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Form **990**
 Department of the Treasury
 Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
 The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047
2011
Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization: MARSHFIELD AREA YMCA INC
 Doing Business As: _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite: 410 W MCMILLAN STREET _____
 City or town, state or country, and ZIP + 4: MARSHFIELD, WI 54449

D Employer identification number: 39-1557086
E Telephone number: (715) 387-4900
G Gross receipts \$ 1,788,222

F Name and address of principal officer: JOHN NYSTROM, 410 W MCMILLAN STREET, MARSHFIELD, WI 54449
H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list (see instructions)
H(c) Group exemption number: _____

I Tax-exempt status: 501(c)(3) 501(c) () (Insert no) 4947(a)(1) or 527

J Website: WWW.MFLDYMCA.ORG

K Form of organization: Corporation Trust Association Other _____
L Year of formation: 1986 **M** State of legal domicile: WI

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities OUR MISSION TO PUT CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT BUILD HEALTHY SPIRIT, MIND AND BODY FOR ALL AT THE Y, STRENGTHENING COMMUNITY IS OUR CAUSE EVERY DAY, WE WORK SIDE-BY-SIDE WITH OUR NEIGHBORS TO MAKE SURE THAT EVERYONE, REGARDLESS OF AGE, INCOME OR BACKGROUND, HAS THE OPPORTUNITY TO LEARN, GROW AND THRIVE THIS IS ACCOMPLISHED BY OFFERING FINANCIAL ASSISTANCE TO INDIVIDUALS AND FAMILIES IN OUR COMMUNITY SO MEMBERSHIP AND PROGRAMS ARE ACCESSIBLE WITH A FOCUS ON YOUTH DEVELOPMENT, HEALTHY LIVING AND SOCIAL RESPONSIBILITY, THE Y NURTURES THE POTENTIAL OF EVERY YOUTH AND TEEN, IMPROVES OUR COMMUNITIES HEALTH AND WELL-BEING, AND PROVIDES OPPORTUNITIES TO GIVE BACK AND SUPPORT NEIGHBORS WE IDENTIFY NEEDS AND RESPOND TO THEM TO THE ENTIRE COMMUNITY BENEFITS FROM OUR EFFORTS		
	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	19
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	19
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	157
	6 Total number of volunteers (estimate if necessary)	6	111
	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)	156,895	159,591
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,521,657	1,559,718
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-2,919	749
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0	67,593
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,675,633	1,787,651
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)	982,394	1,053,996
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) <u>70,822</u>		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	699,000	719,209
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,681,394	1,773,205	
19 Revenue less expenses Subtract line 18 from line 12	-5,761	14,446	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	3,546,438	3,524,560
	22 Net assets or fund balances Subtract line 21 from line 20	647,157	611,150
		2,899,281	2,913,410

Part II Signature Block

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

Sign Here
 Signature of officer: *****
 Date: 2012-05-14
 Type or print name and title: JOHN NYSTROM CEO

Paid Preparer's Use Only
 Preparer's signature: MATTHEW P ECKELBERG CPA
 Date: _____
 Check if self-employed:
 Preparer's taxpayer identification number (see instructions): P00583770
 Firm's name (or yours if self-employed), address, and ZIP + 4: HAWKINS ASH BAPTIE AND CO LLP, 101 WEST 29TH STREET SUITE 101, MARSHFIELD, WI 544495250
 EIN: 39-0912608
 Phone no: (715) 387-1131

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III Yes No

1 Briefly describe the organization's mission

OUR MISSION TO PUT CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT BUILD HEALTHY SPIRIT, MIND AND BODY FOR ALL OUR Y IS WELCOMING WE ACCEPT OUR NEIGHBORS OPENLY, WARMLY, HOSPITABLY AND AS EQUAL PARTICIPANTS WE ADDRESS EVERYONE WITH THE RESPECT ALL PEOPLE DESERVE, AND DO NOT TURN ANY PERSON AWAY FOR AN INABILITY TO PAY THE Y IS, AND ALWAYS WILL BE, DEDICATED TO BUILDING HEALTHY, CONFIDENT, CONNECTED AND SECURE CHILDREN, ADULTS, FAMILIES AND COMMUNITIES OUR Y IS COMMUNITY CENTERED, LISTENING AND RESPONDING TO OUR COMMUNITIES NEEDS EVERY DAY OUR IMPACT IS FELT WHEN AN INDIVIDUAL MAKES A HEALTHY CHOICE, WHEN A MENTOR INSPIRES A CHILD AND WHEN OUR COMMUNITY COMES TOGETHER FOR THE COMMON GOOD

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 \$ 488,600 including grants of \$) (Revenue \$ 1,089,874)

YMCA WELLNESS THE MARSHFIELD AREA YMCA OFFERS A LIFELONG PROGRESSION OF HEALTH AND FITNESS ACTIVITIES, EXPERIENCES, AND EDUCATION, INCLUDING PROGRAMS FOR CHILDREN, TEENS, FAMILIES AND SENIORS OUR YMCA OFFERS A WELCOMING ATMOSPHERE, WHERE NEW EXERCISERS CAN FEEL COMFORTABLE AND RECEIVETHE SUPPORT THEY NEED TO IMPROVE THEIR HEALTH WE OFFER FINANCIAL ASSISTANCE TO HELP LOW-INCOME PEOPLE, WHO ARE LESS LIKELY TO EXERCISE AND LESS LIKELY TO HAVE ADEQUATE HEALTH CARE, GAIN ACCESS TO THE YMCA

4b (Code) (Expenses \$ 393,372 including grants of \$) (Revenue \$ 285,082)

YMCA LIFE ACTIVITIES THE MARSHFIELD AREA YMCA OFFERED AFTER SCHOOL AND SUMMER CHILD CARE THE GOAL IS TO SUPPLEMENT AND STRENGTHEN THE LEARNING AND GUIDANCE OF CHILDREN IT IS AN EXTENSION OF FAMILY BY PROVIDING SUPPORT TO PARENTS AND CHILDREN FOR AFTER SCHOOL HOURS OUR PROGRAMS ARE DESIGNED TO PROMOTE CREATIVITY AND BUILD SELF-ESTEEM WHILE DEVELOPING EACH CHILD'S POTENTIAL NO CHILD IS DENIED BECAUSE OF INABILITY TO PAY THE FULL FEE

4c (Code) (Expenses \$ 317,108 including grants of \$) (Revenue \$ 116,057)

YMCA AQUATICS THE MARSHFIELD AREA YMCA AQUATICS PROGRAMS ARE PART OF OUR OVERALL GOAL OF YOUTH DEVELOPMENT, HEALTHY LIVING AND SOCIAL RESPONSIBILITY THESE PROGRAMS ARE OFFERED AT FEES AFFORDABLE TO THE COMMUNITY, WITH FINANCIAL ASSISTANCE FOR THOSE WHO CANNOT AFFORD THE FULL FEE WE PROVIDE AQUATIC PROGRAMS OF INFANTS THROUGH SENIORS CHILDREN TOOK PROGRESSIVE SWIM CLASSES AT THE YMCA, AND ADULTS PARTICIPATED IN OUR AQUATIC EXERCISE PROGRAMS AND IN OUR ARTHRITIS AQUATIC CLASSES, WHICH INCREASE JOINT FLEXIBILITY AND HELP RELIEVE PAIN

(Code) (Expenses \$ 117,675 including grants of \$) (Revenue \$ 136,298)

YMCA SPORTS/SPECIAL EVENTS/MISC OUR SPORTS PROGRAMS PROMOTE AN APPRECIATION OF ONE'S OWN WORTH YOUTH SPORTS FOCUS ON THE FULL AND EQUAL PARTICIPATION OF ALL EVERY CHILD PLAYS IN EVERY GAME YOUNG PEOPLE PARTICIPATING IN SPORTS BUILD LIFELONG POSITIVE ATTITUDES, HABITS OF HEALTHY EXERCISE AND GOOD NUTRITION, AND LEARN WAYS TO HAVE FUN AS ADULTS ADULT SPORTS HAVE THE SAME VALUES OF THE YOUTH - NO NAME CALLING, NO PROFANITY, RESPECT FOR OTHERS, GIVING EVERYONE A CHANCE TO PLAY THOSE WITH SPECIAL NEEDS ARE WELCOMED IN BOTH ADULT AND YOUTH SPORTS PROGRAMS AT THE YMCA BOTH ADULT AND YOUTH SPORTS PROGRAMS VALUE COOPERATION OVER COMPETITION, FAIR PLAY OVER WINNING AT ANY COST, GOOD FEELING AND GOOD HEALTH OVER A SCORE, AND BUILDING SELF-ESTEEM OVER BEATING THE OPPONENT THE YMCA KNOWS THAT WITH THIS APPROACH EVERYONE HAS THE OPPORTUNITY TO LEARN, GROW AND THRIVE THE YMCA ALSO RUNS SPECIAL EVENTS SUCH AS PRINCESS DATE NIGHT (FATHER/DAUGHTER DANCE), A TEEN CHARACTER AWARD NIGHT FOR NOMINATED OUTSTANDING TEENS IN OUR COMMUNITY, AND HEALTHY KIDS DAY WHICH IS FREE TO THE COMMUNITY WITH GAMES, SWIMMING, AND OTHER FUN EVENTS FOR CHILDREN AND THEIR FAMILIES IN ADDITION TO OUR ANNUAL CHEESE CHASE

4d Other program services (Describe in Schedule O)
(Expenses \$ 117,675 including grants of \$) (Revenue \$ 136,298)

4e Total program service expenses \$ 1,316,755

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> <input checked="" type="checkbox"/>	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? <input checked="" type="checkbox"/>	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>		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>		No
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>		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> <input checked="" type="checkbox"/>		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> <input checked="" type="checkbox"/>		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> <input checked="" type="checkbox"/>		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> <input checked="" type="checkbox"/>		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> <input checked="" type="checkbox"/>	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> <input checked="" type="checkbox"/>	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> <input checked="" type="checkbox"/>		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> <input checked="" type="checkbox"/>		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> <input checked="" type="checkbox"/>		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> <input checked="" type="checkbox"/>		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> <input checked="" type="checkbox"/>	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> <input checked="" type="checkbox"/>	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> <input checked="" type="checkbox"/>		No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		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>		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>		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>		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>		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>		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>		No
20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>		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.		

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> <input checked="" type="checkbox"/>	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> <input checked="" type="checkbox"/>	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> <input checked="" type="checkbox"/>	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> <input checked="" type="checkbox"/>	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> <input checked="" type="checkbox"/>	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> <input checked="" type="checkbox"/>	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> <input checked="" type="checkbox"/>	28c	Yes	
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

Table with columns for question number, question text, and Yes/No columns. Includes rows for Form 1096, W-2G forms, employee reporting, foreign country information, prohibited tax shelter transactions, deductible contributions, and charitable trusts.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (19), 1b (19), 2 (No), 3 (No), 4 (No), 5 (No), 6 (Yes), 7a (No), 7b (No), 8a (Yes), 8b (Yes), 9 (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (No), 10b, 11a (Yes), 11b, 12a (Yes), 12b (Yes), 12c (Yes), 13 (Yes), 14 (Yes), 15a (Yes), 15b (Yes), 16a (No), 16b.

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed WI
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. [] Own website [] Another's website [X] 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. MARY KOWALSKI, 410 WEST MCMILLAN STREET, MARSHFIELD, WI 54449, (715) 387-4900

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

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid

• List all of the organization's **current** key employees, if any See instructions for definition of "key employee "

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

• List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(1) YOUSO STEVE CHAIRMAN/CHIEF VOLUNTEER OFFICER	4 00	X		X				0	0	0
(2) BAUR JOHN TREASURER	4 00	X		X				0	0	0
(3) MORK BILL SECRETARY	4 00	X		X				0	0	0
(4) SOUTHWORTH JOHN DIRECTOR	4 00	X						0	0	0
(5) COENTIM DIRECTOR	4 00	X						0	0	0
(6) CHANEY AL DIRECTOR	3 00	X						0	0	0
(7) WILCZEK TERI VICE CHAIR/VICE CHIEF VOLUNTEER OFFICER	4 00	X		X				0	0	0
(8) SCHEUER SCOTT DIRECTOR	3 00	X						0	0	0
(9) SCHMIDT MIKE DIRECTOR	3 00	X						0	0	0
(10) SISSON GORDON DIRECTOR	3 00	X						0	0	0
(11) TWIGGS JOHN DIRECTOR	3 00	X						0	0	0
(12) WITTMAN MARK DIRECTOR	3 00	X						0	0	0
(13) SCANDURRA ANITA DIRECTOR	3 00	X						0	0	0
(14) WAHLSTROM NELSEN DIRECTOR	3 00	X						0	0	0
(15) PETERSON ANDREA DIRECTOR	4 00	X						0	0	0
(16) SWENSON JEAN DIRECTOR	3 00	X						0	0	0
(17) DEUSER LYNN DIRECTOR	3 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(18) ENGLEHART ED DIRECTOR	3 00	X						0	0	0
(19) SCHEUER DAVE DIRECTOR	3 00	X						0	0	0
(20) NYSTROM JOHN CEO	40 00			X				91,804	0	14,461
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								91,804	0	14,461

2 Total number of individuals (including but not limited to those listed above) 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>		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>		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>		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)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns 1a					
	b	Membership dues 1b					
	c	Fundraising events 1c					
	d	Related organizations 1d					
	e	Government grants (contributions) 1e	36,350				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	123,241				
	g	Noncash contributions included in lines 1a-1f \$ _____					
	h	Total. Add lines 1a-1f	159,591				
Program Service Revenue			Business Code				
	2a	WELLNESS _____	713940	1,089,874	1,089,874		
	b	LIFE ACTIVITIES _____	624410	285,082	285,082		
	c	AQUATICS _____	713940	116,057	116,057		
	d	SPORTS _____	713940	68,705	68,705		
	e	_____					
	f	All other program service revenue					
g	Total. Add lines 2a-2f	1,559,718					
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		1,320		1,320	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a	Gross rents	(i) Real				
			(ii) Personal				
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
	b	Less cost or other basis and sales expenses		571			
c	Gain or (loss)		-571				
d	Net gain or (loss)		-571		-571		
8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18						
b	Less direct expenses						
c	Net income or (loss) from fundraising events						
9a	Gross income from gaming activities See Part IV, line 19						
b	Less direct expenses						
c	Net income or (loss) from gaming activities						
10a	Gross sales of inventory, less returns and allowances						
b	Less cost of goods sold						
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11a	OTHER REVENUE _____	900099	67,593	67,593			
b	_____						
c	_____						
d	All other revenue						
e	Total. Add lines 11a-11d		67,593				
12	Total revenue. See Instructions		1,787,651	1,627,311	0	749	

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	106,265	5,303	74,448	26,514
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	795,584	569,441	204,608	21,535
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	84,393	61,595	17,536	5,262
10	Payroll taxes	67,754	42,847	21,650	3,257
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting	6,600		6,600	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion	14,123	10,234	3,660	229
13	Office expenses	107,759	105,437	1,953	369
14	Information technology				
15	Royalties				
16	Occupancy	290,040	284,186	5,854	
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	22,779	12,873	9,125	781
20	Interest				
21	Payments to affiliates	33,946		33,946	
22	Depreciation, depletion, and amortization	198,304	194,338	3,966	
23	Insurance	30,003	29,403	600	
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	FUNDRAISING EXPENSES	12,875			12,875
b	OTHER CONTRACTED SERVIC	1,660		1,660	
c	MISCELLANEOUS	1,120	1,098	22	
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	1,773,205	1,316,755	385,628	70,822
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	72,951	1	174,651
	2 Savings and temporary cash investments	432,114	2	296,143
	3 Pledges and grants receivable, net	11,000	3	12,085
	4 Accounts receivable, net	1,523	4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	1,717	8	1,119
	9 Prepaid expenses and deferred charges	7,175	9	7,329
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	5,563,917		
	b Less accumulated depreciation	2,538,461	3,011,869	10c 3,025,456
	11 Investments—publicly traded securities		11	
	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	8,089	15	7,777
16 Total assets. Add lines 1 through 15 (must equal line 34)	3,546,438	16	3,524,560	
Liabilities	17 Accounts payable and accrued expenses	57,587	17	69,438
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	589,570	23	541,712
	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	647,157	26	611,150
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	2,766,941	27	2,807,506
	28 Temporarily restricted net assets	45,895	28	19,459
	29 Permanently restricted net assets	86,445	29	86,445
	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	2,899,281	33	2,913,410	
34 Total liabilities and net assets/fund balances	3,546,438	34	3,524,560	

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	1,787,651
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,773,205
3	Revenue less expenses Subtract line 2 from line 1	3	14,446
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,899,281
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-317
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	2,913,410

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)

Public Charity Status and Public Support

OMB No 1545-0047

2011

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization
MARSHFIELD AREA YMCA INC

Employer identification number

39-1557086

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 (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 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 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 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.")	1,162,709	1,141,088	1,213,873	1,126,861	1,136,430	5,780,961
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	515,298	453,107	504,486	551,691	650,472	2,675,054
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	1,678,007	1,594,195	1,718,359	1,678,552	1,786,902	8,456,015
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)						8,456,015

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	1,678,007	1,594,195	1,718,359	1,678,552	1,786,902	8,456,015
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,508	621	2,857	1,834	1,320	10,140
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	3,508	621	2,857	1,834	1,320	10,140
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.)		23,900				23,900
13 Total support (Add lines 9, 10c, 11 and 12)	1,681,515	1,618,716	1,721,216	1,680,386	1,788,222	8,490,055
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	99.600 %
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	99.600 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17	0.120 %
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	0.120 %

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

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

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

Part IV **Supplemental Information.** 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

Additional Data

Software ID:
Software Version:
EIN: 39-1557086
Name: MARSHFIELD AREA YMCA INC

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 \$ 117,675 including grants of \$) (Revenue \$ 136,298)

YMCA SPORTS/SPECIAL EVENTS/MISC OUR SPORTS PROGRAMS PROMOTE AN APPRECIATION OF ONE'S OWN WORTH YOUTH SPORTS FOCUS ON THE FULL AND EQUAL PARTICIPATION OF ALL EVERY CHILD PLAYS IN EVERY GAME YOUNG PEOPLE PARTICIPATING IN SPORTS BUILD LIFELONG POSITIVE ATTITUDES, HABITS OF HEALTHY EXERCISE AND GOOD NUTRITION, AND LEARN WAYS TO HAVE FUN AS ADULTS ADULT SPORTS HAVE THE SAME VALUES OF THE YOUTH - NO NAME CALLING, NO PROFANITY, RESPECT FOR OTHERS, GIVING EVERYONE A CHANCE TO PLAY THOSE WITH SPECIAL NEEDS ARE WELCOMED IN BOTH ADULT AND YOUTH SPORTS PROGRAMS AT THE YMCA BOTH ADULT AND YOUTH SPORTS PROGRAMS VALUE COOPERATION OVER COMPETITION, FAIR PLAY OVER WINNING AT ANY COST, GOOD FEELING AND GOOD HEALTH OVER A SCORE, AND BUILDING SELF-ESTEEM OVER BEATING THE OPPONENT THE YMCA KNOWS THAT WITH THIS APPROACH EVERYONE HAS THE OPPORTUNITY TO LEARN, GROW AND THRIVE THE YMCA ALSO RUNS SPECIAL EVENTS SUCH AS PRINCESS DATE NIGHT (FATHER/DAUGHTER DANCE), A TEEN CHARACTER AWARD NIGHT FOR NOMINATED OUTSTANDING TEENS IN OUR COMMUNITY, AND HEALTHY KIDS DAY WHICH IS FREE TO THE COMMUNITY WITH GAMES, SWIMMING, AND OTHER FUN EVENTS FOR CHILDREN AND THEIR FAMILIES IN ADDITION TO OUR ANNUAL CHEESE CHASE

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2011

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

Name of the organization MARSHFIELD AREA YMCA INC

Employer identification number 39-1557086

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), 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?
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?

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, Protection of natural habitat, Preservation of open space, Preservation of an historically importantly land area, Preservation of a certified historic structure.

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

Table with 2 columns: Description, Held at the End of the Year. Rows 2a-2d: Total number of conservation easements, Total acreage restricted by conservation easements, Number of conservation easements on a certified historic structure included in (a), 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?

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)?

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

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

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

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

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

(ii) Assets included in Form 990, Part X

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

a Revenues included in Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

3 Using the organization's 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 Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

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	93,834	89,554	83,872	58,294	
b Contributions		3,000	3,050	23,786	
c Investment earnings or losses	112	1,398	2,748	1,792	
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	127	118	116		
g End of year balance	93,819	93,834	89,554	83,872	

2 Provide the estimated percentage of the year end balance held as

- a** Board designated or quasi-endowment
- b** Permanent endowment 92.000 %
- c** Term endowment 8.000 %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
(i) unrelated organizations	3a(i) Yes	
(ii) related organizations	3a(ii)	No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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

Part VI 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		156,782		156,782
b Buildings		4,597,972	2,001,366	2,596,606
c Leasehold improvements				
d Equipment		809,163	537,095	272,068
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				3,025,456

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,787,651
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,773,205
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	14,446
4	Net unrealized gains (losses) on investments	4	-317
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	-317
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	14,129

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	1,793,859
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	-317
b	Donated services and use of facilities	2b	6,525
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	6,208
3	Subtract line 2e from line 1	3	1,787,651
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0
5	Total Revenue Add lines 3 and 4c . (This should equal Form 990, Part I, line 12)	5	1,787,651

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	1,779,730
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	6,525
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	6,525
3	Subtract line 2e from line 1	3	1,773,205
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c . (This should equal Form 990, Part I, line 18)	5	1,773,205

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 INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE EARNINGS FROM THE ENDOWMENT MAINTAINED BY THE MARSHFIELD AREA COMMUNITY FOUNDATION ARE USED TO SUPPORT THE YMCA'S PROGRAM SERVICES EARNINGS FROM THE HERITAGE CLUB ENDOWMENT FUND WILL ALSO BE USED TO SUPPORT THE YMCA'S PROGRAM SERVICES, ONCE IT IS FULLY FUNDED AND INVESTED
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE ORGANIZATION IS A NONPROFIT ORGANIZATION EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501 (C)(3) OF THE INTERNAL REVENUE CODE THE ORGANIZATION IS ALSO EXEMPT FROM WISCONSIN INCOME TAXES PURSUANT TO SIMILAR TAX LAWS OF THE STATE OF WISCONSIN U S GAAP REQUIRES MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE ORGANIZATION AND RECOGNIZE A TAX LIABILITY (OR ASSET) IF THE ORGANIZATION HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY A TAXING AUTHORITY MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE ORGANIZATION, AND HAS CONCLUDED THAT AS OF DECEMBER 31, 2011 AND 2010, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY (OR ASSET) OR DISCLOSURE IN THE FINANCIAL STATEMENTS THE ORGANIZATION IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS, HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS THE ORGANIZATION WILL RECOGNIZE FUTURE ACCRUED INTEREST AND PENALTIES RELATED TO UNRECOGNIZED TAX BENEFITS IN INCOME TAX EXPENSE IF INCURRED THE ORGANIZATION IS NO LONGER SUBJECT TO FEDERAL TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2008 AND STATE EXAMINATIONS FOR YEARS BEFORE 2007

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2011

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b. Attach to Form 990 or Form 990-EZ. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization MARSHFIELD AREA YMCA INC

Employer identification number 39-1557086

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

Table with 3 main columns: (a) Name of disqualified person, (b) Description of transaction, (c) Corrected? (Yes/No)

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

Table with 7 main columns: (a) Name of interested person and purpose, (b) Loan to or from the organization?, (c) Original principal amount, (d) Balance due, (e) In default?, (f) Approved by board or committee?, (g) Written agreement?

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 3 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) JOHN BAUR	COMMUNITY BANK PRESIDENT AT ASSOCIATED BANK AND BOD TREASURER	76,439	LOAN PRINCIPAL AND INTEREST PAYMENTS		No

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

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
MARSHFIELD AREA YMCA INC

Employer identification number

39-1557086

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 6	MEMBERS ARE INDIVIDUALS LIVING OR WORKING IN THE AREA OF MARSHFIELD THAT HAVE PAID THE MEMBERSHIP FEE
	FORM 990, PART VI, SECTION B, LINE 11	GIVEN TO EXECUTIVE COMMITTEE TO REVIEW BEFORE IT IS FILED
	FORM 990, PART VI, SECTION B, LINE 12C	ON ANNUAL BASIS BOARD MEMBERS AND KEY EMPLOYEES ARE GIVEN PAPERWORK TO UPDATE THEIR CONFLICT OF INTEREST STATEMENTS
	FORM 990, PART VI, SECTION B, LINE 15	THE BOD USES GUIDELINES ESTABLISHED BY THE YMCA OF THE USA FOR YMCA CEO PERFORMANCE APPRAISALS ALSO, THE BOD REVIEWED AND COMPARED THE CEO'S COMPENSATION USING VARIOUS INTERNET WEBSITES TO COMPARE THE CEO'S WAGES TO THE AVERAGE WAGE IN THE COUNTY FOR A LIKE POSITION
	FORM 990, PART VI, SECTION C, LINE 19	ALL DOCUMENTS ARE AVAILABLE AT THE BUSINESS OFFICE UPON REQUEST
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	CHANGE IN VALUE OF BENEFICIAL INTEREST -317 TOTAL TO FORM 990, PART XI, LINE 5 -317
	FORM 990, PART XI, LINE 2C	THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR