

# Return of Organization Exempt From Income Tax

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

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

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

**and ending**

<p><b>B</b> Check if applicable:</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Termination</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p>	<p>Please use IRS label or print or type.</p> <p>See Specific Instructions.</p>	<p><b>C</b> Name of organization <b>YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER LEXINGTON KENTUCKY</b></p> <p>Doing Business As <b>YMCA OF CENTRAL KENTUCKY</b></p> <p>Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>239 EAST HIGH STREET</b></p> <p>City or town, state or country, and ZIP + 4 <b>LEXINGTON, KY 40507</b></p> <p><b>F</b> Name and address of principal officer: <b>GAIL GLASSER</b> <b>239 EAST HIGH STREET, LEXINGTON, KY 40507</b></p>	<p><b>D</b> Employer identification number <b>61-0444842</b></p> <p><b>E</b> Telephone number <b>(859) 255-9622</b></p> <p><b>G</b> Gross receipts \$ <b>16,350,297.</b></p> <p><b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)</p> <p><b>H(c)</b> Group exemption number ▶</p>
<p><b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c) ( <b>3</b> ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</p>		<p><b>J</b> Website: ▶ <b>YMCAOFCENTRALKY.ORG</b></p>	
<p><b>K</b> Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶</p>		<p><b>L</b> Year of formation: <b>1951</b> <b>M</b> State of legal domicile: <b>KY</b></p>	

**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>SEE SCHEDULE O.</b>		
<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>36</b>
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>36</b>
<b>5</b>	Total number of employees (Part V, line 2a)	<b>5</b>	<b>890</b>
<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>1866</b>
<b>7a</b>	Total gross unrelated business revenue from Part VIII, line 12, column (C)	<b>7a</b>	<b>0.</b>
<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0.</b>
<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
<b>9</b>	Program service revenue (Part VIII, line 2g)	<b>1,446,681.</b>	<b>1,517,779.</b>
<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>8,282,370.</b>	<b>8,716,137.</b>
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>296,994.</b>	<b>94,865.</b>
<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>-1,473,043.</b>	<b>233,913.</b>
<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>8,553,002.</b>	<b>10,562,694.</b>
<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)		<b>19,635.</b>
<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>5,699,204.</b>	<b>5,956,230.</b>
<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<b>92,908.</b>	
<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>195,350.</b>		
<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	<b>4,143,276.</b>	<b>4,299,732.</b>
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>9,935,388.</b>	<b>10,275,597.</b>
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>-1,382,386.</b>	<b>287,097.</b>
<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Year</b>	<b>End of Year</b>
<b>21</b>	Total liabilities (Part X, line 26)	<b>29,417,122.</b>	<b>28,209,149.</b>
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>9,428,156.</b>	<b>8,784,708.</b>
		<b>19,988,966.</b>	<b>19,424,441.</b>

**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.

<b>Sign Here</b>	<p>Signature of officer</p> <p><b>JACK MALOY, CFO</b></p> <p>Type or print name and title</p>	Date	
<b>Preparer's Use Only</b>	<p>Preparer's signature ▶ <i>Patricia O. Kesterson</i></p> <p>Firm's name (or yours if self-employed), address, and ZIP + 4 <b>MOUNTJOY &amp; BRESSLER LLP</b> <b>175 EAST MAIN STREET, SUITE 200</b> <b>LEXINGTON, KY 40507-1368</b></p>	Date <b>7/28/09</b>	<p>Check if self-employed <input type="checkbox"/></p> <p>Preparer's identifying number (see instructions) <b>405-04-9359</b></p> <p>EIN ▶</p> <p>Phone no. ▶ <b>859-255-4950</b></p>

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

# Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box  **X**
  - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits.

Type or print  File by the due date for filing your return. See instructions.	Name of Exempt Organization <b>YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER LEXINGTON KENTUCKY</b>	Employer identification number <b>61-0444842</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>239 EAST HIGH STREET</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>LEXINGTON, KY 40507</b>	

**Check type of return to be filed** (file a separate application for each return):

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

**JACK MALOY**

- The books are in the care of ▶ **239 EAST HIGH STREET - LEXINGTON, KY 40507**  
Telephone No. ▶ **(859) 367-7322** FAX No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover.

**1** I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2009**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year **2008** or  
▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

**2** If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	
<b>b</b> If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	
<b>c Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	N/A

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

YOUNG MEN'S CHRISTIAN ASSOCIATION  
OF GREATER LEXINGTON KENTUCKY

Form 990 (2008)

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

1 Briefly describe the organization's mission:  
SEE SCHEDULE O.

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 \$ 4,095,910. including grants of \$ ) (Revenue \$ 5,390,099.)  
MEMBERSHIP SERVICES - SEE SCHEDULE O.

4b (Code: ) (Expenses \$ 1,723,011. including grants of \$ ) (Revenue \$ 1,696,074.)  
PRIMETIME / CHILDCARE - SEE SCHEDULE O.

4c (Code: ) (Expenses \$ 647,106. including grants of \$ ) (Revenue \$ 453,190.)  
AQUATICS - SEE SCHEDULE O.

4d Other program services. (Describe in Schedule O.)  
(Expenses \$ 1,767,373. including grants of \$ 19,635.) (Revenue \$ 1,176,775.)

4e Total program service expenses ► \$ 8,233,400. (Must equal Part IX, Line 25, column (B).)

**YOUNG MEN'S CHRISTIAN ASSOCIATION  
OF GREATER LEXINGTON KENTUCKY**

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**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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> .....	<b>X</b>	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors? .....	<b>X</b>	
<b>3</b> 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> .....		<b>X</b>
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i> .....		<b>X</b>
<b>5</b> <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> .....		<b>X</b>
<b>6</b> 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> .....		<b>X</b>
<b>7</b> 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> .....		<b>X</b>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		<b>X</b>
<b>9</b> 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> .....		<b>X</b>
<b>10</b> Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	<b>X</b>	
<b>11</b> 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> .....	<b>X</b>	
<b>12</b> 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> .....	<b>X</b>	
<b>13</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		<b>X</b>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the U.S.? .....		<b>X</b>
<b>b</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> .....		<b>X</b>
<b>15</b> 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> .....		<b>X</b>
<b>16</b> 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> .....		<b>X</b>
<b>17</b> Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i> .....		<b>X</b>
<b>18</b> 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> .....		<b>X</b>
<b>19</b> Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		<b>X</b>
<b>20</b> Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i> .....		<b>X</b>
<b>21</b> 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> .....		<b>X</b>
<b>22</b> 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> .....	<b>X</b>	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i> .....	<b>X</b>	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i> .....		<b>X</b>
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a</b> <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> .....		<b>X</b>
<b>b</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> .....		<b>X</b>
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> .....		<b>X</b>
<b>27</b> 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> .....		<b>X</b>

Form **990** (2008)

**YOUNG MEN'S CHRISTIAN ASSOCIATION  
OF GREATER LEXINGTON KENTUCKY**

**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> .....	28a	X
<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> .....	28b	X
<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> .....	28c	X
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	29	X
<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> .....	30	X
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....	31	X
<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> .....	32	X
<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> .....	33	X
<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> .....	34	X
<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> .....	35	X
<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> .....	36	X
<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> .....	37	X

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**YOUNG MEN'S CHRISTIAN ASSOCIATION  
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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>	31		
<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>	890		
<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>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
<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>7a</b>			
<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>7c</b>			
<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>7e</b>			
<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?		X
<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?		X
<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: N/A		
<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: N/A		
<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>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year: N/A	<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**

		Yes	No
<i>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.</i>			
<b>1a</b>	Enter the number of voting members of the governing body .....	36	
<b>b</b>	Enter the number of voting members that are independent .....	36	
<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? .....	2	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? .....	3	X
<b>4</b>	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? .....	4	X
<b>5</b>	Did the organization become aware during the year of a material diversion of the organization's assets? .....	5	X
<b>6</b>	Does the organization have members or stockholders? .....	6	X
<b>7a</b>	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? .....	7a	X
<b>b</b>	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? .....	7b	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? .....	8a	X
<b>b</b>	Each committee with authority to act on behalf of the governing body? .....	8b	X
<b>9a</b>	Does the organization have local chapters, branches, or affiliates? .....	9a	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? .....	9b	X
<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 .....	10	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 .....	11	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 .....	12a	X
<b>b</b>	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....	12b	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 .....	12c	X
<b>13</b>	Does the organization have a written whistleblower policy? .....	13	X
<b>14</b>	Does the organization have a written document retention and destruction policy? .....	14	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? .....	15a	X
<b>b</b>	Other officers or key employees of the organization? .....	15b	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? .....	16a	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? .....	16b	

**Section C. Disclosure**

<b>17</b>	List the states with which a copy of this Form 990 is required to be filed <b>►KY</b>
<b>18</b>	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. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
<b>19</b>	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.
<b>20</b>	State the name, physical address, and telephone number of the person who possesses the books and records of the organization: <b>►</b> <b>JACK MALOY - (859) 367-7322</b> <b>239 EAST HIGH STREET, LEXINGTON, KY 40507</b>

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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			
STEVE BROWN BOARD MEMBER		X					0.	0.	0.	
KIM BUCCI BOARD MEMBER		X					0.	0.	0.	
KIP CORNETT BOARD MEMBER		X					0.	0.	0.	
CHUCK CREACY BOARD MEMBER		X					0.	0.	0.	
FERNANDO DE CASTRO BOARD MEMBER		X					0.	0.	0.	
STEPHEN GROSSMAN BOARD MEMBER		X					0.	0.	0.	
DORSEY HALL II BOARD MEMBER (TREASURER)		X					0.	0.	0.	
KATHERINE HARPER BOARD MEMBER		X					0.	0.	0.	
TOM HARRIS BOARD MEMBER		X					0.	0.	0.	
KEVIN HENRY BOARD MEMBER (SECRETARY)		X					0.	0.	0.	
DEBRA HENSLEY BOARD MEMBER		X					0.	0.	0.	
KATHY HILLYARD BOARD MEMBER (N.LEX.REP)		X					0.	0.	0.	
CHRISTIE HOCKENSMITH BOARD MEMBER		X					0.	0.	0.	
TERRY HOLMES BOARD MEMBER		X					0.	0.	0.	
MARNIE HOLOUBEK BOARD MEMBER		X					0.	0.	0.	
RODNEY JACKSON BOARD MEMBER		X					0.	0.	0.	
JIM KEFFER BOARD MEMBER (CHR.-ELECT		X					0.	0.	0.	

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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			
RABBI MARC KLINE BOARD MEMBER		X					0.	0.	0.	
KELLY KNIGHT BOARD MEMBER		X					0.	0.	0.	
MAXINE LEE BOARD MEMBER		X					0.	0.	0.	
DEBBIE LONG BOARD MEMBER		X					0.	0.	0.	
CHRIS MOORE BOARD MEMBER (JES.CT.REP)		X					0.	0.	0.	
GREG MULLINS BOARD MEMBER (B.CNT.REP)		X					0.	0.	0.	
MAHENDRAN NAIDU BOARD MEMBER		X					0.	0.	0.	
WILLIAM OWEN BOARD MEMBER		X					0.	0.	0.	
TOM PADGETT BOARD MEMBER		X					0.	0.	0.	
CLYDE PELTON BOARD MEMBER		X					0.	0.	0.	
<b>1b Total</b>							<b>328,178.</b>	<b>0.</b>	<b>56,647.</b>	

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

	Yes	No
<b>3</b> Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	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
WOODFORD PROPERTY MANAGEMENT, NO.9 MILL CREEK PARK COMPLEX, FRANKFORT, KY 40601	FACILITY CLEANING AND LAWN SERVICES	335,632.
DAXKO, 2204 LAKESHORE DRIVE, SUITE 206, BIRMINGHAM, AL 35209	SOFTWARE SUPPORT, CREDIT CARD PROCESSI	106,687.

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

SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

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**Part VIII Statement of Revenue**

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>	218,900.					
	<b>b</b> Membership dues .....	<b>1b</b>	53,232.					
	<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>	220,464.					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	1025183.					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....		104,000.					
	<b>h Total.</b> Add lines 1a-1f .....			1,517,779.				
	<b>Program Service Revenue</b>	<b>2 a</b> MEMBER SERVICES .....	Business Code	713940	5,390,099.	5,390,099.		
<b>b</b> CHILD DEVELOPMENT/CHIL .....			713940	1,696,074.	1,696,074.			
<b>c</b> AQUATICS .....			713940	453,190.	453,190.			
<b>d</b> HEALTH & FITNESS .....			713940	443,933.	443,933.			
<b>e</b> YOUTH & TEEN .....			713940	379,286.	379,286.			
<b>f</b> All other program service revenue .....			713940	353,555.	353,555.			
<b>g Total.</b> Add lines 2a-2f .....				8,716,137.				
<b>Other Revenue</b>		<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....			221,862.	221,862.		
	<b>4</b> Income from investment of tax-exempt bond proceeds .....							
	<b>5</b> Royalties .....							
	<b>6 a</b> Gross Rents .....	(i) Real	(ii) Personal					
		89,921.	9,815.					
		<b>b</b> Less: rental expenses .....						
		<b>c</b> Rental income or (loss) .....						
	89,921.	9,815.						
	<b>d</b> Net rental income or (loss) .....			99,736.	99,736.			
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	(ii) Other					
		5660606.						
		<b>b</b> Less: cost or other basis and sales expenses .....						
		5787603.						
	<b>c</b> Gain or (loss) .....			-126997.				
	<b>d</b> Net gain or (loss) .....			-126,997.	-126,997.			
<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>							
	<b>b</b> Less: cost of goods sold .....	<b>b</b>						
	<b>c</b> Net income or (loss) from sales of inventory .....							
Miscellaneous Revenue			Business Code					
<b>11 a</b> OTHER .....		713940		134,177.	134,177.			
	<b>b</b> .....							
	<b>c</b> .....							
	<b>d</b> All other revenue .....							
	<b>e Total.</b> Add lines 11a-11d .....				134,177.			
<b>12 Total Revenue.</b> Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e .....				10562694.	9,044,915.	0.	0.	

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**Part IX Statement of Functional Expenses**

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	19,635.	19,635.		
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	247,487.		237,597.	9,890.
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	4,772,058.	3,900,922.	758,445.	112,691.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	280,986.	179,104.	94,433.	7,449.
9 Other employee benefits	204,567.	123,851.	73,493.	7,223.
10 Payroll taxes	451,132.	345,983.	94,401.	10,748.
11 Fees for services (non-employees):				
a Management				
b Legal	724.		724.	
c Accounting	20,950.		20,950.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	51,853.		51,853.	
g Other	19,601.	15,098.	4,503.	
12 Advertising and promotion	275,114.	122,026.	142,453.	10,635.
13 Office expenses	39,394.	30,064.	8,396.	934.
14 Information technology	97,361.	86,192.	2,091.	9,078.
15 Royalties				
16 Occupancy	1,224,569.	1,219,337.	5,232.	
17 Travel	53,658.	29,676.	19,239.	4,743.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	61,863.	30,752.	21,441.	9,670.
20 Interest	240,103.	239,640.	463.	
21 Payments to affiliates	107,686.	107,375.	186.	125.
22 Depreciation, depletion, and amortization	647,125.	636,995.	10,130.	
23 Insurance	97,786.	60,279.	37,507.	
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 PROGRAM SUPPLIES	399,221.	386,666.	6,085.	6,470.
b EXPENDABLE EQUIPMENT	225,776.	196,956.	28,280.	540.
c CONTRACT SERVICES	164,051.	158,077.	5,974.	
d MAINTENANCE AND HOUSECL	131,883.	13,328.	118,555.	
e EFT/CREDIT CARD DISCOUN	100,507.	100,239.	268.	
f All other expenses	340,507.	231,205.	104,148.	5,154.
25 Total functional expenses. Add lines 1 through 24f	10,275,597.	8,233,400.	1,846,847.	195,350.
26 Joint Costs. 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 ...				

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**Part X Balance Sheet**

		(A) Beginning of year			(B) End of year	
<b>Assets</b>	1	Cash - non-interest-bearing	267,370.	1	227,040.	
	2	Savings and temporary cash investments	270,514.	2	299,917.	
	3	Pledges and grants receivable, net	1,969,125.	3	1,876,116.	
	4	Accounts receivable, net	119,792.	4	117,387.	
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5		
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6		
	7	Notes and loans receivable, net		7		
	8	Inventories for sale or use		8		
	9	Prepaid expenses and deferred charges	128,082.	9	97,430.	
	10a	Land, buildings, and equipment: cost basis	26,588,744.	10a		
	b	Less: accumulated depreciation. Complete Part VI of Schedule D	7,032,624.	10b		
			19,922,089.	10c	19,556,120.	
	11	Investments - publicly traded securities	6,630,082.	11	5,934,383.	
	12	Investments - other securities. See Part IV, line 11		12		
	13	Investments - program-related. See Part IV, line 11		13		
	14	Intangible assets		14		
15	Other assets. See Part IV, line 11	110,068.	15	100,756.		
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	29,417,122.	16	28,209,149.		
<b>Liabilities</b>	17	Accounts payable and accrued expenses	419,581.	17	541,279.	
	18	Grants payable		18		
	19	Deferred revenue	357,885.	19	317,781.	
	20	Tax-exempt bond liabilities		20		
	21	Escrow account liability. Complete Part IV of Schedule D		21		
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23	Secured mortgages and notes payable to unrelated third parties	7,400,690.	23	6,769,874.	
	24	Unsecured notes and loans payable	1,250,000.	24	1,150,000.	
	25	Other liabilities. Complete Part X of Schedule D	0.	25	5,774.	
	26	<b>Total liabilities.</b> Add lines 17 through 25	9,428,156.	26	8,784,708.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>					
	27	Unrestricted net assets	15,375,927.	27	15,511,806.	
	28	Temporarily restricted net assets	1,773,571.	28	1,758,555.	
	29	Permanently restricted net assets	2,839,468.	29	2,154,080.	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>					
	30	Capital stock or trust principal, or current funds		30		
	31	Paid-in or capital surplus, building, or equipment fund		31		
	32	Retained earnings, endowment, accumulated income, or other funds		32		
33	<b>Total net assets or fund balances</b>	19,988,966.	33	19,424,441.		
34	<b>Total liabilities and net assets or fund balances</b>	29,417,122.	34	28,209,149.		

**Part XI Financial Statements and Reporting**

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X
b Were the organization's financial statements audited by an independent accountant?	2b	X
c 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?	2c	X
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	X
b If "Yes," did the organization undergo the required audit or audits?	3b	

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**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) .....					12	
<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)) .....	14		%
<b>15</b> Public support percentage from 2007 Schedule A, Part IV-A, line 26f .....	15		%
<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.") .....	4993677.	5769829.	13336171.	4324572.	6907879.	35332128.
<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 .....	3162242.	3112920.	3267251.	3317169.	3326038.	16185620.
<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 .....	8155919.	8882749.	16603422.	7641741.	10233917.	51517748.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....	17,080.	14,883.	31,174.	34,408.	18,450.	115,995.
<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 .....	17,080.	14,883.	31,174.	34,408.	18,450.	115,995.
<b>8 Public support.</b> (Subtract line 7c from line 6.)						51401753.

**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 .....	8155919.	8882749.	16603422.	7641741.	10233917.	51517748.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	156,528.	188,519.	291,006.	296,994.	221,862.	1154909.
<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 .....	156,528.	188,519.	291,006.	296,994.	221,862.	1154909.
<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.) .....	182,241.	257,769.	213,048.	614,267.	106,915.	1374240.
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						54046897.

**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>	95.11 %
<b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g .....	<b>16</b>	95.98 %

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

<b>17</b> Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	2.14 %
<b>18</b> Investment income percentage from 2007 Schedule A, Part IV-A, line 27h .....	<b>18</b>	1.82 %

**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 B**  
**(Form 990, 990-EZ,**  
**or 990-PF)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, 990-EZ, and 990-PF.

OMB No. 1545-0047

**2008**

<b>Name of the organization</b> YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER LEXINGTON KENTUCKY	<b>Employer identification number</b> 61-0444842
---	---

**Organization type** (check one):

- |                    |   |
|--------------------|---|
| <b>Filers of:</b>  | <b>Section:</b>   |
| Form 990 or 990-EZ | <input checked="" type="checkbox"/> 501(c)( 3 ) (enter number) organization                               |
|                    | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation |
|                    | <input type="checkbox"/> 527 political organization   |
| Form 990-PF        | <input type="checkbox"/> 501(c)(3) exempt private foundation  |
|                    | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation            |
|                    | <input type="checkbox"/> 501(c)(3) taxable private foundation   |

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.)

**General Rule**

- For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

- For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ▶ \$ \_\_\_\_\_

**Caution.** Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Name of organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER LEXINGTON KENTUCKY	Employer identification number  61-0444842
--	--

**Part I** Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	ALEXANDER G. CAMPBELL JR. FOUNDATION P.O. BOX 223 LEXINGTON, KY 40584	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	DOUBLE KWIK/CHILDERS OIL CO. 4000 CATNIP HILL ROAD NICHOLASVILLE, KY 40536	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	FIFTH THIRD BANK 250 WEST MAIN ST. SUITE 100 LEXINGTON, KY 40507	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	LEXINGTON HERALD LEADER 100 MIDLAND AVENUE LEXINGTON, KY 40507	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	LEXMARK INTERNATIONAL 740 NEW CIRCLE ROAD LEXINGTON, KY 40550	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	MCDONALD'S OF LEXINGTON 102 UNITED DRIVE LEXINGTON, KY 40509	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER LEXINGTON KENTUCKY	Employer identification number  61-0444842
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**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	SAINT JOSEPH'S HEALTHCARE ONE SAINT DRIVE LEXINGTON, KY 40504	\$ 100,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	SKY UNLIMITED, INC. 395 ENTERPRISE DRIVE NICHOLASVILLE, KY 40356	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	STEVE HUPMAN 2000 DELONG ROAD LEXINGTON, KY 40515	\$ 13,384.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	TOYOTA MOTOR MANUFACTURING 1001 CHERRY BLOSSOM WAY GEORGETOWN, KY 40324	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	LEXINGTON FAYETTE COUNTY URBAN GOVT. 200 EAST MAIN STREET LEXINGTON, KY 40507	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12	COUNCIL ON POSTSECONDARY EDUCATION 1024 CAPITAL CENTER DRIVE, SUITE 320 FRANKFORT, KY 40601	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

<b>Name of organization</b> YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER LEXINGTON KENTUCKY	<b>Employer identification number</b>  61-0444842
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**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13	JESSAMINE COUNTY FISCAL COURT  101 NORTH MAIN STREET  NICHOLASVILLE, KY 40356	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)



**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 LEXINGTON KENTUCKY **Employer identification number** 61-0444842

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate contributions to (during year) .....		
3 Aggregate grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or 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 |
|--|-----------------------------|
| a Total number of conservation easements .....   | 2a                          |
| b Total acreage restricted by conservation easements .....                                 | 2b                          |
| c Number of conservation easements on a certified historic structure included in (a) ..... | 2c                          |
| d Number of conservation easements included in (c) acquired after 8/17/06 .....            | 2d                          |
- 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? .....
- 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(c) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....
- 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

**YOUNG MEN'S CHRISTIAN ASSOCIATION  
OF GREATER LEXINGTON KENTUCKY**

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

- 3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	4,052,987.				
b Contributions	80,930.				
c Investment earnings or losses	-917,435.				
d Grants or scholarships					
e Other expenditures for facilities and programs	-19,986.				
f Administrative expenses	-34,788.				
g End of year balance	3,161,708.				

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment  32.00 %
  - b Permanent endowment  68.00 %
  - c Term endowment  \_\_\_\_\_ %

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes | No |
|---|-----|----|
| (i) unrelated organizations   | X   |    |
| (ii) related organizations  |     | X  |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? |     |    |
| 3b  |     |    |

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

**Part VI Investments - Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land	7,184,163.			7,184,163.
b Buildings	17,300,269.		6,112,640.	11,187,629.
c Leasehold improvements	22,170.		14,171.	7,999.
d Equipment	1,134,429.		883,290.	251,139.
e Other	947,713.		22,523.	925,190.
<b>Total.</b> Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				19,556,120.







**YOUNG MEN'S CHRISTIAN ASSOCIATION  
OF GREATER LEXINGTON KENTUCKY**

**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
CASH AWARDS FOR BLACK ACHIEVERS COLLEGE SCHOLARSHIPS	19	19,635.	0.		

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

AMOUNTS ARE AWARDED TO GRADUATING HIGH SCHOOL SENIORS THAT HAVE GONE THROUGH THE BLACK ACHIEVERS PROGRAM (DESCRIBED IN SCHEDULE O) WHO HAVE APPLIED TO COLLEGES AND UNIVERSITIES.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2008**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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.

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

Employer identification number  
**61-0444842**

**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 type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant | <input 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? **4a**  Yes  No
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b**  Yes  No
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c**  Yes  No
- 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? **5a**  Yes  No
- b** Any related organization? **5b**  Yes  No
- 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? **6a**  Yes  No
- b** Any related organization? **6b**  Yes  No
- 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 **7**  Yes  No

**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 **8**  Yes  No

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

Schedule J (Form 990) 2008



**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 LEXINGTON KENTUCKY**

Employer Identification number  
**61-0444842**

**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			
THOMAS RAWLINGS BOARD MEMBER (H.ST. REP)		X						0.	0.	0.
ANGELA ROBERTS BOARD MEMBER (BK.ACH.REP)		X						0.	0.	0.
MARK STREETY BOARD MEMBER		X						0.	0.	0.
SUE STRUP BOARD MEMBER		X						0.	0.	0.
THOMAS SWINK BOARD MEMBER (TREASURER)		X						0.	0.	0.
HAROLD TATE BOARD MEMBER		X						0.	0.	0.
FRAN TAYLOR BOARD MEMBER (CHAIR)		X						0.	0.	0.
GERRY VAN DER MEER BOARD MEMBER (CHAIR)		X						0.	0.	0.
ERIC WARD BOARD MEMBER (SCT.CT.REP)		X						0.	0.	0.
JACK MALOY CFO	40.00			X				106,048.	0.	15,135.
TOM BLACKMAN VP & COO	40.00			X				105,963.	0.	19,650.
GAIL GLASSER PRESIDENT & CEO	40.00			X				35,476.	0.	7,560.
JANICE BRUCATO FORMER PRESIDENT & CEO	40.00					X		80,691.	0.	14,302.

**SCHEDULE M  
(Form 990)**

**NonCash Contributions**

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

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

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▶ Attach to Form 990.

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

Employer identification number  
**61-0444842**

**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 .....	X	1	4,000.	
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 .....				
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 ▶ ( <u>DEBT FORGIVNE</u> )	X	1	100,000.	
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

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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.

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Open to Public Inspection

Name of the organization

YOUNG MEN'S CHRISTIAN ASSOCIATION  
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FORM 990, PART VI, SECTION A, LINE 10: FINANCE COMMITTEE REVIEWS CERTAIN ITEMS FIRST. UPON COMPLETION BY INDEPENDENT AUDITORS, THE FORM 990 AND ATTACHMENTS ARE REVIEWED BY THE AUDIT COMMITTEE. THE ELECTRONIC COPY IS FORWARDED TO ALL METRO BOARD MEMBERS. THE AUDIT COMMITTEE CHAIR PRESENTS THE 990 AT NEXT METRO BOARD OF DIRECTORS MEETING. AFTER COMMENTS AND/OR CORRECTIONS ARE NOTED, THE BOARD VOTES TO ACCEPT THE 990 FOR SUBMISSION TO THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C: ANNUAL COMPLIANCE DESCRIPTION AND COMPLIANCE REQUESTS ARE SENT TO EACH MEMBER OF THE METRO BOARD OF DIRECTORS. REPLIES ARE MONITORED BY THE OFFICE OF THE CEO. ANY NON-COMPLIANCE ISSUES, IF ANY, ARE SUBMITTED TO THE EXECUTIVE COMMITTEE FOR APPROVAL OR OTHER APPROPRIATE ACTION.

FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION OF THE CEO, COO AND CFO ARE REVIEWED ANNUALLY BY COMPENSATION COMMITTEE APPOINTED BY THE BOARD OF DIRECTORS. THEIR RECOMMENDATIONS ARE THEN SUBMITTED TO THE FULL BOARD OF DIRECTORS FOR APPROVAL. BRANCH EXECUTIVE SALARIES ARE APPROVED BY THE COO, CEO AND HUMAN RESOURCES DIRECTOR.

FORM 990, PART VI, SECTION C, LINE 19: COPY IS AVAILABLE ON ASSOCIATION'S LOCAL AREA NETWORK SO EACH BRANCH EXECUTIVE HAS ACCESS IN THE EVENT REQUESTS ARE RECEIVED AT THE BRANCH SITE. FORM 990 IS ALSO AVAILABLE ON GUIDESTAR WEBSITE. ORGANIZATION IS CONSIDERING A LINK ON OWN WEBSITE FOR 990 DOCUMENTS.

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

Department of the Treasury  
Internal Revenue Service

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FORM 990, PART XI, LINE 2C

THE ORGANIZATIONS FINANCIAL STATEMENTS WERE AUDITED BY AN INDEPENDENT ACCOUNTANT AND THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR. THE ORGANIZATION HAS AN AUDIT COMMITTEE WHICH ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT.

FORM 990, PART I, LINE 1

TO PUT CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT BUILD HEALTHY SPIRIT, MIND, AND BODY FOR ALL.

FORM 990, PART III, LINE 1

FOR MORE THAN 155 YEARS IN SUPPORT OF OUR MISSION "TO PUT CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT BUILD HEALTHY SPIRIT, MIND AND BODY FOR ALL," THE YMCA OF CENTRAL KENTUCKY HAS MET THE MOST PRESSING CHALLENGES OF THE COMMUNITIES WE SERVE THROUGHOUT FAYETTE, JESSAMINE AND SCOTT COUNTIES. THE CHALLENGES HAVE CHANGED OVER TIME, AND THE YMCA CONTINUALLY PROVIDES TIMELY, INNOVATIVE RESPONSES. TODAY, A NEW SET OF ISSUES IS CALLING OUR YMCA TO ACT. OUR REGION'S LIFESTYLE HEALTH CHOICES ARE CONTRIBUTING TO INCREASED RATES OF DISEASE AND REDUCED QUALITY OF LIFE. FAMILIES ARE FINDING IT DIFFICULT TO BALANCE THEIR WORK, FAMILY AND CIVIC LIFE. YOUTH, REGARDLESS OF FAMILY INCOME, ARE NOT RECEIVING THE SUPPORT THEY NEED TO DEVELOP POSITIVE SKILLS AND VALUES THAT WILL GUIDE THEM THROUGHOUT THEIR LIFE. THE YMCA IS THERE TO ENSURE THAT EVERY CHILD AND YOUTH WILL DEEPEN POSITIVE VALUES, THEIR COMMITMENT TO SERVICE AND THEIR MOTIVATION TO LEARN. THE YMCA DESIRES

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Name of the organization

YOUNG MEN'S CHRISTIAN ASSOCIATION  
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THAT EVERY FAMILY WILL BUILD STRONGER BONDS, ACHIEVE GREATER WORK/LIFE BALANCE AND BECOME MORE ENGAGED WITH THEIR COMMUNITIES. THE YMCA WORKS WITH EVERY INDIVIDUAL TO STRENGTHEN HIS OR HER HOLISTIC WELL-BEING.

FORM 990, PART III, LINE 4A

MEMBERSHIP SERVICES - THE YMCA OF CENTRAL KENTUCKY'S MOST EFFECTIVE WAY TO STRENGTHEN RELATIONSHIPS AND MEMBER INVOLVEMENT IS BY ENGAGING MEMBERS (WHETHER MEMBERS AS PARTICIPANTS, VOLUNTEERS, STAFF, PARTNERS AND THE COMMUNITY COLLABORATORS) AT ALL LEVELS AND ALL AGES (WHERE APPROPRIATE) IN PROGRAM DESIGN, OPERATION AND EVALUATION. THE YMCA PROVIDES OPPORTUNITIES BEYOND INDIVIDUAL AND FAMILY ACTIVITIES FOR MEMBERS TO BECOME INVOLVED, SERVE AND LEAD THE YMCA. OUR GOAL IS TO ALIGN MEMBER EXPERIENCES WITH THE MISSION AND FOCUS ON CHARACTER DEVELOPMENT AND VALUES, SUPPORT FOR HEALTH AND WELL-BEING, DEVELOPMENTAL ASSETS AND RELATIONSHIP/COMMUNITY BUILDING. WE OPERATE A MEMBER-ENGAGEMENT PROGRAM THAT ENCOURAGES RELATIONSHIPS WITH AND AMONG MEMBERS, A SENSE OF BELONGING, VOLUNTEERISM AND PHILANTHROPY. MEMBERS ARE WELCOMED, RESPECTED AND VALUED.

THE YMCA CHAMPIONS INCLUSION AND RESPONDS TO THE NEEDS AND INTERESTS OF THE COMMUNITIES WE SERVE. WE DEFINE MEMBERSHIP BY RELATIONSHIP (NOT FACILITY ACCESS ALONE) TO INCLUDE THOSE USING THE FACILITIES AS WELL AS CHILDREN, YOUTH, TEENS, ADULTS AND FAMILIES. THE YMCA PROVIDES ACCESS TO MEMBERSHIP FOR ALL, REGARDLESS OF ABILITY, AGE, ETHNICITY/RACE, RELIGION, SEXUAL ORIENTATION OR INCOME LEVEL. WE DEFINE MEMBERSHIP INCLUSIVELY, EMBRACING THE MULTIPLE FAMILY MODELS REFLECTED IN OUR

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LARGER COMMUNITY. WE ENSURE PRICING STRUCTURES AND FINANCIAL ASSISTANCE THAT MAKE THE YMCA ACCESSIBLE TO ALL MEMBERS AND PROGRAM PARTICIPANTS. WE IMPLEMENT POLICIES AND SYSTEMS AND PROCEDURES THAT SUPPORT INCLUSION AND OFFER PROGRAMS AND ACTIVITIES THAT REFLECT THE NEEDS AND INTERESTS OF DIVERSE SEGMENTS OF THE COMMUNITY. WE STRIVE TO HAVE STAFF, PROGRAM AND POLICY VOLUNTEERS AND PEOPLE OF ALL AGES INVOLVED IN THE YMCA REFLECT THE DEMOGRAPHIC PROFILE OF THE COMMUNITY. THE YMCA INCLUDES WHERE POSSIBLE UNDERSERVED, NEW IMMIGRANT AND NON-ENGLISH SPEAKING POPULATIONS.

THE YMCA CREATES ENVIRONMENTS THAT FOSTER SMALL COMMUNITIES AND ENCOURAGE HEALTH AND WELL-BEING. THE YMCA ACTS AS A CATALYST AND PARTNER FOR COMMUNITY TRANSFORMATION TOWARD CREATING ASSET-RICH ENVIRONMENTS FOR YOUTH AND COMMUNITY ENVIRONMENTS THAT SUPPORT HEALTH AND WELL-BEING FOR ALL.

MEMBERSHIP DEVELOPMENT IS RELATIONSHIP BASED AND FOCUSED ON ENGAGING MEMBERS AS WHOLE PERSONS AND PROVIDING PERSONALIZED MEMBER EXPERIENCES IN A SUPPORTIVE, UPLIFTING ENVIRONMENT. THE TOTAL EXPERIENCE OF A MEMBER'S INVOLVEMENT WITH THE YMCA, STARTING WITH THE INITIAL ENGAGEMENT AND INCLUDING PARTICIPATION IN PROGRAMS AND ACTIVITIES THAT ADDRESS INDIVIDUAL WANTS, NEEDS AND INTERESTS HAS ONGOING SUPPORT THROUGH RELATIONSHIPS WITH STAFF AND OTHER MEMBERS, INVOLVEMENT IN SMALL COMMUNITIES WITHIN THE YMCA - ALL IN AN ENVIRONMENT THAT IS CARING, HONEST, RESPECTFUL AND SUPPORTIVE OF HEALTHY CHOICES.

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AT DECEMBER 31, 2008 THE YMCA OF CENTRAL KENTUCKY SERVED APPROXIMATELY  
11,800 MEMBERSHIP UNITS CONSISTING OF 25,450 INDIVIDUAL MEMBERS.  
APPROXIMATELY 3,400 ADULT UNITS AND 4,460 HOUSEHOLD UNITS (17,000  
MEMBERS) ARE INCLUDED IN THIS COUNT. NO ONE IS TURNED AWAY FROM  
MEMBERSHIP IN THE YMCA OF CENTRAL KENTUCKY DUE TO FINANCIAL INABILITY  
TO PAY. ACCORDINGLY, DIRECT FINANCIAL ASSISTANCE AMOUNTING TO \$452,200  
WAS GRANTED TO INDIVIDUALS AND FAMILIES FOR PARTICIPATION IN YMCA  
MEMBERSHIP.

FORM 990, PART III, LINE 4B

PRIMETIME / CHILDCARE - THROUGH 26 SEPARATELY LICENSED YMCA CHILDCARE  
SITES, THE YMCA IS A CHAMPION IN THE HOLISTIC DEVELOPMENT OF CHILDREN  
AND YOUTH. WE FOCUS ON ASSET BUILDING AND OPERATE WITH INTENTIONAL  
PLANS FOR CHILD AND YOUTH DEVELOPMENT IN PARTNERSHIP WITH FAMILIES.  
OVER 1,300 CHILDREN ARE SERVED EACH SCHOOL YEAR VIA OUR  
CHARACTER-DRIVEN CURRICULA WHICH HELPS CHILDREN DEVELOP MORAL AND  
ETHICAL BEHAVIOR, BUILD SELF-ESTEEM AND FOSTER LEADERSHIP AND CIVIC  
ENGAGEMENT.

IN ADDITION TO OUR BEFORE AND AFTER SCHOOL CHILDCARE, APPROXIMATELY  
1,657 CHILDREN ARE SERVED THROUGH THE YMCA PRIME TIME PROGRAM THAT  
PROVIDES ALL DAY CARE FOR CHILDREN DURING SNOW DAYS, HOLIDAY BREAKS AND  
EARLY SCHOOL DISMISSALS.

IN 2008, 80 CHILDREN WERE SERVED AT THE EARLY CHILDHOOD CENTER WHICH IS  
HOUSED AT THE NORTH LEXINGTON FAMILY YMCA BRANCH AND SERVES INFANTS

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THROUGH AGE FIVE IN A STATE-LICENSED, STAR-RATED DEVELOPMENTALLY APPROPRIATE SETTING. THE PROGRAM'S DAILY ACTIVITIES SUPPORT THE KENTUCKY EARLY CHILDHOOD STANDARDS - PREPARING EACH CHILD FOR LATER SCHOOL SUCCESS. APPROXIMATELY \$60,000 IN FINANCIAL ASSISTANCE WAS AWARDED TO THE CHILDREN AND FAMILIES OF THIS PROGRAM.

THE YMCA MAINTAINS A REPUTATION IN THE COMMUNITY AS A LEADER IN THE INTEGRATION OF DEVELOPMENTAL ASSETS AND THE DEVELOPMENTAL STAGES OF CHILDREN AND YOUTH THROUGH COLLABORATION WITH OTHER YOUTH-SERVING ORGANIZATIONS. THE YMCA FOSTERS THE LEADERSHIP POTENTIAL AND CIVIC ENGAGEMENT OF YOUNG PEOPLE. THE YMCA IS A CHAMPION FOR INCLUSION AND RESPONDS TO THE COMPREHENSIVE NEEDS OF CHILDREN AND FAMILIES.

WE OFFER PROGRAMS THAT ATTRACT AND SERVE THE NEEDS OF ALL CHILDREN REGARDLESS OF INCOME OR RISK LEVEL. YMCA FINANCIAL ASSISTANCE POLICIES ENSURE THE PARTICIPATION OF CHILDREN FROM ALL ECONOMIC LEVELS WITH \$154,600 DISTRIBUTED IN 2008 TO CHILDREN IN NEED.

THE YMCA HAS STAFF WITH ACCESS TO CONTINUED PROFESSIONAL DEVELOPMENT IN THIS AREA AND INCLUDES OPPORTUNITIES FOR COACHING AND MENTORING TO ENSURE WE ARE THE BEST IN THIS FIELD.

THE YMCA SYSTEMATICALLY FOLLOWS NATIONALLY RECOGNIZED STANDARDS FOR QUALITY AND SAFETY. WE HAVE ACCREDITATION AND QUALITY STANDARDS WHICH GUIDE OUR FINANCIAL, STAFFING AND PROGRAMMATIC ACTIVITIES. OUR LICENSED YMCA CHILDCARE PROGRAMS FOSTER GROWTH AND DEVELOPMENT NOT ONLY

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Name of the organization **YOUNG MEN'S CHRISTIAN ASSOCIATION  
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IN CHILDREN BUT ALSO THEIR FAMILIES. OUR COMMITMENT TO QUALITY

INCLUDES PARTICIPATION IN THE GOVERNOR'S "STARS FOR KIDS NOW"

INITIATIVE. NATIONALLY RECOGNIZED PROGRAMS SUCH AS "KIDZLIT",

"KIDZMATH" AND TUTORING PROVIDE VALUE EDUCATIONAL SUPPORT.

FORM 990, PART III, LINE 4C

AQUATICS - AQUATIC PROGRAMMING HAS LONG BEEN A YMCA MAINSTAY IN  
BUILDING HEALTHY SPIRIT, MIND AND BODY FOR CHILDREN AND ADULTS. THE  
YMCA'S AQUATIC PROGRAMS PROVIDE OPPORTUNITIES FOR HOLISTIC HEALTH AND  
WELL-BEING OFTEN WITH A FOCUS ON HEALTH SEEKERS' AND THEIR FAMILIES.

IN 2008, MORE THAN 20,300 PEOPLE CAME TO THE YMCA FOR OUR AQUATICS  
PROGRAMS RECOGNIZING THE VALUE IN OUR RELATIONSHIP-BASED APPROACH. THE  
YMCA PROVIDES SWIMMING INSTRUCTION, COMPETITIVE AQUATICS, LIFEGUARD  
TRAINING, RECREATIONAL SWIM (INDOOR AND OUT), WATER THERAPY AS WELL AS  
WATER AWARENESS PROGRAMS. OPPORTUNITIES INCLUDE LIFESTYLE BEHAVIOR  
CHANGE, STRESS MANAGEMENT AND LIFE BALANCE, ONGOING COACHING, WATER  
SAFETY EDUCATION AND AWARENESS.

THE YMCA GAVE BACK TO THE FAYETTE, JESSAMINE AND SCOTT COUNTY  
COMMUNITIES IN 2008 THROUGH OUR FREE "SPLASH" PROGRAM THAT PROVIDED 273  
CHILDREN WITH WEEKLONG WATER INSTRUCTION AND AWARENESS PROGRAMMING.  
269 CHILDREN AND THEIR FAMILIES PARTICIPATED IN SWIM TEAMS. PARENT AND  
COMMUNITY VOLUNTEERS PROVIDE MORE THAN 1,000 HOURS OF VOLUNTEER SUPPORT  
TO THE SWIM TEAM PROGRAMS - MAKING THEM SOME OF OUR MOST LOYAL  
VOLUNTEERS! 128 RECEIVED LIFEGUARD TRAINING THAT WILL ENSURE QUALIFIED

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Name of the organization	YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER LEXINGTON KENTUCKY	Employer identification number	61-0444842
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GUARDS FOR AREA POOLS. EACH MONTH AN AVERAGE OF 1,100 PEOPLE PARTICIPATED IN AQUATICS EXERCISE PROGRAMS INCLUDING SOME SPECIALTY PROGRAMMING FOR SPECIAL NEEDS SUCH AS ARTHRITIC PARTICIPANTS.

OUR AQUATICS PROGRAMS MEET NATIONALLY ESTABLISHED STANDARDS AND BEST PRACTICES. THE YMCA ACHIEVES CERTIFICATION OR ACCREDITATION BY NATIONAL PROFESSIONAL ORGANIZATIONS. THE YMCA FOCUSES PROGRAM AND OPERATIONAL IMPROVEMENTS ON STRENGTHENING INCLUSION, ENGAGEMENT AND RELATIONSHIPS.

IN ADDITION TO THE OPERATION OF OUR OWN POOLS, THE YMCA OF CENTRAL KENTUCKY IS ENTRUSTED WITH THE OPERATION OF THE NICHOLASVILLE/JESSAMINE COUNTY WATERPARK. THE YMCA SERVES AS A FREE OR HIGHLY REDUCED COST AQUATIC RESOURCE FOR OTHER AGENCIES POOL NEEDS INCLUDING HIGH SCHOOL SWIM TEAMS, PRESCHOOL SWIM PROGRAMMING FOR LOCAL MONTESSORI USE, BOYS SCOUT BADGE EARNINGS, BELL HOUSE SENIORS, LEXINGTON FIRE DEPARTMENT CADETS, AND SWIM INSTRUCTION FOR CHILDREN FROM THE MANCHESTER CENTER. TO BE ESPECIALLY ACCESSIBLE FOR INCLUSION PROGRAMMING, OUR YMCA PROVIDES POOL TIME FOR FAYETTE COUNTY PARKS AND RECREATION ADAPTIVE AQUATICS PROGRAMS AND THE SPECIAL OLYMPICS SWIM TEAM.

JUST AS WITH ALL YMCA PROGRAMS, FINANCIAL ASSISTANCE IS AVAILABLE TO AQUATIC PROGRAMS IF NEEDED. DURING 2008, APPROXIMATELY \$18,500 IN DIRECT FINANCIAL ASSISTANCE WAS PROVIDED TO CHILDREN, INDIVIDUALS AND FAMILIES ACROSS ALL AQUATIC AREAS. THIS ASSISTANCE ENSURED WATER SAFETY, INSTRUCTION AND AWARENESS FOR ALL.

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FORM 990, PART III, LINE 4D

CONTINUATION OF PART III-STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

	EXPENSES	GRANTS	REVENUE
--	----------	--------	---------

OTHER PROGRAM SERVICES:

1	YOUTH & TEEN PROGRAMS	\$580,260	-	\$379,286
---	-----------------------	-----------	---	-----------

2	HEALTH & FITNESS PROGRAMS	494,315	-	443,933
---	---------------------------	---------	---	---------

3	YOUTH CAMPS	365,506	-	265,132
---	-------------	---------	---	---------

4	BLACK ACHIEVERS	195,089	19,635	8,032
---	-----------------	---------	--------	-------

5	ARTS AND HUMANITIES	132,203	-	80,392
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TOTAL OTHER PROGRAM SERVICES		\$1,767,373	\$19,635	\$1,176,775
------------------------------	--	-------------	----------	-------------

FORM 990, PART III, LINE 4D(1)

YOUTH AND TEEN PROGRAMS -- BUILDING STRONG KIDS MEANS SUPPORTING AND EMPOWERING CHILDREN TO DEVELOP THE VALUES AND SKILLS THEY WILL CARRY WITH THEM THROUGHOUT LIFE. THOSE THAT ARE INGRAINED WITH STRONG VALUES BECOME LEADERS IN OUR COMMUNITIES. A VARIETY OF YOUTH AND TEEN PROGRAM ACTIVITIES (INCLUDING SPORT SKILLS, SPORTS LEAGUES, MARTIAL ARTS,

MOVEMENT EDUCATION, YOUTH/TEEN EXERCISE PROGRAMS, LITERACY,

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**ARTS/HUMANITIES, AND SOCIAL GATHERINGS) PROVIDE THE FRAMEWORK FOR  
INSTILLING OUR CORE VALUES OF HONESTY, CARING, RESPECT AND  
RESPONSIBILITY.**

**YOUTH SPORTS LEAGUES AT THE YMCA OF CENTRAL KENTUCKY OPERATE BY THE  
FOLLOWING MOTTO: EVERYONE PLAYS, EVERYONE WINS. THE OBJECTIVE OF THESE  
SPORTS LEAGUES IS TO IMPROVE PHYSICAL HEALTH AND SELF-CONFIDENCE,  
FOSTER SKILL DEVELOPMENT, TEACH TEAMWORK, ENCOURAGE THE DEVELOPMENT OF  
THE CORE VALUES, AND ABOVE ALL, HAVE FUN. OUR YOUTH PROGRAMS FOCUS ON  
PROGRESSIVE SKILL DEVELOPMENT THROUGH WHICH EVERYONE IS GIVEN THE  
OPPORTUNITY TO EXPERIENCE SUCCESS ON THEIR OWN LEVEL. IN 2008, 4,056  
YOUTH WERE REGISTERED IN SPORTS LEAGUES.**

**FAMILY INVOLVEMENT IS ALSO A CRITICAL ASPECT OF YOUTH SPORTS AND  
DEVELOPMENT. IN BOTH MAY AND OCTOBER THE SOCCER EXTRAVAGANZA EVENTS  
EACH ATTRACTED MORE THAN 1,000 PLAYERS AND THEIR FAMILIES. AT THE END  
OF THE SUMMER T-BALL SEASON, 24 YOUTH ARE SELECTED TO PLAY A T-BALL  
GAME AT APPLEBEE'S PARK - HOME OF THE LEXINGTON LEGENDS BASEBALL TEAM.  
LEGENDS PLAYERS SERVE AS VOLUNTEER COACHES FOR THE KIDS WHILE THEIR  
FAMILIES CHEER THEM ON FROM THE STANDS.**

**ANOTHER ESSENTIAL COMPONENT OF OUR YOUTH SPORTS PROGRAM IS VOLUNTEER  
DEVELOPMENT. OUR PROGRAM RELIES SOLELY ON THE USE OF VOLUNTEER  
COACHES, AND IN 2008 OVER 5,200 VOLUNTEER HOURS WERE RECORDED. ALL OF  
OUR VOLUNTEER COACHES ARE ENCOURAGED TO COMPLETE A SPORTS SPECIFIC  
ORIENTATION WHICH INCLUDES DEVELOPMENTALLY APPROPRIATE COMMUNICATIONS,**

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CORE VALUES, AND THE NATIONAL ASSOCIATION OF INTERCOLLEGIATE ATHLETICS' CHAMPIONS OF CHARACTER PROGRAM AND BASIC SKILL TRAINING.

YMCAS HAVE A UNIQUE ABILITY, THROUGH PURPOSEFUL, ENGAGING PROGRAMS, TO NURTURE ALL CHILDREN, STRENGTHEN FAMILIES AND ENCOURAGE PEOPLE TO BETTER HEALTH. IN 2008, THE TOYOTA BLUEGRASS MIRACLE LEAGUE SERVED 211 YOUTH WITH SPECIAL NEEDS ATHLETES AND 103 ADULTS WITH SPECIAL NEEDS ATHLETES. THE LEAGUE CONTINUES TO GROW AND NOW HAS 8 YOUTH TEAMS AND 4 ADULT TEAMS. THE YMCA OPERATES THE LEAGUE WHICH REQUIRES THE RECRUITMENT AND SCHEDULING OF PLAYERS AND VOLUNTEERS. EACH CHILD IN THE PROGRAM HAS A VOLUNTEER BUDDY WHO ASSISTS DURING EACH GAME. 403 COACHING, BUDDY AND GAME EVENT VOLUNTEERS ENSURED THE BEST ACCOMMODATIONS FOR EACH CHILD, REDUCED THEIR OWN STEREOTYPES, INCREASED THEIR EMPATHY AND HAD A WHOLE LOT OF FUN.

THE YMCA OFFERS A VARIETY OF FREE YOUTH AND TEEN COMMUNITY-WIDE ACTIVITIES. AT THE YMCA'S FALL FESTIVAL, OVER 1,000 CHILDREN PARTICIPATED IN SAFE HALLOWEEN ACTIVITIES BETWEEN THE BEAUMONT CENTRE FAMILY YMCA AND THE NORTH LEXINGTON FAMILY YMCA. HEALTHY KIDS DAY ACTIVITIES IN 2008 ATTRACTED 459 CHILDREN AND THEIR FAMILIES. GIFTS WERE DISTRIBUTED TO 367 LOW-INCOME CHILDREN DURING THE 2008 HOLIDAY SEASON. OTHER FREE FAMILY EVENTS (MAGIC SHOWS, DRIVE-IN MOVIES, FAMILY SWIM PROGRAMS, CONCERTS) ARE PROVIDED ON A MONTHLY BASIS, WHERE MEMBERS OF THE FACILITY CAN PARTICIPATE IN WHOLESOME ACTIVITIES LED BY YMCA STAFF AND VOLUNTEERS.

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THE CONTINUED DECLINE OF OUR CHILDREN'S HEALTH IS AN AREA THAT THE YMCA OF CENTRAL KENTUCKY IS ADDRESSING WITH GREAT INTENTION AND PURPOSE.

THROUGH OUR PARTNERSHIP WITH THE LEXINGTON FAYETTE COUNTY HEALTH DEPARTMENT, THE YMCA COLLABORATED WITH THE VERB SUMMER SCORECARD CAMPAIGN BY PROVIDING FREE ACTIVITIES FOR TEENS TO ENSURE ACTIVE LIVING

THROUGHOUT THE SUMMER. THE YMCA ALSO CONTINUES ITS COLLABORATION WITH THE UNIVERSITY OF KENTUCKY MEDICAL SCHOOL AND THE LEXINGTON FAYETTE

COUNTY HEALTH DEPARTMENT ON A YOUTH OBESITY PREVENTION PROGRAM FOR

YOUTH AT WILLIAM WELLS BROWN ELEMENTARY SCHOOL. THIS PROGRAM, KNOWN AS

JUMPIN' JAGUARS, SERVES MORE THAN 30 YOUTH AND THEIR FAMILIES WITH

PHYSICAL FITNESS ACTIVITIES, FREE YMCA MEMBERSHIPS, AND HEALTH AND

NUTRITION EDUCATION. THE YOUTH ARCADE, AN INTERACTIVE EXERCISE AREA

FOR YOUTH AT THE BEAUMONT CENTRE FAMILY YMCA REGISTERED 16,560 VISITS

IN 2008. THE ARCADE AREA PROVIDES HEALTHY SUPERVISION FOR YOUTH WHILE

THEIR PARENTS ARE WORKING OUT IN THE YMCA FACILITY.

PROMOTING LITERACY AMONG YOUTH IS ONE OF THE HIGHEST PRIORITIES FOR THE YMCA OF CENTRAL KENTUCKY AND OUR COMMUNITY INITIATIVES DEPARTMENT.

8,307 BOOKS WERE DISTRIBUTED TO YOUTH AND FAMILIES IN CENTRAL KENTUCKY,

INCLUDING LOW-INCOME AND MIGRANT FAMILIES THROUGH THE "WILD ABOUT

READING" PROGRAM. THE YMCA ALSO HOSTED TWO READING EVENTS WHERE

FAMILIES WERE ENCOURAGED TO ATTEND THE BEAUMONT CENTRE FAMILY YMCA IN

CONJUNCTION WITH THE LEXINGTON PUBLIC LIBRARY'S OUTREACH PROGRAM.

IN 2008, 15 STUDENTS WERE ACTIVELY INVOLVED IN THE KENTUCKY YMCA YOUTH

ASSOCIATION. FOUNDED IN 1890, THIS ASSOCIATION HAS SET THE NATIONAL

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EXAMPLE FOR THE PROMOTION OF CIVIC ENGAGEMENT, SERVICE LEARNING,  
SERVANT LEADERSHIP AND CHARACTER DEVELOPMENT AMONG TEENAGERS. THE YMCA  
OF CENTRAL KENTUCKY CONDUCTED 10 TEEN MUSIC NIGHTS IN 2008 WITH AN  
AVERAGE OF 80 PARTICIPANTS PER EVENT. THIS WAS AN OPPORTUNITY FOR  
TEENS TO PLAY MUSIC FOR THEIR PEERS IN A CONTROLLED ENVIRONMENT AT THE  
YMCA.

TEEN CAMPS ALSO PROVIDED AN OPPORTUNITY FOR PARTICIPANTS TO ENGAGE IN  
COMMUNITY ACTIVITIES AND INCLUDED SESSIONS ON TEAM BUILDING, CHARACTER  
DEVELOPMENT, VOLUNTEER OPPORTUNITIES, AND PROVIDED TEENS WITH ROLE  
MODELS FOR LEADERSHIP DEVELOPMENT. WITH NINE WEEKLY SESSIONS AT FOUR  
DIFFERENT LOCATIONS, THESE CAMPS SERVED OVER 1,000 PARTICIPANTS DURING  
2008.

DURING 2008, APPROXIMATELY \$36,700 IN DIRECT FINANCIAL ASSISTANCE WAS  
GRANTED FOR THE VARIOUS YOUTH AND TEEN PROGRAM PARTICIPANTS.

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HEALTH AND FITNESS - THE YMCA OF CENTRAL KENTUCKY ADDRESSES THE MOST  
PRESSING CHALLENGES OF THE DIVERSE POPULATION WE SERVE. WE DO THIS BY  
PROVIDING A BROAD RANGE OF ACCESSIBLE, EFFECTIVE AND QUALITY PROGRAMS  
TO ADDRESS A VARIETY OF ONGOING AND EMERGING INDIVIDUAL AND COMMUNITY  
NEEDS. ALL OF THESE PROGRAMS ARE ANCHORED IN THE YMCA'S PHILOSOPHY OF  
PERSONAL GROWTH IN SPIRIT, MIND AND BODY. BUILDING UPON OUR CHARITABLE  
HERITAGE, FINANCIAL ASSISTANCE ENSURED THOSE WHO NEED THE YMCA MOST -  
FROM ALL BACKGROUNDS AND INCOME LEVELS - WERE ABLE TO BENEFIT.

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THE MAJORITY OF ADULTS WHO JOIN THE YMCA DO SO BECAUSE THEY WISH TO PARTICIPATE IN SOME FORM OF EXERCISE, WHETHER AN ORGANIZED CLASS OR AN INDIVIDUAL WORKOUT. THE YMCA MAKES FITNESS ACCESSIBLE TO THE WHOLE COMMUNITY BY PROVIDING OVER 100 FITNESS CLASSES WEEKLY AT BEAUMONT, 38 CLASSES WEEKLY AT NORTH, AND 45 WEEKLY AT HIGH STREET. THESE FITNESS ACTIVITIES INCLUDED MANY FITNESS CLASSES THAT WERE FREE WITH MEMBERSHIP.

IN ADDITION TO THE PROGRAMS OFFERED WITHIN OUR YMCA FACILITIES, THE YMCA COLLABORATES WITH OUTSIDE GROUPS TO PROVIDE HEALTH FAIRS INCLUDING THE MIGRANT NETWORK COALITION FAIR, THE ROOTS AND HERITAGE HEALTH FAIR, THE LINKS WALK-A-THON, LEXINGTON FAYETTE URBAN COUNTY GOVERNMENT, AREA BUSINESSES AND CHURCHES. THE YMCA ALSO PROVIDED 8 ANGER MANAGEMENT CLASSES PER WEEK TO FEMALE OFFENDERS AND 12 CLASSES PER WEEK FOR MALE OFFENDERS HOUSED AT THE FAYETTE COUNTY DIVISION OF COMMUNITY CORRECTIONS. THE YMCA ALSO OFFERS RECREATIONAL AND HEALTH OPPORTUNITIES FOR MEN LIVING AT THE HOPE CENTER AND EXERCISE PROGRAMS FOR THE HOPE CENTER FOR WOMEN AND THE EMERSON CENTER FOR SENIORS. THE SENIOR HEALTH AND FITNESS DAY HAD 75 PARTICIPANTS WITH CLASSES AND VENDOR TABLES. FREE EXERCISE CLASSES HAVE BEEN DESIGNED TO MEET THE SPECIFIC NEEDS OF ADULTS WITH MULTIPLE SCLEROSIS, SERVING 15 DIFFERENT INDIVIDUALS IN 2008. THROUGH OUR PARTNERSHIP WITH SAINT JOSEPH HEALTHY LIVING CENTER, YMCA PARTICIPANTS CAN ENGAGE IN HEALTH SCREENING ACTIVITIES, NUTRITIONAL EDUCATION AND CLASSES FOR INDIVIDUALS WITH SPECIFIC CONDITIONS, SUCH AS DIABETES.

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IN 2008 THE YMCA OF CENTRAL KENTUCKY CONTINUED OUR ACTIVATE AMERICA/  
PIONEERING HEALTHY COMMUNITY INITIATIVES. OUR COMMITTED STAFF AND  
VOLUNTEERS REMAINED FOCUSED ON MAKING CENTRAL KENTUCKY A HEALTHIER  
COMMUNITY. BY COLLABORATING WITH THE UNIVERSITY OF KENTUCKY AND OUR  
LOCAL HEALTH DEPARTMENT WE WERE ABLE TO DELIVER AN OBESITY PREVENTION  
PROGRAM TO 38 CHILDREN AT THE JOHNSON SCHOOL. WE PLAYED AN ACTIVE ROLE  
IN OUR LOCAL BIKING COMMUNITY AND ADVOCATED FOR BIKE PATHS AND WALKING  
TRAILS. THE MAYOR OF LEXINGTON COMMISSIONED A BIKE AND PEDESTRIAN TASK  
FORCE WITH A VISION OF "MAKING LEXINGTON THE MOST BIKE AND PEDESTRIAN  
FRIENDLY CITY IN KENTUCKY." WE ALSO PARTNERED WITH THE LEXINGTON  
FAYETTE COUNTY URBAN GOVERNMENT TO HOST BIKE LEXINGTON WHICH ATTRACTED  
APPROXIMATELY 700 PARTICIPANTS.

THE YMCA PROVIDES SPECIALIZED HEALTH AND WELLNESS PROGRAMS, OFFERING  
PHYSICAL FITNESS TRAINING FOR GROUPS LIKE THE POLICE RECRUIT TRAINING  
OFFICERS. WE ALSO COLLABORATE WITH NUMEROUS ORGANIZATIONS INCLUDING  
THE KENTUCKY CHAPTER OF THE AMERICAN ACADEMY OF PEDIATRICS' "WALKING  
WORKS" PROGRAM THAT PROVIDES ASSISTANCE WITH WEIGHT LOSS AND THE  
ADAPTATION OF HEALTHY BEHAVIORS FOR CHILDREN AGES 9-14 AND THEIR  
FAMILIES TO HELP ALLEVIATE THE STRESSES OF CHILDHOOD OBESITY. IN 2008,  
108 CHILDREN AND THEIR FAMILIES WERE SERVED ASSOCIATION WIDE THROUGH  
WALKING WORKS. RELATIONSHIPS HAVE BEEN FORGED IN THE COMMUNITY TO  
EDUCATE, INCREASE AWARENESS AND PROMOTE HEALTHY LIFESTYLES. WE ARE  
PARTNERING IN PROGRAMS WITH THE FAMILY CARE CENTER TO PROVIDE CLASSES  
FOR YOUNG WOMEN TO COMPLETE THEIR PHYSICAL FITNESS REQUIREMENT FOR

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SCHOOL. THE YMCA PROVIDED COLLEGE CREDIT COURSES IN SELF DEFENSE FOR THE BLUEGRASS COMMUNITY AND TECHNICAL COLLEGE.

A NUMBER OF OTHER HEALTH AND FITNESS PROGRAMS WERE OFFERED BY THE YMCA SOLELY FOR ADULTS. ADULT SPORTS INSTRUCTION AND SPORTS LEAGUES SUCH AS VOLLEYBALL, BASKETBALL, DODGE BALL, ULTIMATE FRISBEE, FRISBEE GOLF, FENCING AND TENNIS ARE HEALTHY LIFESTYLE ALTERNATIVES. OTHER ADULT PROGRAMS INCLUDED CPR AND FIRST-AID TRAINING.

IN SUPPORT OF THE YMCA'S COMMITMENT TO BUILD STRONG FAMILIES, "PARENTS NIGHT OUT" PROGRAMMING ALLOWED PARENTS THE OPPORTUNITY TO PURSUE ACTIVITIES OF THEIR OWN WHILE ENTRUSTING THE CARE OF THEIR CHILDREN TO OUR CAPABLE STAFF IN A SAFE AND ORGANIZED ENVIRONMENT.

THE BEAUMONT CENTER FAMILY YMCA Y'S-OWLS PROVIDED A FREE MONTHLY POT-LUCK LUNCH FOR ADULTS TO MEET AND SOCIALIZE WITH OTHERS. A "DRUG-PROOF YOUR FAMILY" WORKSHOP WAS ALSO HELD AT THE BEAUMONT CENTRE FAMILY YMCA FOR ADULTS AND TEENS. YMCA STAFF CONDUCTED SEMINARS AT THE NORTH LEXINGTON CHILD DEVELOPMENT CENTER, TEACHING PARENTING SKILLS AND PROVIDING PARENTS WITH A BETTER UNDERSTANDING OF THE IMPORTANCE OF BEING A PART OF THEIR CHILD'S DEVELOPMENT AND EDUCATION. THE JESSAMINE COUNTY YMCA OFFERED PILATES, TAE KWON DO AND TAI CHI FOR ADULTS AS WELL AS A FATHER/DAUGHTER DANCE.

COMPUTER TRAINING WAS MADE AVAILABLE TO LOW-INCOME ADULTS AT THE YMCA CENTER FOR ACHIEVEMENT.

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YOUTH CAMPS - YMCA OF CENTRAL KENTUCKY YOUTH CAMPS DEVELOP CHARACTER, PROMOTE OUR CORE VALUES OF HONESTY, CARING, RESPECT AND RESPONSIBILITY, AND ALLOW CHILDREN TO HAVE FUN ALL AT THE SAME TIME. THE CAMPING PROGRAM EXISTS TO PROVIDE EDUCATION, PROMOTE SPIRITUAL AWARENESS AND MENTAL DEVELOPMENT, PHYSICAL HEALTH AND WELL BEING, SOCIAL GROWTH AND RESPECT FOR THE ENVIRONMENT. THROUGH A VARIETY OF ACTIVITIES, YMCA CAMPS SEEK TO HELP PARTICIPANTS ACHIEVE THEIR FULLEST POTENTIAL IN SPIRIT, MIND, AND BODY WHILE PROVIDING SAFE, HIGH-QUALITY CARE FOR CHILDREN DURING THE SUMMER MONTHS.

IN THE SUMMER OF 2008, ALL-DAY PROGRAMS WERE OFFERED AT TEN SITES THROUGHOUT CENTRAL KENTUCKY INCLUDING OUR BAR-Y OUTDOOR CAMP, PRIME-TIME CAMPS, SPORTS CAMPS AND SPECIALTY CAMP LOCATIONS. THESE CAMPS SERVED A TOTAL OF 1,647 PARTICIPANTS, MANY OF WHOM RETURNED FOR CONSECUTIVE WEEKS.

THE YMCA SPECIALTY CAMPS INCLUDE SUCH ENGAGING EXPERIENCES IN AQUATICS, HORSEBACK RIDING, FENCING, SOCCER, AND FLAG FOOTBALL. FINANCIAL ASSISTANCE WAS AWARDED TO ENSURE THAT EVERY CHILD AND FAMILY COULD HAVE THE OPPORTUNITY TO BENEFIT FROM THIS ENRICHING SUMMER EXPERIENCE.

APPROXIMATELY \$113,000 IN DIRECT FINANCIAL ASSISTANCE WAS GRANTED TO PARTICIPANTS IN THE YMCA'S YOUTH CAMPS, THUS ENABLING MANY FAMILIES THE ABILITY TO ENROLL THEIR CHILDREN IN THE "CAMP" EXPERIENCE THAT

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HEALTHY MINDS AND SPIRITS EQUALLY AS WELL. WE OFFER A VARIETY OF ARTS AND HUMANITIES PROGRAMS TO YOUTH, TEENS AND ADULTS.

INSTRUCTIONAL SESSIONS ARE OFFERED IN VARIOUS ART FORMS INCLUDING MUSIC (GUITAR AND PERCUSSION CLASSES), DANCE (BALLROOM DANCE AND BALLET) VISUAL ARTS (DRAWING, WATER COLOR, OIL PAINTING, AND CLAY SCULPTING), DRAMA (THEATRE), AND VOCAL PERFORMANCE (BROADWAY STARS). FOR EACH INDIVIDUAL OR GROUP ARTS AND HUMANITIES OFFER, THE YMCA MAINTAINS LOW FEES TO ENSURE ACCESSIBILITY TO ALL.

IN ADDITION TO ON-GOING INSTRUCTIONAL CLASSES, THE YMCA OF CENTRAL KENTUCKY ARTS & HUMANITIES DEPARTMENT CONDUCTED A NUMBER OF WEEK-LONG SUMMER ARTS CAMPS FOR YOUTH INCLUDING DRAMA, PERCUSSION, AND MUSIC. DURING 2008, ARTS PROGRAMS SERVED AND ENRICHED THE LIVES OF APPROXIMATELY 450 PROGRAM PARTICIPANTS ASSOCIATION WIDE.

THE YMCA OF CENTRAL KENTUCKY LEADS THE NORTH LEXINGTON YMCA MUSTANG DRUM LINE, A PERFORMING MUSICAL ENSEMBLE OFFERED AS AN ARTS OUTREACH PROGRAM FOR YOUTH AGES 12-18. THE DIVERSE PROGRAM TEACHES DRUM SKILLS AND THEN PERFORMS AT A VARIETY OF COMMUNITY-WIDE EVENTS.