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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 01-01-2009 and ending 12-31-2009				
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization Miami County YMCA		D Employer identification number 31-0537179
		Doing Business As		E Telephone number (937) 773-9622
		Number and street (or P O box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 3,021,072
		223 W High Street		
		City or town, state or country, and ZIP + 4 Piqua, OH 45356		
F Name and address of principal officer LOWELL NEES 223 W High Street Piqua, OH 45356		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)		
		H(c) Group exemption number ▶		
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) ◀(insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
J Website: ▶ MIAMICOUNTYYMCA.NET				
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation 1892	
			M State of legal domicile OH	

Part I	Summary
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Activities & Governance	1	Briefly describe the organization's mission or most significant activities THE MIAMI COUNTY YMCA IS ESSENTIALLY A MEMBERSHIP ORGANIZATION OF MEN, WOMEN, AND CHILDREN OF ALL AGES, INCOMES, RACES, RELIGIONS, AND ETHNIC BACKGROUNDS DEDICATED TO BUILDING HEALTHY SPIRIT, MIND, AND BODY OF INDIVIDUALS AND FAMILIES
	2	Check this box <input checked="" type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets
	3	Number of voting members of the governing body (Part VI, line 1a) 3 50
4	Number of independent voting members of the governing body (Part VI, line 1b) 4 50	
5	Total number of employees (Part V, line 2a) 5 376	
6	Total number of volunteers (estimate if necessary) 6 611	
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12 . . . 7a 7,043	
b	Net unrelated business taxable income from Form 990-T, line 34 . . . 7b 0	

Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	199,572	215,616
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,911,926	2,763,692
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-71,760	-265,125
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,560	12,733
			3,048,298	2,726,916
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,689,220	1,682,158
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	6,215	6,689
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶29,285		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	1,782,359	1,546,217
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	3,477,794	3,235,064
	19	Revenue less expenses Subtract line 18 from line 12	-429,496	-508,148
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	10,108,091	10,233,464
	21	Total liabilities (Part X, line 26)	462,084	412,512
	22	Net assets or fund balances Subtract line 21 from line 20	9,646,007	9,820,952

Part II	Signature Block
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Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge			
	*****		2010-05-13	
	Signature of officer		Date	
	LOWELL NEES EXECUTIVE DIRECTOR Type or print name and title			

Paid Preparer's Use Only	Preparer's signature ▶ TONY WENDELN	Date	Check if self-employed ▶ <input type="checkbox"/>	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶	Murray Wells Wendeln & Robinson 326 North Wayne Street Piqua, OH 453560613		EIN ▶
				Phone no ▶ (937) 773-6373

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

Part III

Statement of Program Service Accomplishments

1

Briefly describe the organization’s mission

TO PUT CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT BUILD HEALTHY SPIRIT, MIND, AND BODY FOR ALL

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 \$

681,386

including grants of \$

) (Revenue \$

701,425)

YMCA AQUATICS THE YMCA AQUATICS PROGRAMS ARE A PART OF THE YMCA'S OVERALL GOAL OF BUIDING HEATHLY SPIRIT, MIND AND BODY IN ADDITION TO DEVELOPING SPECIFIC SWIMMING SKILLS AND GOOD WATER SAFETY HABITS, THE PROGRAMS PROMOTE GOOD HEALTH THROUGH REGULAR LIFETIME EXERCISE ACTIVITIES IN 2009, THE MIAMI COUNTY YMCA PROVIDED VARIOUS AQUATICS PROGRAMS INDLUDING SWIM LESSONS, WATER SAFETY INSTRUCTION, LIFEGUARDING CLASSES AND SCUBA IN ADDITION THE YMCA OFFERED VARIOUS WATER EXERCISE CLASSES TO INCREASE MUSCULAR STRENGTH AND ENDURANCE, ENHANCE CARDIOVASCULAR ENDURANCE, IMPROVE FLEXIBILITY AND HELP RELIEVE PAIN IN 2009, OVER 915 KIDS LEARNED TO SWIM, IMPROVED THEIR SKILLS AND LEARNED HOW TO BE SAFE IN OR AROUND THE WATER IN ADDITION, 27 ADULTS AND YOUTH LEARNED TO SCUBA DIVE AND 53 YOUTH AND ADULTS LEARNED LIFESAVING SKILLS NECESSARY TO SAVE LIVES AND SEEK EMPLOYMENT FINALLY, 435 ADULTS OF ALL AGES IMPROVED THEIR FITNESS LEVEL THROUGH GROUP AQUATIC EXERCISE PROGRAMS THE YMCA ALSO PROVIDES FACILITIES FOR INDIVIDUALS AND FAMILIES WHO SWIM FOR RECREATION AND FITNESS

4b

(Code

) (Expenses \$

552,936

including grants of \$

) (Revenue \$

841,545)

YMCA HEALTH ENHANCEMENT WELL-BEING MEANS A HEALTHY SPIRIT AND BODY YMCA HEATHL ENHANCEMENT PROGRAMS ARE MEDICALLY-BASED PROGRAMS THAT STRESS THE VALUE OF PREVENTION THROUGH GOOD EXERCISE AND LIFESTYLE HABITS OPPORTUNITIES AT THE YMCA INCLUDE GROUP AEROBIC AND EXERCISE CLASSES, AS WELL AS FACILITIES AND TRAINERS FOR INDIVIDUALIZED EXERCISE PROGRAMS IN 2009, 1,077 INDIVIDUALS PARTICIPATED IN GROUP FITNESS CLASSES ON A REGULAR BASIS

4c

(Code

) (Expenses \$

427,639

including grants of \$

) (Revenue \$

273,329)

YMCA CHILD CARE THE FOCUS OF YMCA CHILD CARE PROGRAMS IS TO FOSTER APPROPRIATE GROWTH AND DEVELOPMENT, NOT ONLY IN CHILDREN BUT ALSO IN THEIR PARENTS AND FAMILIES THESE EDUCATIONAL PROGRAMS HELP KIDS DEVELOP MORAL AND ETHICAL BEHAVIOR, SELF-ESTEEM, AND LEADERSHIP YMCA CHILD CARE ALLOWS PARENTS OF THE CHILDREN IN OUR PROGRAMS TO REMAIN GAINFULLY EMPLOYED, KNOWING THAT THEIR CHILDREN ARE THRIVING IN A SAFE, SUPPORTIVE ENVIRONMENT IN 2009, A TOTAL OF 118 YOUTH WERE ENROLLED IN CHILD CARE PROGRAMS INCLUDING INFANTS THROUGH SCHOOL AGE CHILDREN

(Code

) (Expenses \$

20,928

including grants of \$

) (Revenue \$

5,957)

PIQUA SENIOR CITIZEN CENTERWITH THE ASSISTANCE OF THE CITY OF PIQUA, UNITED WAY, AND LOCAL NURSING HOMES, THE YMCA OPENED ITS YOUTH CENTER TO BE USED AS A SENIOR CENTER DURING DAYTIME HOURS WHEN THE CENTER IS NOT OPEN TO TEENS THE SENIORS ENJOY ACCESS TO RECREATIONAL ACTIVITIES INCLUDING CARDS, VIDEO GAMES (WII), BILLIARDS, BINGO AND CARRY-IN LUNCHEES THE CENTER HAS BEEN SUCCESSFUL LARGELY BECASUE OF LOCAL VOLUNTEERS WHO HAVE ENCOURAGED THE YMCA TO UNDERTAKE THIS PROGRAM WHILE THE PLANNING PROCESS BEGAN IN 2008, THE PROGRAM WAS NOT INITIATED UNTIL LATE 2008 FUNDING IS PROVIDED THROUGH ACTIVE PARTICIPANT MEMBERSHIPS AND SUSTAINING MEMBERSHIPS CONTRIBUTED BY LOCAL BENEFACTORS IN KEEPING WITH ITS POLICY OF INCLUDING EVERYONE REGARDLESS OF ABILITY TO PAY, THE YMCA PROVIDES FINANCIAL ASSISTANCE TO THOSE UNABLE TO AFFORD THE MEMBERSHIP IN ADDITION, THE SENIOR CENTER INCLUDES THE FOLLOWING ACTIVITIES INFORMATIONAL SEMINARSVISION/HEARING/BLOOD SCREENINGSTRESS REDUCTIONNUTRITION SEMINARSTRIPS TO VARIOUS MUSEUMS, FARMS, AND FACTORIESTHE SENIOR CENTER MAINTAINED AN AVERAGE ATTENDANCE OF 20 PEOPLE PER DAY

(Code

) (Expenses \$

17,239

including grants of \$

) (Revenue \$

19,301)

DIABETES SCREENING AND EDUCATION PROGRAMINDIVIDUALS WERE INVITED TO ATTEND A FREE SCREENING TO DETERMINE IF THEY HAD DIABETIC OR PRE-DIABETIC SYMPTOMS INDIVIDUALS AT RISK WERE THEN INVITED TO PARTICIPATE IN A 10-WEEK EDUCATIONAL PROGRAM WHICH INDLUDED HEALTHY LIFESTYLE MANAGEMENT TO CONTROL THEIR DIABETIC CONDITION ALSO INCLUDED WAS A FREE SIX MONTH YMCA MEMBERSHIP SO INDIVIDUALS COULD CONTINUE THEIR EXERCISE PROGRAM FOR IMPROVING THEIR HEALTH THE PROGRAM WAS CONDUCTED WITH THE ASSISTANCE OF THE LOCAL HOSPITAL, DIABETES ASSOCIATION, MIAMI COUNTY HEALTH DEPARTMENT AND LOCAL CHURCHES MIAMI COUNTY YMCA'S SHARE OF THE FUNDING THAT WAS PROVIDED IN 2009 WAS \$19,301 WITH THIS GRANT THE MIAMI COUNTY YMCA SCREENED 150 INDIVIDUALS AT ONE EVENT AND CONDUCTED ONE CLASS IN 2009 WITH 30 PARTICIPANTS

(Code

) (Expenses \$

926,646

including grants of \$

) (Revenue \$

922,135)

4d

Other program services (Describe in Schedule O)

(Expenses \$

964,813

including grants of \$

) (Revenue \$

947,393)









4e

Total program service expenses➤\$

2,626,774


Form 990 (2009)

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 	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 	4	Yes	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
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 	6		No
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	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8		No
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 	9		No
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 	10		No
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.	11	Yes	
	◆ 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 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	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes	No	
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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	14b		No
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 U S? If "Yes," complete Schedule F, Part II	15		No
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 U S? If "Yes," complete Schedule F, Part III	16		No
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	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No

Part IV

Checklist of Required Schedules (continued)

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

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	1a	19	
	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a	376	
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		No
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
	b If "Yes," enter the name of the foreign country: <input type="text"/> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b	No
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?			5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b	
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			7a	No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c	No
d If "Yes," indicate the number of Forms 8282 filed during the year			7d	
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f	
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g	
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?			7h	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8	
9 Sponsoring organizations maintaining donor advised funds.				
a Did the organization make any taxable distributions under section 4966?			9a	
b Did the organization make a distribution to a donor, donor advisor, or related person?			9b	
10 Section 501(c)(7) organizations. Enter				
a Initiation fees and capital contributions included on Part VIII, line 12			10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			10b	
11 Section 501(c)(12) organizations. Enter				
a Gross income from members or shareholders			11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year			12b	

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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 . . .	1a	50	
b	Enter the number of voting members that are independent . . .	1b	50	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . . .	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . .	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

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?	10a	Yes	
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?	10b	Yes	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
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	15a	Yes	
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
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?	16b		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶OH
18	Section 6104 requires an organization to make its Form 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. <input type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> 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. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ LOWELL NEES 223 W HIGH STREET Piqua, OH 45356 (937) 773-9622

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, and **current** key employees 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, or 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 or former officer, director, trustee or key employee

(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			
LOWELL NEES GEN'L EXEC	50 00	X				X		124,660	0	25,982
Thomas B Atkinson Director (expiring 3/10)	30	X						0	0	0
Michael C Bardo Director (expiring 3/10)	30	X						0	0	0
Guy J Borchers Director (expiring 3/10)	30	X						0	0	0
JOE W DICKERSON Director (expiring 3/10)	30	X						0	0	0
JEFFREY W Earhart Director (expiring 3/10)	30	X						0	0	0
FRANK S LANDWEHR Director (expiring 3/10)	30	X						0	0	0
LOUIS J Moran VICE PRES/Director (expir	30	X		X				0	0	0
John A Brown PAST PRES /Director (exp	30	X		X				0	0	0
Elizabeth S Gutmann Director (expiring 3/11)	30	X						0	0	0
Brian T Hamilton Director (expiring 3/11)	30	X						0	0	0
Carla A Mercer Director (expiring 3/11)	30	X						0	0	0
Joseph C Merle Director (expiring 3/11)	30	X						0	0	0
Bradley C Vath Director (expiring 3/11)	30	X						0	0	0
William E Watercutter Director (expiring 3/11)	30	X						0	0	0
Clifford R Alexander Trustee (expiring 3/10)	30	X						0	0	0
John S Alexander Trustee (expiring 3/10)	30	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			
Michael L Cargill Trustee (expiring 3/10)	30	X						0	0	0
Ronald Erwin Trustee (expiring 3/10)	30	X						0	0	0
James P Gray Trustee (expiring 3/10)	30	X						0	0	0
Richard W Koon Trustee (expiring 3/10)	30	X						0	0	0
Douglas R Murray Trustee (expiring 3/10)	30	X						0	0	0
Jack L Neuenschwander Trustee (expiring 3/10)	30	X						0	0	0
Steven K Staley Trustee (expiring 3/10)	30	X						0	0	0
Michael P Yannucci Trustee (expiring 3/10)	30	X						0	0	0
James W Brown III Trustee (expiring 3/11)	30	X						0	0	0
Thomas J Buecker Trustee (expiring 3/11)	30	X						0	0	0
Cheryl L Burkhardt PRESIDENT/Trustee (expir	30	X		X				0	0	0
Jerry L Clark Trustee (expiring 3/11)	30	X						0	0	0
Mimi A Crawford Trustee (expiring 3/11)	30	X						0	0	0
William H Earhart Trustee (expiring 3/11)	30	X						0	0	0
Douglas D Hulme Trustee (expiring 3/11)	30	X						0	0	0
Peter M Klosterman VICE PRES/Trustee (expir	30	X		X				0	0	0
John J Murphy Trustee (expiring 3/11)	30	X						0	0	0
Cornelia E Tinkler Trustee (expiring 3/11)	30	X						0	0	0
Lori S Webster Trustee (expiring 3/11)	30	X						0	0	0
Ronald R Fox Trustee Emeritus	30	X						0	0	0
Lloyd B Fry Trustee Emeritus	30	X						0	0	0
Paul P Gutmann Trustee Emeritus	30	X						0	0	0
Scott J Hinsch Trustee Emeritus	30	X						0	0	0
Robert B May Trustee Emeritus	30	X						0	0	0
Yagnesh Raval Trustee Emeritus	30	X						0	0	0
Peter R Thompson Trustee Emeritus	30	X						0	0	0
Michael R Tinkler Trustee Emeritus	30	X						0	0	0
SUSAN J Behm Director (expiring 3/12)	30	X						0	0	0
ALISSA L BLANKENSHIP Director (expiring 3/12)	30	X						0	0	0
K Ann Frigge Director (expiring 3/12)	30	X						0	0	0
WILLIAM J Fulker Director (expiring 3/12)	30	X						0	0	0
MICHAEL S Hulme TREASURER/Director (expir	30	X		X				0	0	0
RONALD musilli Director (expiring 3/12)	30	X						0	0	0
JAMES R Sever SECRETARY/director (expir	30	X		X				0	0	0
DAniel P French TRUStee (expiring 3/12)	30	X						0	0	0
ARthur D Haddad TRUStee (expiring 3/12)	30	X						0	0	0
SUSan E Hemm TRUStee (expiring 3/12)	30	X						0	0	0
TIMothy Johnston TRUStee (expiring 3/12)	30	X						0	0	0
PATricia A Robinson TRUStee (expiring 3/12)	30	X						0	0	0
JAMEs A Sarver TRUStee (expiring 3/12)	30	X						0	0	0
JEFFrey M Welbaum TRUStee (expiring 3/12)	30	X						0	0	0
TOny Wendeln TRUStee (expiring 3/12)	30	X						0	0	0
1b Total								124,660	0	25,982

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

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

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 ▶0

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514				
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a83,477								
	b	Membership dues	1b								
	c	Fundraising events	1c								
	d	Related organizations	1d								
	e	Government grants (contributions)	1e								
	f	All other contributions, gifts, grants, and similar amounts not included above	1f132,139								
	g	Noncash contributions included in lines 1a-1f \$ _____									
	h	Total. Add lines 1a-1f						215,616			
Program Service Revenue			Business Code								
	2a	HEALTH ENHANCEMENT	713,940	841,545	841,545						
	b	AQUATICS	713,940	701,425	701,425						
	c	CHILD CARE	624,410	273,329	273,329						
	d	HEALTH CENTER	713,940	240,994	240,994						
	e	ADULT SPORTS	713,940	144,265	144,265						
	f	All other program service revenue		562,134	562,134						
	g	Total. Add lines 2a-2f		2,763,692							
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		27,947			27,947				
	4	Income from investment of tax-exempt bond proceeds . . .									
	5	Royalties									
	6a	Gross Rents	(i) Real	(ii) Personal							
			7,043								
			7,043								
	d	Net rental income or (loss)		7,043		7,043					
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other							
			293,072								
			-293,072								
			d	Net gain or (loss)					-293,072	-293,072	
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a								
									b	Less direct expenses	b
									c	Net income or (loss) from fundraising events . . .	
	9a	Gross income from gaming activities See Part IV, line 19	a								
									b	Less direct expenses	b
									c	Net income or (loss) from gaming activities . . .	
	10a	Gross sales of inventory, less returns and allowances	a								
									6,479		
b									Less cost of goods sold	b1,084	
c	Net income or (loss) from sales of inventory . . .		5,395	5,395							
Miscellaneous Revenue		Business Code									
11a	MISCELLANEOUS	900,099	295			295					
b											
c											
d	All other revenue										
e	Total. Add lines 11a-11d		295								
12	Total revenue. See Instructions		2,726,916	2,476,015	7,043	28,242					

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	150,642	37,661	90,385	22,596
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	1,250,810	1,094,765	156,045	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	152,134	116,929	35,205	
10	Payroll taxes	128,572	106,495	22,077	
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting	15,900	13,157	2,743	
d	Lobbying				
e	Professional fundraising See Part IV, line 17	6,689			6,689
f	Investment management fees	26,100	21,598	4,502	
g	Other	267,593	211,026	56,567	
12	Advertising and promotion	41,901	35,299	6,602	
13	Office expenses	254,172	230,297	23,875	
14	Information technology				
15	Royalties				
16	Occupancy	325,284	229,456	95,828	
17	Travel	49,802	47,777	2,025	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	18,979	17,946	1,033	
20	Interest	323	267	56	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	308,602	268,550	40,052	
23	Insurance	56,131	47,375	8,756	
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	REPAIRS & MAINTENANCE	100,188	76,586	23,602	
b	NATIONAL SUPPORT	60,074	53,153	6,921	
c	AFFILIATION FEES	13,397	12,006	1,391	
d	BAD DEBT EXPENSE & MISC	7,771	6,431	1,340	
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	3,235,064	2,626,774	579,005	29,285
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)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			1,815	1	1,805
	2	Savings and temporary cash investments			196,664	2	154,366
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L				5	
	6	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				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			24,065	9	23,373
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	12,175,482	8,483,869	10c	8,197,101
	b	Less accumulated depreciation	10b	3,978,381			
	11	Investments—publicly traded securities				11	
	12	Investments—other securities See Part IV, line 11			1,401,678	12	1,856,819
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11				15	
16	Total assets. Add lines 1 through 15 (must equal line 34)			10,108,091	16	10,233,464	
Liabilities	17	Accounts payable and accrued expenses			241,199	17	205,228
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D			220,885	25	207,284
	26	Total liabilities. Add lines 17 through 25			462,084	26	412,512
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			7,483,941	27	7,305,530
	28	Temporarily restricted net assets				28	
	29	Permanently restricted net assets			2,162,066	29	2,515,422
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			9,646,007	33	9,820,952
34	Total liabilities and net assets/fund balances			10,108,091	34	10,233,464	

Part XI **Financial Statements and Reporting**

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? . .		No
b Were the organization's financial statements audited by an independent accountant? 	Yes	
c If "Yes," to 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 . . .	Yes	
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 <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated 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? 		No
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 . .		

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization Miami County YMCA	Employer identification number 31-0537179
---	--

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 **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 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?

h

☐

Provide the following information about the supported organization(s)

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

(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	
Total									

Part II

Support Schedule for Organizations Described in IRC 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
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support

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

Section C. Computation of Public Support Percentage

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

Part IIISupport Schedule for Organizations Described in IRC 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
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	3,082,426	2,544,685	2,415,447	2,404,575	2,263,966	12,711,099
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	640,776	668,880	685,568	694,732	699,324	3,389,280
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	3,723,202	3,213,565	3,101,015	3,099,307	2,963,290	16,100,379
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
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						0
c Add lines 7a and 7b						0
8 Public Support (Subtract line 7c from line 6)						16,100,379

Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	3,723,202	3,213,565	3,101,015	3,099,307	2,963,290	16,100,379
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	73,670	98,147	84,745	62,106	27,947	346,615
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	73,670	98,147	84,745	62,106	27,947	346,615
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12.)	3,796,872	3,311,712	3,185,760	3,161,413	2,991,237	16,446,994
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here	<input type="checkbox"/>					

Section C. Computation of Public Support Percentage			
15 Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	97.890%	
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	97.650%	

Section D. Computation of Investment Income Percentage			
17	Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	2 110 %
18	Investment income percentage from 2008 Schedule A, Part III, line 17	18	2 350 %
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 <input type="checkbox"/>		
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 <input type="checkbox"/>		
20	Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions <input type="checkbox"/>		

Part IV

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

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No 1545-0047

2009

Open to Public
Inspection

If the organization answered “Yes,” to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered “Yes,” to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered “Yes,” to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization Miami County YMCA	Employer identification number 31-0537179
---	--

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1

Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2

Political expenditures ▶ \$
- 3

Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1

Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$
- 2

Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
- 3

If the organization incurred a section 4955 tax, did it file Form 4720 for this year?

☐ Yes ☐ No
- 4a

Was a correction made?

☐ Yes ☐ No
- b

If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

- 1

Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$
- 2

Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities ▶ \$
- 3

Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$
- 4

Did the filing organization file **Form 1120-POL** for this year?

☐ Yes ☐ No
- 5

State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A

Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A

Check

☐

if the filing organization belongs to an affiliated group

B

Check

☐

if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount Enter the amount from the following table in both columns															
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a If zero or less, enter -0-															
i Subtract line 1f from line 1c If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes	<input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?	Yes		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c Media advertisements?		No	
d Mailings to members, legislators, or the public?	Yes		1,663
e Publications, or published or broadcast statements?		No	
f Grants to other organizations for lobbying purposes?		No	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i Other activities? If "Yes," describe in Part IV		No	
j Total lines 1c through 1i			1,663
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

		Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

Part III-B

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV

Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation

SCHEDULE D
(Form 990)

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
Miami County YMCA

Employer identification number
31-0537179

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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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 <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

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)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

Complete lines 2a–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 Year
2a	
2b	
2c	
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 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▶ \$ _____

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2009

Part III

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

3

Using the organization's 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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

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 the 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
1a	Beginning of year balance				
b	Contributions				
c	Investment earnings or losses				
d	Grants or scholarships				
e	Other expenditures for facilities and programs				
f	Administrative expenses				
g	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

(i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

No

b

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

3b

Yes

No

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
1a Land		1,390,283		1,390,283
b Buildings		9,354,317	2,818,700	6,535,617
c Leasehold improvements		136,565	52,267	84,298
d Equipment		1,080,407	905,021	175,386
e Other		213,910	202,393	11,517
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				8,197,101

Schedule D (Form 990) 2009

Part XI

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,726,916
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,235,064
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-508,148
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	683,093
9	Total adjustments (net) Add lines 4 - 8	9	683,093
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	174,945

Part XII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	3,411,093
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	683,093
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	1,084
e	Add lines 2a through 2d	2e	684,177
3	Subtract line 2e from line 1	3	2,726,916
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	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	2,726,916

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	3,236,148
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	1,084
e	Add lines 2a through 2d	2e	1,084
3	Subtract line 2e from line 1	3	3,235,064
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	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	3,235,064

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, 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.

Ident if ier	Return Reference	Explanat ion
Part XI, Line 8 - Other Adjustments		UNREALIZED GAIN (LOSS) ON INVESTMENTS
Part XII, Line 2d - Other Adjustments		COST OF GOODS SOLD
Part XIII, Line 2d - Other Adjustments		COST OF GOODS SOLD SHOWN IN REVENUE SECTION

Additional Data

Software ID:

Software Version:

EIN: 31-0537179

Name: Miami County YMCA

Form 990, Schedule D, Part VII - Investments— Other Securities

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
50,000 SHS 5 625% BRANCH BANKING & TRUST BOND	51,695	F
1,982 816 SHS AMERICAN CENTURY INTL BOND FUND	28,592	F
3,835 091 SHS PIMCO TOTAL RETURN FUND	41,419	F
1,256 984 SHS AIM INTERNATIONAL GROWTH FUND A	31,123	F
4,211 334 SHS ALLIANCEBER LARGE CAP GROWTH FUND	95,345	F
512 250 SHS FIDELITY SELECT HEALTH CARE FUND	54,652	F
1,014 448 FIDELITY SELECT PORTFOLIOS FOOD & AGRICULTURE PORTFOLIO	61,668	F
5844 614 SHS FIRST AMERICAN SMALL CAP INDEX FUND CL Y	51,783	F
837 665 SHS GUINNESS ATKINSON GLOBAL ENERGY FUND	21,444	F
4,380 05 SHS GUINNESS ATKINSON GLOBAL INNOVATOR FUND	71,132	F
3,000 SHS ISHARES MSCI EAGE INDEX FUND	165,840	F
700 SHS ISHARES MSCI EMERGING MARKETS FUND	29,050	F
700 SHS ISHARES RUSSELL MIDCAP INDEX FUND	57,757	F
500 SHS ISHARES RUSSELL 2000 INDEX FUND	31,220	F
1,290 819 SHS JAPAN FUND INC #69 SCUDDER FUND	11,579	F
1,659 07 SHS MFS INTERNATIONAL GROWTH FUND CL A	35,023	F
1,005 029 SHS MFS EMERGING MARKETS EQUITY FUND CL A	27,598	F
2,579 849 SHS MFS TECHNOLOGY FUND CL A	31,423	F
4,381 958 SHS PUTNAM GLOBAL CONSUMER FUND A	57,316	F
749 865 SHS PUTNAM HEALTH SCIENCES TR SH BEN INT CL A	35,064	F
160 SHS MIDCAP SPDR TRUST SERIES 1	21,078	F
526 399 SHS RS GLOBAL NATURAL RESOURCES FUND A	15,760	F
1,287 904 SHS RS LARGE CAP ALPHA FUND A	47,704	F
4,708 259 SHS RYDEX SERIES TECHNOLOGY FUND	55,840	F
5,293 131 SHS TEMPLETON FOREIGN FUND CL A 104	34,670	F
4,599 771 SHS USGI GLOBAL RESOURCES FUND	40,708	F
2,759 468 SHS VICTORY ESTABLISHED VALUE FUND CL A	63,882	F
125 SHS ABBOT LABS	6,749	F
100 SHS AFLAC INC	4,625	F
350 SHS ACCENTURE PLC	14,525	F
75 SHS ALCON INC	12,326	F
100 SHS ALTRIA GROUP	1,963	F
125 SHS AMGEN, INC	7,071	F
100 SHS APACHE CORP	10,317	F
100 SHS APPLE INC	21,073	F
100 SHS AT&T	2,803	F
50 SHS AUTOZONE INC	7,903	F
200 SHS BB&T CORP	5,074	F
75 SHS BARD C R INC	5,842	F
100 SHS BAXTER INTL INC	5,868	F
150 SHS CVS/CAREMARK CORP	4,832	F
100 SHS CHEVRON CORPORATION	7,699	F
500 SHS CISCO SYSTEMS INC	11,970	F
175 SHS CONOCOPHILLIPS	8,937	F
100 SHS COSTCO WHOLESALE CORP	5,917	F
100 SHS WALT DISNEY CO	3,225	F
100 SHS DOLLAR TREE INC	4,830	F
125 SHS ECOLAB INC	5,573	F
200 SHS EMERSON ELECTRIC CO	8,520	F
175 SHS EXELON CORPORATION	8,552	F
100 SHS EXPRESS SCRIPTS INC CL A	8,642	F
175 SHS EXXON MOBIL CORP	11,933	F
125 SHS FISERV INC	6,060	F
100 SHS FLUOR CORP	4,504	F
50 SHS FRANKLIN RES INC	5,268	F
100 SHS GILEAD SCIENCES INC	4,327	F
50 SHS GOLDMAN SACHS GROUP INC	8,442	F
200 SHS HASBRO INC	6,412	F
225 SHS HEWLETT PACKARD CO	11,590	F
150 SHS HJ HEINZ CO	6,414	F
200 SHS HONEYWELL INTERNATIONAL INC	7,840	F
125 SHS ITT CORPORATION	6,218	F
100 SHS ILLINOIS TOOL WORKS INC	4,799	F
375 SHS INTEL CORP	7,650	F
100 SHS INTERNATIONAL BUSINESS MACHINES CORP	13,090	F
200 SHS JP MORGAN CHASE & CO	8,334	F
150 SHS JOHNSON & JOHNSON	9,661	F
150 SHS KELLOGG CO	7,980	F
100 SHS KOHLS CORP	5,393	F
100 SHS MARATHON OIL CORPORATION	3,122	F
100 SHS MCDONALDS CORP	6,244	F
100 SHS MCKESSON CORPORATION	6,250	F
150 SHS MEDCO HEALTH SOLUTIONS INC	9,586	F
325 SHS MICROSOFT CORP	9,906	F
100 SHS MONSANTO CO	8,175	F
200 SHS MORGAN STANLEY GROUP INC	5,920	F
100 SHS NIKE INC	6,607	F
100 SHS NORFOLK SOUTHERN CORP	5,242	F
125 SHS NORTHERN TRUST CORP	6,550	F
100 SHS NUCOR CORP	4,665	F
125 SHS OCCIDENTAL PETROLEUM CORP	10,169	F
500 SHS ORACLE CORPORATION	12,265	F
100 SHS PG&E CORP	4,465	F
125 SHS PEPSICO INC	7,600	F
123 SHS PFIZER INC	2,237	F
200 SHS PHILIP MORRIS INTL INC	9,638	F
150 SHS PRAXAIR INC	12,046	F
100 SHS PROCTER & GAMBLE CO	6,063	F
300 SHS QUALCOMM INC	13,878	F
100 SHS RAYTHEON COMPANY	5,152	F
300 SHS REPUBLIC SVCS INC	8,493	F
50 SHS RESEARCH IN MOTION	3,377	F
100 SHS ROCKWELL COLLINS INC	5,536	F
125 SHS SCHLUMBERGER LTD	8,136	F
300 SHS CHARLES SCHWAB CORP	5,646	F
100 SHS ST JUDE MED INC	3,678	F
150 SHS STANLEY WORKS	7,726	F
150 SHS STATE STREET CORP	6,531	F
100 SHS SUPERVALU INC	1,271	F
100 SHS TARGET CORPORATION	4,837	F
300 SHS TD AMERITRADE HLDG COMP	5,814	F
275 SHS TEXAS INSTRUMENTS INC	7,167	F
100 SHS THERMO FISHER SCIENTIFIC INC	4,769	F
100 SHS 3M CO	8,267	F
50 SHS TRANSOCEAN LTD	4,140	F
125 SHS UNITED TECHNOLOGIES CORP	8,676	F
275 SHS VERIZON COMMUNICATIONS INC	9,111	F
250 SHS WELLS FARGO & CO	6,748	F

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2009

Open to Public Inspection

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

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

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization
Miami County YMCA

Employer identification number

31-0537179

Part I

Questions Regarding Compensation

	Yes	No
<div>1a</div> <div>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.</div> <div><div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax indemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div><div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</div></div></div>		
<div>1b</div> <div>If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain.</div>		
<div>2</div> <div>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?</div>		
<div>3</div> <div>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.</div> <div><div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Form 990 of other organizations</div></div><div><div><input type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div></div>		
<div>4</div> <div>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:</div> <div><div>a Receive a severance payment or change-of-control payment?</div><div>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div><div>c Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</div>		
<div>Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.</div>		
<div>5</div> <div>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:</div> <div><div>a The organization?</div><div>b Any related organization?</div></div> <div>If "Yes," to line 5a or 5b, describe in Part III.</div>		
<div>6</div> <div>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:</div> <div><div>a The organization?</div><div>b Any related organization?</div></div> <div>If "Yes," to line 6a or 6b, describe in Part III.</div>		
<div>7</div> <div>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.</div>		No
<div>8</div> <div>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.</div>		No
<div>9</div> <div>If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</div>		

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

[illegible]

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.

Identifier	Return Reference	Explanation
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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
Miami County YMCA

Employer identification number
31-0537179

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 2		CLIFFORD R ALEXANDER, JOHN S ALEXANDER, MIMI A CRAWFORD - FAMILY RELATIONSHIP DOUGLAS D HULME, MICHAEL S HULME - FAMILY RELATIONSHIP PAUL P GUTMAN, ELIZABETH S GUTMAN - FAMILY RELATIONSHIP MICHAEL R TINKLER, CORNELIA E TINKLER - FAMILY RELATIONSHIP JEFFREY EARHART, WILLIAM EARHART - FAMILY RELATIONSHIP TONY WENDELN, MICHAEL S HULME - BUSINESS RELATIONSHIP LORI S WEBSTER, CLIFFORD R ALEXANDER, MIMI CRAWFORD - BUSINESS RELATIONSHIP THOMAS ATKINSON, STEVEN STALEY, WILLIAM EARHART - BUSINESS RELATIONSHIP MIMI CRAWFORD, DANIEL FRENCH - BUSINESS RELATIONSHIP JOHN BROWN, DOUG HULME, MICHAEL BARDO - BUSINESS RELATIONSHIP
Form 990, Part VI, Section A, line 6		THE YMCA HAS MEMBERS AT THE ANNUAL MEETING, THESE MEMBERS ELECT DIRECTORS AND TRUSTEES TO SERVE AS THE GOVERNING BODY OF THE ORGANIZATION OFFICERS ARE ELECTED FROM WITHIN THE GROUP OF DIRECTORS AND TRUSTEES THE PRESIDENT APPOINTS A NOMINATING COMMITTEE TO SELECT CANDIDATES FOR DIRECTOR AND TRUSTEE POSITIONS
Form 990, Part VI, Section A, line 7a		MEMBERS OF THE YMCA ARE GIVEN THE OPPORTUNITY TO VOTE ON MEMBERS OF THE GOVERNING BODY
Form 990, Part VI, Section B, line 11		EACH MEMBER OF THE GOVERNING BODY RECEIVES AN ELECTRONIC COPY OF THE 990 FOR REVIEW
Form 990, Part VI, Section B, line 12c		A QUESTIONNAIRE IS MAILED TO OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES ANNUALLY TO IDENTIFY POTENTIAL CONFLICTS OF INTEREST
Form 990, Part VI, Section B, line 15a		THE PRESIDENT APPOINTS AN INDEPENDANT COMMITTEE TO REVIEW THE COMPENSATION OF THE CEO USING COMPARABILITY DATA PROVIDED BY THE NATIONAL YMCA THE RECOMMEDATION IS THEN SUBMITTED TO THE EXECUTIVE COMMITTEE FOR APPROVAL
Form 990, Part VI, Section C, line 18		THE ORGANIZATION'S RETURNS ARE AVAILABLE ONLINE AT GUIDESTAR ORG COPIES OF THE RETURNS ARE ALSO KEPT ON FILE AT THE CORPORATE OFFICE
Form 990, Part VI, Section C, line 19		THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC COPIES OF THESE DOCUMENTS ARE MAINTAINED AT THE CORPORATE OFFICE

Identifier	Return Reference	Explanation
FORM 990, PART XI, LINE 2C	AUDIT OVERSIGHT RESPONSIBILITY	THE ORGANIZATION'S EXECUTIVE COMMITTEE SERVES AS THE AUDIT COMMITTEE

Form

4562

Depreciation and Amortization
(Including Information on Listed Property)

OMB No 1545-0172

2009

Attachment
Sequence No 67

Name(s) shown on return Miami County YMCA	Business or activity to which this form relates Form 990 Page 10	Identifying number 31-0537179
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Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount See the instructions for a higher limit for certain businesses	1	250,000
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	800,000
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	

6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost	
6			
7 Listed property Enter the amount from line 29	7		
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8		
9 Tentative deduction Enter the smaller of line 5 or line 8	9		
10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10		
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11		
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12		
13 Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 .	13		

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	308,602

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2009	17	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System						
20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (see instructions)

21 Listed property Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	22	308,602
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V

Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)
Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No						24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No		
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation/ deduction	(i) Elected section 179 cost
25Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)						25		
26 Property used more than 50% in a qualified business use								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use								
		%			S/L -			
		%			S/L -			
		%			S/L -			
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1						28		
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1							29	

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

30 Total business/investment miles driven during the year (do not include commuting miles)	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
31 Total commuting miles driven during the year												
32 Total other personal(noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see instructions)

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles		

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) A mortization period or percentage	(f) A mortization for this year
42 A mortization of costs that begins during your 2009 tax year (see instructions)					
43 A mortization of costs that began before your 2009 tax year				43	
44 Total. Add amounts in column (f) See the instructions for where to report				44	

Additional Data

Software ID:
Software Version:
EIN: 31-0537179
Name: Miami County YMCA

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
HEALTH ENHANCEMENT	713,940	841,545	841,545		
AQUATICS	713,940	701,425	701,425		
CHILD CARE	624,410	273,329	273,329		
HEALTH CENTER	713,940	240,994	240,994		
ADULT SPORTS	713,940	144,265	144,265		