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Form 990  Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)	OMB No 1545-0047 <div> <div>2011</div> <div>Open to Public Inspection</div> </div>
	▶ The organization may have to use a copy of this return to satisfy state reporting requirements	

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011		D Employer identification number 31-0537179	
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization MIAMI COUNTY YMCA		E Telephone number (937) 773-9622
	Doing Business As		G Gross receipts \$ 3,096,926
	Number and street (or P O box if mail is not delivered to street address) 223 W HIGH STREET	Room/suite	
	City or town, state or country, and ZIP + 4 PIQUA, OH 453562217		
	F Name and address of principal officer JAMES MCMAKEN 223 W HIGH STREET PIQUA, OH 453562217		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀(Insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)	
J Website: ▶ MIAMICOUNTYYMCA.NET		H(c) Group exemption number ▶	
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation 1892	M State of legal domicile OH

Part I		Summary	
Activities & Governance	1 Briefly describe the organization's mission or most significant activities THE MIAMI COUNTY YMCA IS ESSENTIALLY A MEMBERSHIP ORGANIZATION OF MEN, WOMEN, AND CHILDREN OF ALL AGES, INCOMES, RACES, RELIGIONS, AND ETHNIC BACKGROUNDS DEDICATED TO BUILDING HEALTHY SPIRIT, MIND, AND BODY OF INDIVIDUALS AND FAMILIES		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	53
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	53
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	382
	6 Total number of volunteers (estimate if necessary)	6	554
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0	
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	151,427	245,409
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,717,705	2,723,546
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	136,423	97,806
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	19,604	18,122
		3,025,159	3,084,883
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,622,867	1,575,262
	16a Professional fundraising fees (Part IX, column (A), line 11e)	6,387	4,292
	b Total fundraising expenses (Part IX, column (D), line 25) <input checked="" type="checkbox"/> 29,340		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,509,727	1,497,298
	19 Revenue less expenses Subtract line 18 from line 12	3,138,981	3,076,852
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	-113,822	8,031
	21 Total liabilities (Part X, line 26)		
	22 Net assets or fund balances Subtract line 21 from line 20	10,284,942	11,517,187
		399,934	450,576
		9,885,008	11,066,611

Part II		Signature Block	
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
Sign Here	<div>*****</div> <div>Signature of officer</div>		<div>2012-05-22</div> <div>Date</div>
	<div>JAMES MCMAKEN EXECUTIVE DIRECTOR</div> <div>Type or print name and title</div>		
Paid Preparer's Use Only	<div>Preparer's signature</div> <div>TONY WENDELN</div>	<div>Date</div> <div>2012-05-22</div>	<div>Check if self-employed</div> <div><input type="checkbox"/></div>
	<div>Preparer's taxpayer identification number (see instructions)</div> <div>P00090862</div>		<div>Firm's name (or yours if self-employed), address, and ZIP + 4</div> <div>MURRAY WELLS WENDELN & ROBINSON</div> <div>326 NORTH WAYNE STREET</div> <div>PIQUA, OH 453560613</div>
	<div>EIN</div> <div>31-1352849</div>		<div>Phone no</div> <div>(937) 773-6373</div>
<div>May the IRS discuss this return with the preparer shown above? (see instructions)</div> <div><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</div>			

Part III

Statement of Program Service Accomplishments

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

1

Briefly describe the organization's mission

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

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes

No

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

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes

No

If "Yes," describe these changes on Schedule O



















4

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

4a	(Code) (Expenses \$ 657,165 including grants of \$) (Revenue \$ 691,236)
	YMCA AQUATICS THE YMCA AQUATICS PROGRAMS ARE A PART OF THE YMCA'S OVERALL GOAL OF BUIDING HEATHLY SPIRIT, MIND AND BODY IN ADDITION TO DEVELOPING SPECIFIC SWIMMING SKILLS AND GOOD WATER SAFETY HABITS, THE PROGRAMS PROMOTE GOOD HEALTH THROUGH REGULAR LIFETIME EXERCISE ACTIVITIES IN 2011, THE MIAMI COUNTY YMCA PROVIDED VARIOUS AQUATICS PROGRAMS INDLUDING SWIM TEAMS, SWIM LESSONS, WATER SAFETY INSTRUCTION, LIFE GUARDING CLASSES AND SCUBA IN ADDITION THE YMCA OFFERED VARIOUS WATER EXERCISE CLASSES TO INCREASE MUSCULAR STRENGTH AND ENDURANCE, ENHANCE CARDIOVASCULAR ENDURANCE, IMPROVE FLEXIBILITY AND HELP RELIEVE PAIN IN 2011, OVER 945 KIDS LEARNED TO SWIM, IMPROVED THEIR SKILLS AND LEARNED HOW TO BE SAFE IN OR AROUND THE WATER IN ADDITION, 10 ADULTS AND YOUTH LEARNED TO SCUBA DIVE AND 63 YOUTH AND ADULTS LEARNED LIFESAVING SKILLS NECESSARY TO SAVE LIVES AND SEEK EMPLOYMENT FINALLY, 491 INDIVIDUALS OF ALL AGES IMPROVED THEIR WELLNESS LEVEL THROUGH GROUP AQUATIC EXERCISE PROGRAMS THE YMCA ALSO PROVIDES FACILITIES FOR INDIVIDUALS AND FAMILIES WHO SWIM FOR RECREATION AND WELLNESS THE YMCA ALSO PROMOTES COMPETITIVE SWIMMING THROUGH ITS OWN AGE GROUP SWIM PROGRAM WHICH HAS 121 MEMBERS AND PROVIDES USE OF ITS FACILITY TO SIX AREA HIGH SCHOOLS WITH NEARLY 150 SWIMMERS
4b	(Code) (Expenses \$ 533,280 including grants of \$) (Revenue \$ 829,319)
	YMCA HEALTH ENHANCEMENT WELL-BEING MEANS A HEALTHY SPIRIT AND BODY YMCA HEATHLH ENHANCEMENT PROGRAMS ARE MEDICALLY-BASED PROGRAMS THAT STRESS THE VALUE OF PREVENTION THROUGH GOOD EXERCISE AND LIFESTYLE HABITS OPPORTUNITIES AT THE YMCA INCLUDE GROUP AEROBIC AND EXERCISE CLASSES, AS WELL AS FACILITIES AND TRAINERS FOR INDIVIDUALIZED EXERCISE PROGRAMS IN 2011, 1,221 INDIVIDUALS PARTICIPATED IN GROUP EXERCISE CLASSES ON A REGULAR BASIS ANOTHER 172 PARTICIPATED IN SPECIAL WELLNESS EVENTS SUCH AS "Y" WEIGHT, RACING TO BE FIT, PUSH N PULL, AND WINTER WORKOUT CHALLENGE
4c	(Code) (Expenses \$ 412,437 including grants of \$) (Revenue \$ 269,359)
	YMCA CHILD CARE THE FOCUS OF YMCA CHILD CARE PROGRAMS IS TO FOSTER APPROPRIATE GROWTH AND DEVELOPMENT, NOT ONLY IN CHILDREN BUT ALSO IN THEIR PARENTS AND FAMILIES THESE EDUCATIONAL PROGRAMS HELP KIDS DEVELOP MORAL AND ETHICAL BEHAVIOR, SELF-ESTEEM, AND LEADERSHIP YMCA CHILD CARE ALLOWS PARENTS OF THE CHILDREN IN OUR PROGRAMS TO REMAIN GAINFULLY EMPLOYED, KNOWING THAT THEIR CHILDREN ARE THRIVING IN A SAFE, SUPPORTIVE ENVIRONMENT IN 2011, A TOTAL OF 122 YOUTH WERE ENROLLED IN CHILD CARE PROGRAMS INCLUDING INFANTS THROUGH SCHOOL AGE CHILDREN YMCA DAY CAMP ALSO PROVIDES AN OPPORTUNITY FOR SUPERVISED YOUTH ACTIVITIES DURING PARENTS' WORK DAYS AN ADDITIONAL 152 CHILDREN ATTENDED DAY CAMP
	(Code) (Expenses \$ 31,043 including grants of \$) (Revenue \$ 3,645)
	PIQUA SENIOR CITIZEN CENTERWITH THE ASSISTANCE OF THE CITY OF PIQUA, UNITED WAY, AND LOCAL NURSING HOMES, THE YMCA OPENED ITS YOUTH CENTER TO BE USED AS A SENIOR CENTER DURING DAYTIME HOURS WHEN THE CENTER IS NOT OPEN TO TEENS THE SENIORS ENJOY ACCESS TO RECREATIONAL ACTIVITIES INCLUDING CARDS, VIDEO GAMES (WII), BILLIARDS, BINGO AND CARRY-IN LUNCHES THE CENTER HAS BEEN SUCCESSFUL LARGELY BECAUSE OF LOCAL VOLUNTEERS WHO HAVE ENCOURAGED THE YMCA TO UNDERTAKE THIS PROGRAM WHILE THE PLANNING PROCESS BEGAN IN 2008, THE PROGRAM WAS NOT INITIATED UNTIL LATE 2008 FUNDING IS PROVIDED THROUGH ACTIVE PARTICIPANT MEMBERSHIPS AND SUSTAINING MEMBERSHIPS CONTRIBUTED BY LOCAL BENEFACTORS IN KEEPING WITH ITS POLICY OF INCLUDING EVERYONE REGARDLESS OF ABILITY TO PAY, THE YMCA PROVIDES FINANCIAL ASSISTANCE TO THOSE UNABLE TO AFFORD THE MEMBERSHIP IN ADDITION, THE SENIOR CENTER INCLUDES THE FOLLOWING ACTIVITIES INFORMATIONAL SEMINARSVISION/HEARING/BLOOD SCREENINGSTRESS REDUCTIONNUTRITION SEMINARSTRIPS TO VARIOUS MUSEUMS, FARMS, AND FACTORIES170 SENIORS WERE SERVED AT THE SENIOR CENTER IN 2011
	(Code) (Expenses \$ 37,715 including grants of \$) (Revenue \$ 10,577)
	DIABETES SCREENING AND EDUCATION PROGRAMINDIVIDUALS AT RISK ARE REFERRED BY THEIR DOCTORS TO PARTICIPATE IN A 10-WEEK EDUCATIONAL PROGRAM WHICH INCLUDES HEALTHY LIFESTYLE MANAGEMENT TO CONTROL THEIR DIABETIC CONDITION ALSO INCLUDED IS A FREE SIX MONTH YMCA MEMBERSHIP SO INDIVIDUALS CAN CONTINUE THEIR EXERCISE PROGRAM TO IMPROVE THEIR HEALTH THE PROGRAM IS CONDUCTED WITH THE ASSISTANCE OF THE LOCAL HOSPITAL, DIABETES ASSOCIATION, AND MIAMI COUNTY HEALTH DEPARTMENT STATE FUNDING FOR THIS PROGRAM HAS CEASED THERE WERE 78 PARTICIPANTS IN THE PROGRAM IN 2011
	(Code) (Expenses \$ 861,759 including grants of \$) (Revenue \$ 919,410)
	OTHER PROGRAM SERVICES
4d	Other program services (Describe in Schedule O)
	(Expenses \$ 930,517 including grants of \$) (Revenue \$ 933,632)
4e	Total program service expenses \$ 2,533,399

Part IV

Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i> 	1	Yes
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? 	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? <i>If "Yes," complete Schedule C, Part I.</i> 	3	No
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? <i>If "Yes," complete Schedule C, Part II.</i> 	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? <i>If "Yes," complete Schedule C, Part III.</i> 	5	No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</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? <i>If "Yes," complete Schedule D, Part II.</i> 	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> 	8	No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i> 	9	No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> 	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		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> 	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? <i>If "Yes," complete Schedule D, Part VII.</i> 	11b	No
c	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? <i>If "Yes," complete Schedule D, Part VIII.</i> 	11c	No
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? <i>If "Yes," complete Schedule D, Part IX.</i> 	11d	No
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> 	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)? <i>If "Yes," complete Schedule D, Part X.</i> 	11f	Yes
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> 	12a	Yes
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> 	12b	No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>	13	No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Part I.</i>	14b	No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? <i>If "Yes," complete Schedule F, Part II and IV.</i>	15	No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? <i>If "Yes," complete Schedule F, Part III and IV.</i>	16	No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i>	17	No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>	18	No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>	19	No
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>	20a	No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b	

Part IV

Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance			
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>			
		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. .	1a	22
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return.	2a	382
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?	4a	No
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?	9a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders.	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state.	13a	
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b	
c	Enter the aggregate amount of reserves on hand.	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	

Part VI

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

Section 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		
1a	53		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	53
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	Yes
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶OH
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization made 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 ▶ JAMES MCMAKEN 223 HIGH STREET PIQUA, OH 45356 (937) 773-9622

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

☐ Check this box if neither the organization nor any related organizations compensated any current or former officer, director, or trustee

Form **990** (2011)

Part VII

1b	Sub-Total	▼			
c	Total from continuation sheets to Part VII, Section A	▼			
d	Total (add lines 1b and 1c)	▼	132,702	0	34,281

2 Total number of individuals (including but not limited to those listed in Item 1) who received more than \$100,000 of reportable compensation from the organization. 0

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►0

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a	81,251			
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	164,158			
	g	Noncash contributions included in lines 1a-1f \$ _____					
	h	Total. Add lines 1a-1f					
Program Service Revenue			Business Code				
	2a	HEALTH ENHANCEMENT	713940	829,319	829,319		
	b	AQUATICS	713940	691,236	691,236		
	c	CHILD CARE	624410	269,359	269,359		
	d	HEALTH CENTER	713940	237,493	237,493		
	e	ADULT SPORTS	713940	142,169	142,169		
	f	All other program service revenue		553,970	553,970		
	g	Total. Add lines 2a-2f			2,723,546		
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		86,640			86,640
	4	Income from investment of tax-exempt bond proceeds . .					
	5	Royalties					
	6a	(i) Real		15,383			15,383
		17,092					
		(ii) Personal					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)		15,383			15,383
	7a	(i) Securities		11,166			11,166
		20,205					
		(ii) Other					
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)		11,166			11,166
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18					
	a						
	b	Less direct expenses					
	c	Net income or (loss) from fundraising events . .					
	9a	Gross income from gaming activities See Part IV, line 19					
a							
b	Less direct expenses						
c	Net income or (loss) from gaming activities . .						
10a	Gross sales of inventory, less returns and allowances		2,235			2,235	
a	3,530						
b	Less cost of goods sold						
c	Net income or (loss) from sales of inventory . .						
Miscellaneous Revenue		Business Code					
11a	MISCELLANEOUS	900099	504			504	
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d			504			
12	Total revenue. See Instructions			3,084,883	2,723,546	0	115,928

Part IX

Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	166,983	41,745	100,190	25,048
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	1,142,839	1,038,165	104,674	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	149,365	126,777	22,588	
10	Payroll taxes	116,075	100,842	15,233	
11	Fees for services (non-employees)				
a	Management				
b	Legal	848	702	146	
c	Accounting	14,950	12,371	2,579	
d	Lobbying				
e	Professional fundraising See Part IV, line 17	4,292			4,292
f	Investment management fees	25,788	21,340	4,448	
g	Other	272,344	215,080	57,264	
12	Advertising and promotion	45,721	39,275	6,446	
13	Office expenses	232,500	210,085	22,415	
14	Information technology				
15	Royalties				
16	Occupancy	320,593	226,749	93,844	
17	Travel	52,666	50,241	2,425	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	23,435	22,329	1,106	
20	Interest	2,629	2,629		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	256,081	219,316	36,765	
23	Insurance	54,668	46,053	8,615	
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)				
a	REPAIRS & MAINTENANCE	115,117	89,880	25,237	
b	NATIONAL SUPPORT	52,900	46,727	6,173	
c	AFFILIATION FEES	15,471	13,504	1,967	
d	BAD DEBT EXPENSE & MISC	11,587	9,589	1,998	
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	3,076,852	2,533,399	514,113	29,340
26	Joint costs. Check here <input type="checkbox"/> 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
Assets	1	Cash—non-interest-bearing			2,385	1	1,805
	2	Savings and temporary cash investments			196,912	2	337,092
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			7,374	4	6,303
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			24,494	9	27,380
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	12,238,292			
	b	Less: accumulated depreciation	10b	4,399,344	8,005,358	10c	7,838,948
	11	Investments—publicly traded securities			2,048,419	11	3,305,659
	12	Investments—other securities. See Part IV, line 11				12	
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)			10,284,942	16	11,517,187
Liabilities	17	Accounts payable and accrued expenses			183,710	17	238,647
	18	Grants payable				18	
	19	Deferred revenue			216,224	19	211,929
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			399,934	26	450,576
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			7,197,327	27	9,652,325
	28	Temporarily restricted net assets				28	551,893
	29	Permanently restricted net assets			2,687,681	29	862,393
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			9,885,008	33	11,066,611
	34	Total liabilities and net assets/fund balances			10,284,942	34	11,517,187

Part XI Reconciliation of Net Assets

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	3,084,883
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,076,852
3	Revenue less expenses Subtract line 2 from line 1	3	8,031
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9,885,008
5	Other changes in net assets or fund balances (explain in Schedule O)	5	1,173,572
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	11,066,611

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII ☒

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization MIAMI COUNTY YMCA	Employer identification number 31-0537179
---	--

Part I

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

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

1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4

☐

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

5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9

☒

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**

11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

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

f

☐

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

g

☐

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

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

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

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

Part II

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

Section A. Public Support						
Calendar year	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions)

12

13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))

14

15 Public Support Percentage for 2010 Schedule A, Part II, line 14

15

16a 33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support test—2010. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions

Part IIIPart III

Support Schedule for Organizations Described in IRC 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.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	2,358,252	2,344,440	2,202,651	2,211,312	2,364,851	11,481,506
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	685,568	694,732	699,324	640,683	588,232	3,308,539
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	3,043,820	3,039,172	2,901,975	2,851,995	2,953,083	14,790,045
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b						0
8 Public Support (Subtract line 7c from line 6)						14,790,045

Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	3,043,820	3,039,172	2,901,975	2,851,995	2,953,083	14,790,045
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	141,940	122,241	89,262	79,731	86,640	519,814
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	141,940	122,241	89,262	79,731	86,640	519,814
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12.)	3,185,760	3,161,413	2,991,237	2,931,726	3,039,723	15,309,859
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here	<input type="checkbox"/>					

Section C. Computation of Public Support Percentage		
15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	96.600 %
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	98.080 %

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17	3.400 %
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	1.920 %
19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 33 1/3% support tests—2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions	<input type="checkbox"/>	

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ Complete if the organization is described below.

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

OMB No 1545-0047

2011

Open to Public Inspection

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

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

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

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

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

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

Name of the organization MIAMI COUNTY YMCA	Employer identification number 31-0537179
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1	Provide a description of the organization's direct and indirect political campaign activities on behalf of or in opposition to candidates for public office in Part IV	
2	Political expenditures	▶ \$
3	Volunteer hours	

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

1	Enter the amount of any excise tax incurred by the organization under section 4955	▶ \$
2	Enter the amount of any excise tax incurred by organization managers under section 4955	▶ \$
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," describe in Part IV	

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

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	▶ \$
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities	▶ \$
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	▶ \$
4	Did the filing organization file Form 1120-POL for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	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) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A

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

- A

Check

☐

if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B

Check

☐

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

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

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?	Yes		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?	Yes		5,000
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities? If "Yes," describe in Part IV		No	
j	Total lines 1c through 1i			5,000
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Identifier	Return Reference	Explanation
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SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
MIAMI COUNTY YMCA

Employer identification number
31-0537179

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

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

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

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure)☐ Preservation of an historically importantly land area
☐ Protection of natural habitat☐ Preservation of a certified historic structure
☐ Preservation of open space

2

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

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

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ► _____

4

Number of states where property subject to conservation easement is located ► _____

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ► _____

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year
► \$ _____

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

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

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

1a

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

b

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

(i) Revenues included in Form 990, Part VIII, line 1

► \$ _____

(ii) Assets included in Form 990, Part X

► \$ _____

2

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

a

Revenues included in Form 990, Part VIII, line 1

► \$ _____

b

Assets included in Form 990, Part X

► \$ _____

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

Cat No 52283D

Schedule D (Form 990) 2011

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

3

Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

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

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a	Beginning of year balance	145,599	145,599	145,599	145,599
b	Contributions				
c	Investment earnings or losses	-2,942	18,070		
d	Grants or scholarships				
e	Other expenditures for facilities and programs	-2,942	18,070		
f	Administrative expenses				
g	End of year balance	145,599	145,599	145,599	145,599

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Term endowment ▶

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i)

unrelated organizations

(ii)

related organizations

b

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

	Yes	No
3a(i)	Yes	
3a(ii)		No
3b		

4

Describe in Part XIV the intended uses of the organization's endowment funds

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,405,488		1,405,488
b Buildings		9,419,140	3,222,146	6,196,994
c Leasehold improvements		136,565	65,607	70,958
d Equipment		1,063,189	897,681	165,508
e Other		213,910	213,910	0
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				7,838,948

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	13,084,883
2	Total expenses (Form 990, Part IX, column (A), line 25)	13,076,852
3	Excess or (deficit) for the year Subtract line 2 from line 1	8,031
4	Net unrealized gains (losses) on investments	-80,803
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	1,254,375
8	Other (Describe in Part XIV)	
9	Total adjustments (net) Add lines 4 - 8	1,173,572
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	1,181,603

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	13,007,084
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a	Net unrealized gains on investments2a-80,803	
b	Donated services and use of facilities2b	
c	Recoveries of prior year grants2c	
d	Other (Describe in Part XIV)2d3,004	
e	Add lines 2a through 2d2e-77,799	3
3	Subtract line 2e from line 1	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	
a	Investment expenses not included on Form 990, Part VIII, line 7b4a	
b	Other (Describe in Part XIV)4b	
c	Add lines 4a and 4b4c0	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)5	13,084,883

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	13,079,856
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
a	Donated services and use of facilities2a	
b	Prior year adjustments2b	
c	Other losses2c	
d	Other (Describe in Part XIV)2d3,004	
e	Add lines 2a through 2d2e3,004	3
3	Subtract line 2e from line 1	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b4a	
b	Other (Describe in Part XIV)4b	
c	Add lines 4a and 4b4c0	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)5	13,076,852

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

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	BASED ON ITS REVIEW, MANAGEMENT DOES NOT BELIEVE THE ORGANIZATION HAS TAKEN ANY MATERIAL UNCERTAIN TAX POSITIONS, INCLUDING ANY POSITION THAT WOULD PLACE THE ORGANIZATION'S EXEMPT STATUS IN JEOPARDY AS OF DECEMBER 31, 2011 AND 2010
PART XII, LINE 2D - OTHER ADJUSTMENTS		COST OF GOODS SOLD MANAGEMENT FEES
PART XIII, LINE 2D - OTHER ADJUSTMENTS		COST OF GOODS SOLD SHOWN IN REVENUE SECTION MANAGEMENT FEES SHOWN IN REVENUE SECTION

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2011

Open to Public Inspection

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

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

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization
MIAMI COUNTY YMCA

Employer identification number

31-0537179

Part I

Questions Regarding Compensation

	Yes	No
<div><div>1a</div><div>Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items</div><div><div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div><div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div></div></div>		
<div><div>1b</div><div>If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain</div></div>		
<div><div>2</div><div>Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?</div></div>		
<div><div>3</div><div>Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply</div><div><div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Form 990 of other organizations</div></div><div><div><input type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div></div></div>		
<div><div>4</div><div>During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization</div></div>		
<div><div>4a</div><div>Receive a severance payment or change-of-control payment?</div></div>		No
<div><div>4b</div><div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div></div>		No
<div><div>4c</div><div>Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</div>		No
<div><div></div><div>Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.</div></div>		
<div><div>5</div><div>For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of</div></div>		
<div><div>5a</div><div>The organization?</div></div>		No
<div><div>5b</div><div>Any related organization?</div></div> <div>If "Yes," to line 5a or 5b, describe in Part III</div>		No
<div><div>6</div><div>For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of</div></div>		
<div><div>6a</div><div>The organization?</div></div>		No
<div><div>6b</div><div>Any related organization?</div></div> <div>If "Yes," to line 6a or 6b, describe in Part III</div>		No
<div><div>7</div><div>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III</div></div>		No
<div><div>8</div><div>Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III</div></div>		No
<div><div>9</div><div>If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?</div></div>		

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

[illegible]

Part III **Supplemental Information**

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

Identifier	Return Reference	Explanation
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SCHEDULE O
(Form 990 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

2011

Open to Public Inspection

Name of the organization
MIAMI COUNTY YMCA

Employer identification number
31-0537179

Identifier	Return Reference	Explanation
CONTRIBUTIONS AND GRANTS, PRIOR YEAR	FORM 990, PART I, LINE 8 "PRIOR YEAR"	PRIOR YEAR FINANCIAL STATEMENTS HAVE BEEN CORRECTED FOR BENEFICIAL INTERESTS IN TRUSTS HELD BY THE ORGANIZATION INCOME RECEIVED FROM THESE TRUSTS HAD PREVIOUSLY BEEN REPORTED AS CONTRIBUTION INCOME THE INCOME IS BEING RECLASSIFIED TO INTEREST AND DIVIDEND INCOME FOR 2010, \$52,918 IS BEING RECLASSIFIED FROM LINE 8 TO LINE 10
INVESTMENT INCOME, PRIOR YEAR	FORM 990, PART I, LINE 10 "PRIOR YEAR"	PRIOR YEAR FINANCIAL STATEMENTS HAVE BEEN CORRECTED FOR BENEFICIAL INTERESTS IN TRUSTS HELD BY THE ORGANIZATION INCOME RECEIVED FROM THESE TRUSTS HAD PREVIOUSLY BEEN REPORTED AS CONTRIBUTION INCOME THE INCOME IS BEING RECLASSIFIED TO INTEREST AND DIVIDEND INCOME FOR 2010, \$52,918 IS BEING RECLASSIFIED FROM LINE 8 TO LINE 10
	FORM 990, PART VI, SECTION A, LINE 2	CLIFFORD R ALEXANDER, JOHN S ALEXANDER, MIMI A CRAWFORD - FAMILY RELATIONSHIP DOUGLAS D HULME, MICHAEL S HULME - FAMILY RELATIONSHIP PAUL P GUTMANN, ELIZABETH S GUTMANN - FAMILY RELATIONSHIP MICHAEL R TINKLER, CORNELIA E TINKLER - FAMILY RELATIONSHIP LORI S WEBSTER, KELLY R HOSTETTER - FAMILY RELATIONSHIP TONY WENDELN, MICHAEL S HULME - BUSINESS RELATIONSHIP LORI S WEBSTER, CLIFFORD R ALEXANDER, JOHN S ALEXANDER, MIMI CRAWFORD - BUSINESS RELATIONSHIP THOMAS ATKINSON, STEVEN STALEY, WILLIAM EARHART - BUSINESS RELATIONSHIP MIMI CRAWFORD, DANIEL FRENCH - BUSINESS RELATIONSHIP DOUG HULME, MICHAEL BARDO - BUSINESS RELATIONSHIP
	FORM 990, PART VI, SECTION A, LINE 6	THE YMCA HAS MEMBERS AT THE ANNUAL MEETING, THESE MEMBERS ELECT DIRECTORS AND TRUSTEES TO SERVE AS THE GOVERNING BODY OF THE ORGANIZATION OFFICERS ARE ELECTED FROM WITHIN THE GROUP OF DIRECTORS AND TRUSTEES THE PRESIDENT APPOINTS A NOMINATING COMMITTEE TO SELECT CANDIDATES FOR DIRECTOR AND TRUSTEE POSITIONS
	FORM 990, PART VI, SECTION A, LINE 7A	MEMBERS OF THE YMCA ARE GIVEN THE OPPORTUNITY TO VOTE ON MEMBERS OF THE GOVERNING BODY
	FORM 990, PART VI, SECTION B, LINE 11	EACH MEMBER OF THE GOVERNING BODY RECEIVES AN ELECTRONIC COPY OF THE 990 FOR REVIEW
	FORM 990, PART VI, SECTION B, LINE 12C	A QUESTIONNAIRE IS MAILED TO OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES ANNUALLY TO IDENTIFY POTENTIAL CONFLICTS OF INTEREST
	FORM 990, PART VI, SECTION B, LINE 15A	THE PRESIDENT APPOINTS AN INDEPENDANT COMMITTEE TO REVIEW THE COMPENSATION OF THE CEO USING COMPARABILITY DATA PROVIDED BY THE NATIONAL YMCA THE RECOMMEDATION IS THEN SUBMITTED TO THE EXECUTIVE COMMITTEE FOR APPROVAL
	FORM 990, PART VI, SECTION C, LINE 18	THE ORGANIZATION'S RETURNS ARE AVAILABLE ONLINE AT GUIDESTAR.ORG COPIES OF THE RETURNS ARE ALSO KEPT ON FILE AT THE CORPORATE OFFICE
	FORM 990, PART VI, SECTION C, LINE 19	THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC COPIES OF THESE DOCUMENTS ARE MAINTAINED AT THE CORPORATE OFFICE
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -80,803 PRIOR PERIOD ADJUSTMENTS 1,254,375 TOTAL TO FORM 990, PART XI, LINE 5 1,173,572
AUDIT OVERSIGHT RESPONSIBILITY	FORM 990, PART XI, LINE 2C	THE ORGANIZATION'S EXECUTIVE COMMITTEE SERVES AS THE AUDIT COMMITTEE
GIFTS, GRANTS, CONTRIBUTIONS, AND MEMBERSHIP FEES RECEIVED FOR 2007	FORM 990, SCHEDULE A, PART II, SECTION A, LINE 1A	PRIOR YEAR FINANCIAL STATEMENTS HAVE BEEN CORRECTED FOR BENEFICIAL INTERESTS IN TRUSTS HELD BY THE ORGANIZATION INCOME RECEIVED FROM THESE TRUSTS HAD PREVIOUSLY BEEN REPORTED AS CONTRIBUTION INCOME THE INCOME IS BEING RECLASSIFIED TO INTEREST AND DIVIDEND INCOME FOR 2007, \$57,195 IS BEING RECLASSIFIED FROM SCHEDULE A, PART II, SECTION A, LINE 1A TO SCHEDULE A, PART II, SECTION B, LINE 8A
GROSS INCOME FROM INTEREST AND DIVIDENDS FOR 2007	FORM 990, SCHEDULE A, PART II, SECTION B, LINE 8A	PRIOR YEAR FINANCIAL STATEMENTS HAVE BEEN CORRECTED FOR BENEFICIAL INTERESTS IN TRUSTS HELD BY THE ORGANIZATION INCOME RECEIVED FROM THESE TRUSTS HAD PREVIOUSLY BEEN REPORTED AS CONTRIBUTION INCOME THE INCOME IS BEING RECLASSIFIED TO INTEREST AND DIVIDEND INCOME FOR 2007, \$57,195 IS BEING RECLASSIFIED FROM SCHEDULE A, PART II, SECTION A, LINE 1A TO SCHEDULE A, PART II, SECTION B, LINE 8A
GIFTS, GRANTS, CONTRIBUTIONS, AND MEMBERSHIP FEES RECEIVED FOR 2008	FORM 990, SCHEDULE A, PART II, SECTION A, LINE 1B	PRIOR YEAR FINANCIAL STATEMENTS HAVE BEEN CORRECTED FOR BENEFICIAL INTERESTS IN TRUSTS HELD BY THE ORGANIZATION INCOME RECEIVED FROM THESE TRUSTS HAD PREVIOUSLY BEEN REPORTED AS CONTRIBUTION INCOME THE INCOME IS BEING RECLASSIFIED TO INTEREST AND DIVIDEND INCOME FOR 2008, \$60,135 IS BEING RECLASSIFIED FROM SCHEDULE A, PART II, SECTION A, LINE 1B TO SCHEDULE A, PART II, SECTION B, LINE 8B
GROSS INCOME FROM INTEREST AND DIVIDENDS FOR 2008	FORM 990, SCHEDULE A, PART II, SECTION B, LINE 8B	PRIOR YEAR FINANCIAL STATEMENTS HAVE BEEN CORRECTED FOR BENEFICIAL INTERESTS IN TRUSTS HELD BY THE ORGANIZATION INCOME RECEIVED FROM THESE TRUSTS HAD PREVIOUSLY BEEN REPORTED AS CONTRIBUTION INCOME THE INCOME IS BEING RECLASSIFIED TO INTEREST AND DIVIDEND INCOME FOR 2008, \$60,135 IS BEING RECLASSIFIED FROM SCHEDULE A, PART II, SECTION A, LINE 1B TO SCHEDULE A, PART II, SECTION B, LINE 8B
GIFTS, GRANTS, CONTRIBUTIONS, AND MEMBERSHIP FEES RECEIVED FOR 2009	FORM 990, SCHEDULE A, PART II, SECTION A, LINE 1C	PRIOR YEAR FINANCIAL STATEMENTS HAVE BEEN CORRECTED FOR BENEFICIAL INTERESTS IN TRUSTS HELD BY THE ORGANIZATION INCOME RECEIVED FROM THESE TRUSTS HAD PREVIOUSLY BEEN REPORTED AS CONTRIBUTION INCOME THE INCOME IS BEING RECLASSIFIED TO INTEREST AND DIVIDEND INCOME FOR 2009, \$61,315 IS BEING RECLASSIFIED FROM SCHEDULE A, PART II, SECTION A, LINE 1C TO SCHEDULE A, PART II, SECTION B, LINE 8C
GROSS INCOME FROM INTEREST AND DIVIDENDS FOR 2009	FORM 990, SCHEDULE A, PART II, SECTION B, LINE 8C	PRIOR YEAR FINANCIAL STATEMENTS HAVE BEEN CORRECTED FOR BENEFICIAL INTERESTS IN TRUSTS HELD BY THE ORGANIZATION INCOME RECEIVED FROM THESE TRUSTS HAD PREVIOUSLY BEEN REPORTED AS CONTRIBUTION INCOME THE INCOME IS BEING RECLASSIFIED TO INTEREST AND DIVIDEND INCOME FOR 2009, \$61,315 IS BEING RECLASSIFIED FROM SCHEDULE A, PART II, SECTION A, LINE 1C TO SCHEDULE A, PART II, SECTION B, LINE 8C
GIFTS, GRANTS, CONTRIBUTIONS, AND MEMBERSHIP FEES RECEIVED FOR 2010	FORM 990, SCHEDULE A, PART II, SECTION A, LINE 1D	PRIOR YEAR FINANCIAL STATEMENTS HAVE BEEN CORRECTED FOR BENEFICIAL INTERESTS IN TRUSTS HELD BY THE ORGANIZATION INCOME RECEIVED FROM THESE TRUSTS HAD PREVIOUSLY BEEN REPORTED AS CONTRIBUTION INCOME THE INCOME IS BEING RECLASSIFIED TO INTEREST AND DIVIDEND INCOME FOR 2010, \$52,918 IS BEING RECLASSIFIED FROM SCHEDULE A, PART II, SECTION A, LINE 1D TO SCHEDULE A, PART II, SECTION B, LINE 8D
GROSS INCOME FROM INTEREST AND DIVIDENDS FOR 2010	FORM 990, SCHEDULE A, PART II, SECTION B, LINE 8D	PRIOR YEAR FINANCIAL STATEMENTS HAVE BEEN CORRECTED FOR BENEFICIAL INTERESTS IN TRUSTS HELD BY THE ORGANIZATION INCOME RECEIVED FROM THESE TRUSTS HAD PREVIOUSLY BEEN REPORTED AS CONTRIBUTION INCOME THE INCOME IS BEING RECLASSIFIED TO INTEREST AND DIVIDEND INCOME FOR 2010, \$52,918 IS BEING RECLASSIFIED FROM SCHEDULE A, PART II, SECTION A, LINE 1D TO SCHEDULE A, PART II, SECTION B, LINE 8D

Additional Data

Software ID:
Software Version:
EIN: 31-0537179
Name: MIAMI COUNTY YMCA

Form 990, Special Condition Description:

Special Condition Description

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services
(Code) (Expenses \$ 31,043 including grants of \$) (Revenue \$ 3,645) PIQUA SENIOR CITIZEN CENTERWITH THE ASSISTANCE OF THE CITY OF PIQUA, UNITED WAY, AND LOCAL NURSING HOMES, THE YMCA OPENED ITS YOUTH CENTER TO BE USED AS A SENIOR CENTER DURING DAYTIME HOURS WHEN THE CENTER IS NOT OPEN TO TEENS THE SENIORS ENJOY ACCESS TO RECREATIONAL ACTIVITIES INCLUDING CARDS, VIDEO GAMES (WII), BILLIARDS, BINGO AND CARRY-IN LUNCHESES THE CENTER HAS BEEN SUCCESSFUL LARGELY BECAUSE OF LOCAL VOLUNTEERS WHO HAVE ENCOURAGED THE YMCA TO UNDERTAKE THIS PROGRAM WHILE THE PLANNING PROCESS BEGAN IN 2008, THE PROGRAM WAS NOT INITIATED UNTIL LATE 2008 FUNDING IS PROVIDED THROUGH ACTIVE PARTICIPANT MEMBERSHIPS AND SUSTAINING MEMBERSHIPS CONTRIBUTED BY LOCAL BENEFACTORS IN KEEPING WITH ITS POLICY OF INCLUDING EVERYONE REGARDLESS OF ABILITY TO PAY, THE YMCA PROVIDES FINANCIAL ASSISTANCE TO THOSE UNABLE TO AFFORD THE MEMBERSHIP IN ADDITION, THE SENIOR CENTER INCLUDES THE FOLLOWING ACTIVITIES INFORMATIONAL SEMINARSVISION/HEARING/BLOOD SCREENINGSTRESS REDUCTIONNUTRITION SEMINARSTRIPS TO VARIOUS MUSEUMS, FARMS, AND FACTORIES170 SENIORS WERE SERVED AT THE SENIOR CENTER IN 2011
(Code) (Expenses \$ 37,715 including grants of \$) (Revenue \$ 10,577) DIABETES SCREENING AND EDUCATION PROGRAMINDIVIDUALS AT RISK ARE REFERRED BY THEIR DOCTORS TO PARTICIPATE IN A 10-WEEK EDUCATIONAL PROGRAM WHICH INCLUDES HEALTHY LIFESTYLE MANAGEMENT TO CONTROL THEIR DIABETIC CONDITION ALSO INCLUDED IS A FREE SIX MONTH YMCA MEMBERSHIP SO INDIVIDUALS CAN CONTINUE THEIR EXERCISE PROGRAM TO IMPROVE THEIR HEALTH THE PROGRAM IS CONDUCTED WITH THE ASSISTANCE OF THE LOCAL HOSPITAL, DIABETES ASSOCIATION, AND MIAMI COUNTY HEALTH DEPARTMENT STATE FUNDING FOR THIS PROGRAM HAS CEASED THERE WERE 78 PARTICIPANTS IN THE PROGRAM IN 2011
(Code) (Expenses \$ 861,759 including grants of \$) (Revenue \$ 919,410) OTHER PROGRAM SERVICES

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
LOWELL NEES FORMER EXECUTIVE DIRECTOR	50 00	X						67,275	0	12,942
JAMES MCMAKEN EXECUTIVE DIRECTOR	50 00	X						65,427	0	21,339
SUSAN J BEHM DIRECTOR (EXPIRING 3/12)	30	X						0	0	0
ALISSA L BLANKENSHIP DIRECTOR (EXPIRING 3/12)	30	X						0	0	0
JOHN E FRIGGE DIRECTOR (EXPIRING 3/12)	30	X						0	0	0
WILLIAM J FULKER DIRECTOR (EXPIRING 3/12)	30	X						0	0	0
MICHAEL S HULME TREAS/DIR (EXPIRING 3/12)	30	X		X				0	0	0
RONALD MUSILLI DIRECTOR (EXPIRING 3/12)	30	X						0	0	0
JAMES R SEVER SEC/DIR (EXPIRING 3/12)	30	X		X				0	0	0
KAREN K BEAGLE DIRECTOR (EXPIRING 3/13)	30	X						0	0	0
JOE W DICKERSON DIRECTOR (EXPIRING 3/13)	30	X						0	0	0
JAMES P GRAY DIRECTOR (EXPIRING 3/13)	30	X						0	0	0
RICHARD A HANES DIRECTOR (EXPIRING 3/13)	30	X						0	0	0
KELLY R HOSTETTER DIRECTOR (EXPIRING 3/13)	30	X						0	0	0
FRANK S LANDWEHR DIRECTOR (EXPIRING 3/13)	30	X						0	0	0
STACY M WALL DIRECTOR (EXPIRING 3/13)	30	X						0	0	0
THOMAS B ATKINSON TRUSTEE (EXPIRING 3/12)	30	X						0	0	0
DANIEL P FRENCH TRUSTEE (EXPIRING 3/12)	30	X						0	0	0
ARTHUR D HADDAD TRUSTEE (EXPIRING 3/12)	30	X						0	0	0
SUSAN E HEMM TRUSTEE (EXPIRING 3/12)	30	X						0	0	0
TIMOTHY JOHNSTON TRUSTEE (EXPIRING 3/12)	30	X						0	0	0
LOUIS J MORAN TRUSTEE (EXPIRING 3/12)	30	X						0	0	0
PATRICIA A ROBINSON TRUSTEE (EXPIRING 3/12)	30	X						0	0	0
JAMES A SARVER TRUSTEE (EXPIRING 3/12)	30	X						0	0	0
JEFFREY M WELBAUM TRUSTEE (EXPIRING 3/12)	30	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)							(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				
TONY WENDELN TRUSTEE (EXPIRING 3/12)	30	X						0	0	0	
CLIFFORD R ALEXANDER TRUSTEE (EXPIRING 3/13)	30	X						0	0	0	
JOHN S ALEXANDER TRUSTEE (EXPIRING 3/13)	30	X						0	0	0	
MICHAEL C BARDO TRUSTEE (EXPIRING 3/13)	30	X						0	0	0	
RONALD ERWIN TRUSTEE (EXPIRING 3/13)	30	X						0	0	0	
RICHARD W KOON TRUSTEE (EXPIRING 3/13)	30	X						0	0	0	
DOUGLAS R MURRAY TRUSTEE (EXPIRING 3/13)	30	X						0	0	0	
JACK L NEUENSCHWANDER TRUSTEE (EXPIRING 3/13)	30	X						0	0	0	
STEVEN K STALEY PRES/TRUST(EXPIRING 3/13)	30	X		X				0	0	0	
MICHAEL P YANNUCCI TRUSTEE (EXPIRING 3/13)	30	X						0	0	0	
RONALD R FOX TRUSTEE EMERITUS	30	X						0	0	0	
LLOYD B FRY TRUSTEE EMERITUS	30	X						0	0	0	
PAUL P GUTMANN TRUSTEE EMERITUS	30	X						0	0	0	
SCOTT J HINSCH TRUSTEE EMERITUS	30	X						0	0	0	
YAGNESH RAVAL TRUSTEE EMERITUS	30	X						0	0	0	
MICHAEL R TINKLER TRUSTEE EMERITUS	30	X						0	0	0	
ELIZABETH S GUTMANN VP/DIR (EXPIRING 3/14)	30	X		X				0	0	0	
MARK R HENESTOFEL DIRECTOR (EXPIRING 3/14)	30	X						0	0	0	
BRUCE A JAMISON DIRECTOR (EXPIRING 3/14)	30	X						0	0	0	
JOSEPH C MERLE DIRECTOR (EXPIRING 3/14)	30	X						0	0	0	
SHIRISH M SHAH DIRECTOR (EXPIRING 3/14)	30	X						0	0	0	
BRADLEY C VATH DIRECTOR (EXPIRING 3/14)	30	X						0	0	0	
KURT W WACKER DIRECTOR (EXPIRING 3/14)	30	X						0	0	0	
JAMES W BROWN III TRUSTEE (EXPIRING 3/14)	30	X						0	0	0	
THOMAS J BUECKER TRUSTEE (EXPIRING 3/14)	30	X						0	0	0	

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CHERYL L BURKHARDT IMMED PAST PRES/TRUST (EX	30	X		X				0	0	0
MIMI A CRAWFORD TRUSTEE (EXPIRING 3/14)	30	X						0	0	0
WILLIAM H EARHART TRUSTEE (EXPIRING 3/14)	30	X						0	0	0
DOUGLAS D HULME TRUSTEE (EXPIRING 3/14)	30	X						0	0	0
PETER M KLOSTERMAN VP/TRUST(EXPIRING 3/14)	30	X		X				0	0	0
JOHN J MURPHY TRUSTEE (EXPIRING 3/14)	30	X						0	0	0
CORNELIA E TINKLER TRUSTEE (EXPIRING 3/14)	30	X						0	0	0
LORI S WEBSTER TRUSTEE (EXPIRING 3/14)	30	X						0	0	0
WILLIAM E WATERCUTTER TRUSTEE (EXPIRING 3/14)	30	X						0	0	0

Form

4562

Depreciation and Amortization
(Including Information on Listed Property)

OMB No 1545-0172

2011

Attachment
Sequence No 179

Department of the Treasury
Internal Revenue Service (99)

See separate instructions. Attach to your tax return.

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

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

1 Maximum amount (see instructions)	1	500,000
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	

6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost	
7 Listed property Enter the amount from line 29	7		
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8		
9 Tentative deduction Enter the smaller of line 5 or line 8	9		
10 Carryover of disallowed deduction from line 13 of your 2010 Form 4562	10		
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11		
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12		
13 Carryover of disallowed deduction to 2012 Add lines 9 and 10, less line 12	13		

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

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

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	256,081

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

Section A		
17 MACRS deductions for assets placed in service in tax years beginning before 2011	17	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B—Assets Placed in Service During 2011 Tax Year Using the General Depreciation System						
(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System						
20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (see instructions)

21 Listed property Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	22	256,081
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V

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

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

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

Section B—Information on Use of Vehicles

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

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

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

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

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

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2011 tax year (see instructions)					
43 Amortization of costs that began before your 2011 tax year				43	
44 Total. Add amounts in column (f) See the instructions for where to report				44	