

PUBLIC INSPECTION COPY

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2011

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

A For the 2011 calendar year, or tax year beginning 01/01, 2011, and ending 12/31, 2011	
B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	C Name of organization YOUNG MENS CHRISTIAN ASSOCIATION OF CENTRAL OHIO Doing Business As YMCA of Central Ohio Number and street (or P.O. box if mail is not delivered to street address) Room/suite 40 West Long Street City or town, state or country, and ZIP + 4 Columbus, OH 43215 D Employer identification number 31-4379594 E Telephone number 614-224-1137 G Gross receipts \$ 32,798,454 H(a) Is this a group return for affiliates? ☐ Yes ☒ No H(b) Are all affiliates included? ☐ Yes ☒ No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
F Name and address of principal officer: John E Bickley 40 West Long Street, Columbus, OH 43215 I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527 J Website: ▶ ymcacolumbus.org K Form of organization: ☐ Corporation ☐ Trust ☒ Association ☐ Other ▶ L Year of formation: 1890 M State of legal domicile: OH	

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>A membership assoc reflecting its Judeo Christian principles, is an assoc of volunteers, members, staff, open to and serving all, providing programs and services which develop spirit, mind and body. Financial assistance is available based on need. The Association seeks to identify and involve those in need.</u>			
	2	Check this box ☐ 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	39	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	38	
	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	2,370	
	6	Total number of volunteers (estimate if necessary)	6	3,476	
	Revenue	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b		Net unrelated business taxable income from Form 990-T, line 34	7b	0	
			Prior Year	Current Year	
8		Contributions and grants (Part VIII, line 1h)	20,345,480	8,651,489	
9		Program service revenue (Part VIII, line 2g)	22,385,069	22,344,278	
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	358,727	349,909	
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	159,326	89,349	
12		Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	43,248,602	31,435,025	
Expenses		13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
		14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	19,407,056	20,349,567	
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	51,156	
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 192,379			
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	10,877,363	9,992,424	
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	30,284,419	30,393,147	
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	12,964,183	1,041,878	
			Beginning of Current Year	End of Year	
	20	Total assets (Part X, line 16)	75,553,433	75,538,219	
	21	Total liabilities (Part X, line 26)	16,909,865	16,115,363	
22	Net assets or fund balances. Subtract line 21 from line 20	58,643,568	59,422,856		

Part II Signature Block

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

Sign Here

Signature of officer

Date

Jean Tom, Senior Vice President of Finance

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ If self-employed

PTIN

Firm's name ▶

SS&G INC.

Firm's EIN ▶

Firm's address ▶

300 Spruce St., Suite 250

Phone no.

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

☐ Yes ☒ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form **990** (2011)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III ☐

- 1 Briefly describe the organization's mission:
To serve the whole community through programs expressing Judeo-Christian principles that build a healthy spirit, mind and body.
- 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
 If "Yes," describe these new services on Schedule O.
- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
 If "Yes," describe these changes on Schedule O.
- 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 15,134,615 including grants of \$) (Revenue \$ 13,819,954)
Youth Development - The YMCA of Central Ohio offers child care to low and middle income families with children ages six weeks to 12 years of age. At YMCA of Central Ohio child care and early childhood programs, the teachers in this YMCA of Central Ohio child care program help children learn what they need to know to be successful in school, offer nutritious meals and snacks, and provide extra learning opportunities such as music, literature, science activities, sports, arts and crafts, swimming, and other recreational activities. As a result, children do better in school and their parents are able to maintain employment. Last year, 3,584 children were served in the YMCA of Central Ohio's early childhood and school-age child care programs. These programs include full day infant, toddler, and preschool early learning opportunities; half-day preschool programs; and part-day school-age child care. The YMCA of Central Ohio also provides full-day child care for school-age children during spring break, winter break, teacher conference days, and summer vacation.

4b (Code:) (Expenses \$ 6,676,493 including grants of \$) (Revenue \$ 4,520,130)
Healthy Living - The YMCA of Central Ohio's healthy living program provides family centered health and wellness programming for all ages and abilities. The YMCA offers individual and group exercise classes, parent/child programs, older adult fitness programs, children's fitness and nutrition classes, child and adult water safety and swim instruction, arthritis and warm water exercise, physical activity programs for persons with disabilities, youth and adult sports instruction and recreation, personal and family nutrition consultation, First Aid/CPR/AED classes, health and wellness seminars, classes for persons identified as "at risk," such as sedentary activity patterns, overweight or obesity, or other cardiovascular disease risk factors. Participants are identified as "at risk" through health screening, physical fitness tests, and referrals from partnering hospitals, health departments and health organizations. Nurses are available at several branches in lower income communities to provide health screening, consultation and medical referrals for local residents. Programs are offered at affordable fees to the community and the YMCA actively promotes its financial assistance program in all communities to reach those families who cannot afford the full fee. The YMCA's healthy living program served an average of 66,000 members per month during 2011.

4c (Code:) (Expenses \$ 5,078,432 including grants of \$) (Revenue \$ 3,965,075)
Social Responsibility - The YMCA of Central Ohio's Supportive Housing Program provides permanent supportive housing for low-to very-low income adult men and women who are chronically homeless with special needs. The YMCA of Central Ohio provides the following services: * Affordable permanent housing for adults over the age of 18 who are low-to very-low income. * Support programs to help individuals address unmet needs that have contributed to their history of homelessness including mental health issues, chemical dependency problems, long-term unemployment and physical problems. * Referrals to other community-based agencies for chemical rehabilitation services, psychiatric services, and vocational training programs. * Choice Food Pantry for residents. The YMCA of Central Ohio collaborates with other special service agencies; both private and public, to provide support services, legal aid, financial assistance, furniture, food, transportation, and address mental and physical health needs and alcohol and drug dependency issues. The YMCA of Central Ohio is committed to providing housing and supportive services to the chronically homeless population in Columbus and Franklin County. The YMCA of Central Ohio provided housing and related supportive services to 1,093 low-to very-low income adult men and women in 2011.

4d Other program services (Describe in Schedule O.) See Schedule O, Statement 1
 (Expenses \$ 90,000 including grants of \$ 0) (Revenue \$ 90,000)

4e Total program service expenses **▶** 26,979,540

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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 ☒	☐
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2 ☒	☐
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3 ☐	☒
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4 ☒	☐
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5 ☐	☒
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6 ☐	☒
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7 ☐	☒
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8 ☐	☒
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9 ☐	☒
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10 ☒	☐
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	11a ☒	☐
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b ☐	☒
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	11c ☐	☒
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d ☐	☒
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e ☒	☐
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f ☒	☐
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a ☐	☒
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b ☒	☐
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 ☐	☒
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a ☐	☒
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b ☐	☒
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	15 ☐	☒
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	16 ☐	☒
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17 ☒	☐
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18 ☒	☐
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19 ☐	☒
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a ☐	☒
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b ☐	☐

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Part IV Checklist of Required Schedules (continued)

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

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Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	75	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2370	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	✓	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		✓
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		✓
b	If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		✓
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	✓	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	✓	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		✓
g	Did the organization receive a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state?		
Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?		✓
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to 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
1a Enter the number of voting members of the governing body at the end of the tax year	1a 39		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b Enter the number of voting members included in line 1a, above, who are independent	1b 38		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		✓
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		✓
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		✓
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		✓
6 Did the organization have members or stockholders?	6		✓
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		✓
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		✓
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	✓	
b Each committee with authority to act on behalf of the governing body?	8b	✓	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		✓

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► OH
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made 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 made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► Jean Tom, (614)573-3613

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 organization 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 (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
John E Bickley President/CEO/Secretary	45	✓		✓				286,269	0	30,078
Roger P Sugarman Chairman	2	✓		✓				0	0	0
Msgr Joseph M Hendricks Immediate Past Chairperson	1	✓		✓				0	0	0
Hal Keller First Vice Chair	1	✓		✓				0	0	0
Patricia P Cash Second Vice Chair	1	✓		✓				0	0	0
Sue Zazon Treasurer	1	✓		✓				0	0	0
John Ammendola Board Member	0.5	✓						0	0	0
Pamela Biesecker CPA Board Member	0.5	✓						0	0	0
Craig Cowman Board Member	0.5	✓						0	0	0
Corey V Crognale Board Member	0.5	✓						0	0	0
Walter L Davis III Board Member	0.5	✓						0	0	0
J Miles Gibson Esq Board Member	1	✓						0	0	0
Cheryl L Grossman Board Member	0.5	✓						0	0	0
James R Hess Board Member	0.5	✓						0	0	0

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Charles D Hillman Board Member	0.5	✓						0	0	0
Tom Katzenmeyer Board Member	0.5	✓						0	0	0
Richard J Miller Board Member	0.5	✓						0	0	0
Thomas Nolan Board Member	1	✓						0	0	0
Julia Sutphen Phelps Board Member	0.5	✓						0	0	0
Guy L. Reece II Board Member	1	✓						0	0	0
Jamie T Richardson Board Member	0.5	✓						0	0	0
Patrick Sanderson Board Member	0.5	✓						0	0	0
Charles A Schneider Board Member	0.5	✓						0	0	0
Mark S Slayman Board Member	0.5	✓						0	0	0
Gene Smith Board Member	0.5	✓						0	0	0
John W Tolbert MA Board Member	0.5	✓						0	0	0
Todd Tuney Board Member	0.5	✓						0	0	0
Stanley A Uchida Board Member	0.5	✓						0	0	0

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Claus von Zychlin										
Board Member	0.5	✓						0	0	0
Robert J Weiler										
Board Member	1	✓						0	0	0
Timothy O Gusler										
Branch Board Representative	0.5	✓						0	0	0
Fred Points										
Branch Board Representative	0.5	✓						0	0	0
Andrew Glenn										
Branch Board Representative	0.5	✓						0	0	0
Tina Ballard										
Branch Board Representative	0.5	✓						0	0	0
Stephen Brooks										
Branch Board Representative	0.5	✓						0	0	0
Jessica Milligan										
Branch Board Representative	0.5	✓						0	0	0
Greg Georgic										
Branch Board Representative	0.5	✓						0	0	0
Jim Durham										
Branch Board Representative	0.5	✓						0	0	0
Debby Wright										
Branch Board Representative	0.5	✓						0	0	0
Regina Tom										
Senior Vice President of Finance	45			✓				170,608	0	18,247
Paul Weber										
District Vice President	45			✓				111,462	0	13,358
Steve Gunn										
District Vice President	45			✓				108,662	0	17,137

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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 (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Janis Feters Senior Vice President of Operations	45			✓				105,216	0	10,867
Kim Jordan District Vice President	45			✓				102,760	0	14,744
Lori Leist Vice President of Human Resources	45			✓				89,853	0	15,023
Tina Badurina Vice President of Public Affairs	45			✓				88,371	0	14,672
Linda Day-Mackessy Vice President	45			✓				80,487	0	7,854
1b Sub-total								1,143,688	0	141,980
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								1,143,688	0	141,980

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **6**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		✓
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	✓	
5 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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
Amamas Inc, 430 North Court Street, Circleville, OH 43113	Construction	120,000
825 Technologies LLC, 6956 East Broad Street, Columbus, OH 43213	Information Technology	104,321

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

Part VII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a 1,500,668				
	b	Membership dues	1b 0				
	c	Fundraising events	1c 31,898				
	d	Related organizations	1d 0				
	e	Government grants (contributions)	1e 4,636,865				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 2,482,058				
	g	Noncash contributions included in lines 1a-1f: \$	4,763				
	h	Total. Add lines 1a-1f		8,651,489			
Program Service Revenue				Business Code			
	2a	Youth Development	624110	13,819,954	13,819,954	0	0
	b	Healthy Living	624100	4,469,249	4,469,249	0	0
	c	Social Responsibility	813410	3,965,075	3,965,075	0	0
	d	Consulting Services to YMCA Member As	813410	90,000	90,000	0	0
	e						
	f	All other program service revenue .		0	0	0	0
	g	Total. Add lines 2a-2f		22,344,278			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		341,040	0	0	341,040
	4	Income from investment of tax-exempt bond proceeds		0	0	0	0
	5	Royalties		0	0	0	0
	6a	Gross rents	(i) Real 0 (ii) Personal 0				
		b	Less: rental expenses	0 0			
		c	Rental income or (loss)	0 0			
	d	Net rental income or (loss)		0	0	0	0
	7a	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
			1,270,153 17,760				
		b	Less: cost or other basis and sales expenses	1,279,044 0			
		c	Gain or (loss)	-8,891 17,760			
	d	Net gain or (loss)		8,869	0	0	8,869
	8a	Gross income from fundraising events (not including \$ 31,898 of contributions reported on line 1c). See Part IV, line 18	a 34,023				
		b	Less: direct expenses	b 34,023			
		c	Net income or (loss) from fundraising events .		0	0	0
	9a	Gross income from gaming activities. See Part IV, line 19	a 0				
		b	Less: direct expenses	b 0			
		c	Net income or (loss) from gaming activities . .		0	0	0
	10a	Gross sales of inventory, less returns and allowances	a 101,243				
		b	Less: cost of goods sold	b 50,362			
		c	Net income or (loss) from sales of inventory . .		50,881	50,881	0
	Miscellaneous Revenue			Business Code			
	11a	Insurance Proceeds	900003	31,306	0	0	31,306
b	Miscellaneous	900099	6,472	0	0	6,472	
c	Telephone Commission	900099	690	0	0	690	
d	All other revenue		0	0	0	0	
e	Total. Add lines 11a-11d		38,468				
12	Total revenue. See instructions.		31,435,025	22,395,159	0	388,377	

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Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	0	0		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	0	0		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	0	0		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	1,308,305	471,485	792,388	44,432
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7 Other salaries and wages	15,264,168	14,476,444	713,022	74,702
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	697,097	641,518	48,362	7,217
9 Other employee benefits	1,630,837	1,370,277	257,375	3,185
10 Payroll taxes	1,449,160	1,320,755	118,257	10,148
11 Fees for services (non-employees):	0	0	0	0
a Management	22,191	4,879	17,312	0
b Legal	54,579	5,775	48,804	0
c Accounting	0	0	0	0
d Lobbying	51,156			51,156
e Professional fundraising services. See Part IV, line 17	40,594	0	40,594	0
f Investment management fees	552,144	485,736	66,408	0
g Other	174,348	53,083	121,265	0
12 Advertising and promotion	996,573	575,505	420,720	348
13 Office expenses	232,181	2,021	230,160	0
14 Information technology	0	0	0	0
15 Royalties	4,231,403	4,193,976	37,427	0
16 Occupancy	398,038	343,025	54,216	797
17 Travel	0	0	0	0
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	105,530	72,732	32,404	394
19 Conferences, conventions, and meetings	0	0	0	0
20 Interest	215,256	207,832	7,424	0
21 Payments to affiliates	1,796,328	1,732,396	63,932	0
22 Depreciation, depletion, and amortization	210,970	161,196	49,774	0
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Program Supplies	789,022	785,974	3,048	0
b Dues	45,409	16,869	28,540	0
c General	83,858	14,062	69,796	0
d Allowance for Doubtful Accounts	44,000	44,000	0	0
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	30,393,147	26,979,540	3,221,228	192,379
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	1,979,571	1	1,897,579
	2 Savings and temporary cash investments	1,818,018	2	1,272,286
	3 Pledges and grants receivable, net	195,824	3	179,199
	4 Accounts receivable, net	1,747,777	4	1,822,183
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	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)	0	6	0
	7 Notes and loans receivable, net	7,587,501	7	7,433,091
	8 Inventories for sale or use	0	8	0
	9 Prepaid expenses and deferred charges	350,559	9	356,400
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	76,789,770		
	10b Less: accumulated depreciation	25,421,049		
	11 Investments—publicly traded securities	39,199,156	10c	51,368,721
	12 Investments—other securities. See Part IV, line 11	9,896,355	11	11,066,939
	13 Investments—program-related. See Part IV, line 11	500	12	500
	14 Intangible assets	0	13	0
	15 Other assets. See Part IV, line 11	0	14	0
16 Total assets. Add lines 1 through 15 (must equal line 34)	12,778,172	15	141,321	
	75,553,433	16	75,538,219	
Liabilities	17 Accounts payable and accrued expenses	2,022,505	17	2,558,411
	18 Grants payable	0	18	0
	19 Deferred revenue	1,193,846	19	1,367,330
	20 Tax-exempt bond liabilities	11,435,000	20	10,680,000
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	1,000,000	23	0
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,258,514	25	1,509,622
	26 Total liabilities. Add lines 17 through 25	16,909,865	26	16,115,363
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	34,777,436	27	34,546,586
	28 Temporarily restricted net assets	23,373,554	28	24,383,692
	29 Permanently restricted net assets	492,578	29	492,578
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	58,643,568	33	59,422,856
	34 Total liabilities and net assets/fund balances	75,553,433	34	75,538,219

Part XI Reconciliation of Net AssetsCheck 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	31,435,025
2	Total expenses (must equal Part IX, column (A), line 25)	2	30,393,147
3	Revenue less expenses. Subtract line 2 from line 1	3	1,041,878
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	58,643,568
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-262,590
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	59,422,856

Part XII Financial Statements and ReportingCheck 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		✓
2b	✓	
2c	✓	
3a	✓	
3b	✓	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization

YOUNG MENS CHRISTIAN ASSOCIATION OF CENTRAL OHIO

Employer identification number

31-4379594

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

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

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

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

Cat. No. 11285F

Schedule A (Form 990 or 990-EZ) 2011

Schedule A (Form 990 or 990-EZ) 2011

Part III **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) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	14,146,817	14,685,885	11,959,318	20,345,480	8,651,489	69,788,989
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3.	14,146,817	14,685,885	11,959,318	20,345,480	8,651,489	69,788,989
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6 Public support. Subtract line 5 from line 4.						69,788,989

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	14,146,817	14,685,885	11,959,318	20,345,480	8,651,489	69,788,989
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	399,510	310,622	151,389	240,828	341,040	1,443,389
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	103,439	183,803	141,612	89,106	38,468	556,428
11 Total support. Add lines 7 through 10.						71,788,806
12 Gross receipts from related activities, etc. (see instructions)					12	114,350,324
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 2011 (line 6, column (f) divided by line 11, column (f))	14	97.21 %
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	97.35 %
16a 33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ☒		
b 33 1/3% support test—2010. If the organization did not check 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—2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐		
b 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐		

Schedule A (Form 990 or 990-EZ) 2011

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) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
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

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐		
b 33 1/3% support tests—2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐		

Part IV

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

General Explanation - Schedule A, Part II, Line 10 - exempt income consists of Insurance Proceeds of \$31,306 and Miscellaneous Income of \$6,468. Income that is considered to be excluded consists of Telephone commissions of \$690. Total Other Income exempt and excluded income totals \$38,464.

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **See separate instructions.**

OMB No. 1545-0047

2011

Open to Public Inspection

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

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

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

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

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

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

Name of organization	Employer identification number
----------------------	--------------------------------

YOUNG MENS CHRISTIAN ASSOCIATION OF CENTRAL OHIO

31-4379594

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

- 1** Provide a description of the organization's direct and indirect political campaign activities in Part IV. ▶ \$
- 2** Political expenditures ▶ \$
- 3** Volunteer hours ▶ \$

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

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

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

- 1** Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$
- 2** Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$
- 3** Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$
- 4** Did the filing organization file Form 1120-POL for this year? ☐ Yes ☐ No
- 5** 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)				

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	☐ 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		✓	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	✓		
c Media advertisements?		✓	
d Mailings to members, legislators, or the public?		✓	
e Publications, or published or broadcast statements?		✓	
f Grants to other organizations for lobbying purposes?		✓	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	✓		7,351
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		✓	
i Other activities?	✓		2,500
j Total. Add lines 1c through 1i			9,851
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		✓	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Schedule C, Part II-B, Line 1 - a) None. b) Yes. c) None. d) No. e) No. f) No. g) Yes. One Vice President spent approximately 5 hours making visits to legislators during the state budget process in order to educate legislators on the implications of budget cuts to child care, made contact with government officials through advisory council meetings, child care regulatory meetings, and individual meetings with staff members related to the delivery of early childhood education programs in the state of Ohio. The YMCA President spent 3 hours testifying on proposed city budget cuts for funding relating to the YMCA Truancy/Day Suspension program. h) No. i) The YMCA pays annual dues to the Ohio State Alliance of YMCA's. This corporation is organized exclusively for charitable and educational purposes within the meaning of Section 501(c)(4) of the Internal Revenue Code of 1986, as of now enacted and hereafter amended. The organization's purpose include but are not limited to the following: 1.) To foster statewide communication and cooperation among YMCAs, 2.) To gain consensus on issues of importance to the YMCA, 3.) To make policy and decision makers aware of the YMCA's mission and programs and gain recognition as a leader on issues that affect children and families, 4.) To advocate on behalf of the children and families served by the YMCA, 5.) To protect the operating integrity of the YMCA organization in order to carry out its mission, and 6.) To represent, communicate to, and to lobby on behalf of, all member YMCAs.

Part IV - Supplemental Information (Continued)

Part IV - Supplemental Information (Continued)

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2011

Open to Public
Inspection

Employer identification number

31-4379594

YOUNG MENS CHRISTIAN ASSOCIATION OF CENTRAL OHIO

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

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

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space
- 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
- | | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register | 2d |
- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶
- 4 Number of states where property subject to conservation easement is located ▶
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶
- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No
- 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenues included in Form 990, Part VIII, line 1 ▶ \$
- (ii) Assets included in Form 990, Part X ▶ \$
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
- a Revenues included in Form 990, Part VIII, line 1 ▶ \$
- b Assets included in Form 990, Part X ▶ \$

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

- 3** Using the organization's 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 **d** ☐ Loan or exchange programs
- b** ☐ Scholarly research **e** ☐ Other _____
- c** ☐ Preservation for future generations
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No
- b** If "Yes," explain the arrangement in Part XIV and complete the following table:
- | | Amount |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No
- b** If "Yes," explain the arrangement in Part XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	742,877	519,617	405,769	515,709	
b Contributions	0	151,793	7,794	31,693	
c Net investment earnings, gains, and losses	-12,067	77,227	106,054	-125,894	
d Grants or scholarships	0	0	0	0	
e Other expenditures for facilities and programs	32,309	5,760	0	15,739	
f Administrative expenses	0	0	0	0	
g End of year balance	698,501	742,877	519,617	405,769	

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ☐ 29 %
- b** Permanent endowment ☐ 71 %
- c** Temporarily restricted endowment ☐ 0 %

The percentages in lines 2a, 2b, and 2c should equal 100%.

- 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)	✓	
3a(ii)		✓
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 property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0	2,663,290		2,663,290
b Buildings	0	45,080,681	16,742,932	28,337,749
c Leasehold improvements	0	992,476	447,331	545,145
d Equipment	0	8,063,857	6,614,995	1,448,862
e Other	0	19,989,466	1,615,791	18,373,675
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				51,368,721

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) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

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) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

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) _____	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes	0	
(2) Deposits	198,710	
(3) Interest Rate SWAP Agreement	1,310,912	
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
(10) _____		
(11) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	1,509,622	

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	31,435,025
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	30,393,147
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	1,041,878
4	Net unrealized gains (losses) on investments	4	-59,763
5	Donated services and use of facilities	5	0
6	Investment expenses	6	0
7	Prior period adjustments	7	0
8	Other (Describe in Part XIV.)	8	-202,827
9	Total adjustments (net). Add lines 4 through 8	9	-262,590
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	779,288

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	31,384,008
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-59,763
b	Donated services and use of facilities	2b	0
c	Recoveries of prior year grants	2c	0
d	Other (Describe in Part XIV.)	2d	8,746
e	Add lines 2a through 2d	2e	-51,017
3	Subtract line 2e from line 1	3	31,435,025
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	0
b	Other (Describe in Part XIV.)	4b	0
c	Add lines 4a and 4b	4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	31,435,025

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

1	Total expenses and losses per audited financial statements	1	30,604,720
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	0
b	Prior year adjustments	2b	0
c	Other losses	2c	0
d	Other (Describe in Part XIV.)	2d	211,573
e	Add lines 2a through 2d	2e	211,573
3	Subtract line 2e from line 1	3	30,393,147
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	0
b	Other (Describe in Part XIV.)	4b	0
c	Add lines 4a and 4b	4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	30,393,147

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.

Schedule D, Part V, Line 4 - The fund is intended to support branch deficits and/or provide sponsorship for individuals to participate in YMCA programs.

Schedule D, Part X, Line 2 - The Young Men's Christian Association of Central Ohio is exempt from federal and state income taxes under Sections 501(c)(3) of the Internal Revenue Code. Income taxes on unrelated businesses income, if any, are provided at the applicable rates on income for financial reporting purposes. There was no unrelated business income tax expense for the year ended December 31, 2011. The Young Men's Christian Association of Central Ohio's income tax filings are subject to audit by various taxing authorities. The Association's open audit periods are 2008 through 2010. In evaluating its activities, management believes its position of tax-exempt status is current based on current facts and circumstances. They further have assessed that there are no activities unrelated to the purpose of the Association and therefore no tax is to be recognized. It is the policy of the Association to include in operating expenses any penalties and interest assessed by income taxing authorities. There are no penalties or interest from taxing authorities included in operating expenses for the year ended December 31, 2011. The subsidiary, YMCA Housing, Inc. is a for profit corporation and is subject to federal, state, and city income taxes at the corporate level.

Part XIV - Supplemental Information (Continued)

Schedule D, Part XI, Line 8 - Market Value adjustment of Interest Rate SWAP of \$202,827.

Schedule D, Part XII, Line 2d - Pledge write-offs previously recognized as revenue in prior period of \$8,746.

Schedule D, Part XIII, Line 2d - Pledge write-offs previously recognized as revenue in prior periods of \$8,746 and Fair Market Value of adjustment loss on interest rate SWAP of \$202,827.

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

2011

**Open to Public
Inspection**

Name of the organization

YOUNG MENS CHRISTIAN ASSOCIATION OF CENTRAL OHIO

Employer identification number

31-4379594

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.
Part I 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 **e** ☒ Solicitation of non-government grants
b ☒ Internet and email solicitations **f** ☐ Solicitation of government grants
c ☒ Phone solicitations **g** ☒ Special fundraising events
d ☒ In-person solicitations

- 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 See Schedule G, Part IV, Statement 1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				0	47,056	-47,056

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.

OH

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 Celebration for YMCA Pro (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col. (a) through col. (c))	
Revenue	1	Gross receipts	65,921		65,921	
	2	Less: Charitable contributions	31,898		31,898	
	3	Gross income (line 1 minus line 2)	34,023		34,023	
Direct Expenses	4	Cash prizes	0		0	
	5	Noncash prizes	0		0	
	6	Rent/facility costs	0		0	
	7	Food and beverages	25,794	0	25,794	
	8	Entertainment	8,229	0	8,229	
	9	Other direct expenses	0		0	
	10	Direct expense summary. Add lines 4 through 9 in column (d)				(34,023)
	11	Net income summary. Combine line 3, column (d), and line 10				0

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	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ 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? ☐ Yes ☐ No
- b If "No," explain: _____
- 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No
- b If "Yes," explain: _____

- Name

Address

- Name

Address ▶

16 Gaming manager information:

Name

Gaming manager compensation \$

Description of services provided

☐ Director/officer☐ Employee☐ Independent contractor

17. Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Fundraiser Activity Information

Name and Address	Activity	C1	Gross Receipts	C2	C3
Benefactors Counsel LLC 1488 Grandview Avenue Columbus, OH 43212	Conduct research to help identify prospects, especially local businesses that may have the capacity to support the YMCA branch locations. In addition, provide a team of consultants to coordinate the work to assess fundraising strategies and tactics; evaluate results and outcomes; analyze strengths and needed support; cultivate and solicit prospects; provide logistical support; draft documents such as letters of invitation; provide fundraising trainings for consulting boards; periodic follow ups; and provide recommendations for adjustments or enhancements for future periods.	No	0	47,056	-47,056
Total:			0	47,056	-47,056

C1 = Fundraiser control of funds?

C2 = Amount paid to (or retained by) fundraiser

C3 = Amount paid to (or retained by) organization

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2011

Open to Public Inspection

YOUNG MENS CHRISTIAN ASSOCIATION OF CENTRAL OHIO

Employer identification number

31-4379594

Part I Questions Regarding Compensation

- 1a** 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.

- | | |
|--|--|
| ☐ First-class or charter travel | ☐ Housing allowance or residence for personal use |
| ☒ Travel for companions | ☐ Payments for business use of personal residence |
| ☐ Tax indemnification and gross-up payments | ☐ Health or social club dues or initiation fees |
| ☐ Discretionary spending account | ☐ Personal services (e.g., maid, chauffeur, chef) |

- 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

- 2** 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?

- 3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III.

- | | |
|---|---|
| ☒ Compensation committee | ☐ Written employment contract |
| ☐ Independent compensation consultant | ☒ Compensation survey or study |
| ☒ Form 990 of other organizations | ☒ Approval by the board or compensation committee |

- 4** 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:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5–9.

- 5** 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:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

- 6** 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:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 6a or 6b, describe in Part III.

- 7** 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

- 8** 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

- 9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b	✓	
2	✓	
4a		✓
4b		✓
4c		✓
5a		✓
5b		✓
6a		✓
6b		✓
7		✓
8		✓
9		

Part I 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(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 as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
John E Bickley	271,333	0	15,136	0	30,078	316,547	0
1	0	0	0	0	0	0	0
Regina Tom	169,888	0	720	0	18,247	188,855	0
2	0	0	0	0	0	0	0
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							

Part II Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J, Part I, Line 1a - Once each year, travel is provided for the companion of the president/CEO to attend the annual YMCA Metro 30 conference. Once every four years travel may be provided for companions of senior staff while staff attend the YMCA General Assembly conference. The YMCA General Assembly conference was held during 2010. Travel cost was minimal and was reported as compensation to the applicable employee.

Schedule J, Part I, Line 3 - Annually, during the month of June, the Vice President of Human Resources will provide the executive committee with, a summary of the total compensation packages for executive management staff (district vice presidents, vice presidents, development officer, CFO, COO, CEO), comparative compensation data from other YMCA's and not-for-profits of similar size and geographic location, the CEO's objectives set by the committee the previous year, and a report detailing the CEO's progress toward meeting the established goals. The executive committee officers will meet prior to the July meeting to review the comparative compensation data and the CEO's performance over the prior year. At the July executive committee meeting, the executive committee will set the compensation package and objectives for the CEO for the upcoming year. The compensation packages of the other members of the executive management team will continue to be set by the YMCA, with the endorsement of the executive committee being made at the July meeting. The Vice President of Human Resources will attend the July executive committee meeting and will prepare a report documenting the process that was followed, and the information that was considered. This report will be available for board members to review upon request. At the August board meeting, the board chair will summarize for the full board the steps that were taken to establish the CEO's evaluation and compensation, and to endorse the process of evaluation of the other members of the executive management team.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Name of the organization

YOUNG MENS CHRISTIAN ASSOCIATION OF CENTRAL OHIO

Employer identification number

31-4379594

Form 990, Part VI, Section B, Line 11b - The preparation of the Form 990 usually occurs shortly after the completion of the annual audit and is prepared by or prepared under the supervision of the Controller of the Association. Once the return is prepared, it is then forwarded on to the Senior Vice President of Finance for review. After the review is completed by the Senior Vice President of Finance, the return is reviewed in detail by the Accounting Firm and any necessary recommendations or changes are made at this time. The Form is then emailed electronically to the Board. Shortly after the Board receives the Form 990, the Form is then filed. At the next Board meeting a brief review and discussion of the Form is given.

Form 990, Part VI, Section B, Line 12c - Annually, the President shall send, or cause to be sent, a copy of the Conflict of Interest/Statement of Disclosure, together with an explanation, and a copy of a disclosure statement/questionnaire to all Trustees, Professional Directors, Consulting Board Members and Employees, who shall complete and return a copy of the disclosure statement/questionnaire to the President or his/her designee. The President shall submit a confidential report to the Executive Committee concerning any potential conflict of interest of any Trustee, Professional Director, Consulting Board Member or Employee, together with his recommendations concerning the same. Each new Trustee, Professional Director, Consulting Board Member and selected Employee shall participate in a similar procedure immediately upon assumption of his/her responsibilities.

Form 990, Part VI, Section B, Line 15 - Annually, during the month of June, the Vice President of Human Resources will provide the executive committee with a summary of the total compensation packages for executive management staff (district vice presidents, vice presidents, development officer, CFO, COO, CEO), comparative compensation data from other YMCA's and not-for-profits of similar size and geographic location, the CEO's objectives set by the committee the previous year, and a report detailing the CEO's progress toward meeting the established goals. The executive committee officers will meet prior to the July meeting to review the comparative compensation data and the CEO's performance over the prior year. At the July executive committee meeting, the executive committee will set the compensation package and objectives for the CEO for the upcoming year. The compensation packages of the other members of the executive management team will continue to be set by the YMCA, with the endorsement of the executive committee being made at the July meeting. The Vice President of Human Resources will attend the July executive committee meeting and will prepare a report documenting the process that was followed, and the information that was considered. This report will be available for board members to review upon request. At the August board meeting, the board chair will summarize for the full board the steps that were taken to establish the CEO's evaluation and compensation, and to endorse the process of evaluation of the other members of the executive management team.

Form 990, Part VI, Section B, Line 16a - The YMCA of Central Ohio (YMCA) is in a joint venture to further its mission as it relates to the Low Income Housing with Supportive Services program (see description of program in Schedule O, Statement 3). The YMCA's 79% owned subsidiary, YMCA Housing, Inc. (Y, Inc.), is the 1% general partner of the YMCA Housing Limited Partnership (YHLP). The Y, Inc. and YHLP were established in 1995 to facilitate the rehabilitation and improve the quality of living for the residential portion of the Downtown branch. Third-party investors received the low income and historic rehabilitation tax credits for their equity investment in the rehabilitation. As a result of the structure of this joint venture, the YMCA does not feel any transactions would place the YMCA's tax exempt status in jeopardy and considers this partnership an isolated incident/case.

Form 990, Part VI, Section C, Line 19 - The Association provides a link to Guide Star's website for the Association's Annual Report, Audited Financial Statements, Letter of Determination and Form 990. It is also footnoted on the Association's website "You must login to Guide Star to view the YMCA of Central Ohio information." The governing documents, conflict of interest policy and financial statements are available to the public upon written request.

Form 990, Part VIII, Line 7a - (i) Securities - The Association had gross sales on securities of \$1,270,153, with a cost basis of \$1,279,044, netting to a loss on sale of securities of \$8,891. (ii) Other - The Association's 79% owned subsidiary, YMCA Housing, Inc. (Y, Inc.) is the 1% general partner of the YMCA Housing Limited Partnership (YHLP). Y, Inc. and YHLP were established to facilitate the Downtown branch rehabilitation which allowed the YMCA to continue to provide housing for low and very low income men. Third-party investors

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

Cat. No. 51056K

Schedule O (Form 990 or 990-EZ) (2011)

Supplemental Information (Continued)

receive the low income and historic rehabilitation tax credits for their equity investment in the rehabilitation. The YHLP leases the residential portion of the Downtown branch of the YMCA according to the terms of the 99 year lease agreement. Rents for the life of the lease totaling \$1,295,270 were paid at inception in 1995. The YMCA recorded this transaction as a sale of an asset with a corresponding deferred gain on the sale of \$692,707. The deferred gain is being recognized over 50 years which represents the life of the YHLP Partnership Agreement. Of the total gain of \$692,707, gains recognized from 1995-2010 totaled \$213,675 and amounts deferred to future years total \$465,172, leaving \$13,860 in gains recognized during 2011.

Form 990, Part VIII, Line 10a - Gross proceeds of \$101,243 in sales from clothing items, water bottles, racquetballs, goggles, locks, swim caps, bottled water, healthy snacks, etc.

Form 990, Part VIII, Line 10b - Costs of goods sold of \$50,362 consists of clothing items, water bottles, racquetballs, goggles, locks, swim caps, bottled water, healthy snacks, etc.

Form 990, Part VIII, Line 11a 11b 11c - Insurance Proceeds - claims consisted of damage to ceiling and walls caused by ice and snow (\$16,406) and damages to fencing and outdoor patio equipment caused by storms (\$14,900).

Form 990, Part XI, Line 5 - Net unrealized gains (losses) on investments of (\$59,763), netted with the Fair Market Value of adjustment gains (losses) on interest rate SWAP of (\$202,827), total (\$262,590).

Schedule B, Part I - A non-interest-bearing Federal Home Funds note issued by a state agency for the Downtown Rehabilitation Project was forgiven in August 2011.

Other Program Services Accomplishments

Activity Code	Description	Expense	Grants	Revenue
	Consulting Services to YMCA Member Associations: The YMCA of Central Ohio partners with the YMCA of the USA to be a trusted advisor and specialized expert to help achieve the goals of the service delivery model in providing service to Member Associations utilizing the best available talent, and best practices developed and supported through YMCA of the USA by providing certain services on the YMCA of the USA's behalf to other YMCAs which are members of the National Council of YMCA's. Services are provided to Member Associations and YMCA of the USA for Human Resources, Marketing & Communications and Membership & Programs.	90,000		90,000
Total:		90,000	0	90,000

2011

Open to Public
Inspection**SCHEDULE R**
(Form 990)Department of the Treasury
Internal Revenue Service

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

▶ Attach to Form 990. ▶ See separate instructions.

Employer identification number

31-4379594

Name of the organization

YOUNG MENS CHRISTIAN ASSOCIATION OF CENTRAL OHIO

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Cat. No. 50135Y

Schedule R (Form 990) 2011

Schedule R (Form 990) 2011

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) YMCA Housing Lir 40 West Long Street 2	Low Income Housing	OH	YMCA Housing Inc	Related	-136,936	-3,010,658		✓		✓		
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) YMCA Housing Inc (61-1392962) 40 West Long Street, Columbus, OH 43215	Low Income Housing	OH	YMCA of Central Ohio	C	-136,936	-3,010,658	78.74%
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

Schedule R (Form 990) 2011

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	1a	1b	1c	1d	1e	1f	1g	1h	1i	1j	1k	1l	1m	1n	1o	1p	1q	1r
a Receipt of (i) interest (iii) royalties or (iv) rent from a controlled entity																		
b Gift, grant, or capital contribution to related organization(s)																		
c Gift, grant, or capital contribution from related organization(s)																		
d Loans or loan guarantees to or for related organization(s)																		
e Loans or loan guarantees by related organization(s)																		
f Sale of assets to related organization(s)																		
g Purchase of assets from related organization(s)																		
h Exchange of assets with related organization(s)																		
i Lease of facilities, equipment, or other assets to related organization(s)																		
j Lease of facilities, equipment, or other assets from related organization(s)																		
k Performance of services or membership or fundraising solicitations for related organization(s)																		
l Performance of services or membership or fundraising solicitations by related organization(s)																		
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)																		
n Sharing of paid employees with related organization(s)																		
o Reimbursement paid to related organization(s) for expenses																		
p Reimbursement paid by related organization(s) for expenses																		
q Other transfer of cash or property to related organization(s)																		
r Other transfer of cash or property from related organization(s)																		

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
See Schedule R, Part VII, Statement 1				
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
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(15)													
(16)													

Part VII

Supplemental Information

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

Schedule R, Part V, Line 2 - See Schedule R, Part VII, Statement 1

Lined area for supplemental information.

Schedule R, Part VII, Statement 1

Form: Schedule R

Page: 3

Line Number: Part V Line 2

YOUNG MENS CHRISTIAN ASSOCIATION OF CENTRAL OHIO
31-4379594

Description of Covered Relationships and Transaction Thresholds		Amount involved
Name	YMCA Housing Limited Partnership	1,494,688
Transaction type	P	
Method of determining amount involved	Rents collected by the YMCA Housing Limited Partnership during the period are recognized as revenue at the end of each period.	

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions	Employer identification number (EIN) or
	YMCA OF CENTRAL OHIO	☒ 31-4379594
	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
	40 WEST LONG STREET	☐
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	COLUMBUS, OH 43215	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

JEAN TOM

- The books are in the care of **40 WEST LONG STREET - COLUMBUS, OH 43215**
- Telephone No. **(614) 224-1142** FAX No. ☐
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ☐. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until **NOVEMBER 15, 2012.**
- 5 For calendar year **2011**, or other tax year beginning ☐, and ending ☐.
- 6 If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension
ADDITIONAL TIME IS NEEDED TO PREPARE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **CPA** Annette L. Hoelzer **CPA**

Date **8/14/12**