Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 5.x products, uncheck the "Shrink oversized pages to paper size" and uncheck the "Expand small pages to paper size" options, in the Adobe "Print" dialog. When using Acrobat 6.x and later products versions, select "None" in the "Page Scaling" selection box in the Adobe "Print" dialog.

CLIENT'S COPY

July 21, 2011

Young Men's Christian Association
of Greater Lexington Kentucky
239 East High Street
Lexington, KY 40507

Young Men's Christian Association :

Enclosed is the organization's 2010 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

A copy of the return is enclosed for your files. We suggest that you retain this copy indefinitely.

Very truly yours,

Strothman & Company PSC

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

December 31, 2010

Prepared for	Young Men's Christian Association of Greater Lexington Kentucky 239 East High Street Lexington, KY 40507
Prepared by	Strothman & Company PSC 1600 Waterfront Plaza Louisville, KY 40202
Amount due or refund	Not applicable
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Not applicable
Return must be mailed on or before	Not applicable
Special Instructions	This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning and ending

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termin-ated
- ☐ Amended return
- ☐ Applica-tion pending

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

Doing Business As YMCA OF CENTRAL KENTUCKY

Number and street (or P.O. box if mail is not delivered to street address) 239 EAST HIGH STREET

Room/suite

City or town, state or country, and ZIP + 4
LEXINGTON, KY 40507

F Name and address of principal officer: CHERYL GATZMER
239 EAST HIGH STREET, LEXINGTON, KY 40507

D Employer identification number
61-0444842

E Telephone number
(859)255-9622

G Gross receipts $ 13,873,291.

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ YMCAOFCENTRALKY.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1853 **M** State of legal domicile: KY

Part I Summary

Activities & Governance

1	Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
2	Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	33
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	33
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	798
6	Total number of volunteers (estimate if necessary)	6	2513
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	1,406,567.	1,393,845.
9	Program service revenue (Part VIII, line 2g)	8,449,936.	8,390,037.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-46,341.	29,842.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	229,586.	177,198.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,039,748.	9,990,922.
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	32,625.	25,025.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	5,922,299.	5,940,774.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 150,949.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	5,306,293.	3,913,740.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	11,261,217.	9,879,539.
19	Revenue less expenses. Subtract line 18 from line 12	-1,221,469.	111,383.

		Beginning of Current Year	End of Year
Net Assets or Fund Balances			
20	Total assets (Part X, line 16)	26,952,389.	26,863,726.
21	Total liabilities (Part X, line 26)	8,078,443.	7,496,294.
22	Net assets or fund balances. Subtract line 21 from line 20	18,873,946.	19,367,432.

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

▶ CHERYL GATZMER, CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN

Firm's name ▶ STROTHMAN & COMPANY PSC — Firm's EIN ▶

Firm's address ▶ 1600 WATERFRONT PLAZA
LOUISVILLE, KY 40202

Phone no. 502/585-1600

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III X

1 Briefly describe the organization's mission:
TO PUT CHRISTIAN PRINCIPLES IN 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 X 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 X 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 $ 3,949,543. including grants of $) (Revenue $ 5,260,061.)
MEMBERSHIP SERVICES - SEE SCHEDULE O

4b (Code:) (Expenses $ 1,581,136. including grants of $) (Revenue $ 1,530,737.)
CHILDCARE - SEE SCHEDULE O

4c (Code:) (Expenses $ 617,587. including grants of $) (Revenue $ 493,028.)
AQUATICS - SEE SCHEDULE O

4d Other program services. (Describe in Schedule O.)
(Expenses $ 2,120,701. including grants of $ 25,025.) (Revenue $ 1,106,211.)

4e **Total program service expenses** ▶ 8,268,967.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		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? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		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? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b	X	
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c	X	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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? *If "Yes," complete Schedule F, Parts I and IV*	14b		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? *If "Yes," complete Schedule F, Parts II and IV*	15		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? *If "Yes," complete Schedule F, Parts III and IV*	16		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? *If "Yes," complete Schedule G, Part I*	17		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? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

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*	21		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*	22	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*	23	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*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		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*	25b		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*	26		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*	27		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*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		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*	32		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*	33		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*	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* ☐ Yes ☒ No			
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		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*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

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

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	27		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	798		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file*. (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?	13a			
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	14b			

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

Check if Schedule O contains a response to any question in this Part VI X

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	33		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	33		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		X
6	Does the organization have members or stockholders?		6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*		9		X

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

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

Section C. Disclosure

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: ▶

CHERYL GATZMER, CFO - (859) 367-7322

239 EAST HIGH STREET, LEXINGTON, KY 40507

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (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			
CHRIS ALDRIDGE BOARD MEMBER		X						0.	0.	0.
JULIE BALOG BOARD MEMBER		X						0.	0.	0.
CHIEF RONNIE J. BASTIN BOARD MEMBER		X						0.	0.	0.
STEVE BROWN BOARD MEMBER		X						0.	0.	0.
CATHY CALLAWAY (BEAUMONT CENTRE REP) BOARD MEMBER		X						0.	0.	0.
ROGELIO "ROGER" CARBAJAL BOARD MEMBER		X						0.	0.	0.
KEITH CARTIER BOARD MEMBER		X						0.	0.	0.
MARILYN CLARK BOARD MEMBER		X						0.	0.	0.
CHUCK CREACY BOARD MEMBER		X						0.	0.	0.
DR. FERNANDO R. DE CASTRO BOARD MEMBER		X						0.	0.	0.
ANNISSA FRANKLIN BOARD MEMBER		X						0.	0.	0.
STEPHEN GROSSMAN BOARD MEMBER		X						0.	0.	0.
DWIGHT HANNAH BOARD MEMBER		X						0.	0.	0.
TOM HARRIS (CHAIR ELECT) BOARD MEMBER		X						0.	0.	0.
KEVIN HENRY (SECRETARY, TREASURER) BOARD MEMBER		X						0.	0.	0.
CHRISTIE HOCKENSMITH (CHAIR) BOARD MEMBER		X						0.	0.	0.
DERRICK HORD (NORTH LEXINGTON REP) BOARD MEMBER		X						0.	0.	0.

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (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 P. HUPMAN (HIGH STREET REP) BOARD MEMBER		X						0.	0.	0.
RODNEY JACKSON BOARD MEMBER		X						0.	0.	0.
JIM KEFFER (CHAIR 1/1/10-3/31/10) BOARD MEMBER		X						0.	0.	0.
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.
STEPHANIE NELSON BOARD MEMBER		X						0.	0.	0.
TOM PADGETT BOARD MEMBER		X						0.	0.	0.
CLYDE PELTON BOARD MEMBER		X						0.	0.	0.
1b Sub-total ▶								0.	0.	0.
c Total from continuation sheets to Part VII, Section A ▶								407,124.	0.	64,257.
d Total (add lines 1b and 1c) ▶								407,124.	0.	64,257.

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
3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		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, INC., NO.9 MILL CREEK PARK COMPLEX, FRANKFORT, KY	JANITORIAL & LAWN SERVICES	372,096.
BLUEGRASS FAMILY HEALTH, 651 PERIMETER DRIVE, SUITE 300, LEXINGTON, KY 40517	GROUP HEALTH INSURANCE	243,105.
DAXKO, LLC, 2204 LAKESHORE DRIVE, SUITE 206, BIRMINGHAM, AL 35209	SOFTWARE SUPPORT & SERVICES	140,098.

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 PART VII, SECTION A CONTINUATION SHEETS

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			
SHANA PETERSON BOARD MEMBER		X						0.	0.	0.
MICHAEL B. PRATHER (SCOTT COUNTY REP BOARD MEMBER		X						0.	0.	0.
BOB QUICK BOARD MEMBER		X						0.	0.	0.
ANGELA ROBERTS (BLACK ACHIEVERS REP) BOARD MEMBER		X						0.	0.	0.
SIMONE SALOMON BOARD MEMBER		X						0.	0.	0.
KIM SHELTON BOARD MEMBER		X						0.	0.	0.
FRAN TAYLOR (PAST CHAIR) BOARD MEMBER		X						0.	0.	0.
TIMOTHY TERRY E.N. BOARD MEMBER		X						0.	0.	0.
GAIL GLASSER PRESIDENT/CEO	40.00			X				186,831.	0.	28,989.
TOM BLACKMAN VICE PRESIDENT/CEO	40.00			X				108,995.	0.	19,649.
JACK MALOY CFO	40.00			X				111,298.	0.	15,619.
Total to Part VII, Section A, line 1c								407,124.		64,257.

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns 1a	160,274.				
	b Membership dues 1b					
	c Fundraising events 1c					
	d Related organizations 1d					
	e Government grants (contributions) 1e	294,677.				
	f All other contributions, gifts, grants, and similar amounts not included above 1f	938,894.				
	g Noncash contributions included in lines 1a-1f: $					
	h **Total.** Add lines 1a-1f		1393845.			
Program Service Revenue		Business Code				
	2a MEMBER SERVICES	713940	5260061.	5260061.		
	b CHILD DEVELOPMENT	713940	1530737.	1530737.		
	c AQUATICS	713940	493,028.	493,028.		
	d HEALTH & FITNESS	713940	396,585.	396,585.		
	e YOUTH & TEEN	713940	330,403.	330,403.		
	f All other program service revenue	713940	379,223.	379,223.		
	g **Total.** Add lines 2a-2f		8390037.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		82,110.			82,110.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real / (ii) Personal				
	6a Gross Rents 88,791.					
	b Less: rental expenses					
	c Rental income or (loss) 88,791.					
	d Net rental income or (loss)		88,791.			88,791.
		(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory 3,830,101.					
	b Less: cost or other basis and sales expenses 3,882,369.					
	c Gain or (loss) -52268.					
	d Net gain or (loss)		-52,268.			-52,268.
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18 a					
	b Less: direct expenses b					
	c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities. See Part IV, line 19 a					
	b Less: direct expenses b					
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances a					
	b Less: cost of goods sold b					
	c Net income or (loss) from sales of inventory					
	Miscellaneous Revenue	Business Code				
	11a MISCELLANEOUS	713940	88,407.	88,407.		
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a-11d		88,407.			
	12 **Total revenue.** See instructions.		9990922.	8478444.	0.	118,633.

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	25,025.	25,025.		
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	402,024.		402,024.	
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	4,530,528.	4,000,433.	437,897.	92,198.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	357,047.	242,913.	107,844.	6,290.
9 Other employee benefits	239,535.	159,526.	66,663.	13,346.
10 Payroll taxes	411,640.	337,042.	67,247.	7,351.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	51,233.	15,396.	35,837.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	40,906.		40,906.	
g Other				
12 Advertising and promotion	249,379.	93,619.	144,170.	11,590.
13 Office expenses	33,923.	27,089.	6,509.	325.
14 Information technology	105,110.	96,658.	3,312.	5,140.
15 Royalties				
16 Occupancy	1,276,887.	1,273,391.	3,496.	
17 Travel	111,638.	83,442.	26,998.	1,198.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	46,349.	27,016.	14,418.	4,915.
20 Interest	97,826.	97,826.		
21 Payments to affiliates	100,437.	100,437.		
22 Depreciation, depletion, and amortization	568,664.	553,752.	14,912.	
23 Insurance	84,239.	81,197.	3,042.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a PROGRAM SUPPLIES	358,238.	354,619.	275.	3,344.
b EQUIPMENT SERVICES	195,524.	185,326.	10,198.	
c MAINTENANCE AND HOUSECL	146,536.	146,536.		
d CONTRACT LABOR	133,374.	133,374.		
e BANK FEES	127,485.	119,397.	8,088.	
f All other expenses	185,992.	114,953.	65,787.	5,252.
25 **Total functional expenses.** Add lines 1 through 24f	9,879,539.	8,268,967.	1,459,623.	150,949.
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		567,454.	1	563,207.
	2	Savings and temporary cash investments		152,947.	2	3,504.
	3	Pledges and grants receivable, net		429,786.	3	467,993.
	4	Accounts receivable, net		43,535.	4	63,654.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		82,224.	9	79,155.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 26,773,295.			
	b	Less: accumulated depreciation	10b 7,941,560.	19,132,272.	10c	18,831,735.
	11	Investments - publicly traded securities		6,455,727.	11	6,775,345.
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		88,444.	15	79,133.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		26,952,389.	16	26,863,726.
Liabilities	17	Accounts payable and accrued expenses		576,664.	17	550,900.
	18	Grants payable			18	
	19	Deferred revenue		311,009.	19	340,450.
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties		6,136,749.	23	5,652,689.
	24	Unsecured notes and loans payable to unrelated third parties		1,050,000.	24	950,000.
	25	Other liabilities. Complete Part X of Schedule D		4,021.	25	2,255.
	26	**Total liabilities.** Add lines 17 through 25		8,078,443.	26	7,496,294.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		16,110,407.	27	16,491,634.
	28	Temporarily restricted net assets		375,512.	28	298,881.
	29	Permanently restricted net assets		2,388,027.	29	2,576,917.
		Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		18,873,946.	33	19,367,432.
	34	Total liabilities and net assets/fund balances		26,952,389.	34	26,863,726.

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI X

1	Total revenue (must equal Part VIII, column (A), line 12)	1	9,990,922.
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,879,539.
3	Revenue less expenses. Subtract line 2 from line 1	3	111,383.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	18,873,946.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	382,103.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	19,367,432.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII X

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
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.	3b		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization	**Employer identification number**
YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER LEXINGTON KENTUCKY	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)(vi).** (Complete Part II.)

9 ☒ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i)	A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? **11g(i)**		
(ii)	A family member of a person described in (i) above? **11g(ii)**		
(iii)	A 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the 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	
Total									

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) **12**

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) ..... **14** %

15 Public support percentage from 2009 Schedule A, Part II, line 14 ..... **15** %

16a **33 1/3% support test - 2010.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ..... ▶ ☐

b **33 1/3% support test - 2009.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ..... ▶ ☐

17a **10% -facts-and-circumstances test - 2010.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ..... ▶ ☐

b **10% -facts-and-circumstances test - 2009.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ..... ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ..... ▶ ☐

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	13,336,171.	4,324,572.	6,907,879.	6,747,804.	6,653,906.	37,970,332.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	3,267,251.	3,317,169.	3,326,038.	3,108,699.	3,129,976.	16,149,133.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5	16,603,422.	7,641,741.	10,233,917.	9,856,503.	9,783,882.	54,119,465.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	31,174.	34,408.	18,450.	27,907.	12,000.	123,939.
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.
c Add lines 7a and 7b	31,174.	34,408.	18,450.	27,907.	12,000.	123,939.
8 **Public support** (Subtract line 7c from line 6.)						53,995,526.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	16,603,422.	7,641,741.	10,233,917.	9,856,503.	9,783,882.	54,119,465.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	291,006.	296,994.	221,862.	134,580.	82,110.	1,026,552.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	291,006.	296,994.	221,862.	134,580.	82,110.	1,026,552.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	213,048.	614,267.	106,915.	-1,372,680.	116,135.	-322315.
13 **Total support** (Add lines 9, 10c, 11, and 12.)	17,107,476.	8,553,002.	10,562,694.	8,618,403.	9,982,127.	54,823,702.

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	98.49 %
16	Public support percentage from 2009 Schedule A, Part III, line 15	16	98.01 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2010** (line 10c, column (f) divided by line 13, column (f))	17	1.87 %
18	Investment income percentage from **2009** Schedule A, Part III, line 17	18	2.09 %

19a **33 1/3% support tests - 2010.** 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 - 2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

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

GAIN/(LOSS) ON SALE OF FIXED ASSETS: ($3,795)

MISCELLANEOUS: $177,198

GAIN/(LOSS) ON SALE OF INVESTMENTS: (52,268)

LOSS ON UNCONDITIONAL PROMISES TO GIVE: ($5,000)

Schedule A — Payments from Disqualified Persons Included on Part III, Line 7a — 2010

** Do Not File **
*** Not Open to Public Inspection ***

Payer's Name	2006 Amount	2007 Amount	2008 Amount	2009 Amount	2010 Amount
	31,174.	34,408.	18,450.	27,907.	12,000.
Total to Schedule A, Part III, Line 7a	31,174.	34,408.	18,450.	27,907.	12,000.

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

2010

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? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or education)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

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

		Held at the End of the Tax Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

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

a ☐ Public exhibition
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 the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

		Amount
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	3,619,447.	3,161,708.			
b Contributions	1,300.	37,254.			
c Net investment earnings, gains, and losses	349,999.	481,940.			
d Grants or scholarships					
e Other expenditures for facilities and programs	-23,720.	-25,654.			
f Administrative expenses	-40,905.	-35,801.			
g End of year balance	3,906,121.	3,619,447.			

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	3a(i)		X
(ii) related organizations	3a(ii)		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 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		7,301,105.		7,301,105.
b Buildings		17,407,478.	7,066,541.	10,340,937.
c Leasehold improvements		32,680.	16,912.	15,768.
d Equipment		1,170,199.	821,183.	349,016.
e Other		861,833.	36,924.	824,909.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				18,831,735.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15.)* ▶	

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

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) CAPITAL LEASE PAYABLE	2,255.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25.)* ▶	2,255.

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	9,990,922.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	9,879,539.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	111,383.
4	Net unrealized gains (losses) on investments	4	382,103.
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	382,103.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	493,486.

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	10,368,025.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a	382,103.		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV.)	2d	-5,000.		
e	Add lines **2a** through **2d**			2e	377,103.
3	Subtract line **2e** from line **1**			3	9,990,922.
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b			
c	Add lines **4a** and **4b**			4c	0.
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	9,990,922.

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

1	Total expenses and losses per audited financial statements			1	9,874,539.
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			
e	Add lines **2a** through **2d**			2e	0.
3	Subtract line **2e** from line **1**			3	9,874,539.
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	5,000.		
c	Add lines **4a** and **4b**			4c	5,000.
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	9,879,539.

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 -5,000.

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

LOSS ON UNCONDITIONAL PROMISES TO GIVE 5,000.

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

OMB No. 1545-0047

2010

Open to Public Inspection

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

Employer identification number 61-0444842

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☒ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II **Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Part II can be duplicated if additional space is needed ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

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

3 Enter total number of other organizations ▶

LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990.** **Schedule I (Form 990) (2010)**

032101 01-13-11

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. Part III can be duplicated 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	21	25,025.	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

2010

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

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 GAIL GLASSER	(i)	181,731.	0.	5,100.	22,420.	6,569.	215,820.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

▶ **Attach to Form 990.**

OMB No. 1545-0047

2010

Open to Public Inspection

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 or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
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 ▶ (DEBT FOREGIVN)	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 Acknowledgement 29

			Yes	No
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?	30a		X
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?	31		X
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
b	If "Yes," describe in Part II.			
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

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

FORM 990, PART III, LINE 1: FOR MORE THAN 157 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 REGIONS 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 3, LINE 4A: MEMBERSHIP SERVICES:THE YMCA OF CENTRAL KENTUCKYS MOST EFFECTIVE WAY TO STRENGTHEN RELATIONSHIPS AND MEMBER INVOLVEMENT IS BY ENGAGING MEMBERS (WHETHER MEMBERS AS PARTICIPANTS,

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

Employer identification number 61-0444842

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 DEMOGRAPHIC PROFILE OF THE COMMUNITY. THE YMCA INCLUDES, WHERE POSSIBLE, UNDERSERVED, NEW IMMIGRANT AND NON-ENGLISH SPEAKING POPULATIONS.

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

Employer identification number 61-0444842

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 MEMBERS INVOLVEMENT WITH THE YMCA, STARTING WITH HE 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'S CARING, HONEST, RESPECTFUL AND SUPPORTIVE OF HEALTHY CHOICES.

AT DECEMBER 31, 2010 THE YMCA OF CENTRAL KENTUCKY SERVED APPROXIMATELY 12,642 MEMBERSHIP UNITS CONSISTING OF 26,469 INDIVIDUAL MEMBERS. APPROXIMATELY 3,600 ADULT UNITS AND 4,590 HOUSEHOLD UNITS (17,638 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 $656,350 WAS GRANTED TO INDIVIDUALS AND FAMILIES FOR PARTICIPATION IN YMCA MEMBERSHIP.

FORM 990, PART III, LINE 4C: AQUATICS: AQUATIC PROGRAMMING HAS LONG BEEN A YMCA MAINSTAY IN BUILDING HEALTHY SPIRIT, MIND AND BODY FOR CHILDREN AND ADULTS. THE YMCAS AQUATIC PROGRAMS PROVIDE OPPORTUNITIES

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

Employer identification number 61-0444842

FOR HOLISTIC HEALTH AND WELL-BEING OFTEN WITH A FOCUS ON HEALTH SEEKERS AND THEIR FAMILIES.

IN 2010, MORE THAN 27,600 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 2010 THROUGH OUR FREE SPLASH PROGRAM THAT PROVIDED 116 CHILDREN WITH WEEKLONG WATER INSTRUCTION AND AWARENESS PROGRAMMING. 492 CHILDREN AND THEIR FAMILIES PARTICIPATED IN SWIM TEAMS. PARENT AND COMMUNITY VOLUNTEERS PROVIDE MORE THAN 300 HOURS OF VOLUNTEER SUPPORT TO THE SWIM TEAM PROGRAMS - MAKING THEM SOME OF OUR MOST LOYAL VOLUNTEERS! 69 INDIVIDUALS RECEIVED LIFEGUARD TRAINING THAT WILL ENSURE QUALIFIED GUARDS FOR AREA POOLS. EACH MONTH AN AVERAGE OF 700 PEOPLE PARTICIPATED IN AQUATICS EXERCISE PROGRAMS INCLUDING SOME SPECIALTY PROGRAMMING FOR SPECIAL NEEDS SUCH AS ARTHRITIC PARTICIPANTS.

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

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

Employer identification number 61-0444842

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 2010, APPROXIMATELY $26,150 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

	EXPENSES	GRANTS	REVENUE
OTHER PROGRAM SERVICES:			
1. HEALTH & FITNESS PROGRAMS	$503,220	-	$396,585
2. YOUTH & TEEN PROGRAMS	$419,939	-	$330,403

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

Employer identification number 61-0444842

3. YOUTH CAMPS	$414,410	-	$327,544
4. COMMUNITY SERVICES/ BLACK ACHIEVERS	$219,635	$25,025	$3,761
5. ART AND HUMANITIES	$103,958	-	$47,918
6. MAINTENANCE	$459,539		
TOTAL OTHER PROGRAM SERVICES	$2,120,701	$25,025	$1,106,211

FORM 990, PART III, LINE 4D (1) YOUTH AND TEEN PROGRAMS: BUILDING STRONG KIDS MEANS SUPPORTING AND EMPOWERING CHILDREN TO DEVELOP THE VALUES AND SKILLS THEY WILL CARRY WITH THEM THROUGHOUT LIFE. THOSE THAT ARE INGRAINED WITH STRONG VALUES BECOME LEADERS IN OUR COMMUNITIES. A VARIETY OF YOUTH AND TEEN PROGRAM ACTIVITIES (INCLUDING SPORT SKILLS, SPORTS LEAGUES, MARTIAL ARTS, MOVEMENT EDUCATION, YOUTH/TEEN EXERCISE PROGRAMS, LITERACY 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

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

Employer identification number 61-0444842

OPPORTUNITY TO EXPERIENCE SUCCESS ON THEIR OWN LEVEL. IN 2010, 5,654 YOUTH WERE REGISTERED IN YOUTH SPORTS LEAGUES.

FAMILY INVOLVEMENT IS ALSO A CRITICAL ASPECT OF YOUTH SPORTS AND DEVELOPMENT. THE SOCCER CELEBRATION IN MAY,2010 ATTRACTED MORE THAN 1,000 PLAYERS AND THEIR FAMILIES. AT THE END OF THE SUMMER T-BALL SEASON, 60 YOUTH ARE SELECTED TO PLAY A T-BALL GAME AT APPLEBEES 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 2010 APPROXIMATELY 5,250 VOLUNTEER HOURS WERE RECORDED. ALL OF OUR VOLUNTEER COACHES ARE ENCOURAGED TO COMPLETE A SPORTS SPECIFIC ORIENTATION WHICH INCLUDES DEVELOPMENTALLY APPROPRIATE COMMUNICATIONS, CORE VALUES, AND THE NAIAS 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 2010, THE TOYOTA BLUEGRASS MIRACLE LEAGUE SERVED 271 YOUTH AND ADULT ATHLETES WITH SPECIAL NEEDS. 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. 560 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

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

Employer identification number 61-0444842

FUN.

THE YMCA ALSO OFFERS A VARIETY OF FREE YOUTH AND TEEN ACTIVITIES. AT THE YMCAS FALL FESTIVAL, OVER 1,800 CHILDREN PARTICIPATED IN SAFE HALLOWEEN ACTIVITIES BETWEEN THE BEAUMONT CENTRE FAMILY YMCA AND THE NORTH LEXINGTON FAMILY YMCA. HEALTHY KIDS DAY ACTIVITIES IN 2010 ATTRACTED NEARLY 2,500 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.

THE CONTINUED DECLINE OF OUR CHILDRENS 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 38 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 2010. 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

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

Employer identification number 61-0444842

YMCA OF CENTRAL KENTUCKY AND OUR COMMUNITY INITIATIVES DEPARTMENT. OVER 6,300 BOOKS WERE DISTRIBUTED TO YOUTH AND FAMILIES IN CENTRAL KENTUCKY, INCLUDING LOW-INCOME AND MIGRANT FAMILIES THROUGH THE BOOKS FOR THE BLUEGRASS PROGRAM. THE YMCA ALSO HOSTED THREE READING EVENTS WHERE FAMILIES WERE ENCOURAGED TO ATTEND THE YMCA IN CONJUNCTION WITH THE LEXINGTON PUBLIC LIBRARYS OUTREACH PROGRAM.

IN 2010, 4 STUDENTS WERE ACTIVELY INVOLVED IN THE KENTUCKY YMCA YOUTH ASSOCIATION. FOUNDED IN 1890, THIS ASSOCIATION HAS SET THE NATIONAL EXAMPLE FOR THE PROMOTION OF CIVIC ENGAGEMENT, SERVICE LEARNING, SERVICE LEADERSHIP AND CHARACTER DEVELOPMENT AMONG TEENAGERS.

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 840 PARTICIPANTS DURING 2010.

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 YMCAS 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

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

Employer identification number 61-0444842

THE MAJORITY OF ADULTS WHO JOIN THE YMCA DO SO BECAUSE THEY WISH TO PARTICIPATE IN SOME FORM OF EXERCISE, WHETHER AN ORGANIZED CLASS OR AN INDIVIDUAL WORKOUT. THE YMCA MAKES FITNESS ACCESSIBLE TO THE WHOLE COMMUNITY BY PROVIDING OVER 100 FITNESS CLASSES WEEKLY AT BEAUMONT, 50 CLASSES WEEKLY AT NORTH, AND 50 WEEKLY AT HIGH STREET. MANY OF THESE FITNESS CLASSES 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 250 PARTICIPANTS WITH CLASSES AND VENDOR TABLES. FREE EXERCISE CLASSES HAVE BEEN DESIGNED TO MEET THE SPECIFIC NEEDS OF ADULTS WITH MULTIPLE SCLEROSIS, SERVING 7 DIFFERENT INDIVIDUALS IN 2010. 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.

THE YMCA PLAYED AN ACTIVE ROLE IN OUR LOCAL BIKING COMMUNITY AND 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

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

Employer identification number 61-0444842

HOST BIKE LEXINGTON WHICH ATTRACTED APPROXIMATELY 2000 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. 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, FENCING AND TENNIS ARE HEALTHY LIFESTYLE ALTERNATIVES. OTHER ADULT PROGRAMS INCLUDED CPR AND FIRST-AID TRAINING.

IN SUPPORT OF THE YMCAS 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 YS-OWLS PROVIDED A FREE MONTHLY

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

Employer identification number 61-0444842

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 CHILDS DEVELOPMENT AND EDUCATION. THE JESSAMINE COUNTY YMCA OFFERED PILATES, TAE KWON DO AND TAI CHI FOR ADULTS AS WELL AS A FATHER/DAUGHTER DANCE.

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 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 2010, CAMP PROGRAMS WERE OFFERED AT SEVERAL 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 3,852 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

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

Employer identification number 61-0444842

THE OPPORTUNITY TO BENEFIT FROM THIS ENRICHING SUMMER EXPERIENCE.

APPROXIMATELY $130,000 IN DIRECT FINANCIAL ASSISTANCE WAS GRANTED TO PARTICIPANTS IN THE YMCAS 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 PROGRAMS: THE YMCA IS COMMITTED TO WORKING WITH LOCAL AND REGIONAL NONPROFIT 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 SEVEN AREA COUNTIES, PARTICIPATED IN WEEKLY SATURDAY MENTORING SESSIONS THROUGHOUT THE SCHOOL YEAR. PARTICIPANTS ATTENDED THE 7TH ANNUAL LEADING & IMPACTING FUTURES TODAY CONFERENCE

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

Employer identification number 61-0444842

SPONSORED BY THE URBAN LEAGUE OF LEXINGTON. IN 2010, APPROXIMATELY 2,450 VOLUNTEER HOURS WERE RECORDED.

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 $45 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, 32 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. SEVEN ADULTS WERE FORMALLY RECOGNIZED AS ADULT ACHIEVERS AT THE 2010 BANQUET.

FORM 990, PART III, LINE 4D (5)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

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

Employer identification number 61-0444842

(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 2010, ARTS PROGRAMS SERVED AND ENRICHED THE LIVES OF APPROXIMATELY 950 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.

FORM 990, PART III, LINE 4B CHILDCARE: THROUGH 22 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 1,630 CHILDREN ARE SERVED EACH SCHOOL YEAR VIA OUR CHARACTER-DRIVEN CURRICULA HELPS CHILDREN DEVELOP MORAL AND ETHICAL BEHAVIOR, BUILD SELF-ESTEEM AND FOSTER LEADERSHIP AND CIVIC ENGAGEMENT.

IN ADDITION TO OUR BEFORE AND AFTER SCHOOL CHILDCARE, APPROXIMATELY 1,000 CHILDREN ARE SERVED THROUGH THE YMCA ALL DAY PROGRAMS THAT

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

Employer identification number 61-0444842

PROVIDE ALL DAY CARE FOR CHILDREN DURING SNOW DAYS, HOLIDAY BREAKS AND EARLY DISMISSALS.

IN 2010, 61 CHILDREN WERE SERVED AT THE EARLY CHILDHOOD CENTER HOUSED AT THE NORTH LEXINGTON FAMILY YMCA BRANCH SERVES INFANTS THROUGH AGE FIVE IN A STATE-LICENSED, STAR-RATED DEVELOPMENTALLY APPROPRIATE SETTING. THE PROGRAM DAILY ACTIVITIES SUPPORT THE KENTUCKY EARLY CHILDHOOD STANDARDS PREPARING EACH CHILD FOR LATER SCHOOL SUCCESS. IN EXCESS OF $89,450 IN FINANCIAL ASSISTANCE WAS AWARDED TO THE CHILDREN AND FAMILIES OF THIS PROGRAM.

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

WE OFFER PROGRAMS THAT ATTRACT AND SERVE THE NEEDS OF ALL CHILDREN REGARDLESS OF INCOME OR RISK LEVEL. YMCA FINANCIAL ASSISTANCE POLICIES ENSURE THE PARTICIPATION OF CHILDREN FROM ALL ECONOMIC LEVELS WITH $304,700 DISTRIBUTED IN 2010 CHILDREN IN NEED.

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

THE YMCA SYSTEMATICALLY FOLLOWS NATIONALLY RECOGNIZED STANDARDS FOR

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

Employer identification number 61-0444842

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® STARS FOR KIDS NOW INITIATIVE. NATIONALLY RECOGNIZED PROGRAMS SUCH AS KIDZLIT, KIDZMATH AND TUTORING PROVIDE VALUE EDUCATIONAL SUPPORT.

FORM 990, PART VI, SECTION B, LINE 11: UPON COMPLETION BY THE 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 FOR SUBMISSION TO THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C: ANNUAL COMPLIANCE DESCRIPTION AND COMPLIANCE REQUEST 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.

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

Employer identification number: 61-0444842

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 THE ACCESS IN THE EVENT REQUEST ARE RECIEVED 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 5, CHANGES IN NET ASSETS:

NET UNREALIZED GAINS ON INVESTMENTS: 382,103.

FORM 990, PART XI, LINE 2C

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 AND 10B (LOCAL BRANCHES AND GOVERNANCE):

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)

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

Employer identification number 61-0444842

EACH OF THE ABOVE BRANCHES HAS ITS OWN BOARD OF MANAGERS THAT ADVISES BRANCH STAFF ON PROGRAMS, COMMUNITY EVENTS, ANNUAL FUNDRAISING, AND REVIEW OF BUDGETS AND MONTHLY FINANCES. ONE MEMBER OF EACH BRANCH'S BOARD OF MANAGERS 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 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 **8868**
(Rev. January 2011)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

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

OMB No. 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box ▶ [X]
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits.*

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.

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

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

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ▶ CHERYL GATZMER, CFO
  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 is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2011, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ [X] calendar year 2010 or
▶ [ ] tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

3a	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.	**3a**	$ 0.
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	**3b**	$ 0.
c	**Balance due.** Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	**3c**	$ 0.

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

LHA **For Paperwork Reduction Act Notice, see Instructions.** Form **8868** (Rev. 1-2011)

023841
01-03-11

***** THIS IS NOT A FILEABLE COPY *****

Form **8879-EO**

Department of the Treasury
Internal Revenue Service

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2010, or fiscal year beginning _____ , 2010, and ending _____ ,20 ___

▶ **Do not send to the IRS. Keep for your records.**

▶ **See instructions.**

OMB No. 1545-1878

2010

Name of exempt organization

YOUNG MEN'S CHRISTIAN ASSOCIATION
OF GREATER LEXINGTON KENTUCKY

Employer identification number

61-0444842

Name and title of officer

JACK MALOY
CFO

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a,** or **5a,** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b,** or **5b,** whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a **Form 990** check here ▶ [X]	**b** **Total revenue,** if any (Form 990, Part VIII, column (A), line 12)	**1b**	9990922
2a **Form 990-EZ** check here ▶ [ ]	**b** **Total revenue,** if any (Form 990-EZ, line 9)	**2b**	
3a **Form 1120-POL** check here ▶ [ ]	**b** **Total tax** (Form 1120-POL, line 22)	**3b**	
4a **Form 990-PF** check here ▶ [ ]	**b** **Tax based on investment income** (Form 990-PF, Part VI, line 5)	**4b**	
5a **Form 8868** check here ▶ [ ]	**b** **Balance Due** (Form 8868, Part I, line 3c or Part II, line 8c)	**5b**	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2010 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

[X] I authorize STROTHMAN & COMPANY PSC to enter my PIN 20115

ERO firm name

Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2010 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[ ] As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2010 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ **** THIS IS NOT A FILEABLE COPY **** Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 61384321983

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2010 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163,** Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ _____

ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So