.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL THE BOARD CONDUCTS AN EVALUATION OF THE EXECUTIVE DIRECTOR ANNUALLY AND APPROVES THE RATE OF COMPENSATION.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

Name of the organization

**SHERMAN LAKE YMCA OUTDOOR CENTER**

Employer identification number

**38-3167869**

**CURRENTLY, GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICIES AND FINANCIAL STATEMENTS ARE NOT AVAILABLE TO THE PUBLIC.**

Form **8868**  
(Rev. April 2009)

### Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Department of the Treasury  
Internal Revenue Service

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
  - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868

#### Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T) However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868 For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits

Type or print File by the due date for filing your return See instructions	Name of Exempt Organization <b>SHERMAN LAKE YMCA OUTDOOR CENTER</b>	Employer identification number <b>38-3167869</b>
	Number, street, and room or suite no. If a P.O. box, see instructions <b>6225 NORTH 39TH STREET</b>	
	City, town or post office, state, and ZIP code For a foreign address, see instructions <b>AUGUSTA MI 49012</b>	

**Check type of return to be filed** (file a separate application for each return)

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

• The books are in the care of ► **KATHY SIMPSON**

Telephone No ► **269-731-3015** FAX No ► **269-731-3020**

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box  If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **08/15/10**, to file the exempt organization return for the organization named above. The extension is for the organization's return for  
►  calendar year **2009** or  
►  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

2 If this tax year is for less than 12 months, check reason  Initial return  Final return  Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	\$
c <b>Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c	\$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 4-2009)