

**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)

**2010**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

**A** For the 2010 calendar year, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

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

**C** Name of organization  
**GREAT MIAMI VALLEY YMCA**  
 Doing Business As \_\_\_\_\_  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**105 NORTH 2ND STREET**  
 City or town, state or country, and ZIP + 4  
**HAMILTON OH 45011-2701**

**D** Employer identification number  
**31-0536719**

**E** Telephone number  
**513-887-0001**

**F** Name and address of principal officer:  
**VADEN W. FITTON**  
**105 NORTH 2ND STREET**  
**HAMILTON OH 45011-2701**

**G** Gross receipts \$ **17,909,523**

**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)

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

**J** Website: **WWW.GMYYMCA.ORG**

**K** Form of organization:  Corporation  Trust  Association  Other **u**

**L** Year of formation: **1889**

**M** State of legal domicile: **OH**

**H(c)** Group exemption number **u**

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <b>SEE SCHEDULE O</b>		
	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	30
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	28
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	908
	6 Total number of volunteers (estimate if necessary)	6	480
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	-8,905
b Net unrelated business taxable income from Form 990-T, line 34	7b	-8,905	
Revenue	8 Contributions and grants (Part VIII, line 1h)	2,317,799	1,463,767
	9 Program service revenue (Part VIII, line 2g)	10,969,245	10,802,840
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-1,024,724	625,082
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	72,811	106,637
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12,335,131	12,998,326
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	6,759,075	6,751,101
	16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) <b>u 119,308</b>		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	6,378,741	6,483,360
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	13,137,816	13,234,461	
19 Revenue less expenses. Subtract line 18 from line 12	-802,685	-236,135	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 43,332,198	End of Year 42,843,261
	21 Total liabilities (Part X, line 26)	20,172,525	20,228,604
	22 Net assets or fund balances. Subtract line 21 from line 20	23,159,673	22,614,657

**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: **DAWN KNOCHENMUSS** CFO Date: \_\_\_\_\_

Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name: **MELINDA M. HANNAH** Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_ Check  if self-employed PTIN: **P00220192**

Firm's name: **KIRSCH CPA GROUP, LLC** Firm's EIN: **51-0442395**

Firm's address: **925 DEIS DR STE A FAIRFIELD, OH 45014-8140** Phone no.: **513-858-6040**

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

1 Briefly describe the organization's mission:

**THE MISSION OF THE GREAT MIAMI VALLEY YMCA IS TO PUT CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT BUILD A HEALTHY SPIRIT, MIND AND BODY FOR ALL.**

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

Yes  No

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

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

Yes  No

If "Yes," describe these changes on Schedule O.

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

4a (Code: ) (Expenses \$ **5,325,162** including grants of \$ ) (Revenue \$ **4,861,278** )

**YMCA CHILD CARE**

**THE CENTRAL FOCUS OF ALL YMCA CHILDCARE PROGRAMS IS TO FOSTER 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. PARENTS PLAY AN IMPORTANT ROLE IN PROGRAM DECISIONS. IN MANY INSTANCES, YMCA CHILDCARE ALLOWS PARENTS OF THE CHILDREN IN OUR PROGRAMS TO REMAIN GAINFULLY EMPLOYED, KNOWING THAT THEIR CHILDREN ARE THRIVING IN A SAFE, SUPPORTIVE ENVIRONMENT. FOR PARENTS WHO CANNOT AFFORD THE FULL FEE, CHILDCARE IS PROVIDED ON A BELOW COST BASIS. IN 2010, YMCA BEFORE AND AFTER SCHOOL PROGRAMS SERVED 452 CHILDREN FROM 20 SCHOOLS, REPRESENTING FIVE DIFFERENT SCHOOL DISTRICTS THROUGHOUT BUTLER AND**

4b (Code: ) (Expenses \$ **2,958,423** including grants of \$ ) (Revenue \$ **2,700,710** )

**YMCA CAMPING**

**YMCA RESIDENTIAL AND DAY CAMPS DEVELOP SELF-CONFIDENCE AND SELF-RESPECT WHEN CAMPERS MEET CHALLENGES AND LEARN TO COOPERATE. YMCA CAMPING PROGRAMS ARE EDUCATIONAL; THEY PROMOTE SPIRITUAL AWARENESS, MENTAL DEVELOPMENT, PHYSICAL WELL-BEING, SOCIAL GROWTH, AND A RESPECT FOR THE ENVIRONMENT. THROUGH A VARIETY OF ACTIVITIES, AND USE OF NATURAL SURROUNDINGS, YMCA CAMPING SEEKS TO HELP PARTICIPANTS ACHIEVE THEIR FULLEST POTENTIAL IN SPIRIT, MIND AND BODY. LOW COST YMCA CAMPING PROGRAMS ARE A SAFE, HIGH QUALITY ALTERNATIVE FOR WORKING PARENTS. KNOWING THAT A CHILD IS BEING CARED FOR IN A YMCA CAMP PROGRAM ENABLES THESE PARENTS TO REMAIN GAINFULLY AND PRODUCTIVELY EMPLOYED. AS IN THE CASE OF OTHER YMCA PROGRAMS,**

4c (Code: ) (Expenses \$ **1,751,387** including grants of \$ ) (Revenue \$ **1,598,820** )

**YMCA AQUATICS**

**YMCA AQUATICS PROGRAMS ARE A PART OF THE YMCA'S OVERALL GOAL OF BUILDING A HEALTHY SPIRIT, MIND AND BODY. IN ADDITION TO PROVIDING SPECIFIC SWIMMING AND WATER SAFETY SKILLS, AQUATIC PROGRAMS PROMOTE GOOD HEALTH THROUGH REGULAR EXERCISE. THEY ALSO PROMOTE TEAMWORK, SELF-CONFIDENCE AND LEADERSHIP. THESE PROGRAMS ARE OFFERED AT FEES AFFORDABLE TO THE COMMUNITY AT LARGE, WITH FINANCIAL ASSISTANCE FOR THOSE WHO CANNOT AFFORD THE FULL FEE. IN 2010, 6,318 CHILDREN LEARNED HOW TO BE SAFE AROUND WATER THROUGH YMCA SWIM LESSONS.**

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

(Expenses \$ **1,798,721** including grants of \$ ) (Revenue \$ **1,642,032** )

4e Total program service expenses **11,833,693**

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	X	
11	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? If "Yes," complete Schedule D, Part VI	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
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? If "Yes," complete Schedule D, Part VIII		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		
20b			

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question ID, question text, and Yes/No checkboxes. Includes questions 1a-1b, 2a-2b, 3a-3b, 4a-4b, 5a-5c, 6a-6b, 7a-7h, 8, 9a-9b, 10a-10b, 11a-11b, 12a-12b, 13a-13c, 14a-14b.

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year		
<b>1b</b>	Enter the number of voting members included in line 1a, above, who are independent		
<b>2</b>	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?	<input checked="" type="checkbox"/>	
<b>3</b>	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?		<input checked="" type="checkbox"/>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		<input checked="" type="checkbox"/>
<b>6</b>	Does the organization have members or stockholders?		<input checked="" type="checkbox"/>
<b>7a</b>	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		<input checked="" type="checkbox"/>
<b>7b</b>	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		<input checked="" type="checkbox"/>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	The governing body?	<input checked="" type="checkbox"/>	
<b>8b</b>	Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/>	
<b>9</b>	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		<input checked="" type="checkbox"/>

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **u OH**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website     Another's website     Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **u GREAT MIAMI VALLEY YMCA      105 NORTH SECOND STREET**

**HAMILTON      OH 45011      513-887-0001**

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(1) <b>MARGARET BAKER</b> VICE CHAIR	0.00	X					0	0	0	
(2) <b>TIM BOELLNER</b> BD MEMBER	0.00	X					0	0	0	
(3) <b>DAVID BURBRINK</b> BD MEMBER	0.00	X					0	0	0	
(4) <b>JOHN CLEMMONS</b> BD MEMBER	0.00	X					0	0	0	
(5) <b>MARY PAT ESSMAN</b> BD MEMBER	0.00	X					0	0	0	
(6) <b>DAVE HARRISON</b> BD MEMBER	0.00	X					0	0	0	
(7) <b>LEW HOLLINGER</b> BD MEMBER	0.00	X					0	0	0	
(8) <b>CATHY KUHL</b> BD MEMBER	0.00	X					0	0	0	
(9) <b>JEFFREY LEIPZIG</b> PRESIDENT	0.00	X					0	0	0	
(10) <b>BOB LOWERY</b> BD MEMBER	0.00	X					0	0	0	
(11) <b>JASON MERZ</b> BD MEMBER	0.00	X					0	0	0	
(12) <b>ZELLENE MILLER</b> BD MEMBER	0.00	X					0	0	0	
(13) <b>DOUG MITTERHOLZER</b> BD MEMBER	0.00	X					0	0	0	
(14) <b>LARRY MULLIGAN</b> TREASURER	0.00	X					0	0	0	
(15) <b>TRICIA NEELEY</b> BD MEMBER	0.00	X					0	0	0	
(16) <b>PAUL OTTEN</b> BD MEMBER	0.00	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 (describe hours for related organizations in Schedule O)	(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			
(17) SCOTT PHILLIPS BD MEMBER	0.00	X					0	0	0	
(18) DEBRA POOLEY SECRETARY	0.00	X					0	0	0	
(19) TED RIPPERGER BD MEMBER	0.00	X					0	0	0	
(20) BOB RUSBOSIN BD MEMBER	0.00	X					0	0	0	
(21) ANDY SCHUSTER BD MEMBER	0.00	X					0	0	0	
(22) STEVE SULLIVAN BD MEMBER	0.00	X					0	0	0	
(23) BETTY TERRY BD MEMBER	0.00	X					0	0	0	
(24) JEFF THURMAN BD MEMBER	0.00	X					0	0	0	
(25) CYNAMON TROKHAN PAST CHAIR	0.00	X					0	0	0	
(26) TIM WESOLOWSKI BD MEMBER	0.00	X					0	0	0	
(27) BILL WILKS BD MEMBER	0.00	X					0	0	0	
(28) JIM WINKLE BD MEMBER	0.00	X					0	0	0	
<b>1b Sub-total</b> .....										
<b>c Total from continuation sheets to Part VII, Section A</b> .....							<b>412,397</b>		<b>77,994</b>	
<b>d Total (add lines 1b and 1c)</b> .....							<b>412,397</b>		<b>77,994</b>	

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

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

**Section B. Independent Contractors**

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(17) <b>KENDALL WRIGHT</b> BD MEMBER	0.00	X					0	0	0	
(18) <b>MELVIN BAKER</b> HON. BD. MBR	0.00	X					0	0	0	
(19) <b>DICK BRAUN</b> HON BD MBR	0.00	X					0	0	0	
(20) <b>VADEN FITTON</b> HON BD MBR	0.00	X					0	0	0	
(21) <b>LAMONT JACOBS</b> HON BD MBR	0.00	X					0	0	0	
(22) <b>DAN CRANK</b> BD MEMBER	0.00	X					0	0	0	
(23) <b>VADEN W. FITTON</b> PRES/CEO	40.00			X			159,031	0	32,742	
(24) <b>KAREN STALEY</b> COO	40.00			X			108,351	0	26,601	
(25) <b>DAWN KNOCHENMUSS</b> CFO	40.00			X			93,156	0	12,428	
(26) <b>KIMBERLY MUNAFO</b> VP FINL DEV	32.00			X			51,859	0	6,223	
(27) .....										
(28) .....										
<b>1b Sub-total</b> .....							<b>412,397</b>		<b>77,994</b>	
<b>c Total from continuation sheets to Part VII, Section A</b> .....										
<b>d Total (add lines 1b and 1c)</b> .....										

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

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

**Section B. Independent Contractors**

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

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

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

**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b> Federated campaigns .....	<b>1a</b> 106,709				
	<b>b</b> Membership dues .....	<b>1b</b>				
	<b>c</b> Fundraising events .....	<b>1c</b>				
	<b>d</b> Related organizations .....	<b>1d</b>				
	<b>e</b> Government grants (contributions) ..	<b>1e</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 1,357,058				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....					
	<b>h Total.</b> Add lines 1a-1f .....	<b>u</b>	<b>1,463,767</b>			
<b>Program Service Revenue</b>		<b>Busn. Code</b>				
	<b>2a</b> MEMBERSHIP DUES .....	713940	6,340,416	6,340,416		
	<b>b</b> PROGRAM SERVICE FEES .....	624100	4,242,624	4,242,624		
	<b>c</b> LEASE REVENUE .....	531120	219,800		219,800	
	<b>d</b> .....					
	<b>e</b> .....					
	<b>f</b> All other program service revenue .....					
	<b>g Total.</b> Add lines 2a-2f .....	<b>u</b>	<b>10,802,840</b>			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....	<b>u</b>	168,437			168,437
	<b>4</b> Income from investment of tax-exempt bond proceeds .....	<b>u</b>				
	<b>5</b> Royalties .....	<b>u</b>				
		(i) Real	(ii) Personal			
	<b>6a</b> Gross Rents .....		17,163			
	<b>b</b> Less: rental exps. ....		26,068			
	<b>c</b> Rental inc. or (loss) .....		-8,905			
	<b>d</b> Net rental income or (loss) .....	<b>u</b>	-8,905		-8,905	
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		5,279,518	950			
	<b>b</b> Less: cost or other basis & sales exps. ....	4,792,009	31,814			
	<b>c</b> Gain or (loss) .....	487,509	-30,864			
	<b>d</b> Net gain or (loss) .....	<b>u</b>	456,645	456,645		
	<b>8a</b> Gross income from fundraising events (not including \$ ..... of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>	126,399			
	<b>b</b> Less: direct expenses .....	<b>b</b>	29,936			
<b>c</b> Net income or (loss) from fundraising events .....	<b>u</b>	96,463				
<b>9a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>					
<b>b</b> Less: direct expenses .....	<b>b</b>					
<b>c</b> Net income or (loss) from gaming activities .....	<b>u</b>					
<b>10a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>	50,449				
<b>b</b> Less: cost of goods sold .....	<b>b</b>	31,370				
<b>c</b> Net income or (loss) from sales of inventory .....	<b>u</b>	19,079	19,079			
	Miscellaneous Revenue	<b>Busn. Code</b>				
<b>11a</b> .....						
<b>b</b> .....						
<b>c</b> .....						
<b>d</b> All other revenue .....						
<b>e Total.</b> Add lines 11a-11d .....	<b>u</b>					
<b>12 Total revenue.</b> See instructions. ....	<b>u</b>	<b>12,998,326</b>	<b>11,058,764</b>	<b>-8,905</b>	<b>388,237</b>	

**Part IX Statement of Functional Expenses**

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	412,397		360,538	51,859
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	5,181,306	4,724,500	419,811	36,995
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	395,567	301,795	86,386	7,386
9 Other employee benefits	255,740	195,115	55,850	4,775
10 Payroll taxes	506,091	437,101	62,193	6,797
11 Fees for services (non-employees):				
a Management				
b Legal	16,902		16,902	
c Accounting	34,395		34,395	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	157,254	157,254		
g Other	382,920	289,723	93,197	
12 Advertising and promotion	110,066	63,476	46,590	
13 Office expenses	818,313	781,943	33,046	3,324
14 Information technology	163,691	163,691		
15 Royalties				
16 Occupancy	1,684,931	1,675,122	9,809	
17 Travel	103,567	78,286	21,601	3,680
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	49,842	27,317	21,044	1,481
20 Interest	573,260	573,260		
21 Payments to affiliates	101,592	101,592		
22 Depreciation, depletion, and amortization	1,707,485	1,707,485		
23 Insurance	215,483	215,483		
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 <b>EQUIPMENT LEASES</b>	220,027	220,027		
b <b>TELEPHONE</b>	82,324	69,581	11,413	1,330
c <b>POSTAGE AND SHIPPING</b>	33,608	26,552	6,325	731
d <b>ORGANIZATIONAL DUES</b>	17,700	14,390	2,360	950
e <b>PROVISION FOR UNCOLLECTIBLES</b>	10,000	10,000		
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	13,234,461	11,833,693	1,281,460	119,308
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) Beginning of year		(B) End of year	
<b>Assets</b>	1	Cash—non-interest bearing	1,700	1	1,700
	2	Savings and temporary cash investments	876,408	2	1,135,500
	3	Pledges and grants receivable, net	202,281	3	58,832
	4	Accounts receivable, net	3,600	4	16,557
	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)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	9,965	8	6,452
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 49,247,928		
	b	Less: accumulated depreciation	10b 16,716,004	10c	32,531,924
	11	Investments—publicly traded securities	6,032,899	11	7,847,321
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	0
	15	Other assets. See Part IV, line 11	2,673,238	15	1,244,975
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	43,332,198	16	42,843,261	
<b>Liabilities</b>	17	Accounts payable and accrued expenses	467,157	17	517,885
	18	Grants payable		18	
	19	Deferred revenue	7,552	19	51,829
	20	Tax-exempt bond liabilities	17,015,000	20	16,590,000
	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	1,463,500	23	1,298,000
	24	Unsecured notes and loans payable to unrelated third parties	100,000	24	
	25	Other liabilities. Complete Part X of Schedule D	1,119,316	25	1,770,890
	26	<b>Total liabilities.</b> Add lines 17 through 25	20,172,525	26	20,228,604
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	27	Unrestricted net assets	16,161,916	27	15,254,086
	28	Temporarily restricted net assets	5,223,076	28	5,559,890
	29	Permanently restricted net assets	1,774,681	29	1,800,681
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	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	<b>Total net assets or fund balances</b>	23,159,673	33	22,614,657
34	<b>Total liabilities and net assets/fund balances</b>	43,332,198	34	42,843,261	

**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	12,998,326
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,234,461
3	Revenue less expenses. Subtract line 2 from line 1	3	-236,135
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	23,159,673
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-308,881
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	22,614,657

**Part XII Financial Statements and Reporting**

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

1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

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

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

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

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

Separate basis  Consolidated basis  Both consolidated and separate basis

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

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

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

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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2010**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

**u** Complete if the organization is described below. **u** Attach to Form 990 or Form 990-EZ.

**u** See separate instructions.

**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, Part V, line 35a (Proxy Tax), then**

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

Name of organization <b>GREAT MIAMI VALLEY YMCA</b>	Employer identification number <b>31-0536719</b>
--	---

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures u \$ \_\_\_\_\_
- 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 u \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 u \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  Yes  No
- 4a Was a correction made?  Yes  No
- b If "Yes," describe in Part IV.

**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 u \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities u \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b u \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year?  Yes  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-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2010

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

**A** Check  if the filing organization belongs to an affiliated group.

**B** Check  if the filing organization checked box A and "limited control" provisions apply.

**Limits on Lobbying Expenditures**  
(The term "expenditures" means amounts paid or incurred.)

(a) Filing organization's totals

(b) Affiliated group totals

- 1a Total lobbying expenditures to influence public opinion (grass roots lobbying)
- 1b Total lobbying expenditures to influence a legislative body (direct lobbying)
- 1c Total lobbying expenditures (add lines 1a and 1b)
- 1d Other exempt purpose expenditures
- 1e Total exempt purpose expenditures (add lines 1c and 1d)
- 1f Lobbying nontaxable amount. Enter the amount from the following table in both columns.

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.

- 1g Grassroots nontaxable amount (enter 25% of line 1f)
- 1h Subtract line 1g from line 1a. If zero or less, enter -0-
- 1i Subtract line 1f from line 1c. If zero or less, enter -0-
- 1j 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?

Yes  No

**4-Year Averaging Period Under Section 501(h)**

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

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying nontaxable amount					
1b Lobbying ceiling amount (150% of line 2a, column(e))					
1c Total lobbying expenditures					
1d Grassroots nontaxable amount					
1e Grassroots ceiling amount (150% of line 2d, column (e))					
1f 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
<b>1</b> 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:			
<b>a</b> Volunteers?		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
<b>c</b> Media advertisements?		X	
<b>d</b> Mailings to members, legislators, or the public?		X	
<b>e</b> Publications, or published or broadcast statements?		X	
<b>f</b> Grants to other organizations for lobbying purposes?	X		6,000
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
<b>i</b> Other activities? If "Yes," describe in Part IV		X	
<b>j</b> Total. Add lines 1c through 1i			6,000
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> 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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?		
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
<b>3</b> Did the organization agree to carryover lobbying and political expenditures from the prior year?		

**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."**

<b>1</b> Dues, assessments and similar amounts from members	1	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year	2a	
<b>b</b> Carryover from last year	2b	
<b>c</b> Total	2c	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
<b>4</b> 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	
<b>5</b> 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.

**SCHEDULE C, PART II-B, LINE 1I**

**THE ENTIRE DUES PAID TO THE OHIO ALLIANCE OF YMCAS ARE REPORTED AS LOBBYING COSTS. THE OHIO ALLIANCE OF YMCAS FOCUSES ITS WORK IN A VARIETY OF AREAS, INCLUDING CHILD CARE RELATED ISSUES; CHILD CARE LICENSING REQUIREMENTS AND TRANSPORTATION; DIABETES SCREENING AND PREVENTION PROGRAMS; REVISIONS TO SWIMMING POOL RULES AND REGULATIONS; MINIMUM WAGE REQUIREMENTS; CRIMINAL**

**Part IV** Supplemental Information (continued)

BACKGROUND CHECKS FOR CAMP EMPLOYEES AND VOLUNTEERS; AND STATE SALES TAX

ISSUES RELATED TO YMCAS.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

u Attach to Form 990. u See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization

GREAT MIAMI VALLEY YMCA

Employer identification number

31-0536719

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 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and two questions about donor advisement.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, total number of easements, total acreage, number of easements on historic structures, and questions about monitoring and expenses.

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting works of art, historical treasures, or other similar assets.

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

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

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

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

- c Beginning balance
- d Additions during the year
- e Distributions during the year
- f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds. Complete if 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	3,442,074	2,059,106	2,875,812		
b Contributions	26,000	1,123,675			
c Net investment earnings, gains, and losses	305,122	282,045	-724,697		
d Grants or scholarships					
e Other expenditures for facilities and programs	-224,903	-22,752	-92,009		
f Administrative expenses					
g End of year balance	3,548,293	3,442,074	2,059,106		

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

- a Board designated or quasi-endowment u %
- b Permanent endowment u 100.00 %
- c Term endowment u %

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

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

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

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 investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		3,411,032		3,411,032
b Buildings		43,757,008	15,221,061	28,535,947
c Leasehold improvements				
d Equipment		2,003,974	1,420,176	583,798
e Other		75,914	74,767	1,147
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)			<u>u</u>	<b>32,531,924</b>

**Part VII Investments—Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)	<b>u</b>	

**Part VIII Investments—Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.)	<b>u</b>	

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	<b>u</b>

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount	
(1) Federal income taxes		
(2) <b>PROVISION FOR INTEREST RATE SWAP AGR</b>	<b>1,504,739</b>	
(3) <b>CAPITAL LEASE</b>	<b>189,552</b>	
(4) <b>CUSTODIAL CASH LIABILITIES</b>	<b>76,599</b>	
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	<b>u 1,770,890</b>	

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	12,998,326
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	13,234,461
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-236,135
4	Net unrealized gains (losses) on investments	4	151,110
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	-459,991
9	Total adjustments (net). Add lines 4 through 8	9	-308,881
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-545,016

**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	12,938,075
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	151,110
b	Donated services and use of facilities	2b	161,254
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	-459,991
e	Add lines 2a through 2d	2e	-147,627
3	Subtract line 2e from line 1	3	13,085,702
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	-87,376
c	Add lines 4a and 4b	4c	-87,376
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	12,998,326

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

1	Total expenses and losses per audited financial statements	1	13,483,091
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	161,254
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	161,254
3	Subtract line 2e from line 1	3	13,321,837
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	-87,376
c	Add lines 4a and 4b	4c	-87,376
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	13,234,461

**Part XIV Supplemental Information**

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

**PART X - LIABILITY UNDER FIN 48 FOOTNOTE**

ACCOUNTING STANDARDS PRESCRIBE A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THESE STANDARDS ALSO PROVIDE GUIDANCE ON DERECOGNITION OF TAX BENEFITS, CLASSIFICATION ON THE STATEMENT OF FINANCIAL POSITION, INTEREST AND PENALTIES, ACCOUNTING IN INTERIM PERIODS, DISCLOSURE, AND TRANSITION.

**Part XIV Supplemental Information** (continued)

THE ASSOCIATION'S EVALUATION ON DECEMBER 31, 2010 AND 2009 REVEALED NO TAX POSITIONS THAT WOULD HAVE A MATERIAL IMPACT ON THE FINANCIAL STATEMENTS. THE 2006 THROUGH 2009 TAX YEARS REMAIN SUBJECT TO EXAMINATION BY THE IRS. THE ASSOCIATION DOES NOT BELIEVE THAT ANY REASONABLY POSSIBLE CHANGES WILL OCCUR WITHIN THE NEXT TWELVE MONTHS THAT WILL HAVE A MATERIAL IMPACT ON THE FINANCIAL STATEMENTS.

## PART XI, LINE 8 - RECONCILIATION OF CHANGES - OTHER

CHANGE IN BENEFICIAL INTEREST IN TRUST	\$	17,320
CHANGE IN FAIR VALUE OF INTEREST RATE SWAPS	\$	-477,311
COST OF SALES FOR INVENTORY SALES	\$	31,370
DIRECT EXPENSES FOR RENTAL INCOME	\$	26,068
DIRECT EXPENSES FOR EVENT INCOME	\$	29,937
ROUNDING	\$	1
COST OF SALES FOR INVENTORY SALES	\$	-31,370
DIRECT EXPENSES FOR RENTAL INCOME	\$	-26,068
DIRECT EXPENSES FOR EVENT INCOME	\$	-29,937
ROUNDING	\$	-1

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

CHANGE IN BENEFICIAL INTEREST IN TRUST	\$	17,320
CHANGE IN FAIR VALUE OF INTEREST RATE SWAPS	\$	-477,311

## PART XII, LINE 4B - REVENUE AMOUNTS INCLUDED ON RETURN - OTHER

COST OF SALES FOR INVENTORY SALES	\$	-31,370
DIRECT EXPENSES FOR RENTAL INCOME	\$	-26,068

Part XIV Supplemental Information (continued)

DIRECT EXPENSES FOR EVENT INCOME \$ -29,937

ROUNDING \$ -1

PART XIII, LINE 4B - EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER

COST OF SALES FOR INVENTORY SALES \$ -31,370

DIRECT EXPENSES FOR RENTAL INCOME \$ -26,068

DIRECT EXPENSES FOR EVENT INCOME \$ -29,937

ROUNDING \$ -1

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
 Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No. 1545-0047

**2010**

Open To Public Inspection

Name of the organization

**GREAT MIAMI VALLEY YMCA**

Employer identification number

**31-0536719**

**Part I Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a**  Mail solicitations
- b**  Internet and email solicitations
- c**  Phone solicitations
- d**  In-person solicitations
- e**  Solicitation of non-government grants
- f**  Solicitation of government grants
- g**  Special fundraising events

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
<b>Total</b>							

**3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>Y CARE AFFAIR</u>	<u>CHARACTER AWARD</u>	<u>1</u>	(add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	91,388	18,410	16,601	126,399
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)	91,388	18,410	16,601	126,399
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	9,320			9,320
	7 Food and beverages	141	6,810		6,951
	8 Entertainment				
	9 Other direct expenses	5,886	2,525	5,254	13,665
	10 Direct expense summary. Add lines 4 through 9 in column (d)				29,936
11 Net income summary. Combine line 3, column (d), and line 10				96,463	

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

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

9 Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_  
 a Is the organization licensed to operate gaming activities in each of these states? 9a  Yes  No

b If "No," explain: \_\_\_\_\_  
 \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10a  Yes  No

b If "Yes," explain: \_\_\_\_\_  
 \_\_\_\_\_



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

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Compensation Information**

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

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

u Attach to Form 990. u See separate instructions.

OMB No. 1545-0047

**2010**

Open To Public Inspection

**GREAT MIAMI VALLEY YMCA**

Employer identification number  
**31-0536719**

**Part I Questions Regarding Compensation**

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

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

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

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

	(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	VADEN W. FITTON	(i) 159,031	(ii) 0	(iii) 0	0	32,742	191,773	0
		(ii) 0	0	0	0	0	0	0
2		(i)	(ii)	(iii)				
3		(i)	(ii)	(iii)				
4		(i)	(ii)	(iii)				
5		(i)	(ii)	(iii)				
6		(i)	(ii)	(iii)				
7		(i)	(ii)	(iii)				
8		(i)	(ii)	(iii)				
9		(i)	(ii)	(iii)				
10		(i)	(ii)	(iii)				
11		(i)	(ii)	(iii)				
12		(i)	(ii)	(iii)				
13		(i)	(ii)	(iii)				
14		(i)	(ii)	(iii)				
15		(i)	(ii)	(iii)				
16		(i)	(ii)	(iii)				



**SCHEDULE K**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information on Tax-Exempt Bonds**

u Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part V.

u Attach to Form 990.

u See separate instructions.

OMB No. 1545-0047

**2010**

**Open to Public Inspection**

Name of the organization

**GREAT MIAMI VALLEY YMCA**

Employer identification number  
**31-0536719**

**Part I Bond Issues**

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
							Yes	No	Yes	No	Yes	No
<b>A</b>	<b>BUTLER COUNTY PORT AUTHORITY</b>	<b>65-1235109</b>	<b>12355RAA4</b>	<b>09/28/07</b>	<b>17,905,000</b>	<b>THE PURPOSE OF THIS</b>		<b>X</b>		<b>X</b>		<b>X</b>
<b>B</b>												
<b>C</b>												
<b>D</b>												

**Part II Proceeds**

	A	B	C	D
<b>1</b> Amount of bonds retired .....	<b>1,315,000</b>			
<b>2</b> Amount of bonds legally defeased .....				
<b>3</b> Total proceeds of issue .....	<b>17,905,000</b>			
<b>4</b> Gross proceeds in reserve funds .....				
<b>5</b> Capitalized interest from proceeds .....				
<b>6</b> Proceeds in refunding escrows .....	<b>7,373,189</b>			
<b>7</b> Issuance costs from proceeds .....	<b>277,324</b>			
<b>8</b> Credit enhancement from proceeds .....				
<b>9</b> Working capital expenditures from proceeds .....				
<b>10</b> Capital expenditures from proceeds .....	<b>10,254,487</b>			
<b>11</b> Other spent proceeds .....				
<b>12</b> Other unspent proceeds .....				
<b>13</b> Year of substantial completion .....	<b>2008</b>			
	Yes	No	Yes	No
<b>14</b> Were the bonds issued as part of a current refunding issue? .....	<b>X</b>			
<b>15</b> Were the bonds issued as part of an advance refunding issue? .....		<b>X</b>		
<b>16</b> Has the final allocation of proceeds been made? .....	<b>X</b>			
<b>17</b> Does the organization maintain adequate books and records to support the final allocation of proceeds? .....	<b>X</b>			

**Part III Private Business Use**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? .....		<b>X</b>						
<b>2</b> Are there any lease arrangements that may result in private business use of bond-financed property? .....		<b>X</b>						

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule K (Form 990) 2010

**Part III Private Business Use (Continued)**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? .....		<b>X</b>						
<b>b</b> Are there any research agreements that may result in private business use of bond-financed property? .....		<b>X</b>						
<b>c</b> Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property? .....		<b>X</b>						
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ..... <b>u</b>		%		%		%		%
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ..... <b>u</b>		%		%		%		%
<b>6</b> Total of lines 4 and 5 .....		%		%		%		%
<b>7</b> Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities? .....	<b>X</b>							

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue? .....		<b>X</b>						
<b>2</b> Is the bond issue a variable rate issue? .....	<b>X</b>							
<b>3a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? .....	<b>X</b>							
<b>b</b> Name of provider .....	JPMORGAN CHASE							
<b>c</b> Term of hedge .....	15.0							
<b>d</b> Was the hedge superintegrated? .....		<b>X</b>						
<b>e</b> Was the hedge terminated? .....		<b>X</b>						
<b>4a</b> Were gross proceeds invested in a GIC? .....		<b>X</b>						
<b>b</b> Name of provider .....								
<b>c</b> Term of GIC .....								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? .....								
<b>5</b> Were any gross proceeds invested beyond an available temporary period? ...		<b>X</b>						
<b>6</b> Did the bond issue qualify for an exception to rebate? .....		<b>X</b>						

**Part V Supplemental Information.** Complete this part to provide additional information for responses to questions on Schedule K (see instructions).

**SCHEDULE K - PURPOSE OF ISSUE DESCRIPTION**

**BUTLER COUNTY PORT AUTHORITY**

**BOND IS TO PAY OFF THE ORGANIZATION'S SERIES 2000 BOND AND PROVIDE FUNDS FOR THE CONSTRUCTION OF A NEW YMCA BRANCH THAT OPENED IN 2008.**

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Transactions With Interested Persons**

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

OMB No. 1545-0047

**2010**

Open To Public  
Inspection

**GREAT MIAMI VALLEY YMCA**

Employer identification number

**31-0536719**

**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.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ..... u \$ \_\_\_\_\_

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ..... u \$ \_\_\_\_\_

**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.

(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?	
					Yes	No	Yes	No	Yes	No
	To	From	Yes	No	Yes	No	Yes	No		
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										

**Total** ..... u \$ \_\_\_\_\_

**Part III Grants or Assistance Benefiting Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		



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

Department of the Treasury  
Internal Revenue Service

Name of the organization

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

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

u Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

**2010**

Open to Public  
Inspection

**GREAT MIAMI VALLEY YMCA**

Employer identification number

**31-0536719**

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

**THE GREAT MIAMI VALLEY YMCA IS A NON-PROFIT, CHARITABLE COMMUNITY SERVICE ORGANIZATION. THE YMCA IS AN ASSOCIATION OF PEOPLE DEDICATED TO THE MISSION OF THE YMCA, TO PUT CHRISTIAN PRINCIPLES IN TO PRACTICE THROUGH PROGRAMS THAT DEVELOP A HEALTHY SPIRIT, MIND AND BODY FOR ALL.**

**THE YMCA MISSION COMES ALIVE THROUGH PROGRAMS THAT HELP PEOPLE:**

- APPRECIATE DIVERSITY
- BECOME BETTER LEADERS AND SUPPORTERS
- DEVELOP SKILLS
- HAVE FUN WITH OTHERS AND LEARN FROM THEM

**THE YMCA MISSION COMES ALIVE THROUGH THE EFFORTS OF:**

- PAID STAFF - FULL AND PART TIME; FROM TEENS TO SENIORS
- VOLUNTEERS - WHO LEAD PROGRAM AND MAKE POLICY
- MEMBERS - WHO ARE MENTORS, COACHES AND DONORS

**AT THE ROOT OF OUR MISSION IS A COMMITMENT TO THE YMCA VALUES EDUCATION PROGRAM ENTITLED CHARACTER DEVELOPMENT. CHARACTER DEVELOPMENT FOCUSES ON FIVE CORE VALUES - CARING, FAITH, HONESTY, RESPECT, AND RESPONSIBILITY.**

**THESE VALUES PROVIDE THE FUNDAMENTAL BASIS FOR ALL YMCA OPERATIONS, STAFF DEVELOPMENT, PROGRAM DEVELOPMENT, AND PROGRAM DELIVERY.**

**THE YMCA STANDS TOGETHER WITH FAMILIES, SCHOOLS, CHURCHES, BUSINESSES, HOSPITALS, GOVERNMENT AGENCIES, AND OTHER ORGANIZATIONS TO BUILD STRONG**

Name of the organization

GREAT MIAMI VALLEY YMCA

Employer identification number

31-0536719

KIDS, STRONG FAMILIES, AND STRONG COMMUNITIES. IN TODAY'S SOCIETY, THE YMCA'S ROLE IS TO GIVE YOUTH AND ADULTS EXPERIENCES THAT HELP THEM DEVELOP A SET OF POSITIVE VALUES, MORALS, AND ETHICS THAT THEY WILL LIVE BY. IT IS ESSENTIAL TO A SUCCESSFUL, STRONG COMMUNITY THAT ALL YOUTH AND ADULTS LIVE ACCORDING TO VALUES NECESSARY FOR HEALTHY HUMAN DEVELOPMENT IN SPIRIT, MIND AND BODY.

THE YMCA'S STRENGTH IS ABOUT MORE THAN BUILDING MUSCLE. IT'S ABOUT FAMILY, SERVING 31,737 MEMBERS OF ALL AGES FORMING OUR YMCA FAMILY. IT'S ABOUT OPTIONS - MORE THAN 200 PROGRAMS ALLOW PEOPLE TO CHOOSE THE ACTIVITY THAT BEST SUPPORTS THEIR INTERESTS. INSPIRATION - 22,993 PARTICIPANTS WERE INSPIRED TO LIVE HEALTHIER THROUGH GROUP EXERCISE PROGRAMS. BUILDING A FOUNDATION - MORE THAN 5,000 YOUTH WERE PROVIDED POSITIVE OPPORTUNITIES THROUGH OUTREACH PROGRAMS. AND, IT'S ABOUT WORKING TOGETHER - COMMUNITY COLLABORATIONS WITH LOCAL HOSPITALS, SCHOOLS, CHURCHES, PARKS, AND OTHER NON-PROFIT ORGANIZATIONS.

THE GREAT MIAMI VALLEY YMCA SERVED AT SEVEN BRANCHES THROUGHOUT BUTLER COUNTY IN 2010. THE YMCA REACHES OUT WELL BEYOND THEIR OWN BRICK AND MORTAR, BY EXTENDING PROGRAMS AND SERVICES IN PARTNERSHIP WITH 76 SCHOOLS, CHURCHES, PUBLIC FACILITIES AND OTHER ORGANIZATIONS.

IN 2010, WE PROVIDED FINANCIAL ASSISTANCE IN THE FORM OF A SLIDING FEE SCALE TO 1,742 INDIVIDUALS AND FAMILIES WHO WOULD NOT OTHERWISE BE ABLE TO AFFORD TO PARTICIPATE. IN FACT, A TOTAL OF \$490,767 IN FINANCIAL SCHOLARSHIPS ENABLED

- 26 CHILDREN TO SPEND A WEEK AT YMCA CAMPBELL GARD'S RESIDENT SUMMER CAMP

Name of the organization

GREAT MIAMI VALLEY YMCA

Employer identification number

31-0536719

- 66 CHILDREN TO PARTICIPATE IN YMCA CHILD CARE PROGRAMS (SCHOOL AGE, PRESCHOOL, AND FULL DAY PROGRAMS).

- 64 CHILDREN TO ATTEND SUMMER DAY CAMP

- 115 INNER CITY YOUTH & TEEN TO RECEIVE CENTRAL YOUTH/TEEN CENTER MEMBERSHIPS

THESE FUNDS WERE MADE POSSIBLE THROUGH DONATIONS FROM 653 SUPPORTERS AND FRIENDS OF THE GREAT MIAMI VALLEY YMCA.

AN ADDITIONAL \$447,535 IN CAPITAL DONATIONS, GRANTS AND UNITED WAY FUNDING HELPED TO SUPPORT NECESSARY IMPROVEMENTS TO OUR STRUCTURES, UNDERWRITE OUTREACH PROGRAMS FOR YOUTH AND TEENS IN LOW-INCOME NEIGHBORHOODS AND PROVIDED PROGRAM SPECIFIC FUNDING FOR A VARIETY OF ACTIVITIES IN OUR AREAS OF FOCUS INCLUDING YOUTH DEVELOPMENT, HEALTHY LIVING AND SOCIAL RESPONSIBILITY.

FORM 990, PART III, LINE 4A - FIRST ACHIEVEMENT

WARREN COUNTY AT VARIOUS LOCATIONS. PART DAY PRESCHOOL ENRICHMENT PROGRAMS SERVED 151 CHILDREN AT THREE LOCATIONS. FULL DAY CHILD CARE PROGRAMS SERVED AN AVERAGE OF 155 CHILDREN DAILY AT FOUR LOCATIONS. COLLABORATIONS WITH HAMILTON CITY SCHOOLS, ROSS LOCAL SCHOOLS, TALAWANDA LOCAL SCHOOLS, FRANKLIN SCHOOLS, AND LOCAL CHURCHES MAKE THESE PROGRAMS POSSIBLE.

FORM 990, PART III, LINE 4B - SECOND ACHIEVEMENT

FINANCIAL ASSISTANCE IS AVAILABLE FOR THOSE WHO CANNOT AFFORD THE CUSTOMARY FEE, AND THOSE WITH SPECIAL NEEDS ARE WELCOME. IN 2010, THE YMCA SERVED MORE THAN 10,000 CHILDREN IN OUR OUTDOOR EDUCATION, DAY AND OVERNIGHT

Name of the organization

GREAT MIAMI VALLEY YMCA

Employer identification number

31-0536719

CAMPING PROGRAMS AT FIVE DIFFERENT LOCATIONS THROUGHOUT BUTLER COUNTY.

3,332 CAMPERS PARTICIPATED IN DAY AND OVERNIGHT CAMPING PROGRAMS.

FORM 990, PART III, LINE 4D - ALL OTHER ACHIEVEMENTS

YMCA HEALTH AND WELLNESS

THE FAMILIAR YMCA TRIANGLE EMPHASIZES THE ONENESS OF SPIRIT, MIND AND BODY.

YMCA HEALTH ENHANCEMENT PROGRAMS HELP ACHIEVE THIS UNITY THROUGH MEDICALLY

BASED PROGRAMS THAT STRESS PROPER EXERCISE, NUTRITION, STRESS MANAGEMENT,

AVOIDANCE OF DRUG AND ALCOHOL ABUSE, AND HEALTH EDUCATION, INCLUDING

PROGRAMS FOR CHILDREN, TEENS, FAMILIES, AND SENIORS---PROGRAMS SUCH AS

PARENT/CHILD PRESCHOOL MOVEMENT, AEROBICS, PILATES, YOGA, STRENGTH

TRAINING, AND WATER EXERCISE. PEOPLE WITH CHRONIC AILMENTS, SUCH AS

ARTHRITIS AND HEART DISEASE, FIND YMCA PROGRAMS THAT ARE TAILORED TO THEM.

YMCA HEALTH ENHANCEMENT PROGRAMS ARE DESIGNED TO ATTRACT PEOPLE OF ALL

AGES, ALL ABILITIES, AND ALL INCOMES. YMCAS OFFER A WELCOMING ATMOSPHERE,

WHERE NEW EXERCISERS CAN FEEL COMFORTABLE AND RECEIVE THE SUPPORT THEY NEED

TO IMPROVE THEIR HEALTH. YMCA FINANCIAL ASSISTANCE PROGRAM ASSIST LOW-

INCOME PEOPLE, WHO ARE LESS LIKELY TO EXERCISE AND TO HAVE ADEQUATE HEALTH

CARE, GAIN ACCESS TO THE YMCA.

IN 2010, THE YMCA RECEIVED OVER 130,000 REGISTRATIONS THROUGHOUT BUTLER

COUNTY IN OVER 200 DIFFERENT HEALTH ENHANCEMENT PROGRAMS.

THE GREAT MIAMI VALLEY YMCA LAUNCHED ITS FIRST COMMUNITY WIDE ACTIVATE

BUTLER COUNTY OHIO EVENT ON FEB. 20, 2010. ACTIVATE BUTLER COUNTY'S

MISSION IS TO IMPROVE THE HEALTH AND QUALITY OF LIFE AMONG INDIVIDUALS OF

Name of the organization

GREAT MIAMI VALLEY YMCA

Employer identification number

31-0536719

ALL AGES, FAMILIES, AND COMMUNITIES BY PROMOTING HEALTHY AND ACTIVE LIFESTYLES ACROSS BUTLER COUNTY. THANKS TO THE GENEROUS SUPPORT OF LOCAL COMMUNITY PARTNERS, WE WERE ABLE TO SERVE OVER 800 HEALTH SEEKERS AT THIS EVENT.

#### YMCA TEEN LEADERSHIP

YMCA YOUTH AND TEEN PROGRAMS GIVE KIDS GOOD ROLE MODELS TO HELP THEM DEVELOP SELF-ESTEEM AND GOOD VALUES, INCLUDING COOPERATION, RESPECT FOR THE BODY, GOOD CITIZENSHIP, AND A STRONG WORK ETHIC. TEEN ACTIVITIES ARE AMONG THE MOST RAPIDLY GROWING YMCA PROGRAMS, REFLECTING A GROWING AWARENESS THAT ADOLESCENTS NEED STRUCTURE AND ACTIVITIES, ESPECIALLY IN THE AFTER SCHOOL HOURS. INTERACTION WITH TEENS WILL HELP PREVENT THE SENSELESS VIOLENCE THAT HAS PLAGUED SO MANY COMMUNITIES. CORE PROGRAMS OF THE YMCA TEEN ACTION AGENDA INCLUDE TEEN LEADERSHIP CAMPS AND COUNSELOR IN TRAINING PROGRAMS, Y TEEN CENTERS, Y LEADERS CLUBS, YMCA YOUTH IN GOVERNMENT, TEEN WELLNESS, AND TEEN JOB SKILLS DEVELOPMENT. MORE THAN 100 TEENS PARTICIPATED IN LEADERSHIP PROGRAMS AT THE Y.

#### YMCA YOUTH SPORTS

THESE PROGRAMS PROMOTE AN APPRECIATION OF ONE'S OWN SELF WORTH. WHATEVER THE SPORT, THE FOCUS IS ON FULL AND EQUAL PARTICIPATION OF ALL; EVERY CHILD PLAYS IN EVERY GAME. LEAGUES ARE ORGANIZED ON THE BASIS OF SKILLS CLINICS. WIN OR LOSE, YMCA YOUTH SPORTS PROGRAMS EMPHASIZE DEVELOPMENT OF THE SKILL, HEALTH AND FITNESS, SAFETY, COOPERATION, SELF-ESTEEM, AND RESPECT FOR OTHERS. IN 2010, 4,517 YOUTH PARTICIPATED IN OUR YOUTH SPORTS PROGRAMS, WHICH INCLUDE SOCCER, BASKETBALL, T-BALL, BASEBALL, SOFTBALL, FLAG FOOTBALL, MARTIAL ARTS, SWIM TEAM, GYMNASTICS AND THE GYMNASTICS TEAM.

Name of the organization

GREAT MIAMI VALLEY YMCA

Employer identification number

31-0536719

## YMCA ACTIVE OLDER ADULTS

THE ACTIVE OLDER ADULTS PROGRAMS STRESS HEALTH AND FITNESS, HEALTH SCREENINGS AND EDUCATION, SOCIAL ACTIVITIES, AND VOLUNTEER OPPORTUNITIES. MORE THAN 4,600 PARTICIPATED IN OUR ACTIVE OLDER ADULT PROGRAMMING IN 2010.

## YMCA VOLUNTEERS

THE GREAT MIAMI VALLEY YMCA IS A NON-PROFIT, VOLUNTEER DRIVEN ORGANIZATION COMMITTED TO MEETING THE NEEDS OF OUR COMMUNITY. VOLUNTEERS ARE A VITAL PART OF THE YMCA. THEIR SPECIAL TALENTS, COMMITMENT AND DEDICATION REALLY MAKE A DIFFERENCE. IN 2010, THE GREAT MIAMI VALLEY YMCA WAS BLESSED TO HAVE 98 POLICY VOLUNTEERS AND 382 PROGRAM VOLUNTEERS.

## FORM 990, PART VI, LINE 2 - RELATED PARTY INFORMATION AMONG OFFICERS

VADEN FITTON

VADEN W. FITTON

HON. BD MBR

CEO

FATHER-SON

## FORM 990, PART VI, LINE 10B - POLICIES AND PROCEDURES GOVERNING CHAPTERS

YES

## FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

A DRAFT COPY OF THE FORM 990 AND 990-T IS PROVIDED TO EACH MEMBER OF THE BOARD OF TRUSTEES FOR THEIR REVIEW. ONCE ALL COMMENTS ARE RECEIVED AND ADDRESSED, FORM 990 AND 990-T ARE FILED WITH THE IRS.

## FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

Name of the organization

GREAT MIAMI VALLEY YMCA

Employer identification number

31-0536719

EACH YEAR, THE GREAT MIAMI VALLEY YMCA SENDS COPIES OF THE CONFLICT OF INTEREST POLICY TO SOME OR ALL OF THE MEMBERS OF THE BOARD OF TRUSTEES, COMMITTEE MEMBERS AND OFFICERS WHO COMPLETE AND RETURN A COPY OF THE DISCLOSURE STATEMENT AND A RELATED QUESTIONNAIRE.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL  
 EACH YEAR, AN INDEPENDENT EXECUTIVE COMPENSATION COMMITTEE FROM THE BOARD OF TRUSTEES CONDUCTS AN ANNUAL EVALUATION OF THE CHIEF EXECUTIVE OFFICER. THE EXECUTIVE COMPENSATION COMMITTEE USES COMPARABLE DATA PROVIDED BY THE YMCA OF THE USA (YUSA) DURING THIS PROCESS. EACH MEMBER OF THE EXECUTIVE COMPENSATION COMMITTEE SIGNS THE PERFORMANCE EVALUATION FORM PROVIDED BY THE YUSA AND MINUTES ARE KEPT AT THESE MEETINGS.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS  
 EACH YEAR, THE CHIEF EXECUTIVE OFFICER CONDUCTS AN ANNUAL EVALUATION OF THE OFFICERS AND DIRECTORS OF THE ASSOCIATION. THE EXECUTIVE COMPENSATION COMMITTEE, COMPRISED OF INDEPENDENT MEMBERS OF THE BOARD OF TRUSTEES, REVIEWS THE PROPOSED SALARY INCREASES BASED ON THE ANNUAL EVALUATION AND COMPARES THE PAY RANGES TO DETERMINE IF THE INCREASES FALL WITHIN THE SUGGESTED PAY INCREASE RANGES FOR THE YEAR AS WELL AS COMPARABLE RANGES BASED ON INFORMATION PROVIDED BY THE YUSA. MINUTES ARE KEPT AT THESE MEETINGS.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION  
 THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE BOARD OF TRUSTEES.

For calendar year 2010, or tax year beginning , and ending

Name

Employer Identification Number

**GREAT MIAMI VALLEY YMCA**

**31-0536719**

**FORM 990, PART X, LINE 23 - ADDITIONAL INFORMATION**

Name of lender	Relationship to disqualified person
(1) <b>FIRST FINANCIAL BANK</b>	
(2) <b>US BANK</b>	
(3) <b>FIRST FINANCIAL BANK</b>	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1) <b>328,000</b>	<b>10/15/02</b>	<b>02/09/13</b>	<b>INTEREST ONLY PAYMENTS</b>	<b>4.000</b>
(2) <b>328,000</b>	<b>12/10/02</b>	<b>12/10/13</b>	<b>INTEREST ONLY PAYMENTS</b>	<b>3.250</b>
(3) <b>1,556,250</b>	<b>07/12/07</b>	<b>07/12/12</b>	<b>AT LEAST 100,000/YEAR</b>	<b>3.000</b>
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Security provided by borrower	Purpose of loan
(1) <b>GRAMM INVESTMENT FUND</b>	<b>WATER TREATMENT FACILITY CONSTRUCT</b>
(2) <b>US BANK BROKERAGE ACCOUNTS</b>	<b>WATER TREATMENT FACILITY CONSTRUCT.</b>
(3) <b>FAIRFIELD BRANCH</b>	<b>EXPANSION AT EAST BUTLER BRANCH</b>
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
(1)	<b>250,000</b>	<b>250,000</b>
(2)	<b>250,000</b>	<b>250,000</b>
(3)	<b>963,500</b>	<b>798,000</b>
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Totals	<b>1,463,500</b>	<b>1,298,000</b>

**Tax-Exempt Bond Liabilities**

Form **990**

**2010**

For calendar year 2010, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

Name  
**GREAT MIAMI VALLEY YMCA**

Employer Identification Number  
**31-0536719**

**FORM 990, PART X, LINE 20 - ADDITIONAL INFORMATION**

Name of lender	Purpose of issue
(1) <b>BUTLER COUNTY PORT AUTHORITY</b>	<b>CONSTRUCTION, REPAY SERIES 2000 BOND</b>
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Issue date	Original amount of issue	Form 8038 filed: Y/N Date filed	Date retired	Completion date of project	Unexpended bond proceeds
(1) <b>09/28/07</b>	<b>17,905,000</b>	<b>Y 09/28/07</b>	<b>09/01/37</b>	<b>08/25/08</b>	
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Third party use percent	Maturity date	Repayment terms	Interest rate
(1)	<b>09/01/37</b>	<b>PRINCIPAL PAY 2008 - 2032</b>	<b>3.470</b>
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			

Security provided by borrower	Amount outstanding at beginning of year	Amount outstanding at end of year
(1) <b>PERSONAL PROP., MORTGAGE-2 BRANCHES</b>	<b>17,015,000</b>	<b>16,590,000</b>
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Totals</b>	<b>17,015,000</b>	<b>16,590,000</b>

**Public Charity Status and Public Support**

**2010**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

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

Name of the organization

**GREAT MIAMI VALLEY YMCA**

Employer identification number

**31-0536719**

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

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: .....
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.  
  - a  Type I
  - b  Type II
  - c  Type III—Functionally integrated
  - d  Type III—Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
  - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....
  - (ii) A family member of a person described in (i) above? .....
  - (iii) A 35% controlled entity of a person described in (i) or (ii) above? .....

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

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

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

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I 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) <b>u</b>	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<b>6</b> Public support. Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) <b>u</b>	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>11 Total support.</b> Add lines 7 through 10						

**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 section 501(c)(3) organization, check this box and **stop here**

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

**14** Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) 14 %

**15** Public support percentage from 2009 Schedule A, Part II, line 14 15 %

**16a 33 1/3% support test—2010.** 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—2009.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**17a 10%-facts-and-circumstances test—2010.** 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—2009.** 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 Section 509(a)(2)**

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) <b>u</b>	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	6,377,888	6,926,581	7,951,814	8,731,165	7,804,183	37,791,631
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	2,770,039	3,690,346	3,746,917	4,330,215	4,242,624	18,780,141
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513					0	
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5	9,147,927	10,616,927	11,698,731	13,061,380	12,046,807	56,571,772
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons	93,701	236,777	148,048	138,860	133,652	751,038
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b	93,701	236,777	148,048	138,860	133,652	751,038
<b>8 Public support.</b> (Subtract line 7c from line 6.)						55,820,734

**Section B. Total Support**

Calendar year (or fiscal year beginning in) <b>u</b>	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>9</b> Amounts from line 6	9,147,927	10,616,927	11,698,731	13,061,380	12,046,807	56,571,772
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	279,161	295,684	315,958	167,218	168,437	1,226,458
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b	279,161	295,684	315,958	167,218	168,437	1,226,458
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					0	
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	9,427,088	10,912,611	12,014,689	13,228,598	12,215,244	57,798,230

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

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

<b>15</b> Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	96.58 %
<b>16</b> Public support percentage from 2009 Schedule A, Part III, line 15	<b>16</b>	96.02 %

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

<b>17</b> Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	2 %
<b>18</b> Investment income percentage from 2009 Schedule A, Part III, line 17	<b>18</b>	2 %

**19a 33 1/3% support tests—2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests—2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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



**Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))

**2010**

Open to Public Inspection for  
501(c)(3) Organizations Only

Department of the Treasury  
Internal Revenue Service

For calendar year 2010 or other tax year beginning \_\_\_\_\_, and  
ending \_\_\_\_\_ **u See separate instructions.**

<b>A</b> <input type="checkbox"/> Check box if address changed  <b>B</b> Exempt under section <input checked="" type="checkbox"/> 501(c) ( <b>3</b> ) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	<b>Print</b>  <b>or</b>  <b>Type</b>	Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.) <b>GREAT MIAMI VALLEY YMCA</b> Number, street, and room or suite no. If a P.O. box, see instructions. <b>105 NORTH 2ND STREET</b> City or town, state, and ZIP code <b>HAMILTON OH 45011-2701</b>	<b>D Employer identification number</b> (Employees' trust, see instructions.)  <b>31-0536719</b>  <b>E Unrelated business activity codes</b> (See instructions.)  <b>532000</b>
<b>C</b> Book value of all assets at end of year  <b>42,843,261</b>	<b>F</b> Group exemption number (See instructions.) <b>u</b> <b>G</b> Check organization type <b>u</b> <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust		

**H** Describe the organization's primary unrelated business activity.  
**u RENTAL ACTIVITIES**

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? **u**  Yes  No  
If "Yes," enter the name and identifying number of the parent corporation.  
**u**

**J** The books are in care of **u DAWN KNOCHENMUSS** Telephone number **u 513-887-0001**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
<b>1a</b>	Gross receipts or sales			
<b>b</b>	Less returns and allowances			
	<b>c</b> Balance <b>u</b>	<b>1c</b>		
<b>2</b>	Cost of goods sold (Schedule A, line 7)	<b>2</b>		
<b>3</b>	Gross profit. Subtract line 2 from line 1c	<b>3</b>		
<b>4a</b>	Capital gain net income (attach Schedule D)	<b>4a</b>		
<b>b</b>	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	<b>4b</b>		
<b>c</b>	Capital loss deduction for trusts	<b>4c</b>		
<b>5</b>	Income (loss) from partnerships and S corporations (attach statement)	<b>5</b>		
<b>6</b>	Rent income (Schedule C)	<b>6</b> 17,163	26,068	-8,905
<b>7</b>	Unrelated debt-financed income (Schedule E)	<b>7</b>		
<b>8</b>	Interest, annuities, royalties, and rents from controlled organizations (Schedule F)	<b>8</b>		
<b>9</b>	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	<b>9</b>		
<b>10</b>	Exploited exempt activity income (Schedule I)	<b>10</b>		
<b>11</b>	Advertising income (Schedule J)	<b>11</b>		
<b>12</b>	Other income (See instructions; attach schedule.)	<b>12</b>		
<b>13</b>	<b>Total.</b> Combine lines 3 through 12	<b>13</b> 17,163	26,068	-8,905

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) Except for contributions, deductions must be directly connected with the unrelated business income.)				
<b>14</b>	Compensation of officers, directors, and trustees (Schedule K)		<b>14</b>	
<b>15</b>	Salaries and wages		<b>15</b>	
<b>16</b>	Repairs and maintenance		<b>16</b>	
<b>17</b>	Bad debts		<b>17</b>	
<b>18</b>	Interest (attach schedule)		<b>18</b>	
<b>19</b>	Taxes and licenses		<b>19</b>	
<b>20</b>	Charitable contributions (See instructions for limitation rules.)		<b>20</b>	
<b>21</b>	Depreciation (attach Form 4562)	<b>21</b>		
<b>22</b>	Less depreciation claimed on Schedule A and elsewhere on return	<b>22a</b>	<b>22b</b>	0
<b>23</b>	Depletion		<b>23</b>	
<b>24</b>	Contributions to deferred compensation plans		<b>24</b>	
<b>25</b>	Employee benefit programs		<b>25</b>	
<b>26</b>	Excess exempt expenses (Schedule I)		<b>26</b>	
<b>27</b>	Excess readership costs (Schedule J)		<b>27</b>	
<b>28</b>	Other deductions (attach schedule)		<b>28</b>	
<b>29</b>	<b>Total deductions.</b> Add lines 14 through 28		<b>29</b>	
<b>30</b>	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13		<b>30</b>	-8,905
<b>31</b>	Net operating loss deduction (limited to the amount on line 30)		<b>31</b>	
<b>32</b>	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30		<b>32</b>	-8,905
<b>33</b>	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions.)		<b>33</b>	1,000
<b>34</b>	<b>Unrelated business taxable income.</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32		<b>34</b>	-8,905

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here u [ ] See instructions and:
a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):
(1) \$ [ ] (2) \$ [ ] (3) \$ [ ]
b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ [ ]
(2) Additional 3% tax (not more than \$100,000) \$ [ ]
c Income tax on the amount on line 34 35c
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: [ ] Tax rate schedule or [ ] Schedule D (Form 1041) 36
37 Proxy tax. See instructions 37
38 Alternative minimum tax 38
39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies 39

Part IV Tax and Payments

40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 40a
b Other credits (see instructions) 40b
c General business credit. Attach Form 3800 40c
d Credit for prior year minimum tax (attach Form 8801 or 8827) 40d
e Total credits. Add lines 40a through 40d 40e
41 Subtract line 40e from line 39 41
42 Other taxes. Check if from: [ ] Form 4255 [ ] Form 8611 [ ] Form 8697 [ ] Form 8866 [ ] Other 42
43 Total tax. Add lines 41 and 42 43 0
44a Payments: A 2009 overpayment credited to 2010 44a
b 2010 estimated tax payments 44b
c Tax deposited with Form 8868 44c
d Foreign organizations: Tax paid or withheld at source (see instructions) 44d
e Backup withholding (see instructions) 44e
f Credit for small employer health insurance premiums (Attach Form 8941) 44f
g Other credits and payments: [ ] Form 2439 [ ] Form 4136 [ ] Other Total u 44g
45 Total payments. Add lines 44a through 44g 45
46 Estimated tax penalty (see instructions). Check if Form 2220 is attached u [ ] 46
47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed u 47
48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid u 48
49 Enter the amount of line 48 you want: Credited to 2011 estimated tax u Refunded u 49

Part V Statements Regarding Certain Activities and Other Information (see instructions)

1 At any time during the 2010 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here u
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.
3 Enter the amount of tax-exempt interest received or accrued during the tax year u \$

Schedule A - Cost of Goods Sold. Enter method of inventory valuation u

1 Inventory at beginning of year 1
2 Purchases 2
3 Cost of labor 3
4a Additional sec. 263A costs (attach sch.) 4a
b Other costs (attach schedule) 4b
5 Total. Add lines 1 through 4b 5
6 Inventory at end of year 6
7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2 7
8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? Yes No

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 taxpayer) is based on all information of which preparer has any knowledge.
Sign Here u Signature of officer Date Title
May the IRS discuss this return with the preparer shown below (see instructions)? [X] Yes [ ] No

Paid Preparer Use Only
Print/Type preparer's name MELINDA M. HANNAH Date
Preparer's signature
Firm's name u KIRSCH CPA GROUP, LLC Firm's EIN u 51-0442395
Firm's address u 925 DEIS DR STE A FAIRFIELD, OH 45014-8140 Phone no. 513-858-6040
Check [ ] if self-employed PTIN P00220192

**Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property)**

(see instructions)

1. Description of property

(1) <b>HUGHES CENTER RENTAL</b>
(2)
(3)
(4)

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)	<b>17,163</b>	<b>26,068</b>
(2)		
(3)		
(4)		
<b>Total</b>	<b>17,163</b>	

**SEE STATEMENT 1**

(c) **Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) **u 17,163**

(b) **Total deductions.** Enter here and on page 1, Part I, line 6, column (B) **u 26,068**

**Schedule E – Unrelated Debt-Financed Income (see instructions)**

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1) <b>N/A</b>				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
<b>Totals</b>			<b>u</b>	<b>u</b>

Enter here and on page 1, Part I, line 7, column (A). Enter here and on page 1, Part I, line 7, column (B).

**Total dividends-received deductions** included in column 8 **u**

**Schedule F – Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)**

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross inc.	6. Deductions directly connected with income in column 5
(1) <b>N/A</b>					
(2)					
(3)					
(4)					

**Nonexempt Controlled Organizations**

7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
<b>Totals</b>			<b>u</b>	<b>u</b>

Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A). Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).

**Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col.4)
(1) <b>N/A</b>				
(2)				
(3)				
(4)				
<b>Totals</b> .....	<b>u</b>			

**Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1) <b>N/A</b>						
(2)						
(3)						
(4)						
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 26.
<b>Totals</b> .....	<b>u</b>					

**Schedule J – Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) <b>N/A</b>						
(2)						
(3)						
(4)						
<b>Totals</b> (carry to Part II, line (5)) ..	<b>u</b>					

**Part II Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

(1) <b>N/A</b>						
(2)						
(3)						
(4)						
(5) <b>Totals from Part I</b>						
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27.
<b>Totals</b> , Part II (lines 1-5) .....	<b>u</b>					

**Schedule K – Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1) <b>N/A</b>		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total</b> . Enter here and on page 1, Part II, line 14 .....		<b>u</b>	

**Depreciation and Amortization**  
 (Including Information on Listed Property)

**2010**

Attachment  
 Sequence No. **67**

(99)

See separate instructions.

Attach to your tax return.

Name(s) shown on return

**GREAT MIAMI VALLEY YMCA**

Identifying number  
**31-0536719**

Business or activity to which this form relates

**INDIRECT DEPRECIATION**

**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	<b>500,000</b>
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	<b>2,000,000</b>
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 <b>smaller</b> of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2009 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 2011. 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	<b>1,654,570</b>

**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 2010	17	<b>41,822</b>
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 <input type="checkbox"/>		

**Section B—Assets Placed in Service During 2010 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 2010 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	<b>Total.</b> 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	<b>1,696,392</b>
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	

**For Paperwork Reduction Act Notice, see separate instructions.**

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? Yes No 24b If "Yes," is the evidence written? Yes 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
25 Special 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:
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)
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?
35 Was the vehicle used primarily by a more than 5% owner or related person?
36 Is another vehicle available for personal use?
(a) Vehicle 1 (b) Vehicle 2 (c) Vehicle 3 (d) Vehicle 4 (e) Vehicle 5 (f) Vehicle 6
Yes No Yes No Yes No Yes No Yes No Yes No

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 2010 tax year (see instructions):
43 Amortization of costs that began before your 2010 tax year 43 11,093
44 Total. Add amounts in column (f). See the instructions for where to report 44 11,093

**Federal Statements****Statement 1 - Form 990-T, Schedule C, Column 3 - Deductions**

<u>Description</u>	<u>Deduction</u>
HUGHES CENTER RENTAL	
MANAGEMENT FEES	13,390
CLEANING & MAINTENANCE	2,909
SUPPLIES	785
UTILITIES	7,415
PAYROLL TAXES	1,569
TOTAL	<u>26,068</u>