

Return of Organization Exempt From Income Tax

2007

Open to Public Inspection

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 2007 calendar year, or tax year beginning _____, **and ending** _____

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

C Name of organization
 Muskegon Family YMCA
 Number and street (or P O box if mail is not delivered to street address) Room/suite
 900 W Western Ave
 City or town State or country ZIP + 4
 Muskegon MI 49441

D Employer identification number
38-2000172

E Telephone number
231-722-9622

F Accounting method: Cash Accrual
 Other (specify) _____

G Website: www.muskegonymca.org

J Organization type (check only one) 501(c) (3) (insert no) 4947(a)(1) or 527

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 **2,331,220**

H and I are not applicable to section 527 organizations
H(a) Is this a group return for affiliates? Yes No
H(b) If "Yes," enter number of affiliates _____
H(c) Are all affiliates included? Yes No (if "No," attach a list. See instructions.)
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No
I Group Exemption Number _____

M Check if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

1	Contributions, gifts, grants, and similar amounts received				
	a Contributions to donor advised funds	1a	0		
	b Direct public support (not included on line 1a)	1b	389,520		
	c Indirect public support (not included on line 1a)	1c	49,674		
	d Government contributions (grants) (not included on line 1a)	1d	707		
	e Total (add lines 1a through 1d) (cash \$ 435,401 noncash \$ 4,500)	1e			439,901
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2			792,731
	3 Membership dues and assessments	3			1,011,214
	4 Interest on savings and temporary cash investments	4			0
	5 Dividends and interest from securities	5			0
	6 a Gross rents	6a	6,937		
	b Less: rental expenses	6b	1,009		
c Net rental income or (loss) Subtract line 6b from line 6a	6c			5,928	
7 Other investment income (describe _____)	7			0	
8 a Gross amount from sales of assets other than inventory	(A) Securities		(B) Other		
	8a	0	8a	0	
	b Less: cost or other basis and sales expenses	8b	0		
	c Gain or (loss) (attach schedule)	8c	0		
d Net gain or (loss) Combine line 8c, columns (A) and (B)	8d			0	
9 Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>	a Gross revenue (not including \$ 0 of contributions reported on line 1b)	9a	33,986		
	b Less: direct expenses other than fundraising expenses	9b	18,668		
	c Net income or (loss) from special events. Subtract line 9b from line 9a	9c			15,318
10 a Gross sales of inventory, less returns and allowances	10a	27,465			
	b Less: cost of goods sold	10b	15,507		
c Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a	10c			11,958	
11 Other revenue (from Part VII, line 103)	11			18,986	
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12			2,296,036	
Expenses	13 Program services (from line 44, column (B))	13		2,103,050	
	14 Management and general (from line 44, column (C))	14		435,805	
	15 Fundraising (from line 44, column (D))	15		9,901	
	16 Payments to affiliates (attach schedule)	16		21,919	
	17 Total expenses. Add lines 16 and 44, column (A)	17			2,570,675
Net Assets	18 Excess or (deficit) for the year Subtract line 17 from line 12	18		-274,639	
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19		642,729	
	20 Other changes in net assets or fund balances (attach explanation)	20		0	
	21 Net assets or fund balances at end of year Combine lines 18, 19, and 20	21			368,090

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Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 a	Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> noncash \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	0	0		
22 b	Other grants and allocations (attach schedule) (cash \$ <u>0</u> noncash \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	0	0		
23	Specific assistance to individuals (attach schedule)	0	0		
24	Benefits paid to or for members (attach schedule)	0	0		
25 a	Compensation of current officers, directors, key employees, etc. listed in Part V-A	155,000	30,000	125,000	0
b	Compensation of former officers, directors, key employees, etc. listed in Part V-B	0	0	0	0
c	Compensation and other distributions, 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
26	Salaries and wages of employees not included on lines 25a, b, and c	879,893	836,917	42,976	
27	Pension plan contributions not included on lines 25a, b, and c	60,457	48,366	12,091	
28	Employee benefits not included on lines 25a - 27	68,077	55,885	12,192	
29	Payroll taxes	116,718	97,404	19,314	
30	Professional fundraising fees	0			
31	Accounting fees	13,275		13,275	
32	Legal fees	3,329		3,329	
33	Supplies	163,152	156,832	6,320	
34	Telephone	13,668	9,687	3,981	
35	Postage and shipping	13,700	11,158	2,542	
36	Occupancy	286,482	274,298	12,184	
37	Equipment rental and maintenance	196,387	185,348	11,039	
38	Printing and publications	16,062	9,897	6,165	
39	Travel	1,393	1,233	160	
40	Conferences, conventions, and meetings	7,555	5,720	1,835	
41	Interest	142,850	70,427	72,423	
42	Depreciation, depletion, etc (attach schedule)	122,395	59,435	62,960	0
43	Other expenses not covered above (itemize):				
a	Contract Services	154,762	151,020	3,742	0
b	Bank charges	16,224	7,824	8,400	0
c	Insurance	40,515	36,538	3,977	0
d	other	42,417	32,190	326	9,901
e	Membership dues	101	49	52	0
f	Conferences, meetings	4,167	3,250	917	0
g	Advertising	30,177	19,572	10,605	0
44	Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15).	2,548,756	2,103,050	435,805	9,901

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ 0, (ii) the amount allocated to Program services \$ _____,
 (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► Nonprofit YMCA and affiliated camp All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts, but optional for others.)
a AQUATICS- Swimming lessons for all ages, including a United Way sponsored "Pool School" program offered to all third grade students in Muskegon County which served 938 kids during 2007. Swimming lessons, classes and other aquatics programs served 2,319 participants including 86 members of the swim team and 72 individuals were trained in Red Cross CPR, AED, First Aid and lifeguarding. Financial assistance is available. (Grants and allocations \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	385,315
b YOUTH & FAMILY - During 2007, there were 1,491 participants in various youth programs, including Summer Fun Club, Kindermusik, youth basketball. A new dance program was started, 8 took advantage of a Japanese camp we provided "Parents' Night Out" child care and introduced Speedstacking. Nursery care is provided without charge to members. Financial assisted program fees are available. (Grants and allocations \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	392,728
c HEALTH & FITNESS - This adult program served 2,290 participants in a variety of classes, including Ultimate Abs, our boot camp fitness sessions; Classes were provided for Tae Kwon Do, women's strength training, kick boxing, step aerobics, Pilates and Pi-Yo sessions were provided. Over 200 senior citizens were enrolled in Silver Sneakers membership. Financial assisted memberships are available. (Grants and allocations \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	263,343
d Y CAMP PENDALOUAN - This separate camping facility on Blue Lake near Montague, MI served over 3,000 summer campers, over 4,000 in outdoor education and nearly 3,000 in conference camps. 680 took advantage of day camp, 198 participants were in the Annual August Father Son Camp. Additional specialty and holiday camping experiences were provided. Financial assisted camperships are available. (Grants and allocations \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	1,057,203
e Other program services (attach schedule) (Grants and allocations \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	4,461
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	2,103,050

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A)		(B)
		Beginning of year		End of year
Assets	45 Cash—non-interest-bearing	-83,903	45	-72,252
	46 Savings and temporary cash investments		46	
	47 a Accounts receivable	98,544		
	b Less: allowance for doubtful accounts	0	151,271	47c 98,544
	48 a Pledges receivable	68,984		
	b Less: allowance for doubtful accounts	0	48,036	48c 68,984
	49 Grants receivable			49
	50 a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		0	50a 0
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)			50b
	51 a Other notes and loans receivable (attach schedule)	0		
	b Less: allowance for doubtful accounts	0	0	51c 0
	52 Inventories for sale or use		4,500	52 4,500
	53 Prepaid expenses and deferred charges		28,110	53 31,323
	54 a Investments—publicly-traded securities. <input type="checkbox"/> Cost <input type="checkbox"/> FMV		0	54a 0
	b Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		11,044	54b 25,900
	55 a Investments—land, buildings, and equipment: basis	0		
	b Less: accumulated depreciation (attach schedule)	0	0	55c 0
	56 Investments—other (attach schedule)		0	56 0
	57 a Land, buildings, and equipment: basis	5,234,244		
b Less: accumulated depreciation (attach schedule)	2,906,246	2,318,580	57c 2,327,998	
58 Other assets, including program-related investments (describe _____)		0	58 0	
59 Total assets (must equal line 74). Add lines 45 through 58		2,477,638	59 2,484,997	
Liabilities	60 Accounts payable and accrued expenses	245,204	60	206,557
	61 Grants payable		61	
	62 Deferred revenue	55,621	62	61,821
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		0	63 0
	64 a Tax-exempt bond liabilities (attach schedule)		0	64a 0
	b Mortgages and other notes payable (attach schedule)		1,534,084	64b 1,848,529
	65 Other liabilities (describe _____)		0	65 0
66 Total liabilities. Add lines 60 through 65		1,834,909	66 2,116,907	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	558,556	67	258,675
	68 Temporarily restricted	84,173	68	109,415
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)		642,729	73 368,090	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73.		2,477,638	74 2,484,997	

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements		a	2,331,162
b	Amounts included on line a but not on Part I, line 12:			
1	Net unrealized gains on investments	b1		
2	Donated services and use of facilities	b2		
3	Recoveries of prior year grants	b3		
4	Other (specify): See attached statement	b4	35,184	
	Add lines b1 through b4		b	35,184
c	Subtract line b from line a		c	2,295,978
d	Amounts included on Part I, line 12, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify): Audit corrections	d2	58	
	Add lines d1 and d2		d	58
e	Total revenue (Part I, line 12). Add lines c and d		e	2,296,036

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements		a	2,605,801
b	Amounts included on line a but not on Part I, line 17:			
1	Donated services and use of facilities	b1		
2	Prior year adjustments reported on Part I, line 20	b2		
3	Losses reported on Part I, line 20	b3		
4	Other (specify): See attached statement	b4	35,184	
	Add lines b1 through b4		b	35,184
c	Subtract line b from line a		c	2,570,617
d	Amounts included on Part I, line 17, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify): Audit corrections	d2	58	
	Add lines d1 and d2		d	58
e	Total expenses (Part I, line 17). Add lines c and d		e	2,570,675

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Name <u>W. Luke Seward</u> Str <u>900 W. Western Ave</u> City <u>Muskegon</u> ST <u>MI</u> ZIP <u>49441</u>	Title <u>CEO</u> Hr/WK <u>50</u>	<u>95,000</u>	<u>11,400</u>	<u>0</u>
Name <u>Bruce Spoelman</u> Str <u>1243 E. Fruitvale Rd.</u> City <u>Montague</u> ST <u>MI</u> ZIP <u>49437</u>	Title <u>COO</u> Hr/WK <u>50</u>	<u>60,000</u>	<u>7,200</u>	<u>0</u>
Name <u>Debbie Olson</u> Str <u>900 W. Western Ave</u> City <u>Muskegon</u> ST <u>MI</u> ZIP <u>49441</u>	Title <u>Director</u> Hr/WK <u>5</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name <u>Gary Post</u> Str <u>900 W. Western Ave</u> City <u>Muskegon</u> ST <u>MI</u> ZIP <u>49441</u>	Title <u>Bd Chair</u> Hr/WK <u>15</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name <u>Nancy Crandall</u> Str <u>900 W. Western Ave</u> City <u>Muskegon</u> ST <u>MI</u> ZIP <u>49441</u>	Title <u>CVO</u> Hr/WK <u>15</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name <u>Greg Pittman</u> Str <u>900 W. Western Ave</u> City <u>Muskegon</u> ST <u>MI</u> ZIP <u>49441</u>	Title <u>Vice Chair</u> Hr/WK <u>10</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name <u>Roger Hoffman</u> Str <u>900 W. Western Ave</u> City <u>Muskegon</u> ST <u>MI</u> ZIP <u>49441</u>	Title <u>Treasurer</u> Hr/WK <u>20</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name <u>Jack Briggs</u> Str <u>900 W. Western Ave</u> City <u>Muskegon</u> ST <u>MI</u> ZIP <u>49441</u>	Title <u>Director</u> Hr/WK <u>5</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name <u>Hal Hermanson</u> Str <u>900 W. Western Ave</u> City <u>Muskegon</u> ST <u>MI</u> ZIP <u>49441</u>	Title <u>Director</u> Hr/WK <u>5</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name <u>Richard Witham</u> Str <u>900 W. Western Ave</u> City <u>Muskegon</u> ST <u>MI</u> ZIP <u>49441</u>	Title <u>Director</u> Hr/WK <u>5</u>	<u>0</u>	<u>0</u>	<u>0</u>

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

		Yes	No
75 a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings		
	24		
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)		X
75b			X
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization."		X
75c			X
d	Does the organization have a written conflict of interest policy?		X
75d			X

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Name <u>N/A</u> Str City ST ZIP				
Name <u>N/A</u> Str City ST ZIP				
Name <u>N/A</u> Str City ST ZIP				
Name <u>N/A</u> Str City ST ZIP				
Name <u>N/A</u> Str City ST ZIP				
Name <u>N/A</u> Str City ST ZIP				
Name <u>N/A</u> Str City ST ZIP				
Name <u>N/A</u> Str City ST ZIP				
Name <u>N/A</u> Str City ST ZIP				
Name <u>N/A</u> Str City ST ZIP				

Part VI Other Information (See the instructions)

		Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
78a			X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
78b		N/A	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		X
79			X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?		X
80a			X
b	If "Yes," enter the name of the organization ▶ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81 a	Enter direct and indirect political expenditures. (See line 81 instructions.)	81a	0
81a			0
b	Did the organization file Form 1120-POL for this year?		X
81b			X

Part VI Other Information (continued)

		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
	82b	N/A	
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
85	501(c)(4), (5), or (6) Were substantially all dues nondeductible by members?	N/A	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	N/A	
c	Dues, assessments, and similar amounts from members	85c	N/A
d	Section 162(e) lobbying and political expenditures	85d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	86a	
b	Gross receipts, included on line 12, for public use of club facilities	86b	
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	87a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a	X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 \blacktriangleright 0 ; section 4912 \blacktriangleright 0 , section 4955 \blacktriangleright 0		
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 \blacktriangleright 0		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization \blacktriangleright 0		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	N/A
90 a	List the states with which a copy of this return is filed \blacktriangleright MI		
b	Number of employees employed in the pay period that includes March 12, 2007 (See instructions)	90b	107
91 a	The books are in care of \blacktriangleright Name WILLIAM R. MOORE Telephone no. \blacktriangleright 231-722-9622 Located at \blacktriangleright 900 W. Western Avenue City Muskegon ST MI ZIP + 4 \blacktriangleright 49441-1617		
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)? If "Yes," enter the name of the foreign country \blacktriangleright	91b	X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		

Part VI Other Information (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? **91c** Yes No
 If "Yes," enter the name of the foreign country ▶

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here **92** N/A
 and enter the amount of tax-exempt interest received or accrued during the tax year ▶

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a AQUATICS					91,817
b COMMUNITY DEVELOPMENT					
c YOUTH & FAMILY					50,346
d CAMP					628,691
e HEALTH & FITNESS-OTHER					21,877
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					1,011,214
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a See attached statement					18,986
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		0	1,822,931
105 Total (add line 104, columns (B), (D), and (E))					1,822,931

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93	The YMCA mission: "To put Judeo-Christian principles into practice through programs that build healthy spirit, mind and bod These programs, including the camp, are the way that we accomplish our stated mission in service to our members

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%		0	0
	%		0	0
	%		0	0
	%		0	0

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
 (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				0

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				0

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No
	X

Please Sign Here

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

Signature of officer: William R Moore Date: 11-14-2008

Type or print name and title: William R. Moore Finance Dir.

Paid Preparer's Use Only

Preparer's signature: SELF-PREPARED RETURN Date: _____

Firm's name (or yours if self-employed), address, and ZIP + 4: _____

Check if self-employed: Preparer's SSN or PTIN (See Gen Inst X): _____

EIN: _____ Phone no: _____

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),
or 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0047

2007

Department of the Treasury
Internal Revenue Service

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization Muskegon Family YMCA	Employer identification number 38-2000172
--	--

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000 ▶		0		

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms) If there are none, enter "None ")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services ▶		0

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None " See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services ▶		0

Part III Statements About Activities (See page 2 of the instructions.)

	Yes	No
<p>1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)</p> <p>Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities</p>	1	X
<p>2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)</p> <p>a Sale, exchange, or leasing of property?</p> <p>b Lending of money or other extension of credit?</p> <p>c Furnishing of goods, services, or facilities?</p> <p>d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?</p> <p>e Transfer of any part of its income or assets?</p>	2a	X
	2b	X
	2c	X
	2d	X
	2e	X
<p>3 a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments)</p> <p>b Did the organization have a section 403(b) annuity plan for its employees?</p> <p>c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement</p> <p>d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?</p>	3a	X
	3b	X
	3c	X
	3d	X
<p>4 a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g</p> <p>b Did the organization make any taxable distributions under section 4966?</p> <p>c Did the organization make a distribution to a donor, donor advisor, or related person?</p>	4a	X
	4b	X
	4c	X
<p>d Enter the total number of donor advised funds owned at the end of the tax year ► _____</p> <p>e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ► _____</p> <p>f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ► _____</p> <p>g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ► _____</p>		

Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions.)

I certify that the organization is not a private foundation because it is (Please check only **ONE** applicable box.)

- 5 A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6 A school Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7 A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8 A federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9 A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state City ST Country
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)
- 11 a An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 11 b A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 12 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 charitable, etc., 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) (Also complete the **Support Schedule** in Part IV-A)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization
 Type I Type II Type III-Functionally Integrated Type III-Other

Provide the following information about the supported organizations. (See page 8 of the instructions)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
					0
					0
					0
					0
					0
					0
Total					0

- 14 An organization organized and operated to test for public safety Section 509(a)(4) (See page 8 of the instructions)

Part V Private School Questionnaire (See page 9 of the instructions)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement) ----- ----- -----		
32 Does the organization maintain the following		
a Records indicating the racial composition of the student body, faculty, and administrative staff?		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement) ----- -----		
33 Does the organization discriminate by race in any way with respect to		
a Students' rights or privileges?		
b Admissions policies?		
c Employment of faculty or administrative staff?		
d Scholarships or other financial assistance?		
e Educational policies?		
f Use of facilities?		
g Athletic programs?		
h Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement) ----- -----		
34 a Does the organization receive any financial aid or assistance from a governmental agency?	X	
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement		X
35 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	X	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions.)
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred)

		(a) Affiliated group totals	(b) To be completed for all electing organizations
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	0
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	0
41	Lobbying nontaxable amount Enter the amount from the following table—		
	If the amount on line 40 is—	The lobbying nontaxable amount is—	
	Not over \$500,000	20% of the amount on line 40	
	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	
42	Grassroots nontaxable amount (enter 25% of line 41)	42	0
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	0
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	0

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720

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 45 through 50 on page 13 of the instructions)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount					0
46 Lobbying ceiling amount (150% of line 45(e))					0
47 Total lobbying expenditures					0
48 Grassroots nontaxable amount					0
49 Grassroots ceiling amount (150% of line 48(e))					0
50 Grassroots lobbying expenditures					0

Part VI-B Lobbying Activity by Nonelecting Public Charities
 (For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
a Volunteers		X	
b Paid staff or management (Include compensation in expenses reported on lines c through h.)		X	
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
i Total lobbying expenditures (Add lines c through h.)			0

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Line 1 (990) - Public Support and Contributions

	Cash	Non Cash
Line 1a - Contributions to Donor Advised Funds	<u>0</u>	
Line 1b - Direct public support		
1 Contributions	<u>350,434</u>	<u>1 4,500</u>
2 Membership dues and assessments (contributions from the public)		<u>2</u>
3 Commercial co-venture		<u>3</u>
4 Special events contributions (Line 9 - Special Events)	<u>0</u>	<u>4</u>
5	<u>33,314</u>	<u>5</u>
6	<u>1,272</u>	<u>6</u>
7		<u>7</u>
8		<u>8</u>
9		<u>9</u>
10 Total	<u>385,020</u>	<u>10 4,500</u>
Line 1c - Indirect public support	<u>49,674</u>	
Line 1d - Government contributions (grants)	<u>707</u>	

Line 9 (990) - Special Events and Activities

	Event A	Event B	Event C	All others	Totals
1 Special event name	Black Tie For The Y	Seaway Run	-----	-----	
1a Number of special events	<u>1</u>	<u>1</u>	-----	-----	
2 Gross receipts	<u>32,714</u>	<u>1,272</u>	-----	-----	<u>2 33,986</u>
3 Less contributions	-----	-----	-----	-----	<u>3 0</u>
4 Gross revenue	<u>32,714</u>	<u>1,272</u>	<u>0</u>	<u>0</u>	<u>4 33,986</u>
5 Less direct expenses	<u>16,195</u>	<u>2,473</u>	-----	-----	<u>5 18,668</u>
6 Net income or (loss)	<u>16,519</u>	<u>-1,201</u>	<u>0</u>	<u>0</u>	<u>6 15,318</u>

Part III, Line e (990) - Other Program Services

	Program Service Expenses
OTHER-Community Development - discontinued program	
(Grants and allocations \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	4,461
(Grants and allocations \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	0
(Grants and allocations \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	0
(Grants and allocations \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	0
(Grants and allocations \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	0
(Grants and allocations \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	0
(Grants and allocations \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	0
(Grants and allocations \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	0

Line 10 (990) - Gross Profit from Sale of Inventory

27,465

15,507

11,958

Category		Gross Sales	Cost of Goods Sold	Net
1	Merchandise sales	27,465	15,507	11,958
2				0
3				0
4				0
5				0
6				0
7				0
8				0
9				0
10				0
11				0
12				0
13				0
14				0
15				0
16				0
17				0
18				0
19				0
20				0

Part IV, Line 47 (990) - Accounts Receivable

		Accounts receivable		Allowance for doubtful accounts	
		Beginning	End	Beginning	End
1	ACCOUNTS RECEIVABLE	58,582	22,428	0	0
2	BANK OVERDRAFT/HELD CHECKS	92,689	76,116		
3					
4					
5					
6					
7					
8					
9					
10					
11	Total accounts receivable	151,271	98,544	0	0

Part IV, Line 48 (990) - Pledges Receivable

		Pledges receivable		Allowance for doubtful accounts	
		Beginning	End	Beginning	End
1	REAFFIRM THE FOUNDATION PLEDGES	48,686	68,984	650	0
2					
3					
4					
5					
6					
7					
8					
9					
10					
11	Total pledges receivable	48,686	68,984	650	0

Part IV, Line 54b (990) - Investments - Other Securities

Check one box below to indicate how securities are reported:

Cost

End of year market value (FMV)

Securities at end of year		Number of shares/ face value	Value at time of donation	Beginning balance book value FMV	Ending balance book value FMV
1	Assets held by Community Foundation			11,044	25,900
2				0	0
3				0	0
4				0	0
5				0	0
6				0	0
7				0	0
8				0	0
9				0	0
10				0	0
11				0	0
12				0	0
13				0	0
14				0	0
15				0	0
16				0	0
17				0	0
18				0	0
19				0	0
20				0	0

Part IV-A, Line b(4) (990) - Reconciliation of Rev per Audited Financial Stmt

		35,184
Other		Amount
1	Line 6b Rent Expense	1,009
2	Line 9b Direct Expense	18,668
3	Line 10b Cost of Goods Sold	15,507
4		
5		
6		
7		
8		
9		
10		

Part IV-A, Line d(2) (990) - Reconciliation of Rev per Audited Financial Stmt

		58
Other		Amount
1	Audit corrections	58
2		0
3		0
4		
5		
6		
7		
8		
9		
10		

Part IV-B, Line b(4) (990) - Reconciliation of Exp per Audited Financial Stmt

		35,184
Other		Amount
1	Line 6b Rent Expense	1,009
2	Line 9b Direct Expenses	18,668
3	Line 10b Cost of Goods Sold	15,507
4		
5		
6		
7		
8		
9		
10		

Part IV-B, Line d(2) (990) - Reconciliation of Exp per Audited Financial Stmts

		58
	Other	Amount
1	Audit corrections	58
2		0
3		0
4		
5		
6		
7		
8		
9		
10		

Part VII, Line 93 (990) - Program Service Revenue

	Unrelated business income		Excluded by section 512, 513, or 514		
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	(E) Related or exempt function income
a Program Service Revenue					
b AQUATICS		0		0	91,817
c COMMUNITY DEVELOPMENT		0		0	0
d YOUTH & FAMILY		0		0	50,346
e CAMP		0		0	628,691
f HEALTH & FITNESS-OTHER		0		0	21,877
g					
h					
i					
j					
k					
l					
m					
n					
o					
p					
q					
r					
s					
t					
u					
v					
w					
x					
y					
z					

Part VII, Line 103 (990) - Other Revenue

	Unrelated business income		Excluded by section 512, 513, or 514		
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	(E) Related or exempt function income
a Other Revenue Description					
b Income					
c Vending income					3,582
d Massage Income		0		0	7,868
e Runs, Triathlons		0		0	2,049
f Parking lot charges		0		0	3,470
g Other		0		0	2,017
h					
i					
j					
k					
l					
m					
n					
o					
p					
q					
r					
s					
t					
u					
v					
w					
x					
y					
z					

Part VIII (990) - Relationship of Activities to the Accomplishment of Exempt Purposes

	Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
1	93	The YMCA mission: "To put Judeo-Christian principles into practice through programs that build healthy spirit, mind and
2		These programs, including the camp, are the way that we accomplish our stated mission in service to our members.
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		

Part IV-A, Line 22 (Sch A (990/990-EZ)) - Other Income

Description	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
1 Other income	65,631	103,775	14,638	11,674	195,718
2 Sale of Assets	-110,167		63,114		-47,053
3 Special events	18,969	9,780	25,292		54,041
4 Sale of Inventory	13,913	778	4,822		19,513
5 Rental Income	50,352	15,200	13,916		79,468
6					0
7					0
8					0
9					0
10					0
Total of Other Income	38,698	129,533	121,782	11,674	301,687

Part V, Lines 34a and 34b (Sch A (990/990-EZ)) - Financial Aid or Government Agency Assistance

Does the organization receive any financial aid or assistance from a governmental agency?

Yes

No

Has the organization's right to such aid ever been revoked or suspended?

Yes

No

If "Yes" to either question above, please explain

Camp Pentalouan received \$707 36 in governmental milk subsidies

Part VI, Line 90a (990) - States with Which a Copy of this Return is Filed

<input type="checkbox"/>	Armed Forces the Americas	<input type="checkbox"/>	Louisiana	<input type="checkbox"/>	Palau
<input type="checkbox"/>	Armed Forces Europe	<input type="checkbox"/>	Massachusetts	<input type="checkbox"/>	Rhode Island
<input type="checkbox"/>	Alaska	<input type="checkbox"/>	Maryland	<input type="checkbox"/>	South Carolina
<input type="checkbox"/>	Alabama	<input type="checkbox"/>	Maine	<input type="checkbox"/>	South Dakota
<input type="checkbox"/>	Armed Forces Pacific	<input type="checkbox"/>	Marshall Islands	<input type="checkbox"/>	Tennessee
<input type="checkbox"/>	Arkansas	<input checked="" type="checkbox"/>	Michigan	<input type="checkbox"/>	Texas
<input type="checkbox"/>	American Samoa	<input type="checkbox"/>	Minnesota	<input type="checkbox"/>	Utah
<input type="checkbox"/>	Arizona	<input type="checkbox"/>	Missouri	<input type="checkbox"/>	Virginia
<input type="checkbox"/>	California	<input type="checkbox"/>	Commonwealth of the Northern Mariana Islands	<input type="checkbox"/>	U S. Virgin Islands
<input type="checkbox"/>	Colorado	<input type="checkbox"/>	Mississippi	<input type="checkbox"/>	Vermont
<input type="checkbox"/>	Connecticut	<input type="checkbox"/>	Montana	<input type="checkbox"/>	Washington
<input type="checkbox"/>	District of Columbia	<input type="checkbox"/>	North Carolina	<input type="checkbox"/>	Wisconsin
<input type="checkbox"/>	Delaware	<input type="checkbox"/>	North Dakota	<input type="checkbox"/>	West Virginia
<input type="checkbox"/>	Florida	<input type="checkbox"/>	Nebraska	<input type="checkbox"/>	Wyoming
<input type="checkbox"/>	Federated States of Micronesia	<input type="checkbox"/>	New Hampshire		
<input type="checkbox"/>	Georgia	<input type="checkbox"/>	New Jersey		
<input type="checkbox"/>	Guam	<input type="checkbox"/>	New Mexico		
<input type="checkbox"/>	Hawaii	<input type="checkbox"/>	Nevada		
<input type="checkbox"/>	Iowa	<input type="checkbox"/>	New York		
<input type="checkbox"/>	Idaho	<input type="checkbox"/>	Ohio		
<input type="checkbox"/>	Illinois	<input type="checkbox"/>	Oklahoma		
<input type="checkbox"/>	Indiana	<input type="checkbox"/>	Oregon		
<input type="checkbox"/>	Kansas	<input type="checkbox"/>	Pennsylvania		
<input type="checkbox"/>	Kentucky	<input type="checkbox"/>	Puerto Rico		

Muskegon YMCA
DEPRECIATION PROJECTION
For: Financial Book
As of December 31, 2007

38-2000172

Select: All Sub-Total By: Asset ID

Asset ID	Description	In Serv:	Method	Life	Cost	Adjustments	YTD Depr.	Accum Depr.	Book Value	Codes
1	NIKANA LODGE	01/01/60	SLFM	40.0	26,305.02	0.00	0.00	26,305.02	0.00	
2	CAMP BUILDINGS	01/01/60	SLFM	15.0	20,721.95	0.00	0.00	20,721.95	0.00	
3	CABIN IMPROVEME	01/01/60	SLFM	15.0	600.00	0.00	0.00	600.00	0.00	
4	CABIN IMPROVEME	01/01/60	SLFM	15.0	1,500.00	0.00	0.00	1,500.00	0.00	
5	MAINT BLDG	01/01/61	SLFM	15.0	2,000.00	0.00	0.00	2,000.00	0.00	
6	CABIN	01/01/61	SLFM	15.0	1,500.00	0.00	0.00	1,500.00	0.00	
7	STEINDLER CABIN	01/01/66	SLFM	15.0	3,576.13	0.00	0.00	3,576.13	0.00	
8	BATH HOUSE	01/01/68	SLFM	15.0	15,636.78	0.00	0.00	15,636.78	0.00	
9	CABIN	01/01/73	SLFM	15.0	2,252.53	0.00	0.00	2,252.53	0.00	
10	CABIN	01/01/74	SLFM	15.0	3,751.06	0.00	0.00	3,751.06	0.00	
11	CABIN	01/01/75	SLFM	15.0	3,359.99	0.00	0.00	3,359.99	0.00	
12	CABINS	01/01/76	SLFM	15.0	17,998.86	0.00	0.00	17,998.86	0.00	
13	CABINS	01/01/78	SLFM	15.0	4,175.02	0.00	0.00	4,175.02	0.00	
14	CAMP DIRECTOR'S	01/01/78	SLFM	15.0	28,324.88	0.00	0.00	28,324.88	0.00	
15	CABIN	01/01/81	SLFM	15.0	3,758.23	0.00	0.00	3,758.23	0.00	
16	HEALTH LODGE IM	01/01/82	SLFM	15.0	3,751.00	0.00	0.00	3,751.00	0.00	
17	OTHER IMPROVEME	01/01/82	SLFM	15.0	1,381.69	0.00	0.00	1,381.69	0.00	
18	BASEMENT-CAMP D	01/01/84	SLFM	15.0	4,680.97	0.00	0.00	4,680.97	0.00	
19	IMPROVEMENTS	01/01/86	SLFM	15.0	27,506.31	0.00	0.00	27,506.31	0.00	
20	BATHROOM REPAIR	01/01/89	SLFM	15.0	4,687.00	0.00	0.00	4,687.00	0.00	
21	CHAPEL	01/01/90	SLFM	15.0	37,478.71	0.00	0.00	37,478.71	0.00	
22	VARIOUS IMPROVE	01/01/91	SLFM	15.0	39,732.57	0.00	0.00	39,732.57	0.00	
23	CAMP INFIRMARY	01/01/92	SLFM	15.0	102,056.48	0.00	3,401.24	102,056.48	0.00	
24	CAMP HOUSE	01/01/92	SLFM	15.0	4,913.68	0.00	162.72	4,913.68	0.00	
25	CAMP KITCHEN	01/01/92	SLFM	15.0	4,441.59	0.00	148.27	4,441.59	0.00	
27	CAMP INFIRMARY	01/01/93	SLFM	15.0	26,482.15	0.00	1,765.43	26,482.15	0.00	
28	BUILDING	01/01/94	SLFM	15.0	16,191.93	0.00	1,079.46	14,572.71	1,619.22	
29	NEW BUILDING CO	01/01/86	SLFM	50.0	2,639,158.44	0.00	52,783.17	1,494,005.21	1,145,153.23	
30	ADDITION	01/01/86	SLFM	50.0	18,081.00	0.00	361.62	7,959.06	10,121.94	
31	ADDITION	06/30/90	SLFM	40.0	48,299.67	0.00	1,207.49	22,940.37	25,359.30	
32	CAMP BATHHOUSE	12/31/95	SLFM	40.0	68,581.70	0.00	1,714.54	20,574.48	48,007.22	
34	CYBEX ROOM REMO	09/28/95	SLFM	15.0	66,319.19	0.00	4,421.28	54,160.68	12,158.51	
35	CAMP BATHHOUSE	01/01/96	SLFM	40.0	107,416.91	0.00	2,685.42	32,225.04	75,191.87	
36	INTERIORS PARTN	01/01/94	SLFM	10.0	2,500.00	0.00	0.00	2,500.00	0.00	
40	CARPET UPSTAIRS	11/28/95	SLFM	7.0	2,100.00	0.00	0.00	2,100.00	0.00	
41	3 CEILING FANS	10/23/95	SLFM	7.0	993.00	0.00	0.00	993.00	0.00	
42	GARBAGE DISPOSA	07/21/95	SLFM	5.0	1,105.95	0.00	0.00	1,105.95	0.00	
43	FULLY DEPRECIAT	01/01/79	SLFM	5.0	118,282.03	0.00	0.00	118,282.03	0.00	
48	SPEAKERS FOR BL	03/08/96	SLFM	7.0	3,135.00	0.00	0.00	3,135.00	0.00	
71	Y WARE	01/01/89	SLFM	10.0	5,750.00	0.00	0.00	5,750.00	0.00	d
74	VARIOUS EQUIPME	01/01/91	SLFM	10.0	70,873.41	0.00	0.00	70,873.41	0.00	
76	COMPUTER UPDATE	01/01/92	SLFM	5.0	4,061.80	0.00	0.00	4,061.80	0.00	
77	RANGE/MICROWAVE	01/01/92	SLFM	10.0	920.00	0.00	0.00	920.00	0.00	
79	PHONES	01/01/92	SLFM	10.0	2,575.95	0.00	0.00	2,575.95	0.00	
80	RECEIPT SYSTEM	01/01/93	SLFM	10.0	1,870.00	0.00	0.00	1,870.00	0.00	d
82	CCTV	01/01/94	SLFM	10.0	483.00	0.00	0.00	483.00	0.00	
83	CURTAIN	01/01/94	SLFM	10.0	1,433.66	0.00	0.00	1,433.66	0.00	
94	WELL	01/01/73	SLFM	10.0	2,765.69	0.00	0.00	2,765.69	0.00	
95	SEPTIC TANK	01/01/73	SLFM	10.0	525.00	0.00	0.00	525.00	0.00	
102	FOOTBALL FIELD	01/01/77	SLFM	10.0	1,793.59	0.00	0.00	1,793.59	0.00	
105	FOOTBALL FIELD	01/01/78	SLFM	10.0	727.12	0.00	0.00	727.12	0.00	
111	DISHWASHER	01/01/84	SLFM	10.0	3,276.00	0.00	0.00	3,276.00	0.00	
113	WALK IN COOLER	01/01/84	SLFM	10.0	2,784.24	0.00	0.00	2,784.24	0.00	
116	EQUIP	01/01/86	SLFM	10.0	42,177.52	0.00	0.00	42,177.52	0.00	
122	CLIMBING TOWER	07/11/88	SLFM	10.0	3,281.81	0.00	0.00	3,281.81	0.00	
124	ROPE COURSE EQU	06/30/98	SLFM	7.0	955.95	0.00	0.00	955.95	0.00	
126	VAR EQUIPMENT	01/01/90	SLFM	10.0	27,857.83	0.00	0.00	27,857.83	0.00	
133	CYBEX EQUIPMENT	10/28/95	SLFM	8.0	72,492.00	0.00	0.00	72,492.00	0.00	
134	FREE WEIGHTS FO	11/15/95	SLFM	8.0	1,908.00	0.00	0.00	1,908.00	0.00	
144	VARIOUS EXERCIS	01/01/90	SLFM	8.0	12,339.63	0.00	0.00	12,339.63	0.00	
145	FITNESS EQ	01/01/94	SLFM	8.0	16,750.00	0.00	0.00	16,750.00	0.00	
146	AERODYNE	01/01/94	SLFM	8.0	1,098.00	0.00	0.00	1,098.00	0.00	
147	FITNESS THINGS	05/15/95	SLFM	8.0	5,870.00	0.00	0.00	5,870.00	0.00	
148	SCHWINN AIRDYNE	02/28/96	SLFM	8.0	1,750.00	0.00	0.00	1,750.00	0.00	
152	COURTS-PENDALOU	01/01/92	SLFM	15.0	1,315.97	0.00	43.21	1,315.97	0.00	
153	TOBOGGAN RUN	01/01/92	SLFM	15.0	1,258.17	0.00	41.61	1,258.17	0.00	
154	HORSE BARN	01/01/93	SLFM	15.0	29,206.31	0.00	1,947.09	28,233.17	973.14	f
155	LAND	01/01/91	NODPR	0.0	438,101.75	0.00	0.00	0.00	438,101.75	f
156	SWING KEEL BOAT	06/30/96	SLFM	8.0	5,000.00	0.00	0.00	5,000.00	0.00	
158	GTE TRUCK WITH	06/30/96	SLFM	5.0	3,500.00	0.00	0.00	3,500.00	0.00	1
159	CAMP-MOBILE HOM	04/14/97	SLFM	39.0	29,900.00	0.00	766.67	8,241.70	21,658.30	
160	CAMP-MOBIL HOME	04/14/97	SLFM	39.0	10,400.00	0.00	266.67	2,866.70	7,533.30	
161	STEEL DOOR POOL	09/05/97	SLFM	7.0	2,406.61	0.00	0.00	2,406.61	0.00	
162	AIR HANDLING CO	09/29/97	SLFM	7.0	1,000.00	0.00	0.00	1,000.00	0.00	
163	CAMP MINI BARN	05/02/97	SLFM	39.0	680.00	0.00	17.44	186.02	493.98	
164	LUMBER-CAMP OFF	05/13/97	SLFM	39.0	500.00	0.00	12.82	136.75	363.25	
165	CARPET-CAMP OFF	06/03/97	SLFM	7.0	794.17	0.00	0.00	794.17	0.00	
166	LUMBER-CAMP OFF	05/05/97	SLFM	39.0	526.68	0.00	13.50	144.00	382.68	
167	CAMP LODGE SLID	05/21/97	SLFM	7.0	1,331.88	0.00	0.00	1,331.88	0.00	
168	CAMP LODGE S-35	10/27/97	SLFM	39.0	1,664.85	0.00	0.00	1,664.85	0.00	
169	CAMP LODGE S-35	07/11/97	SLFM	7.0	1,997.82	0.00	0.00	1,997.82	0.00	

Muskegon YMCA
 DEPRECIATION PROJECTION
 For: Financial Book
 As of December 31, 2007

38-2000172

Select: All Sub-Total By: Asset ID

Asset ID	Description	In Serv:	Method	Life	Cost	Adjustments	YTD Depr.	Accum Depr.	Book Value	Codes
170	CAMP MAINT BUIL	06/01/97	SLFM	39.0	12,505.00	0.00	320.64	3,393.44	9,111.56	
171	PENTIUM 133 COM	03/10/97	SLFM	5.0	2,954.00	0.00	0.00	2,954.00	0.00	d
172	GYM MATS	11/21/97	SLFM	5.0	2,159.00	0.00	0.00	2,159.00	0.00	
173	FIRE ALARM SYST	12/31/97	SLFM	7.0	7,202.00	0.00	0.00	7,202.00	0.00	
174	FIRE ALARM SYST	12/31/97	SLFM	7.0	560.00	0.00	0.00	560.00	0.00	
176	PARAFLYTE DIVIN	01/01/97	SLFM	7.0	5,274.00	0.00	0.00	5,274.00	0.00	
177	DECK STOR-A-WAY	09/12/97	SLFM	7.0	1,197.78	0.00	0.00	1,197.78	0.00	
178	CLIMB-SLIDE PLA	11/19/97	SLFM	7.0	1,100.90	0.00	0.00	1,100.90	0.00	d
179	BRAWNY REST COT	03/17/97	SLFM	7.0	2,308.20	0.00	0.00	2,308.20	0.00	d
180	PRECOR EXERCISE	03/14/97	SLFM	7.0	3,645.00	0.00	0.00	3,645.00	0.00	
181	TREADMILL	11/26/97	SLFM	7.0	3,895.00	0.00	0.00	3,895.00	0.00	
182	AIRDYNES (2)	11/11/97	SLFM	7.0	900.00	0.00	0.00	900.00	0.00	
184	DEXTER WASHING	01/21/98	SLFM	5.0	4,350.00	0.00	0.00	4,350.00	0.00	
186	WINDOWS FOR LOD	03/02/98	SLFM	40.0	2,443.55	0.00	61.09	600.72	1,842.83	
189	OKIDATA 591 PRI	03/17/98	SLFM	5.0	793.91	0.00	0.00	793.91	0.00	d
190	ALL STEEL CHAIR	04/30/98	SLFM	7.0	1,082.00	0.00	0.00	1,082.00	0.00	
191	ENERGY CONSERVA	05/01/98	SLFM	40.0	21,467.51	0.00	536.69	5,188.00	16,279.51	
193	1987 CHEVY TRUC	12/19/98	SLFM	5.0	3,000.00	0.00	0.00	3,000.00	0.00	l
194	SPINNGING BIKES	12/31/98	SLFM	5.0	8,900.00	0.00	0.00	8,900.00	0.00	
198	AEROBIC FLOOR R	12/31/98	SLFM	20.0	25,869.00	0.00	1,293.45	11,641.05	14,227.95	
199	BIKE MAX R3000	01/01/99	SLFM	5.0	2,495.00	0.00	0.00	2,495.00	0.00	
200	2 BIKE MAX U 30	01/01/99	SLFM	5.0	4,590.00	0.00	0.00	4,590.00	0.00	
201	4 CLIMBMAX STEP	01/01/99	SLFM	5.0	10,780.00	0.00	0.00	10,780.00	0.00	
202	PRECOR TRANSPOR	01/01/99	SLFM	5.0	3,995.00	0.00	0.00	3,995.00	0.00	
203	QUINTON CLUBTRA	01/01/99	SLFM	5.0	3,300.00	0.00	0.00	3,300.00	0.00	
204	SNAPPER SNOWBLO	01/14/99	SLFM	5.0	1,299.00	0.00	0.00	1,299.00	0.00	
205	ID CARD SYSTEM	01/01/99	SLFM	5.0	9,569.63	0.00	0.00	9,569.63	0.00	d
206	CARPET	01/27/99	SLFM	5.0	1,281.36	0.00	0.00	1,281.36	0.00	
207	GYM CLOSET	01/28/99	SLFM	10.0	1,257.47	0.00	125.75	1,121.27	136.20	
208	ACER OPEN 133 M	02/22/99	SLFM	5.0	1,500.00	0.00	0.00	1,500.00	0.00	d
209	SOUND SYSTEM FO	03/12/99	SLFM	5.0	920.84	0.00	0.00	920.84	0.00	
210	PORTABLE LIFEGR	03/31/99	GDSDB	5.0	923.87	0.00	0.00	923.87	0.00	
211	CYBEX WEIGHTS	04/22/99	SLFM	5.0	879.20	0.00	0.00	879.20	0.00	
212	DELL 400 Mhz Co	04/12/99	SLFM	5.0	1,903.00	0.00	0.00	1,903.00	0.00	d
213	INTEL 350 Mhz C	04/12/99	SLFM	5.0	1,430.40	0.00	0.00	1,430.40	0.00	d
214	3 DECK TABLES	04/22/99	SLFM	5.0	1,474.90	0.00	0.00	1,474.90	0.00	
215	15 MOUNTAIN BIK	05/09/99	SLFM	5.0	3,300.00	0.00	0.00	3,300.00	0.00	
216	STARTALK ANSWER	05/13/99	SLFM	5.0	2,968.65	0.00	0.00	2,968.65	0.00	
217	FENCE AT 2244 P	05/25/99	SLFM	15.0	2,033.00	0.00	0.00	926.12	1,106.88	d
218	SCRUBMASTER FLO	05/25/99	SLFM	5.0	3,239.35	0.00	0.00	3,239.35	0.00	
219	ROPES-LOCKING H	06/10/99	SLFM	5.0	1,530.96	0.00	0.00	1,530.96	0.00	
220	IRRIGATION-CAMP	06/18/99	SLFM	15.0	850.00	0.00	56.67	481.69	368.31	
221	WOMEN'S HANDICA	06/18/99	SLFM	15.0	980.76	0.00	65.38	555.73	425.03	
222	1979 FORD DUMP	06/28/99	SLFM	5.0	2,000.00	0.00	0.00	2,000.00	0.00	
223	STARLAB SYSTEM	06/28/99	SLFM	5.0	12,380.00	0.00	0.00	12,380.00	0.00	
224	CAMP COUNCIL RI	09/01/99	SLFM	20.0	45,738.64	0.00	2,286.93	19,057.75	26,680.89	
225	PRESARIO 350 Mh	09/13/99	SLFM	5.0	468.52	0.00	0.00	468.52	0.00	d
226	2 PENTIUM COMPU	09/29/99	SLFM	5.0	687.50	0.00	0.00	687.50	0.00	d
227	10 WINDGLIDERS	10/20/99	SLFM	5.0	4,000.00	0.00	0.00	4,000.00	0.00	
228	4 HP 466 COMPUT	12/21/99	SLFM	5.0	2,399.92	0.00	0.00	2,399.92	0.00	d
229	CARDIO VIDEO SY	12/31/99	SLFM	5.0	5,649.29	0.00	0.00	5,649.29	0.00	
230	1992 CHEVY ASTR	06/01/99	SLFM	5.0	1,500.00	0.00	0.00	1,500.00	0.00	l
231	CAMP PAVILION	06/01/00	SLFM	39.0	23,875.00	0.00	612.18	4,547.37	19,327.63	
232	CHALLENGER ROPE	04/01/00	SLFM	5.0	17,613.30	0.00	0.00	17,613.30	0.00	
234	4 17-Inch Monit	05/01/00	SLFM	5.0	719.92	0.00	0.00	719.92	0.00	
235	200 FOLDING CHA	05/01/00	SLFM	5.0	3,400.00	0.00	0.00	3,400.00	0.00	
236	2 PRECOR C962 T	05/01/00	SLFM	5.0	10,190.00	0.00	0.00	10,190.00	0.00	
237	2 PRECOR C546 E	05/01/00	SLFM	5.0	7,790.00	0.00	0.00	7,790.00	0.00	
238	CYBEX 700 RCT R	05/01/00	SLFM	5.0	2,595.00	0.00	0.00	2,595.00	0.00	
239	CONCEPT II ROWE	05/01/00	SLFM	5.0	945.00	0.00	0.00	945.00	0.00	
240	CYBEX 800 S-CT	05/01/00	SLFM	5.0	5,190.00	0.00	0.00	5,190.00	0.00	
241	SWIM LIFT	01/01/00	ADDBF	5.0	3,426.87	0.00	0.00	3,426.87	0.00	
242	AQUATEK WALK IN	01/10/00	SLFM	5.0	3,093.26	0.00	0.00	3,093.26	0.00	
243	COMPAQ PRESARIO	01/12/00	SLFM	5.0	929.96	0.00	0.00	929.96	0.00	d
244	SUITMATE SWINSU	09/28/00	SLFM	5.0	2,176.00	0.00	0.00	2,176.00	0.00	
245	CARPET IN NURSE	08/23/00	SLFM	5.0	1,028.00	0.00	0.00	1,028.00	0.00	
246	CARPET IN SECON	09/19/00	SLFM	5.0	1,811.80	0.00	0.00	1,811.80	0.00	
247	NEW FAN #5	08/11/00	SLFM	15.0	8,600.00	0.00	573.33	4,252.20	4,347.80	
248	NEW CHILLER CON	06/13/00	SLFM	15.0	2,280.00	0.00	152.00	1,152.67	1,127.33	
249	3 NEW FURNACES	10/31/00	SLFM	15.0	4,166.20	0.00	277.75	1,990.54	2,175.66	
250	HP 6830 COMPUTE	02/15/01	SLFM	5.0	549.99	0.00	0.00	549.99	0.00	d
251	INSPIRION 4000	07/12/01	SLFM	5.0	1,332.00	0.00	0.00	1,332.00	0.00	d
252	SKI & ACCESSORI	07/18/01	SLFM	5.0	6,356.57	0.00	0.00	6,356.57	0.00	
253	WATER HEATER	05/29/01	SLFM	15.0	1,700.00	0.00	113.33	746.09	953.91	
254	2 STARCRAFT SI-	04/06/01	SLFM	10.0	957.50	0.00	95.75	646.31	311.19	
255	ROAD ON NORTH S	08/24/01	NODPR	0.0	4,305.00	0.00	0.00	0.00	4,305.00	f
256	PECK STREET OFF	08/13/01	SLFM	7.0	1,200.00	0.00	37.14	1,200.00	0.00	
257	2 HP 450 Mhz C	08/01/01	SLFM	5.0	1,263.56	0.00	0.00	1,263.56	0.00	d
258	SCHWINN AIRDYNE	03/26/01	SLFM	5.0	499.98	0.00	0.00	499.98	0.00	
259	2 PHONES AND PO	05/16/01	SLFM	5.0	615.00	0.00	0.00	615.00	0.00	

Muskegon YMCA
 DEPRECIATION PROJECTION
 For: Financial Book
 As of December 31, 2007

38-2000172

Select: All Sub-Total By: Asset ID

Asset ID	Description	In Serv:	Method	Life	Cost	Adjustments	YTD Depr.	Accum Depr.	Book Value	Codes
260	CORDLESS HEADST	05/25/01	SLFM	5.0	445.00	0.00	0.00	445.00	0.00	
261	KIDS PLAY STATI	11/15/01	SLFM	7.0	5,000.00	0.00	714.29	4,404.79	595.21	d
262	1980 DODGE UTIL	06/05/01	SLFM	5.0	4,000.00	0.00	0.00	4,000.00	0.00	1
264	1989 DODGE 15-P	12/03/01	SLFM	5.0	500.00	0.00	0.00	500.00	0.00	1
265	IHC BUS #49	12/03/01	SLFM	5.0	1,000.00	0.00	0.00	1,000.00	0.00	
266	7 60" ROUND OAK	12/31/01	SLFM	5.0	1,238.65	0.00	0.00	1,238.65	0.00	
267	18 SEAT & BACK	12/31/01	SLFM	5.0	1,147.50	0.00	0.00	1,147.50	0.00	
268	AED DEFIBRILLAT	01/02/02	SLFM	5.0	3,578.00	0.00	0.00	3,578.00	0.00	
269	AED TRAINING SY	01/02/02	SLFM	5.0	504.00	0.00	0.00	504.00	0.00	
270	PHYSICIANS SCAL	02/08/02	SLFM	5.0	504.22	0.00	8.42	504.22	0.00	
271	PRECOR TREADMIL	02/15/02	SLFM	5.0	9,240.00	0.00	154.00	9,240.00	0.00	
272	MATTRESS COVERS	03/11/02	SLFM	5.0	1,274.65	0.00	42.49	1,274.65	0.00	
273	SALAD BAR	03/31/02	SLFM	10.0	2,004.84	0.00	200.48	1,152.76	852.08	
274	BOOSTER HEATER	03/29/02	SLFM	40.0	1,795.00	0.00	44.88	258.06	1,536.94	
275	NEW ROAD TO HEA	05/10/02	SLFM	10.0	4,580.00	0.00	458.00	2,595.33	1,984.67	
276	SCRUBBER	06/03/02	SLFM	10.0	2,800.00	0.00	280.00	1,563.33	1,236.67	
277	NEW ROAD-NORTH	06/14/02	SLFM	15.0	5,206.00	0.00	347.07	1,937.81	3,268.19	
278	SITE PLAN FOR Y	07/01/02	SLFM	40.0	13,047.50	0.00	326.19	1,794.04	11,253.46	
279	LOCKER ROOM REN	07/01/02	SLFM	40.0	64,219.92	0.00	1,605.50	8,830.25	55,389.67	
280	NEW LOCKERS	07/01/02	SLFM	15.0	70,082.26	0.00	4,672.15	25,696.83	44,385.43	
281	SHARP AR-153 CO	09/30/02	SLFM	5.0	900.00	0.00	135.00	900.00	0.00	
282	TRIFIT SYSTEM	11/26/02	SLFM	5.0	13,304.00	0.00	2,439.07	13,304.00	0.00	
283	CASE 580E BAKHO	12/31/02	SLFM	10.0	30,000.00	0.00	3,000.00	15,000.00	15,000.00	
284	1978 FORD STAKE	12/31/02	SLFM	5.0	6,500.00	0.00	1,300.00	6,500.00	0.00	1
285	SCHWINN SPINBIK	01/02/03	SLFM	5.0	1,000.00	0.00	200.00	1,000.00	0.00	
286	AQUATREK SIDE R	01/21/03	SLFM	5.0	1,043.63	0.00	208.73	1,026.25	17.38	
287	COMPRESSOR	02/03/03	SLFM	7.0	1,205.65	0.00	172.24	846.84	358.81	
288	PRECOR UPRIGHT	02/14/03	SLFM	5.0	2,045.00	0.00	409.00	2,010.92	34.08	
289	CARPET-DIRECTOR	02/26/03	SLFM	7.0	1,587.45	0.00	226.78	1,096.10	491.35	
290	2 DIMENSION 235	04/08/03	SLFM	5.0	1,047.98	0.00	209.60	995.60	52.38	
291	BATHROOM PROJEC	04/11/03	SLFM	40.0	1,176.92	0.00	29.42	139.75	1,037.17	
292	HOT WATER HEATE	10/03/03	SLFM	7.0	850.00	0.00	121.43	516.08	333.92	
293	AIR COMPRESSOR	12/08/03	SLFM	7.0	1,977.98	0.00	282.57	1,153.83	824.15	
294	CYBEX RENOVATIO	03/31/03	SLFM	40.0	58,472.40	0.00	1,461.81	6,943.60	51,528.80	
295	CYBEX RENOVATIO	03/31/03	SLFM	40.0	1,723.00	0.00	43.08	559.99	1,163.01	
296	CYBEX RENOVATIO	03/31/03	SLFM	40.0	768.75	0.00	19.22	91.29	677.46	
297	HAC-2244 Peck S	05/31/03	SLFM	40.0	117,516.38	0.00	0.00	8,324.08	109,192.30	d
298	SPINNING BIKE	05/07/04	SLFM	5.0	700.00	0.00	140.00	513.33	186.67	
299	SPINNING BIKE (05/01/04	SLFM	5.0	2,800.00	0.00	560.00	2,053.33	746.67	
300	TOSHIBA COPIER	03/17/04	SLFM	5.0	664.00	0.00	132.80	498.00	166.00	
301	2 DIMENSION 300	11/19/04	SLFM	5.0	1,219.20	0.00	243.84	751.84	467.36	
302	DIMENSION 3000	03/12/04	SLFM	5.0	819.00	0.00	163.80	627.90	191.10	
303	5 DIMENSION 460	03/12/04	SLFM	5.0	3,445.00	0.00	689.00	2,641.17	803.83	
304	OPTIPLEX 170L C	03/23/04	SLFM	5.0	627.00	0.00	125.40	470.25	156.75	
5305	CAMP LAND IMPRO	05/31/05	SLFM	15.0	5,727.22	0.00	381.81	1,018.16	4,709.06	
5306	MEMBERSHIP CARD	12/07/05	SLFM	7.0	1,295.00	0.00	185.00	370.00	925.00	
5307	GMC SAVANNA CAR	12/31/05	SLFM	5.0	3,500.00	0.00	700.00	1,400.00	2,100.00	1
5308	1996 DODGE CARA	06/20/05	SLFM	5.0	4,300.00	0.00	860.00	2,150.00	2,150.00	1
5309	1997 TAURUS STA	07/01/05	SLFM	5.0	500.00	0.00	100.00	241.67	258.33	1
5310	1996 JEEP CHERO	12/14/05	SLFM	5.0	1,600.00	0.00	320.00	640.00	960.00	1
5311	Furniture for N	12/31/05	SLFM	7.0	4,467.56	0.00	638.22	1,276.44	3,191.12	
5312	Bus #16	01/01/06	SLFM	5.0	5,276.15	0.00	1,055.23	2,110.46	3,165.69	
5324	Life Fitness Ca	07/01/05	SLFM	5.0	41,546.95	0.00	8,309.39	16,618.78	24,928.17	
6313	Workman Cabin-C	04/15/06	SLFM	27.5	65,173.92	0.00	2,369.96	3,949.93	61,223.99	
6314	Dell server & c	02/09/06	SLFM	5.0	9,726.00	0.00	1,945.20	3,728.30	5,997.70	
6315	Dell computers	02/24/06	SLFM	5.0	1,099.75	0.00	219.95	421.57	678.18	
6316	Dell computers-	02/24/06	SLFM	5.0	1,099.75	0.00	219.95	421.57	678.18	
6317	Traverse Wall	03/30/06	SLFM	7.0	1,878.32	0.00	268.33	491.94	1,386.38	
6318	HP Printers	05/11/06	SLFM	5.0	999.99	0.00	200.00	333.33	666.66	
6319	Generator-Camp	07/31/06	SLFM	7.0	1,249.00	0.00	178.43	267.64	981.36	
6320	Ice Machine-Cam	08/01/06	SLFM	7.0	1,295.00	0.00	185.00	262.08	1,032.92	
7321	Flat screen TV'	01/01/07	SLFM	5.0	5,744.50	0.00	1,139.91	1,139.91	4,604.59	
7322	Signs outside b	05/01/07	SLFM	7.0	14,502.87	0.00	1,381.23	1,381.23	13,121.64	
7323	1998 Toyota don	06/26/07	SLFM	5.0	4,500.00	0.00	525.00	525.00	3,975.00	
7325	Camp mattresses	08/31/07	SLFM	5.0	8,055.00	0.00	671.25	671.25	7,383.75	
7326	Camp copy machi	11/27/07	SLFM	5.0	4,900.00	0.00	163.33	163.33	4,736.67	
7327	Olsen Cabin at	12/01/07	SLFM	27.5	95,422.49	0.00	289.16	289.16	95,133.33	
Grand Totals:					5,395,605.20	0.00	122,920.34	2,957,840.60	2,437,764.60	
Assets: 228										
Section 179 :						0.00				
ITC Adjustment:						0.00				
Salvage Value :						0.00				
Less 20 Disposals					161,360.87			50,466.48	110,894.39	
					5,234,244.33	0.00	122,920.34	2,907,374.12	2,326,870.21	

AUDIT ADJ

+ 40

- 524.99

- 524.99

Adjustment Codes: b = Bonus/Sec179, d = Disposed, f = Fully Depreciated, i = ITC Basis Adj., l = Listed, s = Salvage Value

5,234,244.73

122,395.35 2,906,849.13