

**Return of Organization Exempt From Income Tax**

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

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

**A For the 2009 calendar year, or tax year beginning**

**and ending**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type.  See Specific Instructions.	<b>C Name of organization</b> YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER LEXINGTON KENTUCKY Doing Business As YMCA OF CENTRAL KENTUCKY		<b>D Employer identification number</b> 61-0444842
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 239 EAST HIGH STREET		<b>E Telephone number</b> (859) 255-9622
		City or town, state or country, and ZIP + 4 LEXINGTON, KY 40507		<b>G Gross receipts \$</b> 13,189,016. <b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>F Name and address of principal officer:</b> GAIL GLASSER SAME AS C ABOVE				
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c) ( 3 ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
<b>J Website:</b> ▶ YMCAOFCENTRALKY.ORG				
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶				
			<b>L Year of formation:</b> 1951	<b>M State of legal domicile:</b> KY

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>SEE SCHEDULE 0</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>33</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>33</b>
	<b>5</b> Total number of employees (Part V, line 2a)	<b>5</b>	<b>788</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>2934</b>
	<b>7a</b> Total gross unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0.</b>	
<b>Revenue</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)	1,517,779.	1,406,567.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	8,716,137.	8,449,936.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	94,865.	-46,341.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	233,913.	229,586.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	10,562,694.	10,039,748.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	19,635.	32,625.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	5,956,230.	5,922,299.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 127,478.		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	4,299,732.	5,306,293.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	10,275,597.	11,261,217.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	287,097.	-1,221,469.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	28,209,149.	26,952,389.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	8,784,708.	8,078,443.
		19,424,441.	18,873,946.

**Part II Signature Block**

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

**Sign Here** ▶ Signature of officer Date  
 ▶ **JACK MALOY, CFO**  
 Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4	EIN ▶		Phone no. ▶ 859-514-7800
MOUNTJOY CHILTON MEDLEY LLP 175 EAST MAIN STREET, SUITE 200 LEXINGTON, KY 40507-1368			

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

4/29/10

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

OMB No. 1545-1709

▶ 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
- 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, 2010**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year **2009** 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.

**Part III Statement of Program Service Accomplishments**

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

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

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

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

**4a** (Code: ) (Expenses \$ 3,911,601. including grants of \$ ) (Revenue \$ 5,341,641.)  
MEMBERSHIP SERVICES - SEE SCHEDULE O.

**4b** (Code: ) (Expenses \$ 1,618,743. including grants of \$ ) (Revenue \$ 1,525,778.)  
CHILDCARE - SEE SCHEDULE O.

**4c** (Code: ) (Expenses \$ 615,956. including grants of \$ ) (Revenue \$ 456,081.)  
AQUATICS - SEE SCHEDULE O.

**4d** Other program services. (Describe in Schedule O.)  
(Expenses \$ 1,708,980. including grants of \$ 32,625.) (Revenue \$ 1,259,161.)

**4e** Total program service expenses ► \$ 7,855,280.

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? .....	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i> .....		X
5	<b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i> .....	N/A	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	X	
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i> .....	X	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		
	• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>		
	• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		
	• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? <i>If "Yes," complete Schedule D, Part X.</i>		
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i> .....	Yes No X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
14a	Did the organization maintain an office, employees, or agents outside of the United States? .....		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i> .....		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i> .....		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i> .....		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> .....		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		X
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i> .....		X

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

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

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

**Note.** All Form 990 filers are required to complete Schedule O.

**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		
	1a 29		
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 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?		
	1c		
<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		
	2a 788		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
	3b		
<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.		
	4a		
<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 line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
	5c		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		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?		
	6b		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
	7a		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
<b>e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
	7e		
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
	7f		
<b>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b>	Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
	N/A		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b>	Did the organization make any taxable distributions under section 4966?		
	N/A		
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
	N/A		
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	N/A	
	10a		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
	10b		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b>	Gross income from members or shareholders	N/A	
	11a		
<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.)		
	11b		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b>	Is the organization filing Form 990 in lieu of Form 1041?		
	12a		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
	12b		

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body		
<b>1b</b>	Enter the number of voting members that are independent		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a material diversion of the organization's assets?		X
<b>6</b>	Does the organization have members or stockholders?		X
<b>7a</b>	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
<b>7b</b>	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	The governing body?	X	
<b>8b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **► KY**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website     Another's website     Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **►**  
**JACK MALOY - (859) 367-7322**  
**239 EAST HIGH STREET, LEXINGTON, KY 40507**

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

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

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

Check this box if the organization did not compensate any current officer, director, or trustee.

(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.	
CHIEF RONNIE J. BASTIN BOARD MEMBER		X					0.	0.	0.	
CHUCK CREACY BOARD MEMBER		X					0.	0.	0.	
DR. FERNANDO DE CASTRO BOARD MEMBER		X					0.	0.	0.	
STEPHEN GROSSMAN BOARD MEMBER		X					0.	0.	0.	
DERRICK HORD BOARD MEMBER (N.LEX.REP)		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 A. HENSLEY BOARD MEMBER		X					0.	0.	0.	
SHANA PETERSON BOARD MEMBER (JES.CT.REP)		X					0.	0.	0.	
CHRISTIE HOCKENSMITH BOARD MEMBER (CHAIR-ELEC)		X					0.	0.	0.	
TERRY HOLMES BOARD MEMBER		X					0.	0.	0.	
CHRIS ALDRIDGE BOARD MEMBER		X					0.	0.	0.	
RODNEY JACKSON BOARD MEMBER		X					0.	0.	0.	
JIM KEFFER BOARD MEMBER (CHAIR)		X					0.	0.	0.	

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

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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.	
ROBERT L. QUICK BOARD MEMBER		X					0.	0.	0.	
GREG MULLINS BOARD MEMBER (B.CNT.REP)		X					0.	0.	0.	
TIMOTHY E.N. TERRY BOARD MEMBER		X					0.	0.	0.	
WILLIAM B. 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>383,450.</b>	<b>0.</b>	<b>66,332.</b>	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **3**

	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	JANITORIAL & LAWN SERVICES	377,703.
STRATEGIC MEDIA, INC. 4093 KENESAW DRIVE, LEXINGTON, KY 40515	ADVERTISING & PROMOTION	108,547.
DAXKO, 2204 LAKESHORE DRIVE, SUITE 206, BIRMINGHAM, AL 35209	SOFTWARE SUPPORT & SERVICES	107,733.

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **3**

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

Form 990 (2009)

**YOUNG MEN'S CHRISTIAN ASSOCIATION  
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<b>Part VIII Statement of Revenue</b>				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>	174,588.					
	<b>b</b> Membership dues	<b>1b</b>	52,701.					
	<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>	235,158.					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	944,120.					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$							
	<b>h Total.</b> Add lines 1a-1f			1,406,567.				
	<b>Program Service Revenue</b>	<b>2 a</b> MEMBER SERVICES	Business Code	713940	5,341,641.	5,341,641.		
		<b>b</b> CHILD DEVELOPMENT		713940	1,525,778.	1,525,778.		
<b>c</b> AQUATICS			713940	456,081.	456,081.			
<b>d</b> HEALTH & FITNESS			713940	441,182.	441,182.			
<b>e</b> YOUTH & TEEN			713940	355,828.	355,828.			
<b>f</b> All other program service revenue			713940	329,426.	329,426.			
<b>g Total.</b> Add lines 2a-2f				8,449,936.				
<b>Other Revenue</b>		<b>3</b> Investment income (including dividends, interest, and other similar amounts)			134,580.			134,580.
	<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	74,103.	22,758.			
		Less: rental expenses						
		Rental income or (loss)		74,103.	22,758.			
		Net rental income or (loss)				96,861.		96,861.
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other	2961247.	7,100.			
		Less: cost or other basis and sales expenses		3144051.	5,217.			
		Gain or (loss)		-182804.	1,883.			
		Net gain or (loss)				-180,921.		-180,921.
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18							
		Less: direct expenses						
		Net income or (loss) from fundraising events						
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19							
Less: direct expenses								
Net income or (loss) from gaming activities								
<b>10 a</b> Gross sales of inventory, less returns and allowances								
	Less: cost of goods sold							
	Net income or (loss) from sales of inventory							
<b>Miscellaneous Revenue</b>			Business Code					
<b>11 a</b> OTHER			713940	132,725.	132,725.			
	All other revenue							
	Total. Add lines 11a-11d				132,725.			
<b>12 Total revenue.</b> See instructions.				10039748.	8,582,661.	0.	50,520.	

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**YOUNG MEN'S CHRISTIAN ASSOCIATION  
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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 .....	32,625.	32,625.		
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 .....	449,782.		431,791.	17,991.
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 .....	4,565,628.	3,877,350.	634,889.	53,389.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) .....	271,258.	218,470.	46,498.	6,290.
9 Other employee benefits .....	205,186.	132,785.	66,965.	5,436.
10 Payroll taxes .....	430,445.	341,662.	83,301.	5,482.
11 Fees for services (non-employees):				
a Management .....				
b Legal .....	7,648.		7,648.	
c Accounting .....	22,030.		22,030.	
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17 .....				
f Investment management fees .....				
g Other .....	38,113.	14,298.	23,815.	
12 Advertising and promotion .....	256,497.	91,603.	144,773.	20,121.
13 Office expenses .....	27,999.	23,641.	3,915.	443.
14 Information technology .....	99,333.	93,609.	1,933.	3,791.
15 Royalties .....				
16 Occupancy .....	1,213,205.	1,207,006.	6,199.	
17 Travel .....	64,918.	33,717.	29,641.	1,560.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .....				
19 Conferences, conventions, and meetings .....	57,704.	28,577.	24,268.	4,859.
20 Interest .....	85,411.	85,411.		
21 Payments to affiliates .....	106,229.	106,149.	80.	
22 Depreciation, depletion, and amortization .....	567,702.	561,001.	6,701.	
23 Insurance .....	87,335.	51,608.	35,727.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) .....				
a <b>LOSS ON UNCONDITIONAL P</b>	1,421,345.		1,421,345.	
b <b>PROGRAM SUPPLIES</b>	333,892.	329,795.	912.	3,185.
c <b>EQUIPMENT EXPENSES</b>	243,567.	212,895.	30,672.	
d <b>MAINTENANCE AND HOUSECL</b>	144,833.	16,029.	128,804.	
e <b>CONTRACT SERVICES</b>	131,452.	131,297.	155.	
f All other expenses .....	397,080.	265,752.	126,397.	4,931.
25 <b>Total functional expenses.</b> Add lines 1 through 24f	11,261,217.	7,855,280.	3,278,459.	127,478.
26 <b>Joint costs.</b> Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation .....				

**YOUNG MENS CHRISTIAN ASSOCIATION  
OF GREATER LEXINGTON KENTUCKY**

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**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year		
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	227,040.	<b>1</b>	567,454.		
	<b>2</b> Savings and temporary cash investments .....	299,917.	<b>2</b>	152,947.		
	<b>3</b> Pledges and grants receivable, net .....	1,876,116.	<b>3</b>	429,786.		
	<b>4</b> Accounts receivable, net .....	117,387.	<b>4</b>	43,535.		
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>			
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L .....		<b>6</b>			
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>			
	<b>8</b> Inventories for sale or use .....		<b>8</b>			
	<b>9</b> Prepaid expenses and deferred charges .....	97,430.	<b>9</b>	82,224.		
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 26,548,921.				
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 7,416,649.	19,556,120.	<b>10c</b>	19,132,272.	
	<b>11</b> Investments - publicly traded securities .....	5,934,383.	<b>11</b>	6,455,727.		
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>			
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>			
	<b>14</b> Intangible assets .....		<b>14</b>			
	<b>15</b> Other assets. See Part IV, line 11 .....	100,756.	<b>15</b>	88,444.		
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	28,209,149.	<b>16</b>	26,952,389.			
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	541,279.	<b>17</b>	576,664.		
	<b>18</b> Grants payable .....		<b>18</b>			
	<b>19</b> Deferred revenue .....	317,781.	<b>19</b>	311,009.		
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>			
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>			
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>			
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	6,769,874.	<b>23</b>	6,136,749.		
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....	1,150,000.	<b>24</b>	1,050,000.		
	<b>25</b> Other liabilities. Complete Part X of Schedule D .....	5,774.	<b>25</b>	4,021.		
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	8,784,708.	<b>26</b>	8,078,443.		
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>					
	<b>27</b> Unrestricted net assets .....	15,511,806.	<b>27</b>	16,110,407.		
	<b>28</b> Temporarily restricted net assets .....	1,758,555.	<b>28</b>	375,512.		
	<b>29</b> Permanently restricted net assets .....	2,154,080.	<b>29</b>	2,388,027.		
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>					
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>			
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>			
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>			
<b>33</b> Total net assets or fund balances .....	19,424,441.	<b>33</b>	18,873,946.			
<b>34</b> Total liabilities and net assets/fund balances .....	28,209,149.	<b>34</b>	26,952,389.			

Form 990 (2009)

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

Form 990 (2009)

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**Part XI Financial Statements and Reporting**

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? .....		X
<b>2b</b>	Were the organization's financial statements audited by an independent accountant? .....	X	
<b>2c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....	X	
<b>d</b>	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....		X
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. ....		

Form **990** (2009)

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2009**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

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

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

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

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

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

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....		
(ii) A family member of a person described in (i) above? .....		
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....		
- h Provide the following information about the supported organization(s).

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

**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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					<b>12</b>	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	%
<b>15</b> Public support percentage from 2008 Schedule A, Part II, line 14 .....	<b>15</b>	%
<b>16a 33 1/3% support test - 2009.</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 stop here. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 33 1/3% support test - 2008.</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 stop here. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2009.</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 stop here. 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 - 2008.</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 stop here. 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"/>

**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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	5769829.	13336171.	4324572.	6907879.	6747804.	37086255.
<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 .....	3112920.	3267251.	3317169.	3326038.	3108699.	16132077.
<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 through 5 .....	8882749.	16603422.	7641741.	10233917.	9856503.	53218332.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....	14,883.	31,174.	34,408.	18,450.	27,907.	126,822.
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						0.
<b>c</b> Add lines 7a and 7b .....	14,883.	31,174.	34,408.	18,450.	27,907.	126,822.
<b>8 Public support</b> (Subtract line 7c from line 6) .....						53091510.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6 .....	8882749.	16603422.	7641741.	10233917.	9856503.	53218332.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	188,519.	291,006.	296,994.	221,862.	134,580.	1132961.
<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 .....	188,519.	291,006.	296,994.	221,862.	134,580.	1132961.
<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.) .....	257,769.	213,048.	614,267.	106,915.	-1372680.	-180,681.
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12.) .....	9329037.	17107476.	8553002.	10562694.	8618403.	54170612.

**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 2009 (line 8, column (f) divided by line 13, column (f)) .....	15	98.01 %
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15 .....	16	95.11 %

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

<b>17</b> Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) .....	17	2.09 %
<b>18</b> Investment income percentage from 2008 Schedule A, Part III, line 17 .....	18	2.14 %

**19a 33 1/3% support tests - 2009.** 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 - 2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

SCHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME:

GAIN/(LOSS) ON SALE OF INVESTMENTS

\$ (182,804)

MISCELLANEOUS

\$ 229,586

GAIN/(LOSS) ON SALE OF FIXED ASSETS

1,883

LOSS ON UNCONDITIONAL PROMISES TO GIVE

\$(1,421,345)



**Schedule D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2009**

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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<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 a certified historic structure

Preservation of open space

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

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

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

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

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

Yes  No

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

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

Yes  No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, 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 ..... ▶ \$ \_\_\_\_\_

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

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

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

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

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

**Part IV Escrow and Custodial Arrangements.** Complete if 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 the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	3,161,708.	4,052,987.			
b Contributions	37,254.	80,930.			
c Net investment earnings, gains, and losses	481,940.	-917,435.			
d Grants or scholarships					
e Other expenditures for facilities and programs	-25,654.	-19,986.			
f Administrative expenses	-35,801.	-34,788.			
g End of year balance	3,619,447.	3,161,708.			

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

- a Board designated or quasi-endowment  34.00 %
- b Permanent endowment  66.00 %
- 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) Accumulated depreciation	(d) Book value
1a Land	7,184,163.			7,184,163.
b Buildings	17,371,376.		6,592,270.	10,779,106.
c Leasehold improvements	22,170.		15,191.	6,979.
d Equipment	1,023,499.		779,465.	244,034.
e Other	947,713.		29,723.	917,990.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				19,132,272.



YOUNG MEN'S CHRISTIAN ASSOCIATION  
OF GREATER LEXINGTON KENTUCKY

Schedule D (Form 990) 2009

61-0444842 Page 4

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	10,039,748.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	11,261,217.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-1,221,469.
4	Net unrealized gains (losses) on investments	4	670,974.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	670,974.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-550,495.

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	9,287,494.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	670,974.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	-1,421,345.
e	Add lines 2a through 2d	2e	-750,371.
3	Subtract line 2e from line 1	3	10,037,865.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	1,883.
c	Add lines 4a and 4b	4c	1,883.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	10,039,748.

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

1	Total expenses and losses per audited financial statements	1	9,837,989.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	-1,883.
e	Add lines 2a through 2d	2e	-1,883.
3	Subtract line 2e from line 1	3	9,839,872.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	1,421,345.
c	Add lines 4a and 4b	4c	1,421,345.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	11,261,217.

**Part XIV Supplemental Information**

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

**PART XII, LINE 2D - OTHER ADJUSTMENTS:**

LOSS ON UNCONDITIONAL PROMISES TO GIVE: -1421345.

**PART XII, LINE 4B - OTHER ADJUSTMENTS:**

GAIN ON FIXED ASSET DISPOSAL INCLUDED IN EXPENSE ON THE  
FINANCIAL STATEMENTS: 1883.

YOUNG MEN'S CHRISTIAN ASSOCIATION  
OF GREATER LEXINGTON KENTUCKY

**Part XIV** Supplemental Information (continued)

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

GAIN ON FIXED ASSET DISPOSAL INCLUDED IN REVENUE ON THE FORM 990: -1883.

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

LOSS ON UNCONDITIONAL PROMISES TO GIVE: 1421345.



**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" to Form 990, Part IV, line 22. Use Part IV and 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	35	32,625.	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)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.  
 ▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2009**

Open to Public Inspection

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

**Part I Questions Regarding Compensation**

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

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

Schedule J (Form 990) 2009





**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2009**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
▶ Attach to Form 990.

Name of the organization **YOUNG MEN'S CHRISTIAN ASSOCIATION  
OF GREATER 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				
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.	AGREEMENT
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?

	Yes	No
30a		X
31	X	
32a		X
33		

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.

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**2009**

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Name of the organization

YOUNG MEN'S CHRISTIAN ASSOCIATION  
OF GREATER LEXINGTON KENTUCKY

Employer identification number  
61-0444842

FORM 990, PART VI, SECTION B, LINE 11: UPON COMPLETION BY INDEPENDENT AUDITORS, THE FORM 990 AND ALL ATTACHMENTS ARE REVIEWED BY THE AUDIT COMMITTEE. AN ELECTRONIC COPY IS FORWARDED TO ALL METRO BOARD MEMBERS. THE AUDIT COMMITTEE CHAIRPERSON PRESENTS THE FORM 990 AT THE NEXT METRO BOARD OF DIRECTORS MEETING. AFTER COMMENTS AND/OR CORRECTIONS ARE NOTED, THE BOARD VOTES TO ACCEPT THE FORM 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: A COPY OF FORM 990 IS AVAILABLE ON THE ASSOCIATION'S LOCAL AREA NETWORK SO THAT EACH BRANCH EXECUTIVE HAS ACCESS IN THE EVENT REQUESTS ARE RECEIVED AT THE BRANCH SITE. FORM 990 IS ALSO AVAILABLE ON GUIDESTAR WEBSITE. THE YMCA OF CENTRAL KENTUCKY MAY PROVIDE A LINK ON ITS OWN WEBSITE TO FORM 990 IN THE FUTURE.

FORM 990, PART XI, LINE 2C

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THE ORGANIZATION'S 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 VI, SECTION B, LINE 10A & 10B

THE YMCA OF CENTRAL KENTUCKY MAINTAINS THREE FULL-SERVICE FACILITIES AND TWO PROGRAM BRANCHES AS FOLLOWS:

1. HIGH STREET YMCA, 239 EAST HIGH STREET, LEXINGTON KY 40507
2. BEAUMONT CENTRE FAMILY YMCA, 3251 BEAUMONT CENTRE CIRCLE, LEXINGTON KY 40513
3. NORTH LEXINGTON FAMILY YMCA, 381 LOUDON AVENUE, LEXINGTON KY 40508
4. JESSAMINE COUNTY YMCA, 220 EAST MAPLE STREET, NICHOLASVILLE KY 40356  
PROGRAM BRANCH)
5. SCOTT COUNTY YMCA, 160 EAST MAIN STREET, GEORGETOWN KY 40324  
PROGRAM BRANCH)

EACH OF THE ABOVE BRANCHES HAS ITS OWN ADVISORY BOARD THAT ADVISES BRANCH EXECUTIVES ON PROGRAMS, COMMUNITY EVENTS, ANNUAL FUNDRAISING, REVIEW OF BUDGETS AND MONTHLY FINANCES, ETC. ONE MEMBER OF EACH BRANCH'S ADVISORY BOARD IS SELECTED TO BE ON THE METROPOLITAN BOARD OF DIRECTORS.

EACH INDIVIDUAL BRANCH IS NOT A SEPARATE LEGAL ENTITY, BUT RATHER OPERATES AS A PART OF THE YMCA OF CENTRAL KENTUCKY, AND IS SUBJECT TO

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**THE SUPERVISION, WRITTEN POLICIES AND PROCEDURES OF THE ENTIRE  
ASSOCIATION, AND IS ACCOUNTABLE TO THE BOARD OF DIRECTORS OF THE YMCA  
OF CENTRAL KENTUCKY.**

**FORM 990, PART I, LINE 1**

**FOR MORE THAN 156 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  
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**

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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 LARGER COMMUNITY. WE ENSURE PRICING STRUCTURES AND FINANCIAL ASSISTANCE MAKE THE YMCA ACCESSIBLE TO ALL FAMILIES. 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

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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 PARTICIPATING 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.

AT DECEMBER 31, 2009 THE YMCA OF CENTRAL KENTUCKY SERVED APPROXIMATELY  
12,150 MEMBERSHIP UNITS CONSISTING OF 25,760 INDIVIDUAL MEMBERS.  
APPROXIMATELY 3,650 ADULT UNITS AND 4,670 HOUSEHOLD UNITS (17,650  
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 \$607,200  
WAS GRANTED TO INDIVIDUALS AND FAMILIES FOR PARTICIPATION IN YMCA

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MEMBERSHIP.

FORM 990, PART III, LINE 4B

CHILDCARE:

THROUGH 23 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. NEARLY 1,875 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 955 CHILDREN ARE SERVED THROUGH THE YMCA ALL-DAY PROGRAMS THAT PROVIDE ALL-DAY CARE FOR CHILDREN DURING SNOW DAYS, HOLIDAY BREAKS AND EARLY DISMISSALS.

IN 2009, 77 CHILDREN WERE SERVED AT THE EARLY CHILDHOOD CENTER HOUSED AT THE NORTH LEXINGTON FAMILY YMCA BRANCH WHICH SERVES INFANTS 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. \$71,000 OF 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

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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  
\$223,650 DISTRIBUTED IN 2009 TO CHILDREN IN NEED.

THE YMCA HAS STAFF WITH ACCESS TO CONTINUED PROFESSIONAL DEVELOPMENT IN  
THIS AREA WHICH 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  
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 VALUABLE EDUCATIONAL SUPPORT.

FORM 990, PART III, LINE 4C

**AQUATICS:**

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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 2009, MORE THAN 29,400 PEOPLE CAME TO THE YMCA FOR OUR AQUATICS PROGRAMS (INCLUDING GROUP WATER-FITNESS 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 2009 THROUGH OUR FREE "SPLASH" PROGRAM THAT PROVIDED 216 CHILDREN WITH WEEKLONG WATER INSTRUCTION AND AWARENESS PROGRAMMING. 388 CHILDREN AND THEIR FAMILIES PARTICIPATED IN SWIM TEAMS. PARENT AND COMMUNITY VOLUNTEERS PROVIDED MORE THAN 1,000 HOURS OF VOLUNTEER SUPPORT TO THE SWIM TEAM PROGRAMS - MAKING THEM SOME OF OUR MOST LOYAL VOLUNTEERS! 76 INDIVIDUALS RECEIVED LIFEGUARD TRAINING THAT WILL ENSURE QUALIFIED GUARDS FOR AREA POOLS. EACH MONTH AN AVERAGE OF 1,650 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

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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 - RANGING FROM HIGH  
SCHOOL SWIM TEAMS, TO PRESCHOOL SWIM PROGRAMMING FOR LOCAL MONTESSORI  
USE, TO BOY AND GIRL SCOUT UNITS TO ACHIEVE EARNINGS TOWARD MERIT  
BADGES, TO BELL HOUSE SENIORS, TO LEXINGTON FIRE DEPARTMENT CADETS, TO  
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 2009, APPROXIMATELY \$23,600 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.

FORM 990, PART III, LINE 4D

CONTINUATION OF PART III-STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

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**EXPENSES GRANTS REVENUE**

**OTHER PROGRAM SERVICES:**

**1 YOUTH & TEEN PROGRAMS \$514,748 - \$355,828**

**2 HEALTH & FITNESS PROGRAMS 489,558 - 441,182**

**3 YOUTH CAMPS 353,034 - 264,385**

**4 COMMUNITY SERVICES/ 240,356 32,625 6,640**

**BLACK ACHIEVERS**

**5 ARTS AND HUMANITIES 111,284 - 58,400**

**TOTAL OTHER PROGRAM SERVICES \$1,708,980 \$32,625 \$1,126,435**

**OTHER MISCELLANEOUS REVENUES - - \$132,726**

**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**

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OUR COMMUNITIES. A VARIETY OF YOUTH AND TEEN PROGRAM ACTIVITIES  
(INCLUDING SPORT SKILLS, SPORTS LEAGUES, MARTIAL ARTS, MOVEMENT  
EDUCATION, YOUTH/TEEN EXERCISE PROGRAMS, LITERACY 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 2009, 5,879  
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 EXTRAVAGANZAS EACH  
ATTRACTED MORE THAN 1,000 PLAYERS AND THEIR FAMILIES. AT THE END OF  
THE SUMMER T-BALL SEASON, 40 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 2009 APPROXIMATELY 5,600 VOLUNTEER HOURS WERE RECORDED.

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ALL OF OUR VOLUNTEER COACHES ARE ENCOURAGED TO COMPLETE A SPORTS  
SPECIFIC ORIENTATION WHICH INCLUDES DEVELOPMENTALLY APPROPRIATE  
COMMUNICATIONS, CORE VALUES, AND THE NAIA'S 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 2009, THE TOYOTA BLUEGRASS MIRACLE LEAGUE SERVED 177  
YOUTH AND 106 ADULT ATHLETES WITH SPECIAL NEEDS. 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. 442 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 ALSO OFFERS A VARIETY OF FREE YOUTH AND TEEN 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 2009  
ATTRACTED NEARLY 400 CHILDREN AND THEIR FAMILIES. 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 IN EXCESS OF 16,000 VISITS IN 2009. 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. 9,880 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 THREE READING EVENTS WHERE FAMILIES WERE ENCOURAGED TO ATTEND THE YMCA IN CONJUNCTION WITH THE LEXINGTON PUBLIC LIBRARY'S OUTREACH PROGRAM.

IN 2009, 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 2009 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  
2009.

FORM 990, PART III, LINE 4D(2)

**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

THE MAJORITY OF ADULTS WHO JOIN THE YMCA DO SO BECAUSE THEY WISH TO

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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, 47  
CLASSES WEEKLY AT NORTH, AND 42 WEEKLY AT HIGH STREET. MANY OF THE  
FITNESS ACTIVITIES ARE INCLUDED 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 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 125 PARTICIPANTS WITH CLASSES AND  
VENDOR TABLES. FREE EXERCISE CLASSES HAVE BEEN DESIGNED TO MEET THE  
SPECIFIC NEEDS OF ADULTS WITH MULTIPLE SCLEROSIS, SERVING 20 DIFFERENT  
INDIVIDUALS IN 2009. 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.

IN 2009 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

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PROGRAM TO 38 CHILDREN AT THE WILLIAM WELLS BROWN SCHOOL. WE PLAYED AN  
ACTIVE ROLE IN OUR LOCAL BIKING COMMUNITY BY ADVOCATING 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 1,200 PARTICIPANTS.

THE YMCA PROVIDES SPECIALIZED HEALTH AND WELLNESS PROGRAMS, OFFERING  
PHYSICAL FITNESS TRAINING FOR GROUPS LIKE THE POLICE RECRUITMENT  
TRAINING. WE ALSO COLLABORATE WITH NUMEROUS ORGANIZATIONS INCLUDING THE  
KY 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 2009, 70 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 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,

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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.

FORM 990, PART III, LINE 4D(3)

**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

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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 2009, CAMP PROGRAMS WERE OFFERED AT FIFTEEN SITES  
THROUGHOUT CENTRAL KENTUCKY INCLUDING OUR BAR-Y OUTDOOR CAMP, ALL-DAY  
CAMPS, SPORTS CAMPS AND SPECIALTY CAMP LOCATIONS. THESE CAMPS SERVED A  
TOTAL OF 1,463 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 \$106,000 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  
OTHERWISE MIGHT NOT BE ABLE TO DO SO.

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

COMMUNITY SERVICES/BLACK ACHIEVERS PROGRAM:

THE YMCA IS COMMITTED TO WORKING WITH LOCAL AND REGIONAL NONPROFIT

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AGENCIES IN SUPPORT OF STRONGER COMMUNITIES. PROGRAMS AND EVENTS, SUCH AS ARTS AND HUMANITIES, WORK WITH REFUGEE FAMILIES, NEIGHBORHOOD EVENTS, LITERACY DAYS, FREE BOOK GIVE-A-WAYS, NONPROFIT USE OF YMCA FACILITIES, CITY-WIDE EVENTS SUCH AS 2ND SUNDAY, BIKE LEXINGTON, ETC., TAX PREPARATION AND MORE EMPHASIZE OUR COMMITMENT TO COMMUNITY PARTNERS.

THE YMCA OF CENTRAL KENTUCKY IS PROUD TO HAVE ONE OF LONGEST RUNNING YMCA BLACK ACHIEVERS PROGRAMS IN THE NATION. SINCE 1985, THIS PROGRAM HAS CONTINUED TO PROVIDE STUDENTS IN GRADES 7 - 12 EXPOSURE TO PRESENT AND FUTURE EDUCATIONAL AND CAREER OPPORTUNITIES, INSTILL POSITIVE SOCIAL VALUES, ENCOURAGE A QUEST FOR KNOWLEDGE AND ENABLE STUDENTS TO REACH THEIR FULLEST POTENTIAL.

THESE STUDENTS ARE ALSO CONNECTED WITH ADULT MENTORS WHO EXPOSE THEM TO DIVERSE CAREER OPTIONS AND ENCOURAGE THEM TOWARDS EXCELLENCE. MORE THAN 250 STUDENTS, REPRESENTING NINE AREA COUNTIES, PARTICIPATED IN WEEKLY SATURDAY MENTORING SESSIONS THROUGHOUT THE SCHOOL YEAR. PARTICIPANTS ALSO ATTENDED AN ANNUAL COLLEGE/CAREER FAIR EVENT WHICH IS DESIGNED TO HELP HIGH SCHOOL STUDENTS EXPLORE FUTURE COLLEGE AND CAREER OPTIONS.

THE YMCA BLACK ACHIEVERS PROGRAM OFFERED TUTORING SERVICES, ORGANIZED VARIOUS COMMUNITY SERVICE PROJECTS TO BENEFIT FAMILIES IN NEED, AND ITS PARTICIPANTS ATTENDED THE 6TH ANNUAL LEADING & IMPACTING FUTURES TODAY CONFERENCE SPONSORED BY THE URBAN LEAGUE OF LEXINGTON. IN 2009, APPROXIMATELY 4,000 VOLUNTEER HOURS WERE RECORDED.

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THE YMCA BLACK ACHIEVERS PROGRAM, AS WITH THE YMCA OF CENTRAL KENTUCKY AS A WHOLE, IS COMMITTED TO PROVIDING SERVICES THAT REMAIN FINANCIALLY ACCESSIBLE TO ANYONE WISHING TO PARTICIPATE. TO THAT END, THE REGISTRATION FEE FOR EACH STUDENT IS ONLY \$30 PER YEAR. THIS PROGRAM ALSO GUIDES TEENS IN MAKING POST-EDUCATIONAL CHOICES THROUGH COLLEGE TOURS AND COLLEGE APPLICATION ASSISTANCE. EVERY SENIOR IN THE PROGRAM WHO COMPLETES THE SCHOLARSHIP PROCESS RECEIVES A SCHOLARSHIP AND/OR CASH AWARD TO PURSUE POST-SECONDARY EDUCATION. DURING THE BLACK ACHIEVERS BANQUET, 35 GRADUATING SENIORS WERE AWARDED SCHOLARSHIPS AND CASH AWARDS FROM UNIVERSITIES, COLLEGES AND THE YMCA TOTALING MORE THAN \$500,000.

VOLUNTEERS ARE THE FOUNDATION OF YMCA BLACK ACHIEVERS PROGRAM. ADULT VOLUNTEERS MENTOR STUDENTS EVERY OTHER SATURDAY THROUGHOUT THE SCHOOL YEAR AND INTRODUCE STUDENTS TO BUSINESSES AND LEADERS THROUGHOUT THE AREA. TWENTY-ONE ADULTS WERE FORMALLY RECOGNIZED AS ADULT ACHIEVERS AT THE 2009 BANQUET.

THE YMCA CENTER FOR ACHIEVEMENT HOUSES A COMPLETE COMPUTER LAB, TRAINING/MULTI-PURPOSE ROOM AND A RECREATION ROOM FOR YOUTH AND TEEN ENJOYMENT. THROUGH THIS CENTER, THE YMCA OFFERS PROGRAMS SUCH AS SUMMER COMPUTER CLASSES, ACT PREPARATION CLASSES, AND BASIC COMPUTER CLASSES AND AFTER SCHOOL TUTORING. THE CENTER CONTINUES TO PARTNER WITH FIVE FAYETTE COUNTY MIDDLE SCHOOLS WITH THE "GEAR UP" PROGRAM, WHICH WORKS TO PREPARE STUDENTS AND THEIR PARENTS FOR THE POSSIBILITY OF COLLEGE.

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**ARTS AND HUMANITIES:**

THE YMCA OF CENTRAL KENTUCKY IS NOT ONLY COMMITTED TO OFFERING PROGRAMS THAT BUILD HEALTHY BODIES FOR ALL, BUT 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) AND VISUAL ARTS (DRAWING, WATER COLOR AND OIL PAINTING, 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 2009, ARTS PROGRAMS SERVED AND ENRICHED THE LIVES OF APPROXIMATELY 1,300 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.