

**Return of Organization Exempt From Income Tax**  
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Department of the Treasury  
 Internal Revenue Service

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

**A For the 2008 calendar year, or tax year beginning and ending**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type.  See Specific Instructions.	<b>C Name of organization</b> YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER TOLEDO Doing Business As YMCA AND JCC OF GREATER TOLEDO		<b>D Employer identification number</b> 34-4428262
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1500 N. SUPERIOR ST., 2ND FLOOR		<b>E Telephone number</b> (419) 729-8135
		City or town, state or country, and ZIP + 4 TOLEDO, OH 43604		<b>G Gross receipts \$</b> 31,449,810.
		<b>F Name and address of principal officer:</b> ROBERT ALEXANDER same as C above		<b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c) Group exemption number</b> ▶

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

**J Website:** ▶ www.ymcatoledo.org

**K Type of organization:**  Corporation  Trust  Association  Other ▶ **L Year of formation:** 1865 **M State of legal domicile:** OH

Part I Summary				
Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <b>TO ENHANCE THE GENERAL WELFARE OF THE COMMUNITY THROUGH A VARIETY OF SPIRITUAL, SOCIAL, MENTAL, AND</b>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	55
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	53
	5	Total number of employees (Part V, line 2a)	5	2352
	6	Total number of volunteers (estimate if necessary)	6	4012
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0.
	7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	8,307,416.	8,024,817.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	21,108,519.	20,222,637.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	203,851.	-53,878.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	596,108.	-243,913.
	12		30,215,894.	27,949,663.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,138,450.	35,296.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	14,418,557.	15,523,054.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 371,051.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	13,330,221.	13,060,937.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	29,887,228.	28,619,287.	
19	Revenue less expenses. Subtract line 18 from line 12	328,666.	-669,624.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Year	End of Year
	21	Total liabilities (Part X, line 26)	36,842,640.	36,896,892.
	22	Net assets or fund balances. Subtract line 21 from line 20	16,322,728.	17,711,788.
	22		20,519,912.	19,185,104.

**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  
 ▶ **BRIAN KEEL, CHIEF FINANCIAL OFFICER**  
 Type or print name and title

<b>Paid Preparer's Use Only</b>	Preparer's signature ▶	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ Plante and Moran PLLC 3434 Granite Circle Toledo, OH 43617		EIN ▶	Phone no. ▶ (419) 843-6000

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

YOUNG MEN'S CHRISTIAN ASSOCIATION  
OF GREATER TOLEDO

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**Part III** Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:  
**TO PUT CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT BUILD  
HEALTHY SPIRIT, MIND AND BODY FOR ALL.**

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes", describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes", describe these changes on Schedule O.

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

4a (Code: ) (Expenses \$ 5,235,716. including grants of \$ ) (Revenue \$ 5,522,204.)  
**CAMPING--RESIDENTIAL OVERNIGHT EXTENDED LIVING PROGRAM IN A NON-URBAN  
SETTING FOR PEOPLE OF ALL AGES, SERVING 67,676 PARTICIPANTS DURING  
2008.**

4b (Code: ) (Expenses \$ 6,307,869. including grants of \$ ) (Revenue \$ 3,998,140.)  
**CHILD CARE--PROVIDING CARE FOR CHILDREN FROM SIX WEEKS TO 12 YEARS OF  
AGE IN EARLY EDUCATION AND CARE, AND AFTERSCHOOL CARE PROGRAMS THAT  
BUILD AND SUPPORT THE DEVELOPMENTAL NEEDS OF YOUNG CHILDREN. SERVING  
31,495 PARTICIPANTS DURING 2008. (INCLUDES GOVERNMENTAL REVENUE  
SOURCES WHICH ARE CLASSIFIED AS CONTRIBUTIONS IN ADDITION TO PROGRAM  
REVENUE LISTED ABOVE).**

4c (Code: ) (Expenses \$ 11,435,218. including grants of \$ ) (Revenue \$ 10,744,916.)  
**MEMBERSHIP PROGRAM SERVICES--PROGRAMS DESIGNED TO MEET SPECIFIC  
EDUCATION, CULTURAL, EMOTIONAL, PHYSICAL TRAINING AND OTHER NEEDS OF  
SPECIFIC NEIGHBORHOODS OR TARGET GROUPS. SERVING 178,573 PARTICIPANTS  
DURING 2008.**

4d Other program services. (Describe in Schedule O.)  
(Expenses \$ 1,946,183. including grants of \$ 35,296. ) (Revenue \$ )

4e Total program service expenses ► \$ 24,924,986. (Must equal Part IX, Line 25, column (B).)

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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)? <i>If "Yes," complete Schedule A</i> .....	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? .....	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i> .....		X
5	<b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i> .....		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	X	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i> .....	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i> .....	X	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S.? .....		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i> .....		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i> .....		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i> .....		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i> .....		X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....		X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		X
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i> .....		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	X	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i> .....	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i> .....	X	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		X
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		X
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
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> .....		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> .....		X

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

		Yes	No
<b>28</b>	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
<b>a</b>	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>X</b>	
<b>b</b>	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>X</b>	
<b>c</b>	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>X</b>	
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	<b>X</b>	
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		<b>X</b>
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		<b>X</b>
<b>32</b>	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> .....		<b>X</b>
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		<b>X</b>
<b>34</b>	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> .....		<b>X</b>
<b>35</b>	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		<b>X</b>
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		<b>X</b>
<b>37</b>	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		<b>X</b>

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**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	<b>1a</b> 79		
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	<b>1b</b> 0		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
<b>2a</b>	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		
	<b>2a</b> 2352		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
<b>3b</b>			
<b>4a</b>	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)?		X
<b>b</b>	If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
<b>5c</b>			
<b>6a</b>	Did the organization solicit any contributions that were not tax deductible?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>6b</b>			
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?		X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>7b</b>			
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	<b>7d</b>		
<b>e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>7f</b>			
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7g</b>			
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
<b>7h</b>			
<b>8</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
<b>8</b>			
<b>9</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966?		X
<b>9a</b>			
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		X
<b>9b</b>			
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter: <b>N/A</b>		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
	<b>10a</b>		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
	<b>10b</b>		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter: <b>N/A</b>		
<b>a</b>	Gross income from members or shareholders		
	<b>11a</b>		
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
	<b>11b</b>		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year <b>N/A</b>		
	<b>12b</b>		

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**Part VI Governance, Management, and Disclosure** (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

**Section A. Governing Body and Management**

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body .....		55
<b>b</b>	Enter the number of voting members that are independent .....		53
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? .....	X	
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .....		X
<b>4</b>	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? .....		X
<b>5</b>	Did the organization become aware during the year of a material diversion of the organization's assets? .....		X
<b>6</b>	Does the organization have members or stockholders? .....		X
<b>7a</b>	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? .....		X
<b>b</b>	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? .....		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body? .....	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body? .....	X	
<b>9a</b>	Does the organization have local chapters, branches, or affiliates? .....		X
<b>b</b>	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? .....		
<b>10</b>	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 .....	X	
<b>11</b>	Is there any officer, director or 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 .....		X

**Section B. Policies**

		Yes	No
<b>12a</b>	Does the organization have a written conflict of interest policy? If "No," go to line 13 .....	X	
<b>b</b>	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....	X	
<b>c</b>	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done .....	X	
<b>13</b>	Does the organization have a written whistleblower policy? .....		X
<b>14</b>	Does the organization have a written document retention and destruction policy? .....	X	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
<b>a</b>	The organization's CEO, Executive Director, or top management official? .....	X	
<b>b</b>	Other officers or key employees of the organization? .....	X	
	Describe the process in Schedule O. (see instructions)		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? .....		X
<b>b</b>	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? .....		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed ► OH, MI
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website     Another's website     Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► BRIAN KEEL - 419-729-8135  
1500 N. SUPERIOR ST., TOLEDO, OH 43604

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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**

**1a** Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

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

- List 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 the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
PAUL SCHLATTER CHAIRMAN	1.00	X		X			0.	0.	0.	
MIKE FISCHER VICE CHAIRPERSON	1.00	X		X			0.	0.	0.	
ERIC SUMMONS CHAIRMAN EMERITUS	1.00	X		X			0.	0.	0.	
ROB KOENIG VICE CHAIRPERSON	1.00	X		X			0.	0.	0.	
MIKE ANDERSON TRUSTEE FOR LIFE	1.00	X					0.	0.	0.	
MILTON BENNETT TRUSTEE FOR LIFE	1.00	X					0.	0.	0.	
LEE DUNN TRUSTEE FOR LIFE	1.00	X					0.	0.	0.	
JUDD JOHNSON TRUSTEE FOR LIFE	1.00	X					0.	0.	0.	
DONALD SAUNDERS TRUSTEE FOR LIFE	1.00	X					0.	0.	0.	
BILL TRAVIS TRUSTEE FOR LIFE	1.00	X					0.	0.	0.	
TIM ALTER TRUSTEE	1.00	X					0.	0.	0.	
NEEMA BELL TRUSTEE	1.00	X					0.	0.	0.	
MIKE BEREBITSKY TRUSTEE	1.00	X					0.	0.	0.	
BOB CHIRDON TRUSTEE	1.00	X					0.	0.	0.	
MARY ANN COLEMAN TRUSTEE	1.00	X					0.	0.	0.	
BRUCE DENMAN TRUSTEE	1.00	X					0.	0.	0.	
GARY RESNICK TRUSTEE	1.00	X					0.	0.	0.	

**YOUNG MEN'S CHRISTIAN ASSOCIATION  
OF GREATER TOLEDO**

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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	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
KRISTINE HOFFMAN TRUSTEE	1.00	X					0.	0.	0.	
RANDY HUNT TRUSTEE	1.00	X					0.	0.	0.	
NELSON ABBEY TRUSTEE	1.00	X					0.	0.	0.	
PAUL SOBB TRUSTEE	1.00	X					0.	0.	0.	
JACK RANDOLPH TRUSTEE	1.00	X					0.	0.	0.	
GLADEEN ROBERTS TRUSTEE	1.00	X					0.	0.	0.	
DENISE SWY TRUSTEE	1.00	X					0.	0.	0.	
MARY JO ANDERSON TRUSTEE FOR LIFE	1.00	X					0.	0.	0.	
RICHARD BAYER TRUSTEE FOR LIFE	1.00	X					0.	0.	0.	
DAN DISALLE TRUSTEE FOR LIFE	1.00	X					0.	0.	0.	
<b>1b Total</b>							<b>753,208.</b>	<b>0.</b>	<b>23,987.</b>	

**2** Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization 5

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
RUDOLPH LIBBE, INC. 6494 LATCHA RD., WALBRIDGE, OH 43465	CONSTRUCTION	1,175,386.
TAHER NUTRITION SERVICES, INC. 5570 SMETANA DR, MINNETONKA, MN 55343	FOOD SERVICE	1,028,630.
TOLEDO BUILDING SERVICES, INC. PO BOX 372, TOLEDO, OH 43697	CLEANING	526,709.
SSEO INC. 1001 MADISON AVENUE , TOLEDO, OH 43624	ARCHITECT	321,651.
GEM INDUSTRIAL, INC., 6842 COMMODORE DR., PO BOX 716, TOLEDO, OH 43697	EQUIP. MAINTENANCE	211,253.

**2** Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization 11

See Schedule J-2 for Part VII, Section A Continuation

Form **990** (2008)

**YOUNG MEN'S CHRISTIAN ASSOCIATION  
OF GREATER TOLEDO**

Form 990 (2008)

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<b>Part VIII Statement of Revenue</b>			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>	409,715.				
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	4960859.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	2654243.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		153,000.				
	<b>h Total.</b> Add lines 1a-1f .....		8,024,817.				
	<b>Program Service Revenue</b>	<b>2 a</b> <u>PROGRAM FEES</u>	Business Code	624100	10744916.	10744916.	
		<b>b</b> <u>MEMBERSHIP DUES</u>		624100	9,477,721.	9,477,721.	
<b>c</b> .....							
<b>d</b> .....							
<b>e</b> .....							
<b>f</b> All other program service revenue .....							
<b>g Total.</b> Add lines 2a-2f .....			20222637.				
<b>Other Revenue</b>		<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		232,715.			232,715.
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross Rents .....	(i) Real	178,328.				
		(ii) Personal					
		<b>b</b> Less: rental expenses .....	504,313.				
		<b>c</b> Rental income or (loss) .....	-325985.				
	<b>d</b> Net rental income or (loss) .....		-325,985.			-325,985.	
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	2061294.				
		(ii) Other	542,986.				
		<b>b</b> Less: cost or other basis and sales expenses .....	2807509.	83,364.			
		<b>c</b> Gain or (loss) .....	-746215.	459,622.			
	<b>d</b> Net gain or (loss) .....		-286,593.			-286,593.	
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>					
		<b>b</b> Less: direct expenses .....	<b>b</b>				
		<b>c</b> Net income or (loss) from fundraising events .....					
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>					
		<b>b</b> Less: direct expenses .....	<b>b</b>				
		<b>c</b> Net income or (loss) from gaming activities .....					
	<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>	147,584.				
<b>b</b> Less: cost of goods sold .....		<b>b</b>	104,961.				
<b>c</b> Net income or (loss) from sales of inventory .....			42,623.	42,623.			
<b>Miscellaneous Revenue</b>		Business Code					
<b>11 a</b> <u>MISCELLANEOUS</u>		624100	39,449.			39,449.	
<b>b</b> .....							
<b>c</b> .....							
<b>d</b> All other revenue .....							
<b>e Total.</b> Add lines 11a-11d .....			39,449.				
<b>12 Total Revenue.</b> Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e .....			27949663.	20265260.		0.-340,414.	

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Form **990** (2008)

**YOUNG MEN'S CHRISTIAN ASSOCIATION  
OF GREATER TOLEDO**

**Part IX Statement of Functional Expenses**

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 .....	35,296.	35,296.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 .....				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 .....				
4 Benefits paid to or for members .....				
5 Compensation of current officers, directors, trustees, and key employees .....	753,208.	441,446.	166,737.	145,025.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
7 Other salaries and wages .....	11,875,394.	10,443,604.	1,358,113.	73,677.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) .....	724,309.	585,314.	126,452.	12,543.
9 Other employee benefits .....	922,380.	745,374.	161,032.	15,974.
10 Payroll taxes .....	1,247,763.	1,103,021.	123,133.	21,609.
11 Fees for services (non-employees):				
a Management .....				
b Legal .....	32,984.	29,390.	3,594.	
c Accounting .....	45,130.	40,213.	4,917.	
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees .....	16,563.	14,758.	1,805.	
g Other .....				
12 Advertising and promotion .....				
13 Office expenses .....	3,182,260.	2,471,008.	609,029.	102,223.
14 Information technology .....				
15 Royalties .....				
16 Occupancy .....	2,392,614.	2,313,081.	79,533.	
17 Travel .....	383,560.	344,463.	39,097.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings .....	294,727.	138,744.	155,983.	
20 Interest .....	612,754.	548,865.	63,889.	
21 Payments to affiliates .....	217,908.	184,378.	33,530.	
22 Depreciation, depletion, and amortization .....	2,145,008.	2,087,733.	57,275.	
23 Insurance .....	345,485.	332,625.	12,860.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) .....				
a <b>CONTRACTED SERVICES - F</b> .....	1,028,630.	1,028,630.		
b <b>OTHER EXPENSES</b> .....	661,269.	632,535.	28,734.	
c <b>CONTRACTED SERVICES - O</b> .....	658,431.	360,894.	297,537.	
d <b>CONTRACTED SERVICES - J</b> .....	550,422.	550,422.		
e <b>CONTRACTED SERVICES - M</b> .....	493,192.	493,192.		
f All other expenses .....				
25 <b>Total functional expenses.</b> Add lines 1 through 24f	28,619,287.	24,924,986.	3,323,250.	371,051.
26 <b>Joint Costs.</b> Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ...				

**YOUNG MEN'S CHRISTIAN ASSOCIATION  
OF GREATER TOLEDO**

Form 990 (2008)

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**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....		<b>1</b>	
	<b>2</b> Savings and temporary cash investments .....	371,667.	<b>2</b>	343,732.
	<b>3</b> Pledges and grants receivable, net .....	1,210,922.	<b>3</b>	1,160,935.
	<b>4</b> Accounts receivable, net .....	1,023,277.	<b>4</b>	1,087,805.
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L .....			<b>5</b>
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L .....			<b>6</b>
	<b>7</b> Notes and loans receivable, net .....			<b>7</b>
	<b>8</b> Inventories for sale or use .....	119,400.	<b>8</b>	83,502.
	<b>9</b> Prepaid expenses and deferred charges .....	231,648.	<b>9</b>	309,741.
	<b>10a</b> Land, buildings, and equipment: cost basis ...	49,225,520.		
	<b>b</b> Less: accumulated depreciation. Complete Part VI of Schedule D .....	18,652,349.		
		29,060,321.	<b>10c</b>	30,573,171.
	<b>11</b> Investments - publicly traded securities .....	3,236,322.	<b>11</b>	247,619.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
<b>15</b> Other assets. See Part IV, line 11 .....	1,589,083.	<b>15</b>	3,090,387.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	36,842,640.	<b>16</b>	36,896,892.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	898,189.	<b>17</b>	1,513,703.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	1,835,141.	<b>19</b>	1,498,324.
	<b>20</b> Tax-exempt bond liabilities .....	8,763,201.	<b>20</b>	8,079,078.
	<b>21</b> Escrow account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	4,541,388.	<b>23</b>	6,620,683.
	<b>24</b> Unsecured notes and loans payable .....		<b>24</b>	
	<b>25</b> Other liabilities. Complete Part X of Schedule D .....	284,809.	<b>25</b>	0.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	16,322,728.	<b>26</b>	17,711,788.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	17,608,382.	<b>27</b>	17,530,592.
	<b>28</b> Temporarily restricted net assets .....	1,014,272.	<b>28</b>	116,249.
	<b>29</b> Permanently restricted net assets .....	1,897,258.	<b>29</b>	1,538,263.
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
	<b>33</b> Total net assets or fund balances .....	20,519,912.	<b>33</b>	19,185,104.
	<b>34</b> Total liabilities and net assets/fund balances .....	36,842,640.	<b>34</b>	36,896,892.

**Part XI Financial Statements and Reporting**

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? .....		<b>X</b>
<b>b</b> Were the organization's financial statements audited by an independent accountant? .....	<b>X</b>	
<b>c</b> If "Yes" to lines 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? .....	<b>X</b>	
<b>3a</b> 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>X</b>	
<b>b</b> If "Yes," did the organization undergo the required audit or audits? .....	<b>X</b>	

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

**2008**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

Name of the organization **YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER TOLEDO** Employer identification number **34-4428262**

**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: (Please check only **one** organization.)

- 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)**. (Attach Schedule H.)
- 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 the Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**. (see instructions)
- 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?
 

	Yes	No
(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? .....	11g(i)	
(ii) A family member of a person described in (i) above? .....	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....	11g(iii)	
- h Provide the following information about the organizations the organization supports.

(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	
<b>Total</b>									

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule A (Form 990 or 990-EZ) 2008

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 - 3 .....						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public Support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					<b>12</b>	
<b>13 First five years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>		%
<b>15</b> Public support percentage from 2007 Schedule A, Part IV-A, line 26f .....	<b>15</b>		%
<b>16a 33 1/3% support test - 2008.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>	
<b>b 33 1/3% support test - 2007.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>	
<b>17a 10% -facts-and-circumstances test - 2008.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>	
<b>b 10% -facts-and-circumstances test - 2007.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>	
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>	

**YOUNG MEN'S CHRISTIAN ASSOCIATION**

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	5480475.	6009861.	6565907.	8307416.	8024817.	34388476.
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....	16055286.	18109987.	20115734.	21108519.	20222637.	95612163.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 - 5 .....	21535761.	24119848.	26681641.	29415935.	28247454.	130000639
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....					123,674.	123,674.
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 .....						
<b>c</b> Add lines 7a and 7b .....					123,674.	123,674.
<b>8 Public support</b> (Subtract line 7c from line 6.) .....						129876965

**Section B. Total Support**

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6 .....	21535761.	24119848.	26681641.	29415935.	28247454.	130000639
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	173,848.	110,384.	32,037.	393,916.	-379,863.	330,322.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....	173,848.	110,384.	32,037.	393,916.	-379,863.	330,322.
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....	561,148.	616,775.	184,073.	121,235.	82,072.	1565303.
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12.) .....						131896264

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

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

<b>15</b> Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	98.47 %
<b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g .....	<b>16</b>	99.16 %

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

<b>17</b> Investment income percentage for <b>2008</b> (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	.25 %
<b>18</b> Investment income percentage from <b>2007</b> Schedule A, Part IV-A, line 27h .....	<b>18</b>	.53 %

**19a 33 1/3% support tests - 2008.** 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 - 2007.** 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 .....

**Schedule D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ **Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

OMB No. 1545-0047

**2008**

**Open to Public Inspection**

**Name of the organization** **YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER TOLEDO**

**Employer identification number**  
**34-4428262**

**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
<b>1</b> Total number at end of year .....		
<b>2</b> Aggregate contributions to (during year) .....		
<b>3</b> Aggregate grants from (during year) .....		
<b>4</b> Aggregate value at end of year .....		
<b>5</b> 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? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>6</b> Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? .....		<input type="checkbox"/> Yes <input type="checkbox"/> 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 pleasure)       Preservation of an historically important land area

Protection of natural habitat       Preservation of certified historic structure

Preservation of open space

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

	Held at the End of the Year
<b>a</b> Total number of conservation easements .....	<b>2a</b>
<b>b</b> Total acreage restricted by conservation easements .....	<b>2b</b>
<b>c</b> Number of conservation easements on a certified historic structure included in (a) .....	<b>2c</b>
<b>d</b> Number of conservation easements included in (c) acquired after 8/17/06 .....	<b>2d</b>

**3** Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ \_\_\_\_\_

**4** Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

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

Yes  No

**6** Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ \_\_\_\_\_

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





**YOUNG MEN'S CHRISTIAN ASSOCIATION  
OF GREATER TOLEDO**

Schedule D (Form 990) 2008

34-4428262 Page 4

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	27,949,663.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	28,619,287.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-669,624.
4	Net unrealized gains (losses) on investments	4	-157,122.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-508,062.
9	Total adjustments (net). Add lines 4-8	9	-665,184.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-1,334,808.

**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	32,216,932.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-157,122.
b	Donated services and use of facilities	2b	4,323,179.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	101,212.
e	Add lines 2a through 2d	2e	4,267,269.
3	Subtract line 2e from line 1	3	27,949,663.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	27,949,663.

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

1	Total expenses and losses per audited financial statements	1	33,551,740.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	4,323,179.
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	609,274.
e	Add lines 2a through 2d	2e	4,932,453.
3	Subtract line 2e from line 1	3	28,619,287.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	28,619,287.

**Part XIV Supplemental Information**

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

**Part V, line 4: ENDOWMENT FUNDS ARE INTENDED TO SUPPORT THE LONG TERM**

**OPERATIONS OF THE YMCA OF GREATER TOLEDO WHICH INCLUDE FACILITY UPKEEP,**

**PROGRAM SUPPORT AND DONOR RESTRICTED AMOUNTS RELATED TO CAPITAL**

**IMPROVEMENTS. THE ENDOWMENT FUNDS ARE HELD AT THE TOLEDO COMMUNITY**

**FOUNDATION FOR THE BENEFIT OF THE YMCA OF GREATER TOLEDO.**

**Part XI, Line 8 - Other Adjustments:**

**DECREASE IN BENEFICIAL INTEREST IN PERPETUAL TRUSTS**

Schedule D (Form 990) 2008

**Part XIV** Supplemental Information (continued)

Part XII, Line 2d - Other Adjustments:

EXPENSES ASSOCIATED WITH LEASE INCOME

COST OF SALES

DECREASE IN INTEREST IN PERPETUAL TRUST

Part XIII, Line 2d - Other Adjustments:

EXPENSES ASSOCIATED WITH LEASE INCOME

COST OF SALES

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the U.S.**

▶ **Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.  
▶ Attach to Form 990.**

OMB No. 1545-0047

2008

**Open to Public  
Inspection**

Name of the organization **YOUNG MEN'S CHRISTIAN ASSOCIATION  
OF GREATER TOLEDO**

**Employer identification number  
34-4428262**

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ...

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
J.C. CALDWELL COMMUNITY CENTER 3201 STICKNEY AVE. TOLEDO, OH 43608	34-4316930		8,180.	0.			SUBRECIPIENT OF WIA FEDERAL FUNDING FOR PARTICIPATION IN THE YOUTH OPPORTUNITIES
FIRM SOCIALIZATION AND RECREATION 1217 JEFFERSON AVE. TOLEDO, OH 43604	26-3721602		19,113.	0.			SUBRECIPIENT OF WIA FEDERAL FUNDING FOR PARTICIPATION IN THE YOUTH OPPORTUNITIES

**2** Enter total number of section 501(c)(3) and government organizations ..... **2.**

**3** Enter total number of other organizations ..... **0.**

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

Schedule I (Form 990) 2008

See Part IV for Column (h) descriptions

**YOUNG MEN'S CHRISTIAN ASSOCIATION  
OF GREATER TOLEDO**

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Schedule I, Part I, Line 2: ALL FUNDING RELATES TO THE YOUTH OPPORTUNITIES PROGRAM (YOP) WHICH IS FUNDED THROUGH THE WORKFORCE INVESTMENT ACT (FEDERAL FUNDING) PASSED THROUGH LUCAS COUNTY JOB AND FAMILIY SERVICES. SUBRECIPIENTS OF THIS FUNDING SOURCE PARTICIPATE IN YOP IN ACCORDANCE WITH YMCA AND FEDERAL GUIDELINES AS OUTLINED WITHIN THEIR GRANT AGREEMENT AND MONITORED BY THE YMCA. THE YMCA MAINTAINS ALL ACCOUNTING RECORDS TO SUBSTANTIATE PROGRAM ACTIVITIES INCLUDING SUBRECIPIENT FUNDING.

Part II, line 1, Column (h):

**Part IV** Supplemental Information

Name of Organization or Government: J.C. CALDWELL COMMUNITY CENTER

(h) Purpose of Grant or Assistance: SUBRECIPIENT OF WIA FEDERAL FUNDING  
FOR PARTICIPATION IN THE YOUTH OPPORTUNITIES PROGRAM

Name of Organization or Government: FIRM SOCIALIZATION AND RECREATION

(h) Purpose of Grant or Assistance: SUBRECEIPIENT OF WIA FEDERAL FUNDING  
FOR PARTICIPATION IN THE YOUTH OPPORTUNITIES PROGRAM

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2008**

Open to Public Inspection

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

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

Department of the Treasury  
Internal Revenue Service

Name of the organization **YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER TOLEDO** Employer identification number **34-4428262**

**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.

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

**b** If line 1a is 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 organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations                | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a:

- 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 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.**

**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 Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X

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Schedule J (Form 990) 2008

**YOUNG MEN'S CHRISTIAN ASSOCIATION  
OF GREATER TOLEDO**

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space is needed.

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
ROBERT ALEXANDER	(i)	269,428.	0.	0.	0.	6,284.	275,712.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE J-2**  
**(Form 990)**

**Continuation Sheet for Form 990**

OMB No. 1545-0047

**2008**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.**

Name of the Organization **YOUNG MEN'S CHRISTIAN ASSOCIATION  
OF GREATER TOLEDO**

Employer Identification number  
**34-4428262**

**Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
TED JENKINS TRUSTEE FOR LIFE	1.00	X					0.	0.	0.	
BILL NIEHOUS TRUSTEE FOR LIFE	1.00	X					0.	0.	0.	
KEITH WILSON TRUSTEE FOR LIFE	1.00	X					0.	0.	0.	
MANDI BRANNAN TRUSTEE	1.00	X					0.	0.	0.	
JOHN EISENHART TRUSTEE	1.00	X					0.	0.	0.	
WILMA KENDZEL TRUSTEE	1.00	X					0.	0.	0.	
SYLVIA LENNEX TRUSTEE	1.00	X					0.	0.	0.	
GERALDINE DAVIS TRUSTEE	1.00	X					0.	0.	0.	
JIM SHOOK TRUSTEE	1.00	X					0.	0.	0.	
GAVIN PIKE TRUSTEE	1.00	X					0.	0.	0.	
GREG STEENROD TRUSTEE	1.00	X					0.	0.	0.	
JUAN HINOJOSA TRUSTEE	1.00	X					0.	0.	0.	
JOHN DISALLE TRUSTEE	1.00	X					0.	0.	0.	
ARTURO QUINTERO TRUSTEE	1.00	X					0.	0.	0.	
SCOTT WILLIAMS TRUSTEE	1.00	X					0.	0.	0.	
JOHN BALDWIN TRUSTEE	1.00	X					0.	0.	0.	
BRUCE GROVES TRUSTEE	1.00	X					0.	0.	0.	
BILL GUST TRUSTEE	1.00	X					0.	0.	0.	
TOM MACKIN TRUSTEE	1.00	X					0.	0.	0.	
JACK HEMPLE TRUSTEE	1.00	X					0.	0.	0.	

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

Schedule J-2 (Form 990) 2008

**Continuation Sheet for Form 990**

**2008**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.**

Name of the Organization **YOUNG MEN'S CHRISTIAN ASSOCIATION  
OF GREATER TOLEDO**

Employer Identification number  
**34-4428262**

**Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
CHERYL TYLER-FOLSOM TRUSTEE	1.00	X						0.	0.	0.
RICK ANDERSON TRUSTEE	1.00	X						0.	0.	0.
JOEL BEREN TRUSTEE	1.00	X						0.	0.	0.
JERRY COUSINS TRUSTEE	1.00	X						0.	0.	0.
AL CAPERNA TRUSTEE	1.00	X						0.	0.	0.
JIM HILEMAN TRUSTEE	1.00	X						0.	0.	0.
MARK ROSE TRUSTEE	1.00	X						0.	0.	0.
KAYE PATTEN WALLACE TRUSTEE	1.00	X						0.	0.	0.
ROBERT ALEXANDER PRESIDENT/CEO	40.00			X				269,428.	0.	6,284.
STEPHANIE DAMES SR VP-DEVELOPMENT	40.00			X				138,427.	0.	5,355.
GLEN KING VP-CAMPING SERVICES	40.00			X				113,050.	0.	4,417.
BRIAN KEEL VP OF FINANCE	40.00			X				120,733.	0.	2,320.
TODD TIBBITS VP OF OPERATIONS	40.00			X				111,570.	0.	5,611.

**SCHEDULE K  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information on Tax-Exempt Bonds**

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a.  
Provide descriptions, explanations, and any additional information on Schedule O (Form 990).

OMB No. 1545-0047

**2008**  
**Open to Public Inspection**

Name of the organization **YOUNG MEN'S CHRISTIAN ASSOCIATION  
OF GREATER TOLEDO**

Employer identification number  
**34-4428262**

**Part I Bond Issues** (Required for 2008) **See Schedule O for Column (f) Continuations**

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer	
						Yes	No	Yes	No
<b>A</b> TOLEDO LUCAS COUNTY PORT AUTHORITY	34-6406986	889252AA0	12/01/96	1,600,000.	ACQUIRING, CONSTRUCTING & EQUI		X		X
<b>B</b> COUNTY OF WOOD, OHIO ECONOMIC DEVELOPMENT		97831NAA8	07/01/98	4,600,000.	CONSTRUCTING NEW FACILITY IN PERRYSB		X		X
<b>C</b> CORPORATION OF THE TOWNS	38-6032606	None	12/29/04	6,500,000.	CONSTRUCTING NEW FACILITY IN BEDFORD		X		X
<b>D</b>									
<b>E</b>									

**Part II Proceeds** (Optional for 2008)

	A		B		C		D		E	
<b>1</b> Total proceeds of issue .....										
<b>2</b> Gross proceeds in reserve funds .....										
<b>3</b> Proceeds in refunding or defeasance escrows .....										
<b>4</b> Other unspent proceeds .....										
<b>5</b> Issuance costs from proceeds .....										
<b>6</b> Working capital expenditures from proceeds .....										
<b>7</b> Capital expenditures from proceeds .....										
<b>8</b> Year of substantial completion .....										
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>9</b> Were the bonds issued as part of a current refunding issue? ...										
<b>10</b> Were the bonds issued as part of an advance refunding issue? .....										
<b>11</b> Has the final allocation of proceeds been made? .....										
<b>12</b> Does the organization maintain adequate books and records to support the final allocation of proceeds? .....										

**Part III Private Business Use** (Optional for 2008)

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



**SCHEDULE M  
(Form 990)**

**NonCash Contributions**

OMB No. 1545-0047

**2008**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ To be completed by organizations that answered  
"Yes" on Form 990, Part IV, lines 29 or 30.

▶ Attach to Form 990.

Name of the organization **YOUNG MEN'S CHRISTIAN ASSOCIATION  
OF GREATER TOLEDO**

Employer identification number  
**34-4428262**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art - Works of art .....				
2 Art - Historical treasures .....				
3 Art - Fractional interests .....				
4 Books and publications .....				
5 Clothing and household goods .....				
6 Cars and other vehicles .....				
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities - Publicly traded .....				
10 Securities - Closely held stock .....				
11 Securities - Partnership, LLC, or trust interests .....				
12 Securities - Miscellaneous .....				
13 Qualified conservation contribution (historic structures) .....				
14 Qualified conservation contribution (other) ...				
15 Real estate - Residential .....	X	1	153,000.	PRICE OF PROPERTY
16 Real estate - Commercial .....				
17 Real estate - Other .....				
18 Collectibles .....				
19 Food inventory .....				
20 Drugs and medical supplies .....				
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ▶ ( _____ )				
26 Other ▶ ( _____ )				
27 Other ▶ ( _____ )				
28 Other ▶ ( _____ )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgment ..... **29**

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? .....

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? .....

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....

b If "Yes," describe in Part II.

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a		X

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

Schedule M (Form 990) 2008

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

**2008**

Open to Public  
Inspection

Name of the organization

YOUNG MEN'S CHRISTIAN ASSOCIATION  
OF GREATER TOLEDO

Employer identification number

34-4428262

Form 990, Part I, Line 1, Description of Organization Mission:

PHYSICAL ACTIVITIES.

Form 990, Part III, Line 4d, Other Program Services:

AT RISK YOUTH AND DISADVANTAGED FAMILIES--PROGRAMS PROVIDE LIFE-SKILLS  
TRAINING, LEADERSHIP DEVELOPMENT, JOB READINESS, TUTORING AND MENTORING  
FOR DISADVANTAGED YOUNG PEOPLE AND THEIR FAMILIES. SERVING 29,696  
PARTICIPANTS DURING 2008.

Expenses \$ 1946183. including grants of \$ 35296. Revenue \$ 0.

Form 990, Part VI, Section A, line 2: ROBERT ALEXANDER, CEO, AND  
STEPHANIE DAMES, VP OF DEVELOPMENT - FAMILY RELATIONSHIP

Form 990, Part VI, Section A, line 10: EACH BOARD MEMBER RECEIVED A COPY  
OF THE 990 FOR THEIR REVIEW DURING A FULL BOARD MEETING. COMMENTS AND  
QUESTIONS FROM THE GROUP WERE ENCOURAGED AND DISCUSSED PRIOR TO FILING. IN  
ADDITION, A DETAILED REVIEW OF FORM 990 IS COMPLETED BY THE CEO AND CFO  
PRIOR TO FILING.

Form 990, Part VI, Section B, Line 12c: EACH YEAR THE YMCA OF GREATER  
TOLEDO SENDS A CONFLICT OF INTEREST POLICY STATEMENT AND DISCLOSURE FORM TO  
ALL TRUSTEES, CORPORATE COMMITTEE MEMBERS, AND ALL FULL TIME STAFF MEMBERS.  
COLLECTION OF THE COMPLETED FORMS IS MONITORED BY THE CFO. CONFLICTS ARE  
NOTED AND COMMUNICATED TO THE CHAIR OF THE BOARD OF TRUSTEES. IT IS THEN  
EXPECTED THAT THOSE WITH CONFLICTS WILL ABSTAIN FROM ANY VOTES ON MATTERS  
WHERE THIS IS A CONFLICT. THESE ABSTENTIONS ARE DULY NOTED IN THE MINUTES

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

Schedule O (Form 990) 2008

832211  
12-18-08

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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OMB No. 1545-0047

**2008**

Open to Public Inspection

Name of the organization	YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER TOLEDO	Employer identification number	34-4428262
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OF THE MEETING.

Form 990, Part VI, Section B, Line 15: A COMPENSATION COMMITTEE COMPOSED OF TWO TRUSTEES AND TWO TRUSTEES FOR LIFE MEETS ANNUALLY TO SET THE COMPENSATION RANGES FOR THE CEO, OTHER MANAGEMENT, AND OTHER STAFF WITH FAMILIAL RELATIONS. THE COMMITTEE USES THE HAY STUDY TO SET POINT VALUE FOR LONGEVITY, EXPERIENCE, RESPONSIBILITY, BUDGET SIZE, PROBLEM SOLVING AND OTHER SKILLS. ADDITIONALLY THEY USE AN INDEPENDENT SALARY STUDY PREPARED BY A FIRM SPECIALIZING IN COMPENSATION SYSTEMS. THE COMMITTEE THEN PASSES THE RECOMMENDED RANGES ON TO THE GROUPS WITHIN THE BOARD OF TRUSTEES FOR REVIEWING THE PERFORMANCE OF THE CEO AND THE SVP OF DEVELOPMENT FOR THEIR USE. THE BOARD OF TRUSTEES REVIEWS THE INFORMATION AND THE RECOMMENDED SALARY FOR THE CEO AND SVP OF DEVELOPMENT IS VOTED ON BY THE TRUSTEES AS DOCUMENTED IN THE MINUTES. ADDITIONAL RANGES ARE ALSO PROVIDED TO MANAGEMENT FOR THEIR USE IN EVALUATING SENIOR STAFF.

Form 990, Part VI, Section C, Line 18: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AVAILABLE THROUGH THE ORGANIZATION'S WEBSITE AND ALSO THROUGH ANOTHER'S WEBSITE (WWW.GUIDESTAR.ORG).

Form 990, Part VI, Section C, Line 19: THE ORGANIZATION MAKES IT GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PAGE 11, PART XI, LINE 2C

COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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OMB No. 1545-0047

**2008**

Open to Public Inspection

Name of the organization	YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER TOLEDO	Employer identification number	34-4428262
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THE PROCESS USED BY THE ORGANIZATION'S COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT DID NOT CHANGE FROM THE PRIOR YEAR.

**Schedule K, Part I, Bond Issues:**

(a) Issuer Name: TOLEDO LUCAS COUNTY PORT AUTHORITY

(f) Description of Purpose:

ACQUIRING, CONSTRUCTING & EQUIPPING BRANCH IMPROVEMENTS

(a) Issuer Name: COUNTY OF WOOD, OHIO

(f) Description of Purpose:

CONSTRUCTING NEW FACILITY IN PERRYSBURG, OH

(a) Issuer Name:

ECONOMIC DEVELOPMENT CORPORATION OF THE TOWNSHIP OF BEDFORD

(f) Description of Purpose:

CONSTRUCTING NEW FACILITY IN BEDFORD, MI

**Sch L, Part IV, Business Transactions Involving Interested Persons:**

(a) Name of Person: TIM ALTER

(d) Description of Transaction: FEES PAID TO RUDOLPH LIBBE, INC. FOR

CONSTRUCTION OF NEW WEST TOLEDO YMCA BUILDING.

(a) Name of Person: GREG STEENROD

(d) Description of Transaction: FEES PAID TO GEM INDUSTRIAL FOR

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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**2008**

Open to Public Inspection

Name of the organization **YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER TOLEDO**

Employer identification number  
**34-4428262**

**MAINTENANCE OF MECHANICAL SYSTEMS**

(a) Name of Person: **DENISE TIBBITS**

(b) Relationship Between Interested Person and Organization:

**SPOUSE OF TODD TIBBITS (VP OF OPERATIONS)**

(a) Name of Person: **MARGARET KING**

(b) Relationship Between Interested Person and Organization:

**SPOUSE OF GLEN KING (VP OF CAMPING SERVICES)**

(a) Name of Person: **CASEY KOENIG**

(b) Relationship Between Interested Person and Organization:

**SPOUSE OF ROBERT KOENIG (TRUSTEE)**

(a) Name of Person: **JENNIFER RUPLE**

(b) Relationship Between Interested Person and Organization:

**DAUGHTER OF ROBERT ALEXANDER (PRESIDENT/CEO)**

(a) Name of Person: **JODY ALEXANDER**

(b) Relationship Between Interested Person and Organization:

**DAUGHTER-IN-LAW OF ROBERT ALEXANDER (PRESIDENT/CEO)**

(c) Amount of Transaction \$ **95210.**

(d) Description of Transaction: **SALARY**

(e) Sharing of Organization Revenues? = **No**

(a) Name of Person: **CHRISTOPHER DAMES**

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

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OMB No. 1545-0047

**2008**

Open to Public Inspection

Name of the organization	YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER TOLEDO	Employer identification number	34-4428262
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(b) Relationship Between Interested Person and Organization:

SON OF STEPHANIE DAMES (SENIOR VP DEVELOPMENT)

(c) Amount of Transaction \$ 12345.

(d) Description of Transaction: SALARY

(e) Sharing of Organization Revenues? = No

FORM 990, PART VI, SECTION B, LINE 13

WHISTLEBLOWER POLICY

THE YMCA OF GREATER TOLEDO IS IN THE PROCESS OF IMPLEMENTING A WHISTLE  
BLOWER POLICY DURING 2009.