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FINDLAY, OH 45840

May the IRS discuss this return with the preparer shown above? (see instructions)

8111

**V** Yes

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

Briefly describe the organization's mission

THE YMCA IS A DIVERSE ORGANIZATION OF MEN, WOMEN AND CHILDREN JOINED TOGETHER BY A SHARED COMMITMENT TO NURTURING THE POTENTIAL OF KIDS, PROMOTING HEALTHY LIVING AND FOSTERING A SENSE OF SOCIAL REPONSIBILITY FOR 125 YEARS, THE YMCA HAS BEEN SERVING OUR COMMUNITY AS THE LARGEST NOT-FOR- PROFIT IN OUR CITY THE MEMBERSHIP OF THE YMCA MIRRORS THE DIVERSITY AND SOCIAL-ECONOMIC STRUCTURE OF OUR COMMUNITY IT REPRESENTS THE HOPES AND DREAMS OF OUR CONSTITUENTS AND OUR PROGRAMS ARE DESIGNED IN DIRECT RESPONSE TO THE CHALLENGES THAT OUR COMMUNITY FACES THE YMCA'S EMPHASIS IS ON YOUTH DEVELOPMENT, HEALTHY LIVING AND SOCIAL RESPONSIBILITY EVERYTHING THE YMCA DOES IS DESIGNED TO NURTURE THE POTENTIAL OF CHILDREN AND TEENS (YOUTH DEVELOPMENT), IMPROVE HEALTH AND WELL-BEING (HEALTHY LIVING), AND MOTIVATE PEOPLE TO SUPPORT THEIR NEIGHBORS AND THE LARGER COMMUNITY (SOCIAL RESPONSIBILITY) OUR MEMBERSHIP IS OVER 8,000 STRONG, REPRESENTING 20% OF OUR CITY'S POPULATION THIS PAST YEAR, THE YMCA SERVE

2	•	, ,	, ,	• ,	r which were not listed on	┌ Yes ┌ No
	If "Yes," describe the	se new services on Sch	edule O			
3	_	cease conducting, or ma	_	_		┌ Yes ┌ No
	If "Yes," describe the	se changes on Schedule	e O			
4	Section 501(c)(3) an	• •	ns and sectio	on 4947(a)(1) trusts a	largest program services by are required to report the amo service reported	•
4a	(Code	) (Expenses \$	1,296,866	ıncludıng grants of \$	) (Revenue \$	1,788,739 )
	WELL-BEING WITH A MICONNECTIONS THROUGH SUPPORT, GUIDANCE AN TO THE COMMUNITY A WARTHRITIS PROGRAMS, DIABETIC EDUCATION AN	SSION CENTERED ON BALANG H FITNESS, SPORTS, FUN AN ID RESOURCES NEEDED TO A VIDE RANGE OF FITNESS AND AND CARDIAC REHABILITATIO	CE, THE YMCA B D SHARED INTE CHIEVE GREATE D HEALTH WELLN DN PROGRAMS	RINGS FAMILIES CLOSER T RESTS AS A RESULT, MILL ER HEALTH AND WELL-BEIN IESS PROGRAMS THESE IN SPECIFICALLY DESIGNED T	SS THE NATION, THE YMCA IS A LEATOGETHER, ENCOURAGES GOOD HE IONS OF YOUTH, ADULTS AND FAMING FOR THEIR SPIRIT, MIND AND B NCLUDE EXERCISE PROGRAMS TARG TO ADDRESS THE NATION'S OBESITATION OF THE NATION OF THE NA	ALTH AND FOSTERS ILIES ARE RECEIVING THE ODY THE YMCA MAKES AVAILABLE GETED FOR ALL AGE GROUPS, 7 CRISIS ARE THE YMCA'S
4b	(Code	) (Expenses \$	1,771,983	including grants of \$	) (Revenue \$	1,167,428 )
					LIEVES THAT ALL KIDS DESERVE TH OF YOUTH TODAY ARE TAKING A GI	

YOUTH DEVELOPMENT NURTURING THE POTENTIAL OF EVERY CHILD AND TEEN THE YMCA BELIEVES THAT ALL KIDS DESERVE THE OPPORTUNITY TO DISCOVER WHO THEY ARE AND WHAT THEY CAN ACHIEVE THAT'S WHY, THROUGH THE YMCA, MILLIONS OF YOUTH TODAY ARE TAKING A GREATER INTEREST IN LEARNING, MAKING SMARTER LIFE CHOICES, AND CULTIVATING THE VALUES, SKILLS AND RELATIONSHIPS THAT LEAD TO POSITIVE BEHAVIORS, THE PURSUIT OF HIGHER EDUCATION AND GOAL ACHIEVEMENT STATE LICENSED CHILDCARE THE YMCA OPERATES THE LARGEST CHILDCARE CENTER IN HANCOCK COUNTY (MARY BRENNER CHILD DEVELOPMENT CENTER), SERVING 180 FAMILIES AND PROVIDING CARE FOR NEARLY 280 CHILDREN EVERY DAY TWENTY-TWO PERCENT OF OUR CHILDREN COME FROM FAMILIES THAT LIVE AT OR BELOW THE POVERTY LEVEL THE YMCA PROVIDES HUNDREDS OF YOUTH DEVELOPMENT PROGRAMS TO OUR COMMUNITY EACH YEAR INCLUDING A FULL RANGE OF HEALTH/WELLNESS PROGRAMS, SPORTS PROGRAMS, YOUTH LEADERSHIP DEVELOPMENT PROGRAMS AND PERSONAL SAFETY PROGRAMS (SWIM LESSONS, CPR, LIFESAVING, FIRST AID) DESIGNED TO KEEP OUR CHILDREN AND OUR COMMUNITY HEALTHY AND SAFE YMCA SUMMER CAMPS THE YMCA OPERATES SUMMER CAMPS IN BOTH OUR CITY PARKS AND AT THE YMCA'S 85-ACRE CAMP MOSSHART BOTH CAMPING EXPERIENCES SERVE TO ENGAGE YOUTH IN A HEALTHY AND CHALLENGING OUTDOOR EXPERIENCE ON A DAILY BASIS THROUGHOUT THE SUMMER MONTHS IN ADDITION TO THE PHYSICALLY AND MENTALLY CHALLENGING EXPERIENCE THAT CAMP PROVIDES FOR OUR YOUTH, IT ALSO PROVIDES FOR PARENTS AN ALTERNATIVE TO TRADITIONAL CHILDCARE SERVICES THAT IS PARTICULARLY ATTRACTIVE TO OLDER YOUTH IN ADDITION TO BEING ONE OF THE YMCA'S MOST ATTRACTICE YOUTH DEVELOPMENT INITIATIVES, IT ALSO OVERLAPS WITH THE YMCA'S OTHER CORE PROGRAM OF SOCIAL RESPONSIBILITY, IN THAT IT ALLOWS WORKING PARENTS TO CONTINUE TO BE EMPLOYED THROUGHOUT THE SUMMER MONTHS WHILE THEIR CHILDREN ARE BEING PROVIDED FOR IN A HEALTHY AND WHOLESOME YMCA ATMOSPHERE

**4c** (Code ) (Expenses \$ 123,217 including grants of \$ ) (Revenue \$ 85,786

SOCIAL RESPONSIBILITY GIVING BACK AND PROVIDING SUPPORT TO OUR NEIGHBORS ACROSS THE COUNTRY, THE YMCA HELPS PEOPLE GIVE BACK AND ASSIST THEIR NEIGHBORS BY OFFERING THEM OPPORTUNITIES TO VOLUNTEER, ADVOCATE AND SUPPORT PROGRAMS THAT STRENGTHEN COMMUNITY THE YMCA TAKES ON A MUCH BROADER ROLE AS A COMMUNITY LEADER WHEN IT STEPS OUTSIDE THE ROLE OF SERVING JUST ITS MEMBERS AND PROGRAM PARTICIPANTS AND TAKES ON PROJECTS THAT BRING BENEFIT TO THE COMMUNITY AT LARGE EXAMPLES OF SUCH SOCIAL RESPONSIBILITY COME WITH THE YMCA'S OPERATING THE RIVERSIDE COMMUNITY SWIMMING POOL AND FEEDING OF HUNGRY CHILDREN IN OUR SCHOOLS THROUGH THE FEED A CHILD PROGRAM IN 2010, IN THE WAKE OF THE RECESSION AND SEVERE CUTS TO THE CITY BUDGET, THE YMCA TOOK OVER CONTROL OF THE RIVERSIDE CITY POOL SO THAT IT WOULD REMAIN OPEN TO OUR CITY'S RESIDENTS AND REDUCED THE FEES FOR SERVICE BY 75% SO THAT EVERY FAMILY WOULD HAVE ACCESS TO THESE SERVICES AN UNPRECEDENTED 40,000 SWIMMERS ATTENDED OUR CITY POOL ALSO IN 2010, THE YMCA ADMINISTERED THE FEED A CHILD PROGRAM WITH THE FINANCIAL SUPPORT OF OUR COMMUNITY, HANCOCK COUNTY UNITED WAY, THE HANCOCK COUNTY COMMUNITY FOUNDATION AND MARATHON PETROLEUM CO , 187 CHILDREN WERE PROVIDED OVER 37,000 MEALS ON WEEKENDS IN POVERTY-STRICKEN HOMES THE PROGRAM SERVES THOSE CHILDREN THAT WOULD OTHERWISE BE SERVED BY THE SCHOOL FREE AND REDUCED LUNCH PROGRAM DURING THE SCHOOL WEEK COLLABORATIVE PARTNERSHIPS THE YMCA WORKS CLOSELY WITH AREA BUSINESSES AND CORPORATIONS AS WELL AS OTHER SOCIAL SERVICE PROVIDERS AND GOVERNMENT ORGANIZATIONS IN THE DELIVERY OF SERVICES COLLABORATIONS WITH THESE FOLLOWING PARTNERS TOOK PLACE IN 2010 UNITED WAY OF HANCOCK COUNTY UNIVERSITY OF FINDLAY FINDLAY CITY SCHOOLS HANCOCK COUNTY SCHOOLS OSU EXTENSION OFFICE 35 AREA SMALL BUSINESSES FINDLAY CITY HEALTH DEPARTMENT HANCOCK COUNTY HEALTH DEPARTMENT HANCOCK COUNTY HEALTH HOPE HOUSE FOR THE HOMELESS OPEN ARMS DOMESTIC VIOLENCE BLANCHARD VALLEY HEALTH SYSTEM BIRCHAVEN VILLAGE HELP ME GROW OWENS COMMUNITY COLLEGE THE COMMUNITY FOUNDATION

) (Revenue \$

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

(Expenses \$ including grants of \$

**4e** Total program service expenses►\$ 3,192,066

6

	Part IV	Checklist	of Rec	uired	Schedules
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			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 (see instruction)? 🕏	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		Νο
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
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		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
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 quasiendowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	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.	11b		No
С	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.	11c		Νο
d	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.	11d		Νο
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		No
f	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 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		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		Νο
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? <i>If</i> " <i>Yes,"</i> complete Schedule F, Parts I and IV	14b		N o
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, Parts II and IV	15		N o
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, Parts III and IV .	16		Νο
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 (see instructions)	17		N o
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		N o
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		Νo
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

1 01111	990 (2010)			Page -
Par	t 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 $1^7$ If "Yes," complete Schedule I, Parts I and II	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? If "Yes," complete Schedule I, Parts I and III	22		Νο
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? If "Yes," complete Schedule J	23		No
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? If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25	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? If "Yes," complete Schedule L, Part I	25a		Νο
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	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? If "Yes," complete Schedule L, Part II	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? If "Yes," complete Schedule L, Part III	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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	<i>IV</i>	28a		Νο
Ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Νο
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Νο
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Νo
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? If "Yes," complete Schedule R, Part I	33		Νο
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Yes Vo			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
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? If "Yes," complete Schedule R, Part VI	37		Νο
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

Effect the number reported in 5xx 3 of form 1056. Enter-0- if not applicable  Disches organization comply with backs, withholding rules for resportable payments to vendors and reportable  Disches organization comply with backs, withholding rules for resportable payments to vendors and reportable  Disches organization comply with backs, withholding rules for resportable payments to vendors and reportable  Like the number of impleyers registred on Farm W-1, Franchisted Wage and Tax  Like the number of impleyers registred on Farm W-1, Franchisted Wage and Tax  Like the number of impleyers registred on Farm W-1, Franchisted Wage and Tax  Like the number of impleyers registred on Farm W-1, Franchisted Wage and Tax  Like the number of impleyers registred on Farm W-1, Franchisted Wage and Tax  Like the number of impleyers registred on Implementation of the Complement of		Check if Schedule O contains a response to any question in this Part V		.୮	
be interest the number of Forms W-26 included in line 1a briety-of not applicable  Discovering (annihilar) with package withholding rules for reportable payments to vendors and reportable payments (grantholy) with package withholding rules for reportable payments to vendors and reportable payments (grantholy) withing at payment grant of the care and the payment of the care and the payment of the care and the payment of the				Yes	No
be Either the number of Forms W-2G included in line 1a Enter-0- if not applicable  c Did the organization comply with backup withbolding rules for reportable payments to venders and reportable gaming (although withings to be you winers?  1c.  1c.  1d.  1d.  1d.  1d.  1d.  1d.	1				
but the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to price winners?  Charles the number of employees reported on Form W-3, Transmitted of Wage and Tax Scalewinks filed for the calender vear ending with or within the year covered by this 2 200  200  200  200  200  200  200	ь				
parmog (gambling) winnings to price winner?  Let the the unitive of empoyees reported on Form W-3, Transmittal of Mage and Tar Statements filed for the calendar year ending with or within the year covered by that 2 2 293  If all least one is reported on line 2a, did the organization file all inequired federal amployment tax returns?  2b. Ves.  1b. Mee. If the sum of lines 1 and 2 is a greater than 250, you may be required to e-file. (See instructions)  Did the organization have unrelated bus mess gross income of \$1,000 or more during the view?  1if Yes. Thesit filed a Form \$90-T for this year? If Wo, formula an intensit in year a signature or other authority with the organization have a positive of the common of the foreign country. (See a see a back account; executive section, or other familiar)  1if Yes. The sit filed a Form \$90-T for this year? If Wo, formula an intensit in, yea a signature or other authority and accounts?  1if Yes. The sit of filing requirements for Form TO F 90-22.1, Report of Foreign Bank and Financial Accounts  We the organization is partly the organization that it was on is a partly to a prohibited tax shelter transaction?  1if Yes. It is line 5 are 5b, did the organization file form 888-T?  5c. No. 1 the organization is partly the organization file form 888-T?  5c. No. 1 the organization is partly the organization file form 888-T?  5c. No. 1 the organization is partly the winter that is defluctible?  1if Yes. If the organization is the winter of the defluctible?  1if Yes. If the organization is the winter of the situation and areas as estatement that such contributions or gifts were not tax deductible?  1if Yes. If the organization will not such exercises of \$75\$ made partly as a contribution and partly for goods and services provided.  1if Yes. If the organization may be a contribution of the value of the goods or services provided.  2if the organization receive any funds, directly or indirectly, to pay premiums on a parsonal branch contract?  7if In the organization may be a contribu		<b>1b</b> 0			
Either the number of emblowes reported on form W-3, Transmitted of Wape and Tax Statements filed for the called and year ending with no within the year covered by this Statements filed for the called and year ending with no within the year covered by this Bit is less to see reported on line 2a, did the organization file all required federal embloyment tax returns?  Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)  Did the organization have surrelated business greas income of \$5,000 or more during the year?  15 16 17 16 18 18 18 18 18 18 18 18 18 18 18 18 18	C		1c		
testum . 20 295 b if at least one is reported on line 22, did the organization file all iraquired federal employment tax returns . 20 2					
bill fact least one is reported on line 2a, did the organization file all required federal employment tax returns?    Note, if the sum of lines is and 2 as greater than 250, you may be required to e-file (see instructions) bill the organization have unrelated business grace, income of 51,000 more during the calendar year.					
Note, if the sum of fines 1s and 2 as greater than 250, you may be required to e-fine (see instructions)  Did the organization have unrelated business gross income of \$1,000 or more during the past?  If Y'res, 'has it filed a Form 990-T for this year?' I' No, 'provide an explanation in Schedule 0.  At any time during the calendar year, ind the organization have an interest in, or a signature or other authority accounts?  If Y'res,'' enter the name of the foreign country.  If I'Yes,'' enter the name of the foreign country.  If I'Yes,'' enter the name of the foreign country.  If I'Yes,'' enter the name of the foreign country.  If I'Yes,'' enter the name of the foreign country.  If I'Yes,'' enter the name of the foreign country.  If I'Yes,'' enter the name of the foreign country.  If I'Yes,'' enter the name of the foreign country.  If I'Yes,'' enter the name of the foreign country.  If I'Yes,'' the line Sa or 5b, did the organization that it was or is a party to a prohibited tax sheller transaction?  If I'Yes,'' the organization properties that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  Does the organization encayes beyoner, in excess of \$75 made partly six a contribution and partly for goods and services provided to the payor.  If I'Yes,'' did the organization motify the done of the value of the goods or services provided?  If I'Yes,'' did the organization motify the done of the value of the goods or services provided?  If I'Yes,'' did the organization motify the done of the value of the goods or services provided?  If I'Yes,'' did the organization motify the done of the value of the goods or services provided?  If I'Yes,'' did the organization motify the done of the value of the goods or services provided?  If I'Yes,'' mindicate the number of forms \$252 filed during the year.  If I'Yes,'' mindicate the number of forms \$252 filed during the year.  If I'Yes,'' mindicate the number of forms \$252 filed during the year.  If the organization re	b				
Do it her organization have unrelated business gross income of \$1,000 or more during the year?  If Yes," has it field a Form 990. T for this year? If Yo," provide an explanation in Schedule 0.  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 (social as bank account, securities account, or other financial accounts).  If Yes," enter the name of the foreign country  See instructions for filing requirement, for form TD F 99-22 1, Report of Foreign Bank and Financial Accounts  Was the organization a party to a prohibited tax shalter transaction at any time during the tax year?  So N  B Did any taxable party notify the organization that twish or is a party to a prohibited tax shalter transaction at any time during that axy are?  If Yes," a shalt organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).  Does the organization include with every solicitation an express statement that such contributions or girls were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).  Does the organization receive a sympton in excess of \$75 made party as a contribution and partly for goods and services provided to the payer?  Organization state in ember of forms \$282 filed during the year.  If Yes," indicate the number of forms \$282 filed during the year.  Did the organization received a payer with a excess of \$75 made payer year.  If the organization received a contribution of cars, boats, ariplanes, or other vehicles, did the organization file a Form 1049-C?  If the organization received a contribution of cars, boats, ariplanes, or other vehicles, did the organization file a Form 1049-C?  The bayer of the organization may are also the form the payer of the payer of the organization of the payer of		Note If the sum of lines 1a and 2a is greater than 250, you may be required to eafile (see instructions)	2b	Yes	
year?  b If Yes, the bast third a Form 990-T for the year? If "No," provide an explanation in Schedule 0.  At any time during the calendar year, did the organization have an interest in, or a signature on their authority were. In Amanchia account in a foreign country (such as a bank account, securities account, or other financial account)?  If If Yes, the inter the name of the foreign country. ▶  See instructions for filing requirements for Form TD F 99-22 1, Report of Foreign Bank and Financial Accounts  Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  b If Yes, and the variable party notify the organization that it was or it a party to a prohibited tax shelter transaction?  c If Yes, to list as or 5b, did the organization that it was or it as party to a prohibited tax shelter transaction?  b If Yes, did the organization required where was positivation an express statement that such contributions origins were not tax deductible?  b If Yes, did the organization rule with every solicitation an express statement that such contributions origins were not tax deductible?  b If Yes, did the organization must were not tax deductible?  b If Yes, did the organization more were a payment in excess of \$7.5 make partly as a contribution and partly for goods and services provided to the payor?  b If Yes, did the organization more were any funds, directly or indirectly, to pay premiums on a personal benefit contract?  b If Yes, did the organization more provided to the payor?  c Did the organization sell, exchange, or otherwise does not family be provided to the payor?  b If Yes, did the organization maken any funds, directly or indirectly, to pay premiums on a personal benefit contract?  f Did the organization sell, exchange, or otherwise does not family provided to the payor?  b If Yes, financian and provided to the payor of a does not sell the organization file Form 8.89 as a form 10.98. C?  sometime of the organization or adors advised funds and section 509(a)(3) sup					
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b If "Yes," did the organization notify the donor of the value of the goods or services provided?  Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 82.82?  If "Yes," indicate the number of Forms 82.82 filed during the year  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  To Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  To Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  To Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 10.98-C?  Sponsoring organizations maintaining donor advised funds and section 500(a)(3) supporting organizations. Did the supporting organization, and donor advised funds and section 500(a)(3) supporting organizations. Did the supporting organizations make any taxable distributions under section 4966?  Did the organization make any taxable distributions under section 4966?  Did the organization make any taxable distributions under section 4966?  Did the organization make any taxable distributions under section 4966?  Did the organization make any taxable distributions under section 4966?  Did the organization make any taxable distributions under section 4966?  Did the organization make any taxable distribution sunder section 4966?  Did the organization make any taxable distribution sunder section 4966?  Did the organization make any taxable distribution sunder section 4966?  Did the organization make any taxable distribution sunder section 4966?  Did the organization make any taxable distribution sunder section 4966?  Did the organization of the section secti	а		7a		N
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Sponsoring organizations maintaining donor advised funds.  a Did the organization make any taxable distributions under section 4966?		the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
a Did the organization make any taxable distributions under section 4966?			8		
b Did the organization make a distribution to a donor, donor advisor, or related person?	_		0-		
Section 501(c)(7) organizations. Enter  Initiation fees and capital contributions included on Part VIII, line 12					
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  Section 501(c)(12) organizations. Enter  Gross income from members or shareholders					
facilities  Section 501(c)(12) organizations. Enter  Gross income from members or shareholders	а				
Section 501(c)(12) organizations. Enter  a Gross income from members or shareholders	Ь		]		
a Gross income from members or shareholders					
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		, , , , ,			
against amounts due or received from them )					
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13b  13c	_				
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13b  13c	а	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13b  13c		If "Yes," enter the amount of tax-exempt interest received or accrued during the			
Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O  Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  Enter the amount of reserves on hand  13a		year	<b></b>		
Note. See the instructions for additional information the organization must report on Schedule O  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand  13a  13b  13b					
In which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13b  13c	đ	· · · · · · · · · · · · · · · · · · ·	13a		
In which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13b  13c					
c Enter the amount of reserves on hand	b				
13c	_	In which the organization is needed to issue qualified health plans	1		
a Did the organization receive any payments for indoor tanning services during the tax year?	-		]		
	а	Did the organization receive any payments for indoor tanning services during the tax year?	14a		N

**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.

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
ь	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Νο
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 governing documents since the prior Form 990 was filed?	4		Νο
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Νo
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		Νo
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	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		Νο
	ection B. Policies (This Section B requests information about policies not required by the Internal			
KE	evenue Code.)		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		N o
	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		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?			
		11a	Yes	
Ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	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?			
а	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 15a or 15b, 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		Νο
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		
Se				
	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed OH			

Own website Another's website V 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 RUSS GARTNER
  300 EAST LINCOLN STREET

FINDLAY, OH 45840 (419) 422-4424

## 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

- 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, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- ◆ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the orga	nization nor any re	lated o	rganı	zatio	on co	mpen	sate	d any current office	er, dırector, or trust	ee
(A) Name and Title	(B) A verage hours	(C) Position (check all that apply)						( <b>D</b> ) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week (describe hours for related organizations in Schedule O)	Highest compensated employee Key employee Officer Institutional Trustee or director		Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations			
(1) KYLE BOYD TRUSTEE	1 00	х						0	0	0
(2) DAN DEARMENT TRUSTEE	1 00	х						0	0	0
(3) JOE STRATHMAN TRUSTEE	1 00	х						0	0	0
(4) LINDA HAMILTON TRUSTEE	1 00	х						0	0	0
(5) DONNA HENRY TRUSTEE	1 00	х						0	0	0
(6) CHRIS GUTMAN TRUSTEE	1 00	х						0	0	0
(7) TONY HIXON TRUSTEE	1 00	х						0	0	0
(8) KURT HEMINGER TRUSTEE	1 00	х						0	0	0
(9) MARIE VASQUES-BROOKS TRUSTEE	1 00	х						0	0	0
(10) RUSS GARTNER EXEC DIR	40 00			х				113,300	0	17,131
(11) FLINT HEIDLEBAUGH PAST PRESIDE	1 00			х				0	0	0
(12) CHRIS SWANSON PRESIDENT	1 00			х				0	0	0
(13) JIM SLOUGH VICE PRESIDE	1 00			х				0	0	0
(14) JAMIE STALL TREASURER	1 00			х				0	0	0
(15) CHRIS ALEXANDER SECRETARY	1 00			х				0	0	0

\$100,000 in compensation from the organization 🕨

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

	Name and Title	Average hours per	l	ition that a			ıII		( <b>D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related		(F) Estima amount o compens	ated fother		
		week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)		from from forganizat relat organiza	the ion and ed		
							-								
				_							$\perp$				
				_											
				-							-				
_	0.1.7.1														
b	Sub-Total						- ·				_				
c d	Total from continuation sheet Total (add lines 1b and 1c) .							<b> </b>	113,300		_		17,131		
	Total number of individuals (in	cluding but not lin	nited to	thos	e lıs				·	n			17,131		
	\$100,000 in reportable comp	ensation from the	organız	ation	<b>P</b> -1							T			
	Did the organization list any <b>f</b> o					ey e	mploy	ee, c	r highest compens	ated employee		Yes	No		
	on line 1a? If "Yes," complete 5					•	•	•			3		Νo		
	For any individual listed on lin organization and related organ individual										4		No		
	Did any person listed on line 1 services rendered to the organ									r individual for	5				
_			•								5		No		
<u>Se</u>	ction B. Independent Co Complete this table for your fir \$100,000 of compensation fro	ve highest comper		ındep	ende	ent o	ontra	tors	that received more	than					
		(A) lame and business add							Descr	(B) uption of services		(C Comper			
_												•			
—															
											-+				

orm 990 <b>art VII</b>	<u> </u>	10				P	age <b>9</b>
art VII	II Statement of Revenu	ie		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
Similar amount	Federated campaigns  Membership dues  Fundraising events  Related organizations  Government grants (contributions)	. 1c . 1d 1e	76,361				513, or 514
	All other contributions, gifts, grants, similar amounts not included above Noncash contributions included in lii  Total. Add lines 1a-1f	nes 1a-1f \$	Business Code	339,628			
Program Service Revenue	HEALTHY LIVING  YOUTH DEVELOPMENT SOCIAL RESPONSIBILITIES			1,788,739 1,167,428 85,786	1,167,428		
	All other program service rev  Total. Add lines 2a-2f  Investment income (includin	g dıvıdends, ınterest		3,041,953			33,09
b	and other similar amounts) Income from investment of tax-exc Royalties  Gross Rents Less rental expenses Rental income or (loss)	empt bond proceeds	(II) Personal	33,000			33,0
7a b	Gross amount from sales of assets other than inventory Less cost or other basis and sales expenses Gain or (loss)  Net gain or (loss)	(i) Securities 162,964 139,710 23,254	(II) O ther 3,039 3,039	26,293	23,254		3,03
b	Gross income from fundraising (not including \$ of contributions reported on line See Part IV, line 18	ine 1c) • a • b draising events ►					
10 b	De Less direct expenses	a  b	a b				
11	Miscellaneous Revenue  da  d All other revenue	es of inventory •	Business Code				
•	e Total. Add lines 11a-11d .  Total revenue. See Instruction	•		3,440,972	3,065,207	orm <b>990</b> (2	36,1

## Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

Δ	Section 501(c)(3) and 501(c)(4) organizations mus Il other organizations must complete column (A) but are not required to c	-		(D).	
Do no	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21				<u> </u>
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	130,431	59,998	50,868	19,565
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	1,455,554	1,387,536	49,687	18,331
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	57,356	51,402	4,173	1,781
9	Other employee benefits	142,372	117,465	17,617	7,290
10	Payroll taxes	150,631	136,736	9,862	4,033
а	Fees for services (non-employees) Management				
b	Legal	1,784	1,606	178	
c	Accounting	18,690	16,821	1,869	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	7,090		7,090	
g	Other	50,228	42,781	7,447	
12	Advertising and promotion	6,723	6,087		636
13	Office expenses	87,201	76,831	4,160	6,210
14	Information technology				
15	Royalties				
16	Occupancy	551,283	540,255	11,028	
17	Travel	14,811	14,811		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	6,247	5,624	443	180
20	Interest	61,065	58,750	2,315	
21	Payments to affiliates	62,225	62,211	14	
22	Depreciation, depletion, and amortization	378,811	370,567	8,244	
23	Insurance				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
а	DIRECT PROGRAM COSTS	172,315	172,315		
b	MISCELLANEOUS	43,077	41,890	978	209
С	EQUIPMENT RENT & MAINT	26,666	25,772	894	
d	EMPLOYEE RELATIONS	3,610	2,608	711	291
е					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	3,428,170	3,192,066	177,578	58,526
26	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) 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 92.639 223,241 1 57.715 35.001 2 47,187 72,787 3 3 38,143 4 43,449 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 Schedule L . . . 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Assets 7 8 8 Prepaid expenses and deferred charges . . . . 17,905 9 17,331 10a Land, buildings, and equipment cost or other basis Complete 14,466,160 10a Part VI of Schedule D 10b 6.044.645 ь Less accumulated depreciation . . . . . 8,720,023 **10c** 8,421,515 1.143.478 1.271.321 11 11 78,728 85,930 12 Investments—other securities See Part IV, line 11 . . . . . . . . . 12 13 13 Investments—program-related See Part IV, line 11 . . 14 14 15 15 16 10,195,818 16 10,170,575 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 161,054 140.494 17 17 Accounts payable and accrued expenses . 18 18 303.311 19 19 315.527 20 20 Liabilities 21 21 Escrow or custodial account liability  $Complete\ Part\ IV\ of\ Schedule\ D$  . . 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 1.384.863 23 1.226.406 23 Secured mortgages and notes payable to unrelated third parties . . 24 24 Unsecured notes and loans payable to unrelated third parties . . . . 25 25 Other liabilities Complete Part X of Schedule D . . . . . 26 1.828.668 26 1,702,987 Total liabilities. Add lines 17 through 25 . . . . Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 7,702,407 7.713.654 Unrestricted net assets . . . . . Temporarily restricted net assets . . . . . 542,656 621,780 28 28 Fund 132,154 122,087 29 29 Permanently restricted net assets . . . . . Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. 5 30 30 Capital stock or trust principal, or current funds . . . . . Assets 31 Paid-in or capital surplus, or land, building or equipment fund . . . . . 31 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 8,367,150 33 8,467,588 33 Total net assets or fund balances . . . . . 34 Total liabilities and net assets/fund balances . . . . . 10.195.818 10,170,575

Pa	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		3.4	140,97
2	Total expenses (must equal Part IX, column (A), line 25)	2			128,170
3	Revenue less expenses Subtract line 2 from line 1	3			12,80
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		8,3	367,15
5	Other changes in net assets or fund balances (explain in Schedule O)	5			87,63
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		8,4	167,58
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII		•	୮	
				Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
ь	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of 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	n			
	Schedule O	•	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were in a separate basis, consolidated basis, or both	ssued			
	Separate basis  Consolidated basis  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 th Single Audit Act and OMB Circular A-133?	e	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the r audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b		

**Employer identification number** 

# SCHEDULE A Public

(Form 990 or 990EZ)

Name of the organization

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

2010

Open to Public Inspection

	G MENS AY OHI	s christian associati (o	ION				34-4428263			
Pa	rt I	Reason for P	ublic Charity Sta	tus (All organiza	ions must comp	lete this pa	rt.) See ınstru	ictions		
The	organı	ızatıon ıs not a prıva	ate foundation becaus	eıtıs (Forlines 1	through 11, check	only one bo	< )			
1	Γ	A church, convent	tion of churches, or a	ssociation of church	ies described in <b>se</b>	ction 170(b)	(1)(A)(i).			
2	Γ	A school describe	ed in <b>section 170(b)(1</b>	.)( <b>A</b> )(ii). (Attach So	:hedule E )					
3	Γ	A hospital or a co	operative hospital se	rvice organization d	escribed in <b>sectio</b> i	170(b)(1)(	A)(iii).			
4	Γ	A medical research organization operated in conjunction with a hospital described in <b>section 170(b)(1)(A</b> hospital's name, city, and state							rthe	
5	Γ	An organization o	perated for the benefi	t of a college or univ	ersity owned or op	perated by a	governmental un	nit describ	ed in	
		section 170(b)(1)	(A)(iv). (Complete P	art II)						
6	Γ	A federal, state, o	r local government or	governmental unit	described in <b>sectio</b>	on 170(b)(1)	(A)(v).			
7	Γ	described in	nat normally receives	·	f its support from	a governmer	ital unit or from t	he genera	public	
_	_		(A)(vi) (Complete P		/C					
8	<u> </u>		t described in <b>section</b>							
9	<u>  ~ </u>	-	nat normally receives	• •			•		-	SS
		·	vities related to its ex	•	-	• •	, ,			
		• • • •	ross investment inco			•	•	from busin	esses	
	_		rganızatıon after June 	•		•	•			
10	<u> </u>	-	rganized and operated	•	·					_
11	ı	one or more public	rganized and operated cly supported organiz ribes the type of supp <b>b</b> Type I	ations described in orting organization	section 509(a)(1)	or section 5 11e throug	09(a)(2) See <b>se</b> h 11h	•	a)(3).	Check
e	Γ		box, I certify that the tion managers and otl							
f			n received a written de	etermination from th	e IRS that it is a T	уре І, Туре	II or Type III s	upporting (	organız	ation,
g		Since August 17, following persons?	2006, has the organi	zatıon accepted an	gift or contribution	on from any o	f the			
			lirectly or indirectly c			ersons desc	ribed in (ii)		Yes	No
		and (III) below, the	and (III) below, the governing body of the the supported organization?							
		(ii) a famıly memb	per of a person descri	bed ın (ı) above?				11g(ii)		
		(iii) a 35% contro	olled entity of a perso	n described in (i) or	(II) above?			11g(iii)		
h		Provide the follow	ing information about	the supported orga	nızatıon(s)					
			(iii)	(iv)						

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(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 US?		(vii) A mount of support	
		instructions))	Yes	No	Yes	No	Yes	No		
Total										

# Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1) (A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

	dider rate III. If the	organización i	ans to quanty t	maci die tests	iisted below, pie	case complet	c raic III.
S	ection A. Public Support		_				
Cale	endar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	( <b>d)</b> 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	ınclude 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						
	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						
Ü	line 4						
S	ection B. Total Support	1				I	
	endar year (or fiscal year beginning						
Cur	in) ►	(a) 2006	<b>(b)</b> 2007	<b>(c)</b> 2008	( <b>d)</b> 2009	(e) 2010	(f) Total
7	A mounts from line 4						
8	Gross income from interest,						
0	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
9	Net income from unrelated						
-	business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV )						
11	Total support (Add lines 7						
	through 10)						
12	Gross receipts from related activities	es, etc (See inst	ructions )			12	
13	First Five Years If the Form 990 is f	or the organization	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	nızatıon,
	check this box and <b>stop here</b>	_	r		•	. , . , .	<b>▶</b> ┌॔
S	ection C. Computation of Pub	lic Support P	ercentage				
14	Public Support Percentage for 2010	(lıne 6 column (	f) divided by line	11 column (f))		14	
15	Public Support Percentage for 2009	Schedule A Par	rt II line 14			15	
							<del> </del>
16a	<b>33 1/3% support test—2010.</b> If the				line 14 is 33 1/3%	or more, chec	
	and <b>stop here.</b> The organization qua	•				2.2.4.204	<b>▶</b> [
b	33 1/3% support test—2009. If the				oa, and line 15 is :	1/3% or mor کد	. <del>-</del>
17-	box and <b>stop here.</b> The organization				12 16 1C	handler - 4.4	▶
r/a	10%-facts-and-circumstances test-						ın.
	is 10% or more, and if the organization made			•			
	in Part IV how the organization mee	is the facts and	circumstances"	test ine organiz	acion quanifies as	a publicly supp	orted F
<b>L</b>	organization 10%-facts-and-circumstances test-	_2000 Ifthe era	anization did not	chack a hay an lu	no 13 165 166 5	or 17a and line	F1
ט	15 is 10% or more, and if the organ						
	Explain in Part IV how the organizat			•		<u>-</u>	clv
	supported organization	aon meets the 16	aces and circuitis	tances test life	. organization qual	iiiies as a publi	LIY ▶
18	Private Foundation If the organizati	on did not check	a box on line 13	. 16a. 16b. 17a o	r 17b. check this	box and see	- 1
	instructions	a.a not eneck	, on mic 19,	, , 0 0 , 7 0 0	. 2. 2, 511558 61115		<b>▶</b> □

#### Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
	ndar year (or fiscal year beginning in) ►	(a) 2006	<b>(b)</b> 2007	(c) 2008	( <b>d)</b> 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do no include any "unusual grants")	t 269,839	269,553	238,189	186,542	339,62	8 1,303,75:
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	3,181,903	3,297,293	3,295,491	2,909,220	3,041,95	3 15,725,860
3	Gross receipts from activities that are not an unrelated trade or	t					
4	business under section 513 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	3,451,742	3,566,846	3,533,680	3,095,762	3,381,58	1 17,029,611
7a	A mounts included on lines 1, 2, and 3 received from disqualified persons		95,383			11,00	0 106,383
b	A mounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
c	amount on line 13 for the year Add lines 7a and 7b		95,383			11,00	0 106,383
8	Public Support (Subtract line 7c						16,923,228
Se	rom line 6 ) ction B. Total Support						
Cale	ndar year (or fiscal year beginning	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	ın)	(a) 2006	<b>(b)</b> 2007	(c) 2008	( <b>d</b> ) 2009	(e) 2010	( <b>f</b> ) Total
Cale 9 10a		(a) 2006 3,451,742	<b>(b)</b> 2007 3,566,846	(c) 2008 3,533,680	( <b>d</b> ) 2009 3,095,762	(e) 2010 3,381,58	ļ ' '
9 10a	In) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						1 17,029,611
9	In) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	3,451,742 35,797	3,566,846 92,505	3,533,680 62,164	3,095,762 31,330	3,381,58 33,09	1 17,029,611 8 254,894
9 10a b	In) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	3,451,742	3,566,846	3,533,680	3,095,762	3,381,58	1 17,029,611 8 254,894
9 10a b c 11	In) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	3,451,742 35,797	3,566,846 92,505	3,533,680 62,164	3,095,762 31,330	3,381,58 33,09	1 17,029,611 8 254,894
9 10a b c 11	In) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the	3,451,742 35,797	3,566,846 92,505	3,533,680 62,164	3,095,762 31,330	3,381,58 33,09	1 17,029,611 8 254,894
9 110a b c 11	In) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV ) Total support (Add lines 9, 10c,	3,451,742 35,797	3,566,846 92,505	3,533,680 62,164	3,095,762 31,330	3,381,58 33,09	1 17,029,611 8 254,894 8 254,894
9 10a b	In) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	3,451,742 35,797 35,797 3,487,539	3,566,846 92,505 92,505 3,659,351	3,533,680 62,164 62,164 3,595,844	3,095,762 31,330 31,330 31,330	3,381,58 33,09 33,09	1 17,029,611 8 254,894 8 254,894 9 17,284,509
9 110a b c 111 12	In) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV ) Total support (Add lines 9, 10c, 11 and 12 ) First Five Years If the Form 990 is check this box and stop here	3,451,742 35,797 35,797 3,487,539 for the organization	3,566,846  92,505  92,505  3,659,351  on's first, second,	3,533,680 62,164 62,164 3,595,844	3,095,762 31,330 31,330 31,330	3,381,58 33,09 33,09	1 17,029,611 8 254,894 8 254,894 9 17,284,509 (3) organization,
9 110a b c 11 12 13 14	In) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV ) Total support (Add lines 9, 10c, 11 and 12 ) First Five Years If the Form 990 is	3,451,742  35,797  35,797  3,487,539  for the organization	3,566,846  92,505  92,505  92,505  3,659,351  on's first, second,	3,533,680 62,164 62,164 3,595,844 third, fourth, or fi	3,095,762 31,330 31,330 31,330	3,381,58 33,09 33,09	1 17,029,611 8 254,894 8 254,894 9 17,284,509 (3) organization,
9 10a  b  c 11  12  13 14  See 15	In) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV ) Total support (Add lines 9, 10c, 11 and 12 ) First Five Years If the Form 990 is check this box and stop here	3,451,742  35,797  35,797  3,487,539  for the organization of the	3,566,846  92,505  92,505  3,659,351  on's first, second,	3,533,680 62,164 62,164 3,595,844 third, fourth, or fi	3,095,762 31,330 31,330 31,330	3,381,58 33,09 33,09 3,414,67 section501(c)	1 17,029,611 8 254,894 8 254,894 9 17,284,509 (3) organization,
9 110a  b  c 111  12  13 14  See 15 16	In) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV ) Total support (Add lines 9, 10c, 11 and 12 ) First Five Years If the Form 990 is check this box and stop here  ction C. Computation of Pul Public Support Percentage from 20  ction D. Computation of Inv	3,451,742  35,797  35,797  3,487,539  for the organization  olic Support Performance of the column (10)  0 (line 8 column (10)  0 9 Schedule A, Paragement Inco	3,566,846  92,505  92,505  92,505  3,659,351  on's first, second,  ercentage  i) divided by line is art III, line 15	3,533,680 62,164 62,164 3,595,844 third, fourth, or fi	3,095,762 31,330 31,330 3,127,092 Ifth tax year as a	3,381,58 33,09 33,09	1 17,029,611 8 254,894 8 254,894 9 17,284,509 (3) organization,
9 10a  b  c 11  12  13 14  See 15 16	In) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV ) Total support (Add lines 9, 10c, 11 and 12 ) First Five Years If the Form 990 is check this box and stop here  ction C. Computation of Pul Public Support Percentage from 20	3,451,742  35,797  35,797  3,487,539  for the organization  olic Support Performance of the column (10)  0 (line 8 column (10)  0 9 Schedule A, Paragement Inco	3,566,846  92,505  92,505  92,505  3,659,351  on's first, second,  ercentage  i) divided by line is art III, line 15	3,533,680 62,164 62,164 3,595,844 third, fourth, or fi	3,095,762 31,330 31,330 3,127,092 Ifth tax year as a	3,381,58 33,09 33,09	1 17,029,611 8 254,894 8 254,894 9 17,284,509 (3) organization,
9 110a  b  c 111  12  13 14  See 15 16  See 17 18	In) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV ) Total support (Add lines 9, 10c, 11 and 12 ) First Five Years If the Form 990 is check this box and stop here  ction C. Computation of Pul Public Support Percentage from 20  ction D. Computation of Inv	3,451,742  35,797  35,797  35,797  3,487,539  for the organization  Olic Support Pe  0 (line 8 column (to 09 Schedule A, Pa  yestment Inco  2010 (line 10c com 2009 Schedule A)	3,566,846  92,505  92,505  92,505  3,659,351  on's first, second,  ercentage  i) divided by line : art III, line 15  me Percentage lumn (f) divided b	3,533,680 62,164 62,164 3,595,844 third, fourth, or fill	3,095,762 31,330 31,330 3,127,092 fth tax year as a	3,381,58 33,09 33,09 3,414,67 section501(c) 15 16 17 18	1 17,029,611  8 254,894  8 254,894  9 17,284,505  (3) organization,  97 910 %  97 950 %  1 000 %  1 000 %

19a 33 1/3% support tests—2010. 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

33 1/3% support tests—2009. 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

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Fo	orm 990 or 990-EZ) 2010	Pag
Part IV	<b>Supplemental Information.</b> Supplemental Information. Complete this required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. additional information. (See instructions).	•

Facts And	Circumstances	Test

Schedule A (Form 990 or 990-EZ) 2010

DLN: 93493244006001

### OMB No 1545-0047

Open to Public

## **SCHEDULE C**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

**Political Campaign and Lobbying Activities** 

IIItorric	an ordinal da vice			Inspe	ction
If th	e organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line	46 (Political C	am pai	ign Activit	ies),
	ection 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C				
	ection 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below. Do not co	omplete Part I-E	3		
	ection 527 organizations Complete Part I-A only	•			
	e organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line	47 (Lobbying	Activ	ities), the	n
	ection 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Pa			•	
• Se	ection 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Comple	ete Part II-B Do	not co	mplete Part	II-A
If th	e organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ,	Part V, line 35	a (Pro	xy Tax), tł	ıen
• Se	ection 501(c)(4), (5), or (6) organizations Complete Part III				
	ime of the organization	Employer ide	ntıfıca	ition numbe	er .
	UNG MENS CHRISTIAN ASSOCIATION IDLAY OHIO	34-442826	2		
Dar	t I-A Complete if the organization is exempt under section 501(c) or is a			ıanizatio	
	ter A complete if the organization is exempt under section 501(c) or is a	Section 52	<i>,</i> 019	juinzutio	•••
1	Provide a description of the organization's direct and indirect political campaign activities in Pa	art IV			
2	Political expenditures	<b>-</b>	\$		
3	V olunteer hours		_		
Par	t 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	<b>&gt;</b>	\$		
2	Enter the amount of any excise tax incurred by organization managers under section 4955	▶	\$ <u>_</u>		
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				
Pai	t I-C Complete if the organization is exempt under section 501(c) excep	t section 50	)1(c)	(3).	
1	Enter the amount directly expended by the filing organization for section 527 exempt function :	activities 🕨	¢		

_					
4	Did the filing organization file Form 1120-POL for this year?			☐ Yes	V No
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	<b> -</b>	\$_		
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities	٠	\$_		
_	Enter the amount directly expended by the iming organization for Section 527 exempt function activities		Ψ_		

Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments 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>b)</b> Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter - 0 -

_	art II-A Complete if the organization under section 501(h)).	is exempt under section 501(c)(3)	and filed Form 5768	(election
	Check If the filing organization belongs to a Check If the filing organization checked box	n affiliated group x A and "limited control" provisions apply		
	Limits on Lobbying E (The term "expenditures" means ar		<b>(a)</b> Filing Organization's Totals	<b>(b)</b> Affiliated Group Totals
1a	Total lobbying expenditures to influence public o	pinion (grass roots lobbying)		
b	Total lobbying expenditures to influence a legisla	ative body (direct lobbying)		
c	Total lobbying expenditures (add lines 1a and 11	o)		
d	Other exempt purpose expenditures			
е	Total exempt purpose expenditures (add lines 1	c and 1d)		
f	Lobbying nontaxable amount Enter the amount f	rom the following table in both		
	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		
	Grassroots nontaxable amount (enter 25% of lin	ne 1f)		
h	Subtract line 1g from line 1a If zero or less, ent	er -0-		
i	Subtract line 1f from line 1c If zero or less, ente	r - 0 -		
j 	If there is an amount other than zero on either lii section 4911 tax for this year?	ne 1h or line 1i, did the organization file Form 4	720 reporting	┌ Yes ┌ 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)	<b>(a)</b> 2007	<b>(b)</b> 2008	<b>(c)</b> 2009	( <b>d)</b> 2010	(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 576	58
	(election under	section 501(h)).	

		(;	a)	(b)
		Yes	No	A mount
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			
а	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Νo	
c	Media advertisements?		Νo	
d	Mailings to members, legislators, or the public?		Νo	
e	Publications, or published or broadcast statements?		Νo	
f	Grants to other organizations for lobbying purposes?	Yes		14
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		Νo	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Νo	
i	Other activities? If "Yes," describe in Part IV		Νo	
j	Total lines 1c through 1i			14
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?		Νo	

# 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		Νo
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		Νο
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		Νο

# 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".

- 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
- 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
- **b** Carryover from last year
- c Total
- 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues
- 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?
- Taxable amount of lobbying and political expenditures (see instructions)

#### 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

Ident if ier Ret urn Reference		Explanation			
	, ,	DUES ARE PAID TO THE OHIO STATE ALLIANCE OF YMCA'S, 9% OF THIS MONEY IS SPENT TO INFLUENCE LEGISLATION			

2a

2b

2c

3

4

5

efile GRAPHIC print - DO NOT PROCESS

As Filed Data

DLN: 93493244006001

OMB No 1545-0047

Inspection

Open to Public

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

► 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.

**Supplemental Financial Statements** 

**Employer identification number** Name of the organization YOUNG MENS CHRISTIAN ASSOCIATION FINDLAY OHIO 34-4428263 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised ☐ Yes ✓ No funds are the organization's property, subject to the organization's exclusive legal control? 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 ✓ No conferring impermissible private benefit Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. 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 Preservation of a certified historic structure Protection of natural habitat Preservation of open space 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 Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🛌 Number of states where property subject to conservation easement is located -Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year 🕨 A mount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 🕨 🛊 🔛 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)? 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. 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 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 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 Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Sche	dule D (Form 990) 2010								Page 2
Part	<b>IIII</b> Organizations Maintaining Co	ollections of Art,	Historical Tr	easu	ires, or Othe	er Similar	Asse	ts (c	ontinued
3	Using the organization's accession and other items (check all that apply)	r records, check any	_		_		llection	1	
а	Public exhibition		d   Loan o	rexc	hange programs	5			
b	Scholarly research		e $\Gamma$ Other						
c	Preservation for future generations								
1	Provide a description of the organization's c Part XIV	ollections and explair	n how they furthe	r the o	organization's e	xempt purpo	se in		
5	During the year, did the organization solicit assets to be sold to raise funds rather than		,			nılar	Г	Yes	√ No
Par	Part IV, line 9, or reported an air	jements. Complet	e if the organiz	zatıor		es" to For	m 990	,	
Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes						<b>▽</b> No			
b	If "Yes," explain the arrangement in Part XI	V and complete the fo	llowing table						
							A mou	nt	
с	Beginning balance				1c				
d	Additions during the year				1d				
е	Distributions during the year				1e				
f	Ending balance				1f				
2a	Did the organization include an amount on F	orm 990, Part X, line	21?				Γ	Yes	✓ No
	If "Yes," explain the arrangement in Part XI								
Par	<b>t V Endowment Funds.</b> Complete	If the organization (a)Current Year	answered "Yes (b)Prior Year			rt IV, line I)Three Years		\Eaur V	'oars Basi
la	Beginning of year balance	1,231,167	1,088,219		1,598,179	i)Tillee feats	SACK (E	)roui i	ears back
.a b	Contributions	3,781	175	_	100				
c	Investment earnings or losses	139,687	207,187		-457,410				
d	Grants or scholarships	60,963	61,200	_	41,000				
	Other expenditures for facilities and programs	750	750		1,500				
f	Administrative expenses	1,801	2,464		10,150				
g	End of year balance	1,311,121	1,231,167		1,088,219				
2	Provide the estimated percentage of the year	r end balance held as	:						
а	Board designated or quasi-endowment	90 000 %							
ь	Permanent endowment 10 000 %								
c	Term endowment ▶								
3a	Are there endowment funds not in the posse	ssion of the organizat	on that are held	and a	administered for	the			
	organization by					-		Yes	No
	(i) unrelated organizations						3a(i)	Yes	
	(ii) related organizations						3a(ii)		No
	If "Yes" to 3a(II), are the related organization					[	3b		No
	Describe in Part XIV the intended uses of the			00 D	V   l 10				
⁄а г	VI Investments—Land, Building	s, and Equipmen					T		
	Description of investment		(a) Cost or o		(b)Cost or other basis (other)	(c) Accumu depreciat		<b>(d)</b> Bo	ook value
la L	and				660,699	)			660,699
b E	Buildings				12,569,721	. 4,9	32,552		7,637,16
c L	easehold improvements								
d E	quipment				981,856	8	94,032		87,82
<b>e</b> (	Other				253,884	2	18,061		35,823
	.Add lines 1a-1e (Column (d) should equal F			$\overline{}$		▶			

Investments—Other Securities. See	roi ili 990, Pait X, ilile 12		
(a) Description of security or category	(b)Book value	(c) Method of valuation	
(including name of security)	(2)2001111111	Cost or end-of-year market v	alue
(1)Financial derivatives			
(2)Closely-held equity interests			
Other			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
		12	
Part VIII Investments—Program Related. See	: гогиг ээо, rait x, ime . T		
(a) Description of investment type	(b) Book value	(c) Method of valuation	ماليم
		Cost or end-of-year market v	aiue
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )			
Part IX Other Assets. See Form 990, Part X, In	e 15.		
(a) Descrip	tion	(b) Book v	alue
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	5.)		
Part X Other Liabilities. See Form 990, Part X	, line 25.		
Part X Other Liabilities. See Form 990, Part X	, line 25.		
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	, line 25.		
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Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes	, line 25.		
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	, line 25.		

Pai	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	3,440,972
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,428,170
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	12,802
4	Net unrealized gains (losses) on investments	4	87,636
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	87,636
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	100,438
Par	t XIII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Retur	n
1	Total revenue, gains, and other support per audited financial statements	1	3,521,518
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines <b>2a</b> through <b>2d</b>	2e	87,636
3	Subtract line <b>2e</b> from line <b>1</b>	3	3,433,882
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 7,090		
b	Other (Describe in Part XIV)		
c	Add lines <b>4a</b> and <b>4b</b>	4c	7,090
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	3,440,972
	Reconciliation of Expenses per Audited Financial Statements With Expenses	s per Reti	
1	Total expenses and losses per audited financial statements	1	3,421,080
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV) 2d		
e	Add lines <b>2a</b> through <b>2d</b>	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	3,421,080
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 7,090		
b	Other (Describe in Part XIV) 4b		
c	Add lines <b>4a</b> and <b>4b</b>	4c	7,090
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	3,428,170

#### 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	Explanation
INTENDED USES FOR ENDOWMENT FUNDS	SCHEDULE D, PAGE 2, PART V, LINE 4	THE ENDOWMENT FUND, APPROVED BY THE BOARD OF TRUSTEES, HAS ADOPTED INVESTMENT AND SPENDING POLICIES FOR ENDOWMENT ASSETS THAT ATTEMPT TO PROVIDE A PREDICTABLE STREAM OF FUNDING TO PROGRAMS SUPPORTED BY ITS ENDOWMENT WHILE SEEKING TO MAINTAIN THE PURCHASING POWER OF THESE ENDOWMENT ASSETS OVER THE LONG-TERM THE ENDOWMENT FUND'S SPENDING AND INVESTMENT POLICIES WORK TOGETHER TO ACHIEVE THIS OBJECTIVE THE INVESTMENT POLICIES WORK TOGETHER TO ACHIEVE THIS OBJECTIVE THE UNGHOUSE STABLISHES AN ACHIEVABLE RETURN OBJECTIVE THROUGH DIVERSIFICATION OF ASSET CLASSES THE CURRENT LONG-TERM RETURN OBJECTIVE IS TO RETURN AN AMOUNT IN EXCESS OF 6%, NET OF INVESTMENT FEES ACTUAL RETURNS IN ANY GIVEN YEAR MAY VARY FROM THIS AMOUNT TO SATISFY ITS LONG-TERM RATE-OF-RETURN OBJECTIVES, THE ENDOWMENT RELIES ON A TOTAL RETURN STRATEGY IN WHICH INVESTMENT RETURNS ARE ACHIEVED THROUGH BOTH CAPITAL APPRECIATION (REALIZED AND UNREALIZED) AND CURRENT YIELD (INTEREST AND DIVIDENDS) THE ENDOWMENT TARGETS A DIVERSIFIED ASSET ALLOCATION TO ACHIEVE ITS LONG-TERM RETURN OBJECTIVES WITHIN PRUDENT RISK PARAMETERS THE SPENDING POLICY CALCULATES THE AMOUNT OF MONE ANNUALLY DISTRIBUTED FROM THE ENDOWMENT FUND' VARIOUS ENDOWED FUNDS, FOR GRANT MAKING AND ADMINISTRATION THE CURRENT SPENDING POLICY IS TO DISTRIBUTE AN AMOUNT UP TO 6% OF A MOVING SEVEN-YEAR AVERAGE OF THE FAIR VALUE OF THE ENDOWMENT FUNDS ACCORDINGLY, OVER THE LONGTERM, THE ENDOWMENT FUND'S OBJECTIVE TO MAINTAIN THE PURCHASING POWER OF ENDOWMENT ASSETS TO ANNUALLY GROW AT A NOMINAL RATE OF RETURN THIS IS CONSISTENT WITH THE ENDOWMENT FUND'S OBJECTIVE TO MAINTAIN THE PURCHASING POWER OF ENDOWMENT ASSETS AS WELL AS TO PROVIDE ADDITIONAL REAL GROWTH THROUGH INVESTMENT

## **SCHEDULE 0**

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
YOUNG MENS CHRISTIAN ASSOCIATION
FINDLAY OHIO

Employer identification number
34-4428263

ldentifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990 - ORGANIZATION'S MISSION	THE YMCA IS A DIVERSE ORGANIZATION OF MEN, WOMEN AND CHILDREN JOINED TOGETHER BY A SHARED COMMITMENT TO NURTURING THE POTENTIAL OF KIDS, PROMOTING HEALTHY LIVING AND FOSTERING A SENSE OF SOCIAL REPONSIBILITY FOR 125 YEARS, THE YMCA HAS BEEN SERVING OUR COMMUNITY AS THE LARGEST NOT-FOR- PROFIT IN OUR CITY. THE MEMBERSHIP OF THE YMCA MIRRORS THE DIVERSITY AND SOCIAL-ECONOMIC STRUCTURE OF OUR COMMUNITY IT REPRESENTS THE HOPES AND DREAMS OF OUR CONSTITUENTS AND OUR PROGRAMS ARE DESIGNED IN DIRECT RESPONSE TO THE CHALLENGES THAT OUR COMMUNITY FACES THE YMCA'S EMPHASIS IS ON YOUTH DEVELOPMENT, HEALTHY LIVING AND SOCIAL RESPONSIBILITY EVERYTHING THE YMCA DOES IS DESIGNED TO NURTURE THE POTENTIAL OF CHILDREN AND TEENS (YOUTH DEVELOPMENT), IMPROVE HEALTH AND WELL-BEING (HEALTHY LIVING), AND MOTIVATE PEOPLE TO SUPPORT THEIR NEIGHBORS AND THE LARGER COMMUNITY (SOCIAL RESPONSIBILITY) OUR MEMBERSHIP IS OVER 8,000 STRONG, REPRESENTING 20% OF OUR CITY'S POPULATION THIS PAST YEAR, THE YMCA SERVED OVER 15,000 PEOPLE IN OUR COMMUNITY OVER 57% OF THESE WERE CHILDREN UNDER THE AGE OF 18 YEARS OLD WHO COME TO THE YMCA TO LEARN, GROW AND THRIVE FIFTY-TWO PERCENT OF ALL YMCA PARTICIPANTS ARE FEMALE AND 18% OF ALL YMCA MEMBERS REFLECT A LOW-INCOME POPULATION OF OUR COMMUNITY THAT IS PROVIDED SCHOLARSHIP ASSITANCE THAT ALLOWS FOR THEM TO TAKE PART IN YMCA PROGRAMS AND ACTIVITES AT SLIDING SCALE RATES IN 2010, 2,251 INDIVIDUALS RECEIVED SCHOLARSHIP ASSITANCE THAT ALLOWS FOR THEM TO TAKE PART IN YMCA PROGRAMS AND ASSISTANCE THAT ALLOWS FOR THEM TO TAKE PART IN YMCA PROGRAMS AND ASSISTANCE THAT ALLOWS FOR THEM TO THE REPORT ALL ARE ONES THAT ENDURE THE YMCA IS A VOLUNTEER ORGANIZATION A VOLUNTEER BOARD OF DIRECTORS, ELECTED BY MEMBERS OF THE YMCA AMOUNTING TO OVER 260,000 WE BRING MEN, WOMEN AND CHILDREN TOGETHER AND OUR SHARED COMMITMENT TO OUR COMMUNITIES ENSURES THE OPPORTUNITIES TO LEARN, GROW AND THRIVE THAT WE CREATE FOR ALL ARE ONES THAT ENDURE THE YMCA IS A VOLUNTEER ORGANIZATION A VOLUNTEER BOARD OF DIRECTORS, ELECTED BY MEMBERS

ldentifier	Return Reference	Explanation
FIRST A CHIEV EMENT DESCRIPTION	2, PART III, LINE 4A	SPECIFICALLY DESIGNED TO ADDRESS THE NATION'S OBESITY CRISIS ARE THE YMCA'S DIABETIC EDUCATION AND PREVENTION PROGRAM THE YMCA PARTNERS VERY CLOSELY WITH OUR LOCAL HEALTH DEPARTMENTS, HOSPITALS AND MEDICAL COMMUNITY IN THE DELIVERY OF THESE SERVICES

ldentifier	Return Reference	Explanation
SECOND A CHIEV EMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4B	POVERTY LEVEL THE YMCA PROVIDES HUNDREDS OF YOUTH DEVELOPMENT PROGRAMS TO OUR COMMUNITY EACH YEAR INCLUDING A FULL RANGE OF HEALTH/WELLNESS PROGRAMS, SPORTS PROGRAMS, YOUTH LEADERSHIP DEVELOPMENT PROGRAMS AND PERSONAL SAFETY PROGRAMS (SWIM LESSONS, CPR, LIFESAVING, FIRST AID) DESIGNED TO KEEP OUR CHILDREN AND OUR COMMUNITY HEALTHY AND SAFE YMCA SUMMER CAMPS THE YMCA OPERATES SUMMER CAMPS IN BOTH OUR CITY PARKS AND AT THE YMCA'S 85-ACRE CAMP MOSSHART BOTH CAMPING EXPERIENCES SERVE TO ENGAGE YOUTH IN A HEALTHY AND CHALLENGING OUTDOOR EXPERIENCE ON A DAILY BASIS THROUGHOUT THE SUMMER MONTHS IN ADDITION TO THE PHYSICALLY AND MENTALLY CHALLENGING EXPERIENCE THAT CAMP PROVIDES FOR OUR YOUTH, IT ALSO PROVIDES FOR PARENTS AN ALTERNATIVE TO TRADITIONAL CHILDCARE SERVICES THAT IS PARTICULARLY ATTRACTIVE TO OLDER YOUTH IN ADDITION TO BEING ONE OF THE YMCA'S MOST ATTRACTICE YOUTH DEVELOPMENT INITIATIVES, IT ALSO OVERLAPS WITH THE YMCA'S OTHER CORE PROGRAM OF SOCIAL RESPONSIBILITY, IN THAT IT ALLOWS WORKING PARENTS TO CONTINUE TO BE EMPLOYED THROUGHOUT THE SUMMER MONTHS WHILE THEIR CHILDREN ARE BEING PROVIDED FOR IN A HEALTHY AND WHOLESOME YMCA ATMOSPHERE

ldentifier	Return Reference	Explanation
THIRD ACHIEVEMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4C	THE YMCA TOOK OVER CONTROL OF THE RIVERSIDE CITY POOL SO THAT IT WOULD REMAIN OPEN TO OUR CITY'S RESIDENTS AND REDUCED THE FEES FOR SERVICE BY 75% SO THAT EVERY FAMILY WOULD HAVE ACCESS TO THESE SERVICES AN UNPRECEDENTED 40,000 SWIMMERS ATTENDED OUR CITY POOL ALSO IN 2010, THE YMCA ADMINISTERED THE FEED A CHILD PROGRAM WITH THE FINANCIAL SUPPORT OF OUR COMMUNITY, HANCOCK COUNTY UNITED WAY, THE HANCOCK COUNTY COMMUNITY FOUNDATION AND MARATHON PETROLEUM CO, 187 CHILDREN WERE PROVIDED OVER 37,000 MEALS ON WEEKENDS IN POVERTY-STRICKEN HOMES THE PROGRAM SERVES THOSE CHILDREN THAT WOULD OTHERWISE BE SERVED BY THE SCHOOL FREE AND REDUCED LUNCH PROGRAM DURING THE SCHOOL WEEK COLLABORATIVE PARTNERSHIPS THE YMCA WORKS CLOSELY WITH AREA BUSINESSES AND CORPORATIONS AS WELL AS OTHER SOCIAL SERVICE PROVIDERS AND GOVERNMENT ORGANIZATIONS IN THE DELIVERY OF SERVICES COLLABORATIONS WITH THESE FOLLOWING PARTNERS TOOK PLACE IN 2010 UNITED WAY OF HANCOCK COUNTY UNIVERSITY OF FINDLAY FINDLAY CITY SCHOOLS HANCOCK COUNTY SCHOOLS OSU EXTENSION OFFICE 35 AREA SMALL BUSINESSES FINDLAY CITY HEALTH DEPARTMENT HANCOCK COUNTY HEALTH DEPARTMENT CHILDREN'S MENTORING CONNECTION CENTURY HEALTH HOPE HOUSE FOR THE HOMELESS OPEN ARMS DOMESTIC VIOLENCE BLANCHARD VALLEY HEALTH SYSTEM BIRCHAVEN VILLAGE HELP ME GROW OWENS COMMUNITY COLLEGE THE COMMUNITY FOUNDATION CASA FINDLAY CITY DIVERSION PROGRAM FINDLAY CITY POLICE DEPARTMENT

ldentifier	Return Reference	Explanation
CLASSES OF MEMBERS OR STOCKHOLDERS	· ·	THE YMCA IS A COMMUNITY SERVICE ORGANIZATION WHOSE MEMBERSHIP IS OPEN TO ALL, REGARDLESS OF GENDER, RACE, NATIONALITY, RELIGION, PHYSICAL OR FINANCIAL ABILITY THE YMCA PROVIDES FINANCIAL ASSISTANCE TO THOSE WHO CANNOT AFFORD THE MEMBERSHIP RATES AND WELCOME EVERY ONE IN THE COMMUNITY TO JOIN

ldentifier	Return Reference	Explanation
ELECTION OF MEMBERS AND THEIR RIGHTS	FORM 990, PAGE 6, PART VI, LINE 7A	THE MEMBERS OF THE YMCA ELECT THE MEMBERS OF THE GOVERNING BODY SINCE THE YMCA IS A PUBLIC CHARITY, THE MEMBERS DO NOT RECEIVE ANY DISTRIBUTIONS OF INCOME OR ASSETS FROM THE ASSOCIATION

ldentifier	Return Reference	Explanation
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	,	THE FORM 990 IS PRESENTED TO THE FINANCE COMMITTEE FOR REVIEW UPON APPROVAL BY THE FINANCE COMMITTEE, THE FINANCE COMMITTEE MAKES A RECOMMENDATION THAT THE FORM 990 BE ACCEPTED AND BE SUBMITTED TO THE BOARD OF DIRECTORS AT THE NEXT MONTHLY BOARD MEETING

ldentifier	Return Reference	Explanation
ENFORCEMENT OF CONFLICTS POLICY	FORM 990, PAGE 6, PART VI, LINE 12C	COMMITTEES OF THE BOARD OF DIRECTORS, DURING THE COURSE OF MAKING RECOMMENDATIONS TO THE BOARD OF DIRECTORS, DETERMINE IF A CONFLICT OF INTEREST IS PRESENT AND DOCUMENT SUCH CIRCUMSTANCE IN THEIR COMMITTEE MINUTES THE COMMITTE MEMBER INVOLVED IS REQUIRED TO ABSTAIN FROM VOTING AND IS SO NOTED IN THE COMMITTEE MINUTES COMMITTEE REPORTS ARE SUBMITTED MONTHLY TO THE BOARD OF DIRECTORS THESE REPORTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST

ldentifier	Return Reference	Explanation
COMPENSATION PROCESS FOR TOP OFFICIAL	FORM 990, PAGE 6, PART VI, LINE 15A	THE EXECUTIVE COMMITTEE MEETS ANNUALLY TO REVIEW AND MAKE A RECOMMENDATION TO THE BOARD OF DIRECTORS FOR ANNUAL COMPENSATION TO THE EXECUTIVE DIRECTOR THE COMMITTEE USES WAGE AND SALARY GUIDELINES PROVIDED BY THE YMCA OF THE USA TO REVIEW SIMILARLY COMPENSATED CEO'S OF SIMILARLY SIZED YMCAS ACROSS THE COUNTRY AND TAKES INTO ACCOUNT RESEARCH PROVIDED SPECIFIC TO GEOGRAPHIC LOCATION THE RECOMMENDATIONS OF THE EXECUTIVE COMMITTEE ARE INCORPORATED INTO THE BUDGET DEVELOPMENT PROCESS THAT IS SUBMITTED FOR THE BOARD OF DIRECTORS APPROVAL THESE RECOMMENDATIONS ARE AVAILABLE TO THE PUBLIC UPON REQUEST

ldentifier	Return Reference	Explanation
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	FORM 990, PAGE 6, PART VI, LINE 19	DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST