

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
2011
Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	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) Room/suite 239 EAST HIGH STREET 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 \$ 10,437,692
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶
J Website: ▶ YMCAOFCENTRALKY.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation 1853 M State of legal domicile KY

Part I Summary

1	Briefly describe the organization's mission or most significant activities TO PUT CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT BUILD HEALTHY SPIRIT, MIND AND BODY FOR ALL				
2	Check this box <input type="checkbox"/> 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		34	
4	Number of independent voting members of the governing body (Part VI, line 1b)	4		34	
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5		841	
6	Total number of volunteers (estimate if necessary)	6		619	
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a		0	
7b	Net unrelated business taxable income from Form 990-T, line 34	7b		0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year		Current Year	
	9 Program service revenue (Part VIII, line 2g)	1,393,845		1,639,996	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	8,390,037		8,442,752	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	29,842		102,753	
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	177,198		252,191	
		9,990,922		10,437,692	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	25,025		45,053	
	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)	5,940,774		6,324,216	
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0		0	
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 136,543				
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,913,740		4,675,530	
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	9,879,539		11,044,799	
19 Revenue less expenses Subtract line 18 from line 12	111,383		-607,107		
Net Assets or Fund Balances		Beginning of Current Year		End of Year	
	20 Total assets (Part X, line 16)	26,863,726		25,272,139	
	21 Total liabilities (Part X, line 26)	7,496,294		7,038,561	
22 Net assets or fund balances Subtract line 21 from line 20	19,367,432		18,233,578		

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	2012-10-05 Date
	CHERYL GATZMER CFO Type or print name and title	

Paid Preparer's Use Only	Preparer's signature ▶ RAYMOND G STROTHMAN	Date	Check if self-employed <input type="checkbox"/>	Preparer's taxpayer identification number (see instructions) P01354171
	Firm's name (or yours if self-employed), address, and ZIP + 4 STROTHMAN & COMPANY PSC 1600 WATERFRONT PLAZA LOUISVILLE, KY 40202			EIN ▶ 61-1191655 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 Yes No

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 No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ 4,845,789 including grants of \$) (Revenue \$ 6,149,363)
HEALTHY LIVING - SEE SCHEDULE O

4b (Code) (Expenses \$ 3,310,961 including grants of \$) (Revenue \$ 2,285,193)
YOUTH DEVELOPMENT - SEE SCHEDULE O

4c (Code) (Expenses \$ 247,991 including grants of \$) (Revenue \$ 8,196)
SOCIAL RESPONSIBILITY - SEE SCHEDULE O

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses \$ 8,404,741

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i> <input checked="" type="checkbox"/>	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? <input checked="" type="checkbox"/>	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		No
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? <i>If "Yes," complete Schedule C, Part II.</i>		No
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? <i>If "Yes," complete Schedule C, Part III.</i>		No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i> <input checked="" type="checkbox"/>		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II.</i> <input checked="" type="checkbox"/>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> <input checked="" type="checkbox"/>		No
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i> <input checked="" type="checkbox"/>		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> <input checked="" type="checkbox"/>	Yes	
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? <i>If "Yes," complete Schedule D, Part VI.</i> <input checked="" type="checkbox"/>	Yes	
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? <i>If "Yes," complete Schedule D, Part VII.</i> <input checked="" type="checkbox"/>	Yes	
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? <i>If "Yes," complete Schedule D, Part VIII.</i> <input checked="" type="checkbox"/>	Yes	
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? <i>If "Yes," complete Schedule D, Part IX.</i> <input checked="" type="checkbox"/>	Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> <input checked="" type="checkbox"/>	Yes	
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)? <i>If "Yes," complete Schedule D, Part X.</i> <input checked="" type="checkbox"/>		No
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> <input checked="" type="checkbox"/>	Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> <input checked="" type="checkbox"/>		No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Part I.</i>		No
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 U S? <i>If "Yes," complete Schedule F, Part II and IV.</i>		No
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 U S? <i>If "Yes," complete Schedule F, Part III and IV.</i>		No
17 Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i>		No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>	Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		No
20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>		No
b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements.		

Part IV Checklist of Required Schedules *(continued)*

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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	No
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? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i>	24a	No
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? <i>If "Yes," complete Schedule L, Part I</i>	25a	No
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? <i>If "Yes," complete Schedule L, Part I</i>	25b	No
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26	No
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? <i>If "Yes," complete Schedule L, Part III</i>	27	No
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? <i>If "Yes," complete Schedule L, Part IV</i>	28a	No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	No
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 owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	No
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? <i>If "Yes," complete Schedule R, Part I</i>	33	No
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	No
35a Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a	No
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	No
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	No
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? <i>If "Yes," complete Schedule R, Part VI</i>	37	No
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	Yes

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, question text, and Yes/No columns. Rows include questions 1a through 14b regarding Form 1096, W-2G forms, employee reporting, foreign accounts, tax shelter transactions, and charitable trusts.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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

Table with 3 columns: Question, Yes, No. Rows include: 1a (34), 1b (34), 2 (No), 3 (No), 4 (No), 5 (No), 6 (No), 7a (No), 7b (No), 8a (Yes), 8b (Yes), 9 (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (Yes), 10b (Yes), 11a (Yes), 12a (Yes), 12b (Yes), 12c (Yes), 13 (Yes), 14 (Yes), 15a (Yes), 15b (Yes), 16a (No), 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 Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [X] Another's website [X] Upon request
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization. CHERYL GATZMER CFO, 239 EAST HIGH STREET, LEXINGTON, KY 40507, (859) 367-7322

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

(A) Name and Title	(B) Average hours per week per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							383,551	0	97,480	

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

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
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? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

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 Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
WOODFORD PROPERTY MANAGEMENT INC NO9 MILL CREEK PARK COMPLEX FRANKFORT, KY 40601	JANITORIAL & LAWN SERVICES	405,862
NATIONAL YMCA PO BOX 91005 CHICAGO, IL 606931005	GROUP HEALTH INSURANCE	307,689
DAXKO LLC 2204 LAKESHORE DRIVE SUITE 206 BIRMINGHAM, AL 35209	SOFTWARE SUPPORT & SERVICES	113,424

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

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 142,650					
	b	Membership dues 1b					
	c	Fundraising events 1c					
	d	Related organizations 1d					
	e	Government grants (contributions) 1e 393,620					
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 1,103,726					
	g	Noncash contributions included in lines 1a-1f \$ _____					
	h	Total. Add lines 1a-1f ▶	1,639,996				
Program Service Revenue			Business Code				
	2a	HEALTHY LIVING _____ 713940	6,149,363	6,149,363			
	b	YOUTH DEVELOPMENT _____ 713940	2,285,193	2,285,193			
	c	SOCIAL RESPONSIBILITY _____ 713940	8,196	8,196			
	d	_____					
	e	_____					
	f	All other program service revenue					
g	Total. Add lines 2a-2f ▶	8,442,752					
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) ▶	22,916			22,916	
	4	Income from investment of tax-exempt bond proceeds . . ▶					
	5	Royalties ▶					
	6a	(i) Real		(ii) Personal			
		Gross rents	95,821				
		b Less rental expenses	0				
		c Rental income or (loss)	95,821				
	d	Net rental income or (loss) ▶	95,821			95,821	
	7a	(i) Securities		(ii) Other			
		Gross amount from sales of assets other than inventory	62,172	17,665			
		b Less cost or other basis and sales expenses	0	0			
		c Gain or (loss)	62,172	17,665			
	d	Net gain or (loss) ▶	79,837			79,837	
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18					
		a	17,976				
b Less direct expenses b		0					
c	Net income or (loss) from fundraising events . . ▶	17,976			17,976		
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	138,394	138,394				
b	_____						
c	_____						
d	All other revenue						
e	Total. Add lines 11a-11d ▶	138,394					
12	Total revenue. See Instructions ▶	10,437,692	8,581,146	0	216,550		

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)

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

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 United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22	45,053	45,053		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	386,566		386,566	
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	4,870,453	4,284,029	523,969	62,455
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	640,496	428,083	197,678	14,735
10	Payroll taxes	426,701	355,613	66,263	4,825
11	Fees for services (non-employees)				
a	Management				
b	Legal	183,224	15,198	163,670	4,356
c	Accounting	21,500		21,500	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion	273,779	91,717	165,904	16,158
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	1,226,401	1,222,104	3,697	600
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	65,645	39,445	23,081	3,119
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	351,832	351,832		
23	Insurance	82,017	68,472	13,545	
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	648,600	612,708	12,132	23,760
b	LOSS ON DISPOSAL OF CON	424,895		424,895	
c	LOSS ON CONTRACTUAL OBL	375,000		375,000	
d	EQUIPMENT SERVICES	345,000	313,959	31,041	
e					
f	All other expenses	677,637	576,528	94,574	6,535
25	Total functional expenses. Add lines 1 through 24f	11,044,799	8,404,741	2,503,515	136,543
26	Joint costs. Check here <input type="checkbox"/> 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)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	563,207	1	403,936
	2 Savings and temporary cash investments	3,504	2	
	3 Pledges and grants receivable, net	467,993	3	226,913
	4 Accounts receivable, net	63,654	4	135,436
	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)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	79,155	9	131,007
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	26,217,443		
	b Less accumulated depreciation	7,990,956	10c	18,226,487
	11 Investments—publicly traded securities	6,775,345	11	6,148,360
	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	79,133	15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	26,863,726	16	25,272,139	
Liabilities	17 Accounts payable and accrued expenses	550,900	17	520,153
	18 Grants payable		18	
	19 Deferred revenue	340,450	19	262,236
	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	5,652,689	23	5,338,017
	24 Unsecured notes and loans payable to unrelated third parties	950,000	24	850,000
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	2,255	25	68,155
	26 Total liabilities. Add lines 17 through 25	7,496,294	26	7,038,561
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	16,491,634	27	15,124,080
	28 Temporarily restricted net assets	298,881	28	698,259
	29 Permanently restricted net assets	2,576,917	29	2,411,239
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> 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	19,367,432	33	18,233,578	
34 Total liabilities and net assets/fund balances	26,863,726	34	25,272,139	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	10,437,692
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,044,799
3	Revenue less expenses Subtract line 2 from line 1	3	-607,107
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	19,367,432
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-526,748
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	18,233,578

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
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 <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated 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?		No
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		

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

2011

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

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

Employer identification number
61-0444842

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

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

- 1 A church, convention of churches, or association of churches **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?
 (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 the supported organization?
 (ii) a family member of a person described in (i) above?
 (iii) a 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(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 IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 (Explain in Part IV.) Do not include gain or loss from the sale of capital assets						
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 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	

16a 33 1/3% support test—2011. 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—2010. If the organization did not check the 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—2011. 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—2010. 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 IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	4,324,572	6,907,879	6,747,804	6,653,906	6,583,086	31,217,247
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	3,317,169	3,326,038	3,108,699	3,129,976	3,115,920	15,997,802
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	7,641,741	10,233,917	9,856,503	9,783,882	9,699,006	47,215,049
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	34,408	18,450	27,907	12,000		92,765
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	34,408	18,450	27,907	12,000		92,765
8 Public Support (Subtract line 7c from line 6)						47,122,284

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	7,641,741	10,233,917	9,856,503	9,783,882	9,699,006	47,215,049
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	296,994	221,862	134,580	82,110	60,064	795,610
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	296,994	221,862	134,580	82,110	60,064	795,610
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.)	614,267	106,915	-1,372,680	116,135	188,817	-346,546
13 Total support (Add lines 9, 10c, 11 and 12)	8,553,002	10,562,694	8,618,403	9,982,127	9,947,887	47,664,113

14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** **Section C. Computation of Public Support Percentage**

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	98.860 %
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	98.490 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17	1.670 %
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	1.870 %

19a 33 1/3% support tests—2011. 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—2010.** 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.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

Additional Data

Software ID:
Software Version:
EIN: 61-0444842
Name: YOUNG MEN'S CHRISTIAN ASSOCIATION
 OF GREATER LEXINGTON KENTUCKY

Form 990, Special Condition Description:

Special Condition Description

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
CHRIS ALDRIDGE BOARD MEMBER	0 00	X						0	0	0
JULIE BALOG BOARD MEMBER	0 00	X						0	0	0
CHIEF RONNIE J BASTIN BOARD MEMBER	0 00	X						0	0	0
WILLIAM BERNARD BOARD MEMBER	0 00	X						0	0	0
STEVE BROWN BOARD MEMBER	0 00	X						0	0	0
ROGELIO ROGER CARBAJAL BOARD MEMBER	0 00	X						0	0	0
KEITH CARTIER BOARD MEMBER	0 00	X						0	0	0
MARILYN CLARK BOARD MEMBER	0 00	X						0	0	0
CHUCK CREACY BOARD MEMBER	0 00	X						0	0	0
ANNISSA FRANKLIN BOARD MEMBER	0 00	X						0	0	0
JESSICA GREEN BOARD MEMBER	0 00	X						0	0	0
STEPHEN GROSSMAN BOARD MEMBER	0 00	X						0	0	0
TOM HARRIS CHAIR ELECT BOARD MEMBER	0 00	X						0	0	0
KEVIN HENRY SECRETARY TREASURER BOARD MEMBER	0 00	X						0	0	0
CHRISTIE HOCKENSMITH CHAIR BOARD MEMBER	0 00	X						0	0	0
AL ISSAC BOARD MEMBER	0 00	X						0	0	0
RODNEY JACKSON BOARD MEMBER	0 00	X						0	0	0
KELLY KNIGHT BOARD MEMBER	0 00	X						0	0	0
MAXINE LEE BOARD MEMBER	0 00	X						0	0	0
STEPHANIE NELSON BOARD MEMBER	0 00	X						0	0	0
CLYDE PELTON BOARD MEMBER	0 00	X						0	0	0
SETH POTEAT BOARD MEMBER	0 00	X						0	0	0
MICHAEL B PRATHER SCOTT COUNTY REP BOARD MEMBER	0 00	X						0	0	0
BOB QUICK BOARD MEMBER	0 00	X						0	0	0
THOMAS RAWLINGS BOARD MEMBER	0 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
ANGELA ROBERTS BLACK ACHIEVERS REP BOARD MEMBER	0 00	X						0	0	0
SIMONE SALOMON BOARD MEMBER	0 00	X						0	0	0
KIM SHELTON BOARD MEMBER	0 00	X						0	0	0
ALAN VANARSDALL BOARD MEMBER	0 00	X						0	0	0
SHELIA VOSE BOARD MEMBER	0 00	X						0	0	0
KENNAN WETHINGTON BOARD MEMBER	0 00	X						0	0	0
JON A WOODALL BOARD MEMBER	0 00	X						0	0	0
GAIL GLASSER FORMER PRESIDENT/CEO	40 00			X				185,349	0	43,283
TOM BLACKMAN VICE PRESIDENT/CEO	40 00			X				108,107	0	28,315
CHERYL GATZMER CFO	40 00			X				90,095	0	25,882

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2011

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. See separate instructions.

Department of the Treasury Internal Revenue Service

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), 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?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

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

Table with 2 columns: Held at the End of the Year. Rows 2a-2d: Total number of conservation easements, Total acreage restricted by conservation easements, Number of conservation easements on a certified historic structure included in (a), Number of conservation easements included in (c) acquired after 8/17/06.

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
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 170(h)(4)(B)(ii)?
9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

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

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

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

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

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

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

Part IV 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
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

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	3,856,815	3,619,447	3,161,708		
b Contributions	76,383	1,300	37,254		
c Investment earnings or losses	-57,599	349,999	481,940		
d Grants or scholarships					
e Other expenditures for facilities and programs	0	-23,720	-25,654		
f Administrative expenses	-30,236	-40,905	-35,801		
g End of year balance	3,845,363	3,906,121	3,619,447		

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

- a** Board designated or quasi-endowment ▶ 66 000 %
- b** Permanent endowment ▶ 34 000 %
- 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)	No
(ii) related organizations	3a(ii)	No
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 property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		7,201,330		7,201,330
b Buildings		17,173,271	7,151,946	10,021,325
c Leasehold improvements		29,296	9,600	19,696
d Equipment		995,944	656,403	339,541
e Other		817,602	173,007	644,595
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				18,226,487

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	10,437,692
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	11,044,799
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-607,107
4	Net unrealized gains (losses) on investments	4	-157,787
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-368,961
9	Total adjustments (net) Add lines 4 - 8	9	-526,748
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-1,133,855

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

1	Total revenue, gains, and other support per audited financial statements	1	9,910,945
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	-157,787
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	-368,961
e	Add lines 2a through 2d	2e	-526,748
3	Subtract line 2e from line 1	3	10,437,693
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0
5	Total Revenue Add lines 3 and 4c . (This should equal Form 990, Part I, line 12)	5	10,437,693

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

1	Total expenses and losses per audited financial statements	1	10,244,903
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	10,244,903
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	799,896
c	Add lines 4a and 4b	4c	799,896
5	Total expenses Add lines 3 and 4c . (This should equal Form 990, Part I, line 18)	5	11,044,799

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation
PART XI, LINE 8 - OTHER ADJUSTMENTS		LOSS ON UNCONDITIONAL PROMISES TO GIVE -368,961
PART XII, LINE 2D - OTHER ADJUSTMENTS		LOSS ON UNCONDITIONAL PROMISES TO GIVE -368,961
PART XIII, LINE 4B - OTHER ADJUSTMENTS		LOSS ON CONTRACTUAL OBLIGATION 375,000 LOSS ON DISPOSAL OF CONSTRUCTION IN PROGRESS 424,896

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ. See separate instructions.

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

Employer identification number 61-0444842

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
b Internet and e-mail solicitations
c Phone solicitations
d In-person solicitations
e Solicitation of non-government grants
f Solicitation of government grants
g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions? (Yes/No), (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col (i), (vi) Amount paid to (or retained by) organization. Includes a Total row at the bottom.

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		SPECIAL EVENT (event type)	(event type)	(total number)	(Add col (a) through col (c))
Revenue	1 Gross receipts	17,976			17,976
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)	17,976			17,976
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				()
11 Net income summary Combine lines 3 and 10 in column (d) ▶				17,976	

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7 Direct expense summary Add lines 2 through 5 in column (d) ▶				()	
8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶					

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," Explain _____

- 11** Does the organization operate gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity operated in

a The organization's facility	13a
b An outside facility	13b

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

Director/officer Employee Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
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Schedule I (Form 990)

OMB No 1545-0047

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

2011

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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?
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. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC Code 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 listed in the line 1 table.
3 Enter total number of other organizations listed in the line 1 table.

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) CASH AWARDS FOR BLACK ACHIEVERS COLLEGE SCHOLARSHIPS	24	35,972			

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

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

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2011

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

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

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

b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply

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

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization

a Receive a severance payment or change-of-control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

Only 501(c)(3) and 501(c)(4) organizations only 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?

b Any related organization?

If "Yes," to line 5a or 5b, describe in Part III

6 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

a The organization?

b Any related organization?

If "Yes," to line 6a or 6b, describe in Part III

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?

	Yes	No
1b		
2		
4a		No
4b		No
4c		No
5a		No
5b		No
6a		No
6b		No
7		No
8		No
9		

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
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**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

NonCash Contributions

OMB No 1545-0047
2011
Open to Public Inspection

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

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

Employer identification number
61-0444842

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining 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 ▶ (<u>DEBT</u>)	X	1	100,000	AGREEMENT
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee 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		No
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		No
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	32a		No
b If "Yes," describe in Part II			
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
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Schedule M (Form 990) 2011

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

**Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.**
▶ **Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

2011

**Open to Public
Inspection**

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

Employer identification number

61-0444842

Identifier	Return Reference	Explanation
		<p>FORM 990, PART III, LINE 1 THE Y IS A POWERFUL ASSOCIATION OF MEN, WOMEN AND CHILDREN COMMITTED TO STRENGTHENING COMMUNITIES THROUGH YOUTH DEVELOPMENT, HEALTHY LIVING AND SOCIAL RESPONSIBILITY OUR MISSION IS TO PUT CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT BUILD HEALTHY SPIRIT, MIND, AND BODY FOR ALL WE KNOW THAT LASTING PERSONAL AND SOCIAL CHANGE COMES ABOUT WHEN WE ALL WORK TOGETHER THATS WHY, AT THE Y, STRENGTHENING COMMUNITY IS OUR CAUSE EVERY DAY, WE WORK SIDE-BY-SIDE WITH OUR NEIGHBORS TO MAKE SURE THAT EVERYONE, REGARDLESS OF AGE, INCOME OR BACKGROUND, HAS THE OPPORTUNITY TO LEARN, GROW AND THRIVE FOR MORE THAN 159 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 Y CONTINUALLY PROVIDES TIMELY, INNOVATIVE RESPONSES TODAY, A NEW SET OF ISSUES IS CALLING OUR Y 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 Y IS THERE TO ENSURE THAT EVERY CHILD AND YOUTH WILL DEEPEN POSITIVE VALUES, THEIR COMMITMENT TO SERVICE AND THEIR MOTIVATION TO LEARN THE Y DESIRES THAT EVERY FAMILY WILL BUILD STRONGER BONDS, ACHIEVE GREATER WORK/LIFE BALANCE AND BECOME MORE ENGAGED WITH THEIR COMMUNITIES THE Y WORKS WITH EVERY INDIVIDUAL TO STRENGTHEN HIS OR HER HOLISTIC WELL-BEING</p>

Identifier	Return Reference	Explanation
		<p>FORM 990, PART 3, LINE 4A FOR HEALTHY LIVING IN COMMUNITIES ACROSS THE NATION, THE Y IS A LEADING VOICE ON HEALTH AND WELL-BEING WITH A MISSION CENTERED ON BALANCE, THE Y BRINGS FAMILIES CLOSER TOGETHER, ENCOURAGES GOOD HEALTH AND FOSTERS CONNECTIONS THROUGH FITNESS, SPORTS, FUN AND SHARED INTERESTS AS A RESULT, MILLIONS OF YOUTH, ADULTS AND FAMILIES ARE RECEIVING THE SUPPORT, GUIDANCE AND RESOURCES NEEDED TO ACHIEVE GREATER HEALTH AND WELLBEING FOR THEIR SPIRIT, MIND AND BODY IN 2011, WE PROVIDED \$712,153 IN FINANCIAL ASSISTANCE TO FAMILIES PARTICIPATING IN YMCA PROGRAMS FOR HEALTHY LIVING THESE PROGRAMS ARE GROUPED INTO FOUR CATEGORIES FAMILY TIME, HEALTH, WELL-BEING & FITNESS, SPORTS & RECREATION, AND GROUP INTERESTS FAMILY TIME THE Y BELIEVES IN BRINGING FAMILIES TOGETHER TO HAVE FUN AND GROW TOGETHER SERVING FAMILIES HAS ALWAYS BEEN AT THE HEART OF THE Y WE HAVE A FUNDAMENTAL DESIRE TO PROVIDE OPPORTUNITIES FOR EVERY FAMILY TO BUILD STRONGER BONDS, ACHIEVE GREATER WORK/LIFE BALANCE, AND BECOME MORE ENGAGED WITH THEIR COMMUNITIES HEALTH, WELL-BEING & FITNESS BECAUSE WE KNOW THAT HEALTHY LIFESTYLES ARE ACHIEVED THROUGH NURTURING MIND, BODY AND SPIRIT, WELL-BEING AND FITNESS AT THE Y IS SO MUCH MORE THAN JUST WORKING OUT BEYOND FITNESS FACILITIES, WE PROVIDE EDUCATIONAL PROGRAMS TO PROMOTE HEALTHIER DECISIONS, AND OFFER A VARIETY OF PROGRAMS THAT SUPPORT PHYSICAL, INTELLECTUAL AND SPIRITUAL STRENGTH SPORTS RECREATION WE BELIEVE SPORTS, FUN AND EXPLORING NEW INTERESTS ARE NOT JUST FOR THE YOUNG ALONG WITH IMPROVING HEALTH, WHENEVER TEAMWORK IS INVOLVED THERE IS AN ADDED BENEFIT OF BEING CONNECTED TO OTHERS THAT IS WHY YOU WILL FIND A RANGE OF RECREATIONAL ACTIVITIES AT THE Y WITH SOMETHING TO OFFER EVERYONE, THERE IS NO SUCH THING AS BEING TOO OLD TO GET IN THE GAME GROUP INTEREST WHETHER YOU ARE NEW TO THE COMMUNITY OR SIMPLY WANT TO PURSUE A NEW HOBBY, THE Y BRINGS TOGETHER PEOPLE WHO LOVE TO LEARN, WHETHER YOU WANT TO COOK NEW DISHES, JOIN A STUDY, CREATE POTTERY, OR SPEAK A NEW LANGUAGE, YOU WILL LEARN RIGHT ALONGSIDE OTHERS FROM YOUR COMMUNITY WHO SHARE YOUR INTERESTS</p>

Identifier	Return Reference	Explanation
		<p>FORM 990, PART III, LINE 4B FOR YOUTH DEVELOPMENT THE Y BELIEVES THAT ALL KIDS DESERVE THE OPPORTUNITY TO DISCOVER WHO THEY ARE AND WHAT THEY CAN ACHIEVE. THATS WHY, THROUGH THE Y, THOUSANDS OF LOCAL YOUTH TODAY ARE CULTIVATING THE VALUES, SKILLS AND RELATIONSHIPS THAT LEAD TO POSITIVE BEHAVIORS, BETTER HEALTH AND EDUCATIONAL ACHIEVEMENT IN 2011, WE PROVIDED \$625,480 IN FINANCIAL ASSISTANCE TO FAMILIES PARTICIPATING IN YOUTH DEVELOPMENT THESE PROGRAMS ARE GROUPED INTO FOUR CATEGORIES CHILD CARE, SWIM, SPORTS & PLAY, CAMP, AND EDUCATION & LEADERSHIP CHILD CARE THROUGH 20 SEPARATELY LICENSED YMCA CHILDCARE SITES, THE Y 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 THE Y 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 Y FOSTERS THE LEADERSHIP POTENTIAL AND CIVIC ENGAGEMENT OF YOUNG PEOPLE THE Y IS A CHAMPION FOR INCLUSION AND RESPONDS TO THE COMPREHENSIVE NEEDS OF CHILDREN AND FAMILIES THE Y SYSTEMATICALLY FOLLOWS NATIONALLY RECOGNIZED STANDARDS FOR QUALITY AND SAFETY WE HAVE ACCREDITATION AND QUALITY STANDARDS WHICH GUIDE OUR FINANCIAL, STAFFING AND PROGRAMMATIC ACTIVITIES OUR LICENSED Y CHILDCARE PROGRAMS FOSTER GROWTH AND DEVELOPMENT NOT ONLY IN CHILDREN BUT ALSO THEIR FAMILIES SWIM, SPORTS & PLAY AQUATIC PROGRAMMING HAS LONG BEEN A Y MAINSTAY IN BUILDING HEALTHY SPIRIT, MIND AND BODY FOR CHILDREN AND ADULTS THE YS AQUATIC PROGRAMS PROVIDE OPPORTUNITIES FOR HOLISTIC HEALTH AND WELL-BEING OFTEN WITH A FOCUS ON HEALTH SEEKERS AND THEIR FAMILIES OUR AQUATICS PROGRAMS MEET NATIONALLY ESTABLISHED STANDARDS AND BEST PRACTICES THE Y ACHIEVES CERTIFICATION OR ACCREDITATION BY NATIONAL PROFESSIONAL ORGANIZATIONS THE Y FOCUSES PROGRAM AND OPERATIONAL IMPROVEMENTS ON STRENGTHENING INCLUSION, ENGAGEMENT AND RELATIONSHIPS IN ADDITION TO THE OPERATION OF OUR OWN POOLS, THE YMCA OF CENTRAL KENTUCKY IS ENTRUSTED WITH THE OPERATION OF THE NICHOLASVILLE/JESSAMINE COUNTY WATER CENTER THE Y SERVES AS A FREE OR HIGHLY REDUCED COST AQUATIC RESOURCE FOR OTHER AGENCIES POOL NEEDS TO BE ESPECIALLY ACCESSIBLE FOR INCLUSION PROGRAMMING, OUR Y PROVIDES POOL TIME FOR FAYETTE COUNTY PARKS AND RECREATION ADAPTIVE AQUATICS PROGRAMS AND THE SPECIAL OLYMPICS SWIM TEAM YOUTH SPORTS LEAGUES AT THE Y 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 NURTURING THE POTENTIAL OF EVERY CHILD AND TEEN MEANS SUPPORTING AND EMPOWERING CHILDREN TO DEVELOP THE VALUES AND SKILLS THEY WILL CARRY WITH THEM THROUGHOUT LIFE THOSE WHO 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 CAMP CAMPS OFFER AN EXCITING, SAFE COMMUNITY FOR YOUNG PEOPLE TO EXPLORE THE OUTDOORS, BUILD SELF-ESTEEM, DEVELOP INTERPERSONAL SKILLS AND MAKE LASTING FRIENDSHIPS AND MEMORIES 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, Y 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 THE Y SPECIALTY CAMPS INCLUDE SUCH ENGAGING EXPERIENCES IN AQUATICS, HORSEBACK RIDING, FENCING, SOCCER, AND FLAG FOOTBALL FINANCIAL ASSISTANCE WAS AWARDED TO ENSURE THAT EVERY CHILD AND FAMILY COULD HAVE THE OPPORTUNITY TO BENEFIT FROM THIS ENRICHING SUMMER EXPERIENCE EDUCATION & LEADERSHIP THE Y SUPPORTS PROGRAMS THAT ENHANCE KNOWLEDGE, CHARACTER DEVELOPMENT, GUIDANCE AND ENCOURAGEMENT TO HELP YOUTH DEVELOP AND REALIZE THEIR POTENTIAL THE Y 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 BLA</p>

Identifier	Return Reference	Explanation
		CK 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

Identifier	Return Reference	Explanation
		<p>FORM 990, PART III, LINE 4C FOR SOCIAL RESPONSIBILITY THE Y HAS BEEN LISTENING AND RESPONDING TO OUR COMMUNITY'S MOST CRITICAL SOCIAL NEEDS SINCE 1853 WHETHER DEVELOPING SKILLS OR EMOTIONAL WELL-BEING THROUGH EDUCATION AND TRAINING, WELCOMING AND CONNECTING DIVERSE DEMOGRAPHIC POPULATIONS THROUGH GLOBAL SERVICES, OR PREVENTING CHRONIC DISEASE AND BUILDING HEALTHIER COMMUNITIES THROUGH COLLABORATIONS WITH POLICYMAKERS, THE Y FOSTERS THE CARE AND RESPECT ALL PEOPLE NEED AND DESERVE THESE PROGRAMS ARE GROUPED INTO FOUR CATEGORIES SOCIAL SERVICES, GLOBAL SERVICES, VOLUNTEERISM & GIVING, AND ADVOCACY THROUGH THE Y, HUNDREDS OF VOLUNTEERS IN CENTRAL KENTUCKY, AND MORE THAN 500,000 VOLUNTEERS AND THOUSANDS OF DONORS, LEADERS AND PARTNERS ACROSS THE COUNTRY ARE EMPOWERING MILLIONS OF PEOPLE IN THE U S AND AROUND THE WORLD TO BE HEALTHY, CONFIDENT, CONNECTED AND SECURE IN 2011, MORE THAN 8,000 HOURS WERE INVESTED IN SERVICE TO THE COMMUNITY BY 619 YMCA VOLUNTEERS TOGETHER, WE MAKE SURE EVERY CHILD HAS A CHANCE AT A BRIGHTER FUTURE, PROVIDE OPPORTUNITIES FOR THE YOUNG AND YOUNG AT HEART TO ACHIEVE BETTER HEALTH AND WELL-BEING, AND GIVE EVERYONE A PLACE TO BELONG, REGARDLESS OF ANY FINANCIAL BARRIER THAT MAY EXIST</p>

Identifier	Return Reference	Explanation
	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.

Identifier	Return Reference	Explanation
	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.

Identifier	Return Reference	Explanation
	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

Identifier	Return Reference	Explanation
	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

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -157,787 LOSS ON UNCONDITIONAL PROMISES TO GIVE -368,961 TOTAL TO FORM 990, PART XI, LINE 5 -526,748

Identifier	Return Reference	Explanation
	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.

Identifier	Return Reference	Explanation
		<p>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) 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</p>