

Return of Organization Exempt From Income Tax

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

Department of the Treasury Internal Revenue Service

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

A For the 2001 calendar year, or tax year period beginning and ending

B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending. C Name of organization: YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER LEXINGTON KENTUCKY. D Employer identification number: 61-0444842. E Telephone number: (859) 255-9622. F Accounting method: Cash [X] Accrual [ ] Other [ ]

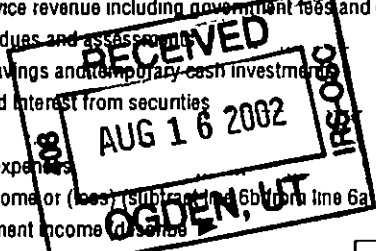
G Web site: N/A. H(a) Is this a group return for affiliates? Yes [ ] No [X]. H(b) If "Yes," enter number of affiliates: N/A. H(c) Are all affiliates included? Yes [ ] No [X]. H(d) Is this a separate return filed by an organization covered by a group ruling? Yes [ ] No [X]. I Enter 4-digit GEN: 1

J Organization type (check only one): [X] 501(c) ( 3 ) (insert no) [ ] 4947(a)(1) or [ ] 527. K Check here [ ] if the organization's gross receipts are normally not more than \$25,000. L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: 8,068,997.

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

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Table with 21 rows and multiple columns. Revenue section (lines 1-12) includes contributions, program service revenue, membership dues, interest, dividends, rents, and other investment income. Expenses section (lines 13-17) includes program services, management, fundraising, and payments to affiliates. Net Assets section (lines 18-21) shows excess/deficit, beginning and ending net assets. Total revenue: 8,068,997. Total expenses: 7,396,536. Net assets at end of year: 14,216,774.



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

Form 990 (2001)

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<b>Part II Statement of Functional Expenses</b>		All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others			
Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) cash \$ 848 noncash \$	848.	848.	STATEMENT 6	
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc	192,602.	0.	192,602.	0.
26	Other salaries and wages	3,289,336.	2,683,074.	567,396.	38,866.
27	Pension plan contributions	113,784.	75,457.	35,881.	2,446.
28	Other employee benefits	110,311.	73,142.	34,782.	2,387.
29	Payroll taxes	302,009.	230,403.	68,198.	3,408.
30	Professional fundraising fees				
31	Accounting fees				
32	Legal fees				
33	Supplies	411,780.	312,985.	86,813.	11,982.
34	Telephone	54,969.	42,313.	12,369.	287.
35	Postage and shipping	26,145.	20,330.	5,525.	290.
36	Occupancy	237,672.	235,940.	1,732.	
37	Equipment rental and maintenance	139,482.	10,096.	129,386.	
38	Printing and publications	133,008.	98,098.	29,758.	5,152.
39	Travel				
40	Conferences, conventions, and meetings	64,028.	41,163.	18,638.	4,227.
41	Interest	586,860.	27,988.	558,872.	
42	Depreciation, depletion, etc (attach schedule)	713,896.		713,896.	
43	Other expenses not covered above (itemize)				
a					
b					
c					
d					
e	SEE STATEMENT 4	934,978.	339,969.	581,899.	13,110.
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D) carry these totals to lines 13-15	7,311,708.	4,191,806.	3,037,747.	82,155.

**Joint Costs** Check  if you are following SOP 98-2  
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_, (ii) the amount allocated to Program services \$ \_\_\_\_\_,  
 (iii) the amount allocated to Management and general \$ \_\_\_\_\_, and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

<b>Part III Statement of Program Service Accomplishments</b>		Program Service Expenses
What is the organization's primary exempt purpose? <b>SEE STATEMENT 5</b>		(Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts but optional for others)
a	<b>ADULT FITNESS FEES - PROGRAMS PROMOTE APPRECIATION FOR ONE'S SELF WORTH. GYM, SWIM, SPORT SKILLS, RECREATION AND FITNESS CLASSES ALL CONTRIBUTE TO THE YMCA'S GOALS.</b> (Grants and allocations \$ _____)	322,319.
b	<b>PRIME TIME - AFTER SCHOOL PROGRAM THAT FOSTERS GROWTH AND DEVELOPMENT. HELPS KIDS DEVELOP MORAL AND ETHICAL BEHAVIOR, SELF-ESTEEM AND LEADERSHIP.</b> (Grants and allocations \$ _____)	1,082,629.
c	<b>MEMBERSHIP - THE YMCA IS PRIMARILY A MEMBERSHIP ORGANIZATION BONDED IN A COMMON LOYALTY TO OUR CHRISTIAN EMPHASIS. ALL MEMBERS HAVE THE OPPORTUNITY TO SELECT THE GOVERNING BODY.</b> (Grants and allocations \$ _____)	1,748,933.
d	<b>LEAGUES AND CAMPS - FOCUS IS ON FREE AND EQUAL PARTICIPATION FOR ALL. EMPHASIZES DEVELOPMENT OF HEALTH AND FITNESS, SKILL COOPERATION, SAFETY AND RESPECT FOR OTHERS.</b> (Grants and allocations \$ _____)	364,589.
e	Other program services (attach schedule) <b>STATEMENT 7</b> (Grants and allocations \$ _____)	673,336.
f	<b>Total of Program Service Expenses (should equal line 44, column (B), Program services)</b>	<b>4,191,806.</b>

**Part IV Balance Sheets**

		(A) Beginning of year	(B) End of year	
<b>Note</b> Where required, attached schedules and amounts within the description column should be for end-of-year amounts only				
<b>Assets</b>	45 Cash - non-interest-bearing	707,159.	1,389,094.	
	46 Savings and temporary cash investments	80,000.	83,404.	
	47 a Accounts receivable	18,848.		
	b Less allowance for doubtful accounts	41,061.	18,848.	
	48 a Pledges receivable	2,282,340.		
	b Less allowance for doubtful accounts	4,302,470.	2,282,340.	
	49 Grants receivable			
	50 Receivables from officers, directors, trustees, and key employees			
	51 a Other notes and loans receivable			
	b Less allowance for doubtful accounts			
	52 Inventories for sale or use			
	53 Prepaid expenses and deferred charges	12,106.	20,636.	
	54 Investments - securities			
	55 a Investments - land, buildings, and equipment basis			
	b Less accumulated depreciation			
56 Investments - other	SEE STATEMENT 8	6,133,207.	7,436,521.	
57 a Land, buildings, and equipment basis	20,029,234.			
b Less accumulated depreciation	3,482,960.	16,823,780.	16,546,274.	
58 Other assets (describe SEE STATEMENT 9 )	204,837.	58	168,218.	
59 Total assets (add lines 45 through 58) (must equal line 74)	28,304,620.	59	27,945,335.	
<b>Liabilities</b>	60 Accounts payable and accrued expenses	370,072.	358,600.	
	61 Grants payable			
	62 Deferred revenue	347,641.	302,751.	
	63 Loans from officers, directors, trustees, and key employees			
	64 a Tax-exempt bond liabilities			
	b Mortgages and other notes payable	2,414,243.	2,247,646.	
	65 Other liabilities (describe SEE STATEMENT 10 )	11,426,562.	65	10,819,564.
66 Total liabilities (add lines 60 through 65)	14,558,518.	66	13,728,561.	
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	10,813,433.	11,563,329.	
	68 Temporarily restricted	199,485.	256,945.	
	69 Permanently restricted	2,733,184.	2,396,500.	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds			
	71 Paid-in or capital surplus, or land, building, and equipment fund			
	72 Retained earnings, endowment, accumulated income, or other funds			
	73 Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	13,746,102.	73	14,216,774.
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)	28,304,620.	74	27,945,335.

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



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

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**Part VI Other Information**

		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year? <span style="float:right">N/A</span>		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?		X
b	If "Yes," enter the name of the organization <span style="float:right">and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt</span>		
81 a	Enter direct or indirect political expenditures See line 81 instructions <span style="float:right">81a 0.</span>		
b	Did the organization file Form 1120-POL for this year?		X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b	If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III) <span style="float:right">82b N/A</span>		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? <span style="float:right">N/A</span>		
85	<b>501(c)(4), (5), or (6) organizations</b> a Were substantially all dues nondeductible by members? <span style="float:right">N/A</span>		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year <span style="float:right">N/A</span>		
c	Dues, assessments, and similar amounts from members <span style="float:right">85c N/A</span>		
d	Section 162(e) lobbying and political expenditures <span style="float:right">85d N/A</span>		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices <span style="float:right">85e N/A</span>		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) <span style="float:right">85f N/A</span>		
g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f? <span style="float:right">N/A</span>		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? <span style="float:right">N/A</span>		
86	<b>501(c)(7) organizations</b> Enter a Initiation fees and capital contributions included on line 12 <span style="float:right">86a N/A</span>		
b	Gross receipts, included on line 12, for public use of club facilities <span style="float:right">86b N/A</span>		
87	<b>501(c)(12) organizations</b> Enter a Gross income from members or shareholders <span style="float:right">87a N/A</span>		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) <span style="float:right">87b N/A</span>		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
89 a	<b>501(c)(3) organizations</b> Enter Amount of tax imposed on the organization during the year under section 4911 <span style="float:right">0.</span> , section 4912 <span style="float:right">0.</span> , section 4955 <span style="float:right">0.</span>		
b	<b>501(c)(3) and 501(c)(4) organizations</b> Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <span style="float:right">0.</span>		
d	Enter Amount of tax on line 89c, above, reimbursed by the organization <span style="float:right">0.</span>		
90 a	List the states with which a copy of this return is filed <span style="float:right">NONE</span>		
b	Number of employees employed in the pay period that includes March 12, 2001 <span style="float:right">90b 395</span>		

91 The books are in care of **JACK MALOY** Telephone no **(859) 367-7322**  
 Located at **LEXINGTON, KY** ZIP + 4 **40507**

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

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

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**Part VII Analysis of Income-Producing Activities** (See Specific Instructions on page 32)

Note	Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
		(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93	Program service revenue					
a	SEE STATEMENT 11					2,503,223.
b						
c						
d						
e						
f	Medicare/Medicaid payments					
g	Fees and contracts from government agencies					
94	Membership dues and assessments					3,489,253.
95	Interest on savings and temporary cash investments					
96	Dividends and interest from securities			14	302,708.	
97	Net rental income or (loss) from real estate					
a	debt-financed property					
b	not debt-financed property					
98	Net rental income or (loss) from personal property					
99	Other investment income					
100	Gain or (loss) from sales of assets other than inventory					33,766.
101	Net income or (loss) from special events					
102	Gross profit or (loss) from sales of inventory					
103	Other revenue					
a	FACILITY RENTAL					67,095.
b	RESIDENT RENTS					51,654.
c	OTHER					47,222.
d						
e						
104	Subtotal (add columns (B), (D), and (E))		0.		302,708.	6,192,213.
105	Total (add line 104, columns (B), (D), and (E))					6,494,921.

Note Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See Specific Instructions on page 32)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
▼	SEE STATEMENT # 15

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See Specific Instructions on page 33)

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

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See Specific Instructions on page 33)

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

completing schedules and statements and to the best of my knowledge and belief, it is true, information of which preparer has any knowledge.

9/13/02 JACK MALDY CFO

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

**Organization Exempt Under Section 501(c)(3)**

OMB No 1545-0047

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

**2001**

Department of the Treasury  
Internal Revenue Service

**Supplementary Information-(See separate instructions.)**

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

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

Employer identification number  
**61 0444842**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See page 1 of the instructions List each one If there are none, enter "None")

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

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See page 2 of the instructions List each one (whether individuals or firms) if there are none, enter "None")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
MANUS INC. 201 WEST SHORT ST. SUITE 501, LEXINGTON, KY 40507	CONSTRUCTION	110,617.
Total number of others receiving over \$50,000 for professional services ▶	0	

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

1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities **\$** \_\_\_\_\_ **\$** \_\_\_\_\_ (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B)

	Yes	No
1		X
2a		X
2b		X
2c	X	
2d	X	
2e		X
3		X
4		X

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities

2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions) **SEE STATEMENT 12**

a Sale, exchange, or leasing of property?

b Lending of money or other extension of credit?

c Furnishing of goods, services, or facilities?

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?

e Transfer of any part of its income or assets?

3 Does the organization make grants for scholarships, fellowships, student loans, etc? (See Note below)

4 Do you have a section 403(b) annuity plan for your employees?

**Note** Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments

**Part IV** Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions)

The organization is not a private foundation because it is (Please check only ONE applicable box)

5  A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)

6  A school Section 170(b)(1)(A)(ii) (Also complete Part V)

7  A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)

8  A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)

9  A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state **▶** \_\_\_\_\_

10  An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the Support Schedule in Part IV-A)

11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)

11b  A community trust Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)

12  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the Support Schedule in Part IV-A)

13  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See page 5 of the instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

14  An organization organized and operated to test for public safety Section 509(a)(4) (See page 6 of the instructions)

**YOUNG MEN'S CHRISTIAN ASSOCIATION**

Schedule A (Form 990 or 990-EZ) 2001 **OF GREATER LEXINGTON KENTUCKY**

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**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting  
 Note You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15 Gifts, grants and contributions received (Do not include unusual grants See line 28)	4,459,308.	1,507,040.	3,406,805.	620,104.	9,993,257.
16 Membership fees received	1,659,801.	903,147.	742,505.	665,405.	3,970,858.
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc. purpose	2,023,037.	1,810,846.	1,682,389.	1,448,352.	6,964,624.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	414,123.	323,777.	118,040.	135,870.	991,810.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization a benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	142,876.	264,007.	385,992.	222,976.	1,015,851.
23 Total of lines 15 through 22	8,699,145.	4,808,817.	6,335,731.	3,092,707.	22,936,400.
24 Line 23 minus line 17	6,676,108.	2,997,971.	4,653,342.	1,644,355.	15,971,776.
25 Enter 1% of line 23	86,991.	48,088.	63,357.	30,927.	

SEE STATEMENT 13

26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24	26a	N/A
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a Do not file this list with your return Enter the total of all these excess amounts		26b	N/A
c Total support for section 509(a)(1) test Enter line 24, column (e)		26c	N/A
d Add Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____		26d	N/A
e Public support (line 26c minus line 26d total)		26e	N/A
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))		26f	N/A %

27 Organizations described on line 12 a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person" Do not file this list with your return Enter the sum of such amounts for each year

(2000) 21,000. (1999) 11,445. (1998) 20,856. (1997) 10,817.

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11, as well as individuals) Do not file this list with your return After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year

(2000) 0. (1999) 0. (1998) 0. (1997) 0.

c Add Amounts from column (e) for lines 15 9,993,257. 16 3,970,858. 17 6,964,624. 20 _____ 21 _____	27c	20,928,739.
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d Add Line 27a total 64,118. and line 27b total 0.

e Public support (line 27c total minus line 27d total)

f Total support for section 509(a)(2) test Enter amount on line 23, column (e) 27f 22,936,400.

g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) 27g 90.9673%

h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) 27h 4.3242%

28 Unusual Grants For an organization described in line 10, 11, or 12, that received any unusual grants during 1997 through 2000, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant Do not file this list with your return Do not include these grants in line 15

NONE

**YOUNG MEN'S CHRISTIAN ASSOCIATION**

**Part V Private School Questionnaire** (See page 7 of the instructions)

N/A

**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

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

**YOUNG MEN'S CHRISTIAN ASSOCIATION**

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions)

N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred )		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
		N/A	
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)		
37	Total lobbying expenditures to influence a legislative body (direct lobbying)		
38	Total lobbying expenditures (add lines 36 and 37)		
39	Other exempt purpose expenditures		
40	Total exempt purpose expenditures (add lines 38 and 39)		
41	Lobbying nontaxable amount. Enter the amount from the following table -		
	<b>If the amount on line 40 is -                      The lobbying nontaxable amount is -</b>		
	Not over \$500,000                                      20% of the amount on line 40		
	Over \$500,000 but not over \$1,000,000      \$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000    \$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000    \$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000                                    \$1,000,000		
42	Grassroots nontaxable amount (enter 25% of line 41)		
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36		
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38		

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

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A (e) Total
	(a) 2001	(b) 2000	(c) 1999	(d) 1998	
45	Lobbying nontaxable amount				0.
46	Lobbying ceiling amount (150% of line 45(e))				0.
47	Total lobbying expenditures				0.
48	Grassroots nontaxable amount				0.
49	Grassroots ceiling amount (150% of line 48(e))				0.
50	Grassroots lobbying expenditures				0.

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions)

N/A

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

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



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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Supplementary Information for  
line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No 1545-0047

**2001**

Name of organization

YOUNG MEN'S CHRISTIAN ASSOCIATION  
OF GREATER LEXINGTON KENTUCKY

Employer identification number

61-0444842

Organization type (check one)

Filers of

Section

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General rule** or a **Special rule**. (Note Only a section 501(c)(7), (8), or (10) organization can check box(es) for both the General rule and a Special rule-see instructions )

**General Rule-**

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

**Special Rules-**

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms (Complete Parts I and II)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals (Complete Parts I, II, and III)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc , purposes, but these contributions did not aggregate to more than \$1,000 (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc , purpose Do not complete any of the Parts unless the General rule applies to this organization because it received nonexclusively religious, charitable, etc , contributions of \$5,000 or more during the year ) ▶ \$ \_\_\_\_\_

**Caution** Organizations that are not covered by the General rule and/or the Special rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must check the box in the heading of their Form 990, Form 990-EZ, or on line 1 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Schedule B (Form 990, 990-EZ, or 990-PF) (2001)

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

Employer identification number

**61-0444842**

**Part I Contributors** (See Specific Instructions)

(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 241,554.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)



FORM 990 GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES STATEMENT 1

DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
REALIZED GAIN - SALE OF TRUSTS & INVESTMENTS	33,766.	0.	0.	33,766.
TO FORM 990, PART I, LINE 8	33,766.	0.	0.	33,766.

FORM 990 PAYMENTS TO AFFILIATES STATEMENT 2

AFFILIATE'S NAME	AFFILIATE'S ADDRESS	AMOUNT
YMCA OF AMERICA, INC.		
PURPOSE OF PAYMENT		AMOUNT
SUPPORT SERVICES		84,828.
TOTAL TO FORM 990, PART I, LINE 16		84,828.

FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 3

DESCRIPTION	AMOUNT
UNREALIZED LOSS ON INVESTMENTS	<130,689.>
PRIOR PERIOD ADJUSTMENT - OVERSTATEMENT OF PERPETUAL TRUSTS	<45,600.>
PRIOR PERIOD ADJUSTMENT - OVERSTATEMENT OF DEBT ISSURANCE COSTS	<30,000.>
PRIOR PERIOD ADJUSTMENT - OVERSTATEMENT OF AMORTIZATION EXPENSES	4,500.
TOTAL TO FORM 990, PART I, LINE 20	<201,789.>

FORM 990 OTHER EXPENSES STATEMENT 4

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
CONTRACT SERVICES	298,796.	127,414.	167,359.	4,023.
VEHICLE EXPENSE	43,537.	40,256.	2,552.	729.
MISCELLANEOUS	33,009.	26,557.	5,825.	627.
EQUIPMENT PURCHASE	30,165.	22,250.	7,915.	
EMPLOYEE EXPENSE	47,679.	32,413.	15,126.	140.
SCHOLARSHIPS & AWARDS	21,795.	18,524.		3,271.
ORGANIZATION DUES	11,696.	5,354.	5,787.	555.
SPECIAL EVENTS	4,918.	1,032.	121.	3,765.
RECREATIONAL & VOCATIONAL	0.			
INSURANCE	62,219.	31,309.	30,910.	
UTILITIES	307,165.		307,165.	

TRUST EXPENSES	29,828.		29,828.	
AMORTIZATION	9,311.		9,311.	
ADMISSION FEES	34,860.	34,860.		
TOTAL TO FM 990, LN 43	934,978.	339,969.	581,899.	13,110.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 5  
PART III

EXPLANATION

TO PUT CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT: HELP KIDS SUCCEED IN LIFE; HELP ADULTS IMPROVE THEMSELVES; BRING FAMILIES CLOSER.

FORM 990 CASH GRANTS AND ALLOCATIONS STATEMENT 6

CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
SCHOLARSHIP AWARDS	VARIOUS		NONE	848.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22				848.

FORM 990 OTHER PROGRAM SERVICES STATEMENT 7

DESCRIPTION	GRANTS AND ALLOCATIONS	EXPENSES
BLACK ACHIEVERS		97,326.
AQUATICS		146,398.
YOUTH PROGRAMS		149,010.
DAY CARE		280,602.
TOTAL TO FORM 990, PART III, LINE E		673,336.

FORM 990	OTHER INVESTMENTS	STATEMENT	8
DESCRIPTION	VALUATION METHOD	AMOUNT	
MARKETABLE SECURITIES	MARKET VALUE	1,312,731.	
CASH EQUIVALENTS	MARKET VALUE	213,865.	
CASH SURRENDER VALUE LIFE INSURANCE	MARKET VALUE	70,000.	
FIXED INCOME	MARKET VALUE	5,839,925.	
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		7,436,521.	

FORM 990	OTHER ASSETS	STATEMENT	9
DESCRIPTION	AMOUNT		
DEBT ISSUANCE COSTS	162,936.		
INTANGIBLE ASSETS	3,000.		
OTHER ASSETS	2,282.		
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B		168,218.	

FORM 990	OTHER LIABILITIES	STATEMENT	10
DESCRIPTION	AMOUNT		
BOND OBLIGATION	10,800,000.		
CAPITALIZED LEASE OBLIGATIONS	19,564.		
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B		10,819,564.	

FORM 990	PROGRAM SERVICE REVENUE				STATEMENT	11
DESCRIPTION	BUS CODE	UNRELATED BUSINESS INC	EXCL CODE	EXCLUDED AMOUNT	RELATED OR EXEMPT FUNC-TION INCOME	
PRIME TIME LEAGUES & CAMPS					1,453,663.	
YOUTH PROGRAMS					249,360.	
AQUATICS					353,067.	
BLACK ACHIEVERS					125,601.	
ADULT FITNESS					21,055.	
					300,477.	
TO FORM 990, PART VII, LINE 93					2,503,223.	

SCHEDULE A STATEMENT REGARDING ACTIVITIES WITH SUBSTANTIAL CONTRIBUTORS, TRUSTEES, DIRECTORS, CREATORS, KEY EMPLOYEES, ETC, . PART III, LINE 2 STATEMENT 12

EXERCISE FACILITIES ARE AVAILABLE TO THE DIRECTORS.

SCHEDULE A OTHER INCOME STATEMENT 13

DESCRIPTION	2000 AMOUNT	1999 AMOUNT	1998 AMOUNT	1997 AMOUNT
GAIN/(LOSS) ON SALE OF INVESTMENTS	<21,178.>	133,005.	245,252.	85,760.
MISCELLANEOUS	164,054.	131,002.	140,740.	137,216.
TOTAL TO SCHEDULE A, LINE 22	142,876.	264,007.	385,992.	222,976.

**Young Men's Christian Association of Central Kentucky**  
**61-0444842**  
**Statement 15**  
**For the year ended 12-31-01**

**FORM 990, PART VIII – ACCOMPLISHMENT OF EXEMPT PURPOSES**

**93A Prime Time:** Strengthening families and meeting the needs of children have always been central to the YMCA mission of building healthy spirits, minds, and bodies for all. The central focus of our licensed YMCA school-aged childcare programs is to foster growth and development, not only in children, but also in their parents and families. YMCA childcare curricula help children develop moral and ethical behavior, self-esteem, and leadership. Y childcare programs also help parents remain gainfully employed, knowing their children are thriving in a safe, supportive environment. The YMCA of Central Kentucky provided licensed childcare at 21 separate sites throughout the school year, and 6 sites throughout the summer. Nearly 900 children were served daily throughout the school year, and 500 throughout summer months. YMCA financial assistance policies ensured participation for children of all economic levels, with \$65,000 in scholarships distributed to those in need.

**93B Leagues:** YMCA youth sports leagues are based on the philosophy that "everyone plays, everyone wins." The objective of YMCA sports leagues is to improve physical health, improve self-confidence, foster skill development, teach teamwork, encourage the development of respect, honesty, responsibility, caring, and have fun. Competition is de-emphasized in youth leagues. In 2001, youth league enrollment exceeded 7,500. Another 1,100 plus were involved in adult leagues.

**93C Youth Programs:** A variety of youth program activities including sports skills, martial arts, movement education, and social gatherings provided the framework for skill development, self-confidence, and fun. Over 300 children participated in events such as the YMCA's free Halloween Carnival, almost 200 participated in Healthy Kids day, and approximately 100 participated in the YMCA/NFLPA Football Clinic.

**93D Aquatics:** YMCA aquatic programs are a part of the YMCA's overall goal of building healthy spirit, mind and body. In addition to providing swimming instruction, water awareness programs, and lifeguarding, YMCA aquatics provide an outlet for exercise, therapy, and recreation. Having one of two indoor, non-private pools in the city, our fees are affordable to all segments of the population, and as with all YMCA programs, financial assistance is available.

**93D Day Camp:** Y camping programs exist 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 camping seeks to help participants achieve their fullest potential in spirit, mind, and body while providing safe, high-quality care for children during summer months. Over 1,400 children participated in one or more of the YMCA's 6 different camp programs offered in 2001. In addition to support from the United Way and the McDowell Breckenndge Foundation, the YMCA provided approximately \$63,000 in direct scholarships for children to attend summer camp in 2001.

## Statement 15, Continued

**93E Black Achievers Program:** The purpose of the Black Achievers Program is to prepare students for the future by exposing them to a variety of educational, career and social experiences, which will enable them to make better informed decisions in life. Every senior in the program that goes through the scholarship process receives a scholarship and/or cash award. The Black Achievers Program had 308 teens registered in 2001, representing 9 area counties. During the Black Achievers Banquet, 32 graduating seniors were awarded scholarships totaling \$635,000. In the program's 17-year life, over \$4,590,000 has been awarded to 583 seniors.

**93F Adult Fitness:** According to the Surgeon General's Report on Physical Activity and Health, "physical inactivity is a serious, nationwide problem. Its scope posed a public health challenge for reducing the national burden of unnecessary illness and premature death." The YMCA addresses this challenge by providing a variety of exercise programs for all ages in the atmosphere that advocates participation, not competitiveness, while nourishing the social, mental and spiritual aspects of total well being. 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 membership scholarships for those that cannot afford to pay full fees.

**94 Membership:** The YMCA is a membership association of men, women, and children dedicated to putting Christian principles into practice through programs that promote healthy spirits, minds, and bodies. YMCA membership is open to all people regardless of age, race, religion, ability, and economic status. In 2001, approximately 17,500 people were YMCA members, including 477 youths, 417 teens, 3,616 adults, and 12,500 family members. In 2001, financial assistance totaling more than \$114,000 was distributed for membership.

**103A Facility Rental:** The YMCA extends its charitable service into the community so that others may seek a better way of life. In addition to the 26 residents housed in the High Street YMCA, our Association collaborates with judicial and law enforcement agencies, churches, and other social service organizations within the community to help others in times of need, including the following:

- Fayette County Drug Court – The YMCA provides free passes to the YMCA, along with scholarship information, for participants graduating from the second phase of this drug rehabilitation program.
- Fayette County Detention Center – The YMCA participates in a work release program for inmates.
- Presbyterian Community Services – The YMCA provides memberships for teen girls and free memberships for counselors accompanying them to the YMCA.
- Big Brothers/Big Sisters – The YMCA provides use of its facility free of charge to youths when accompanied by their Big Brother or Big Sister.
- SAFE Place – The High Street YMCA serves as a SAFE place for youth needing temporary refuge.
- Splash Program – Each spring, the YMCA offers a free water safety program free to youth in the community.
- After Hours at the Y – Friday night programs provided four times throughout the year free of charge to teens to participate in education and recreational activities.

### **Statement 15, Continued**

- Bell House – The YMCA provides its swimming pool free of charge for 15-20 senior adults who participate in water exercise four times per week
- Douglas Pool used North Lexington facilities during their renovations at no charge to participants

**103B Resident Rents:** The YMCA provides decent housing and shelter, both permanent and temporary for an affordable fee for people in transition, students and unemployed people. The purpose is to provide a wholesome environment to foster sound character. Use of the YMCA facility is available to residents.

**YOUNG MEN'S CHRISTIAN ASSOCIATION OF CENTRAL KENTUCKY**  
**61-0444842**  
**Form 990, (2001) Attachment**  
**Schedule A**  
**Part III, Line 4**

**YMCA OF CENTRAL KENTUCKY**  
**POLICY ON MEMBERSHIP FINANCIAL ASSISTANCE**

Within the available resources of the YMCA of Central Kentucky, the YMCA will provide services for any youth or adult who desires to participate, regardless of ability to pay the established membership fee

Those unable to pay the full fee may receive financial assistance based on their demonstrated ability to pay, and the YMCA's ability to fund the subsidy

**How to apply**

- 1 Applicants must fill out the attached financial assistance form
- 2 Some form of written verification of income is needed, such as the prior year's income tax return, W2 form, a copy of a most recent paycheck stub, or a letter from employer verifying salary. If the applicant is not employed, verification of this fact must also be supplied. If the applicant is a full-time student, he/she must submit a copy of class registration.
- 3 The Membership Services Director will make an appointment with the applicant before assistance is awarded. All applicants' records will be kept confidential.

**Eligibility**

- 1 Assistance will be granted on the basis of financial need. The YMCA Board of Directors established guidelines for financial support.
- 2 The YMCA believes a strong sense of ownership and pride is developed if the financial assistance recipient has contributed to the cost of their YMCA involvement. Therefore, applicants will normally be asked to pay a portion of the membership fee.

**Selection Process**

The membership Services Director will notify all applicant of approval for financial assistance. Applicants who have received approval will have a two-week period to accept the award. All membership assistance is granted for a one-year period.

Central Kentucky YMCA  
Membership Financial Assistance Form

Type of membership for which assistance is required

---

PERSONAL

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime phone # \_\_\_\_\_ Evening # \_\_\_\_\_

Parent or Guardian \_\_\_\_\_  
(if applicant is 17 or under)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime phone # \_\_\_\_\_ Evening # \_\_\_\_\_

Dependents

Name \_\_\_\_\_ Relation \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_ Age \_\_\_\_\_

Employment Are you currently employed? \_\_\_\_\_

Employer \_\_\_\_\_ # of years \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Education Are you currently enrolled in college \_\_\_\_\_

Full-time \_\_\_\_\_ Part-time \_\_\_\_\_

Are you receiving financial aid? \_\_\_\_\_

Name of school \_\_\_\_\_

Income Monthly Gross \_\_\_\_\_

Spouse's Monthly Gross \_\_\_\_\_

Other Income(child support, etc ) \_\_\_\_\_

Do you currently receive State or Federal aid, food stamps or medical assistance? \_\_\_\_\_

If yes, please list \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you included written verification of income with this form? \_\_\_\_\_

**Signature**

I do hereby declare that the information provided on this form is correct, and agree to provide additional documentation to verify financial need if requested

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## YMCA CHILD DEVELOPMENT SCHOLARSHIP APPLICATION

All Applicants for YMCA Child Development Scholarships must first apply for assistance with the Child Care Assistance Program by calling 246-2605.

### Instructions:

- 1 Before your application is considered, you must apply for assistance with the Child Care Assistance Program If you do not qualify for assistance, please include the name of the agent with whom you spoke. If you do qualify, attach proof of assistance by that agency to this application
- 2 Proof of income in form of pay stubs and tax returns **MUST ACCOMPANY** this application for all persons living in the household that contribute money to living costs The names of each child participating in the program must be included on the application.
- 3 A registration form must accompany the scholarship application
- 4 Since a limited amount of funds are available, priority will be given to those participants with the greatest need This will be determined by A) income, B) a participants availability to attend on a regular basis, and C) if the persons applying for a scholarship are working or attending school on a full time basis
- 5 Funds will be awarded on a first come, first served basis
- 6 A sliding scale will be used Participants will be responsible for paying the remaining cost of their child care in a timely manner Scholarship amounts are based on weekly tuitions only
- 7 Participants wishing to participate in the scholarship awards program must submit the attached application completely The Business Manager for Child Development will then review the application. The Association Director for Child Development will give final approval for all scholarships awarded The application will be processed with 5 - 10 working days.
- 8 If a participant's enrollment drops or payments are not made in a timely matter, he/she can lose the subsidized amount
- 9 If the program you are applying for a scholarship requires a registration fee, the fee is the responsibility of the person applying for the scholarship
- 10 No more than 25% will be awarded for participation in Horseback Camp No more than 50% will be awarded for Aquatics, Soccer, All Sports or Basketball Camp. You must check off one of those camps on your registration form if you wish to be considered for a scholarship for these camps

### **Applicant Checklist** I have included

- Proof of assistance or name of agent from the Child Care Assistance Program Name \_\_\_\_\_
- Proof of all required forms of household income indicated under "Monthly Income."
- A copy of class registration (Full-time students only)
- A completed registration form
- Any registration fees

Failure to provide all requested information will delay the scholarship award process

**YMCA CHILD DEVELOPMENT SCHOLARSHIP APPLICATION**

**All Applicants for YMCA Child Development Scholarships must first apply for assistance with the Child Care Assistance Program by calling 246-2605.**

**Instructions:** Proof of income in the form of pay stubs and tax returns must accompany this application. One form per child must be completed. *This form must be completed in its entirety.*

Child's Name \_\_\_\_\_ Birth date: \_\_\_\_\_ Phone \_\_\_\_\_

Child's Name \_\_\_\_\_ Birth date \_\_\_\_\_

Child's Name \_\_\_\_\_ Birth date \_\_\_\_\_

School \_\_\_\_\_ Applying for subsidy for  Before School  After School  Before & After  
 Holiday/Inservice/Snowday All-Days  
 Summer  Spring Break  Winter Break

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Father's Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Mother's Name \_\_\_\_\_ Work Phone: \_\_\_\_\_

Place of Employment \_\_\_\_\_

List all household members:	NAME	AGE	S S NUMBER

MONTHLY INCOME	(Guardian 1)	(Guardian 2)
Gross Earnings from work per pay period.	_____	_____
Number of Pay Periods Per Year (select one)	<input type="checkbox"/> 12 <input type="checkbox"/> 24 <input type="checkbox"/> 26 <input type="checkbox"/> 52	<input checked="" type="checkbox"/> 12 <input type="checkbox"/> 24 <input type="checkbox"/> 26 <input type="checkbox"/> 52
Social Security Pension or Retirement (per month)	_____	_____
Unemployment or Worker's Comp (per month)	_____	_____
Section 8 housing - amount received (per month):	_____	_____
Welfare, Child Support, funding from Child Care Assistance Program or any state agency (per month)	_____	_____
All Other Income, including food stamps (per month):	_____	_____
<b>Total Monthly Gross Income:</b>	_____	_____

I hereby certify that the information supplied herein is true and complete to the best of my knowledge. I understand that if paycheck stubs and tax returns are not submitted with the application, it may cause a delay in the subsidy award process.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

**For Office Use Only**  
 Is scholarship \_\_\_\_\_ %  
 Has been approved for the amount of \$ \_\_\_\_\_ per week to be paid to \_\_\_\_\_ (School/Camp)  
 Is pending approval due to the following reason(s) \_\_\_\_\_  
 Has not been approved due to the following reason(s) \_\_\_\_\_  
 Business Manager \_\_\_\_\_ Date \_\_\_\_\_  
 Director's Signature \_\_\_\_\_ Date \_\_\_\_\_

# YMCA of Central Kentucky Scholarship Application

Instructions: Proof of income in the form of pay stubs and tax returns must accompany this application. Also include a letter explaining your request and need.  
If you are a full-time student, please include a copy of class registration.

For which branch are you requesting assistance? (Please circle one)

High Street                  North Lexington                  Beaumont Centre                  South Lexington

Type of membership you are requesting  
(If you are applying for program assistance, see below.)

Youth                  Teen                  Adult                  Senior                  Family

If you are applying for program assistance, please list the program

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## PERSONAL INFORMATION:

Applicant's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Name of parent or guardian (if applicant is under 17) \_\_\_\_\_

Please list all tax dependents (even if you are not applying for a family membership)

Spouse's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Dependent \_\_\_\_\_ Relation \_\_\_\_\_ Age \_\_\_\_\_

Dependent \_\_\_\_\_ Relation \_\_\_\_\_ Age \_\_\_\_\_

Dependent \_\_\_\_\_ Relation \_\_\_\_\_ Age \_\_\_\_\_

Dependent \_\_\_\_\_ Relation \_\_\_\_\_ Age \_\_\_\_\_

Dependent \_\_\_\_\_ Relation \_\_\_\_\_ Age \_\_\_\_\_

## EMPLOYMENT:

Are you currently employed? \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Number of years employed \_\_\_\_\_

**EDUCATION:**

Are you currently enrolled in college? Full-time \_\_\_\_\_ Part-time \_\_\_\_\_

Are you receiving financial aid or scholarships? \_\_\_\_\_

Name of School \_\_\_\_\_

**INCOME:**

Gross Monthly Income \_\_\_\_\_

Other income (child support, social security, etc.) \_\_\_\_\_

Do you currently receive state or federal aid, food stamps, or medical assistance?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list \_\_\_\_\_

\_\_\_\_\_

Have you included written verification of income with this form? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you included a letter stating your specific request and need? Yes \_\_\_\_\_ No \_\_\_\_\_

I do hereby declare that the information that is provided on this form is true and complete to the best of my knowledge. If requested, I agree to provide any additional documentation or information to verify my income.

Please allow for up to two weeks to process this application.

Date \_\_\_\_\_ Signature \_\_\_\_\_

**OFFICE USE ONLY:**

Date received \_\_\_\_\_ Date Processed \_\_\_\_\_

Date of membership/program contact \_\_\_\_\_

Rate of Scholarship: % subsidy \_\_\_\_\_

Joining Fee \_\_\_\_\_ Monthly Rate \_\_\_\_\_

Joining Date \_\_\_\_\_

Program Fee \_\_\_\_\_

Renewal Information \_\_\_\_\_

\_\_\_\_\_

Comments \_\_\_\_\_

**YMCA of Central KY., Inc.**  
**Asset Summary by Asset Type**  
**1/1/01 to 12/31/01**

**6901 – Automobiles**

Dept	Sec	Number	Description	Purch Date	Purch Price	Life	Cur Depr Exp	Book Value
101		6901-0001	1998 Volvo S70 GLT Automobile	9/12/01	18,419 60	5	R 3,683 92	14,735 68
Asset Type Total					18,419 60		3,683 92	14,735 68

**6910 – Land & Imp-North**

Dept	Sec	Number	Description	Purch Date	Purch Price	Life	Cur Depr Exp	Book Value
1001		6910-9001	Land Donaton	12/31/99	1,100,000 00	0	0 00	1,100,000 00
Asset Type Total					1,100,000 00		0 00	1,100,000 00

**6916 – Land & Imp-Beau**

Dept	Sec	Number	Description	Purch Date	Purch Price	Life	Cur Depr Exp	Book Value
601		6916-9001	Land Donaton	12/28/98	2,200,000 00	0	0 00	2,200,000 00
601		6916-9002	Grade & Sod Soccer Field	11/30/01	4,850 00	0	0 00	4,850 00
Asset Type Total					2,204,850 00		0 00	2,204,850 00

**6917 – Land & Improv-High**

Dept	Sec	Number	Description	Purch Date	Purch Price	Life	Cur Depr Exp	Book Value
701		6917-0001	Land	1/1/59	346,455 62	0	0 00	346,455 62
Asset Type Total					346,455 62		0 00	346,455 62

**6920 – Bldgs & Imp-North**

Dept	Sec	Number	Description	Purch Date	Purch Price	Life	Cur Depr Exp	Book Value
1001		6920-9001	North Facility	5/31/00	967,776 17	39	24,814 77	918,146 63
1001		6920-9002	North Facility	5/31/00	2,922,126 73	39	74,926 33	2,772,274 07
1001		6920-9003	North Facility	12/31/00	9,379 00	39	240 49	8,898 02
1001		6920-9004	Landscaping North - Sod	6/14/01	5,025 00	38	132 24	4,892 76
1001		6920-9005	Landscaping-Labor/Mat'l-North	4/20/01	7,993 12	38	210 35	7,782 77
1001		6920-9006	Constr'n Cost-Draw 18-North	3/20/01	30,415 00	38	800 39	29,614 61
1001		6920-9007	Landscaping-shrubs/mulch-North	7/24/01	11,888 40	38	312 85	11,575 55
1001		6920-9008	Landscaping-Trees	9/24/01	2,263 81	38	59 57	2,204 24
1001		6920-9009	Landscaping-Replace Shrubs	10/15/01	1,883 33	38	49 56	1,833 77
1001		6920-9010	Landscaping-Replace Sod	10/15/01	5,938 75	38	156 28	5,782 47
Asset Type Total					3,964,689 31		101,702 83	3,763,004 89

**6926 – Bldgs & Imp-Beaumont**

**YMCA of Central KY., Inc.**  
**Asset Summary by Asset Type**  
**1/1/01 to 12/31/01**

Dept	Sec	Number	Description	Purch Date	Purch Price	Life	Cur Depr Exp	Book Value
601		6926-0001	Beaumont-Repave Prkng Lot	4/17/01	24,375 00	38	641 45	23,733 55
601		6926-0002	Plumbing for Cosmo's Deli	6/24/01	3,097 00	38	81 50	3,015 50
601		6926-0003	Electrical Panels & breakers	5/21/01	1,950 00	38	51 32	1,898 68
601		6926-0006	Landscaping labor/mat'l-Beaumont	4/20/01	7,993 13	38	210 35	7,782 78
601		6926-0007	Remove & Rebuild Fence	4/25/01	3,186 00	30	106 20	3,079 80
601		6926-9001	Beaumont Facility	5/31/00	234,995 00	39	6,025 51	222,943 98
601		6926-9002	Beaumont Facility	5/31/00	3,266,659 17	39	83,760 49	3,099,138 19
601		6926-9003	Beaumont Facility	5/31/00	3,605,820 01	39	92,456.92	3,420,906 17
601		6926-9004	Beaumont Facility	12/31/00	12,008 86	39	307 92	11,393 02
601		6926-9005	Pool Deck Repair-Beaumont	5/21/01	2,500 00	38	65 79	2,434.21
601		6926-9007	Const'n Cost-Draw 18-Beaumont	3/20/01	72,945 81	38	1,919 63	71,026 18
601		6926-9008	Landscaping-Shrubs & Mulch	7/24/01	11,888 40	38	312 85	11,575 55
Asset Type Total					7,247,418 38		185,939 93	6,878,927 61

**6927 - Bldgs & Imp-High**

Dept	Sec	Number	Description	Purch Date	Purch Price	Life	Cur Depr Exp	Book Value
701		6927-0001	High Street Building	1/1/59	1,942,489 00	50	69,942 44	489,597 12
701		6927-0002	High Street Building	1/1/78	77,952 00	50	1,559 07	40,535 86
701		6927-0003	High Street Building	1/1/80	27,332 00	50	292 37	8,186 26
701		6927-0004	High Street Building	1/1/81	6,831 00	50	99 84	2,895 32
701		6927-0005	High Street Building	1/1/83	5,993 00	20	0 00	0 00
701		6927-0006	High Street Building	1/1/84	15,563 00	50	291 41	9,325 18
701		6927-0007	High Street Building	1/1/84	90,728 00	50	1,735 88	55,548.24
701		6927-0008	High Street Building	1/1/84	30,000 00	50	557.68	17,845 64
701		6927-0009	High Street Building	1/1/85	40,602 00	50	719 26	23,735 48
701		6927-0010	High Street Building	6/1/86	19,297 00	10	0 00	0 00
701		6927-0011	High Street Building	1/1/88	10,851 00	20	542 00	3,252 00
701		6927-0012	High Street Building	6/1/88	224 00	20	12 00	72 00
701		6927-0013	High Street Building	9/1/88	2,356 00	20	127 38	764 24
701		6927-0014	High Street Building	6/1/89	7,759 00	20	405 89	2,841 22
701		6927-0015	High Street Building	6/1/89	3,395 00	20	177 33	1,241 34
701		6927-0016	High Street Building	6/1/89	12,186 00	20	637 78	4,464 44

**YMCA of Central KY., Inc.**  
**Asset Summary by Asset Type**  
**1/1/01 to 12/31/01**

Dept	Sec	Number	Description	Purch Date	Purch Price	Life	Cur Depr Exp	Book Value
701		6927-0017	High Street Building	6/1/89	2,126 00	20	111 56	780 88
701		6927-0018	High Street Building	8/1/89	6,877 00	10	0 00	0 00
701		6927-0019	High Street Building	7/1/91	33,036 00	20	1,726 73	15,540 54
701		6927-0020	High Street Building	7/1/92	31,598 00	20	1,645 67	16,456 66
701		6927-0021	High Street Building	7/1/93	15,418 00	20	800 54	8,805 92
701		6927-0022	High Street Building	1/1/94	11,806 00	20	593 93	7,127 14
701		6927-0023	High Street Building	6/1/94	7,641 00	20	393 43	4,721 14
701		6927-0024	High Street Building	6/1/94	32,960 00	20	1,697 07	20,364 86
701		6927-0025	High Street Building	12/1/95	4,400 00	20	227 33	2,955 34
701		6927-0026	High Street Building	6/1/96	20,091 00	20	1,030 63	14,428 74
701		6927-0027	High Street Building	6/1/97	1,120 00	20	58 71	880 58
701		6927-0028	High Street Building	7/1/97	945 00	20	50 00	750 00
701		6927-0029	High Street Building	7/1/97	933 00	20	49 41	741 18
701		6927-5001	Pool Renovation	11/1/98	25,964 00	20	1,358 33	21,733 34
701		6927-9001	High Street Renovation	12/31/00	215,974 90	9	23,997 21	167,980 48
701		6927-9002	High Street Renovation	12/31/00	801,358 46	9	89,039 83	623,278 80
701		6927-9003	High Street Renovation	12/31/00	76,334 68	9	8,481 63	59,371 42
701		6927-9004	Int. Tnm/Dr Hng-Sauna-High St	5/21/01	1,225 00	8	153 13	1,071 87
701		6927-9005	Const'n Cost-Draw 8-High St	3/20/01	4,755 71	8	594 46	4,161 25
701		6927-9006	Repair Sanitary Sewer Line	3/22/01	193 40	8	24 18	169 22
701		6927-9007	Relocate Existing Whirlpool-Hi	3/22/01	785 00	8	98 13	686 87
701		6927-9008	Sprinkler System-High St	6/6/01	28,924 20	8	3,615 53	25,308 67
701		6927-9009	Repair holes-ladies locker rm	8/8/01	450 00	8	56 25	393 75
701		6927-9010	Final pmt-Electncal renovat'n	10/30/01	413 30	8	51 66	361 64
101		6927-9011	Lighting fixtures, wirng-4th	6/8/01	1,380 00	8	172 50	1,207 50
701		6927-9012	Lighting Fixtures, wirng-2nd	6/8/01	1,380 00	8	172 50	1,207 50
701		6927-9013	Rheem A/C Unit	6/22/01	8,648 00	8	1,081 00	7,567 00
101		6927-9014	Labor-4th flr ceiling tile	7/31/01	1,000 00	8	125 00	875 00
101		6927-9015	Wire lighting-4th floor	10/25/01	2,000 00	8	250 00	1,750 00
101		6927-9016	Labor/base-install carpet 4th	12/11/01	1,622 49	8	202 81	1,419 68
701		6927-9017	Carpet & Pad Mat'l	12/11/01	1,293 47	8	161 68	1,131 79

**YMCA of Central KY., Inc.**  
**Asset Summary by Asset Type**  
**1/1/01 to 12/31/01**

Dept	Sec	Number	Description	Purch Date	Purch Price	Life	Cur Depr Exp	Book Value
701		6927-9018	Carpet & Pad Matenal	12/11/01	1,293 47	8	161 68	1,131 79
701		6927-9019	Ceiling Tile-4th Floor Metro	6/4/01	810 45	8	101 31	709 14
701		6927-9020	Ceiling Tile-2nd Fir-High St	6/4/01	810 45	8	101 31	709 14
701		6929-9017	Labor/base-Install carpet-High	12/11/01	1,622 48	8	202 81	1,419 67
<b>Asset Type Total</b>					<b>3,640,748 46</b>		<b>215,688 28</b>	<b>1,677,502 84</b>

**6930 -- FF & E-North**

Dept	Sec	Number	Description	Purch Date	Purch Price	Life	Cur Depr Exp	Book Value
1001		6930-0001	GE Caprtal Lease Cannon Copier	6/1/00	8,500 00	5	1,700 00	5,100 00
1001		6930-0002	Toshiba Laptop Computer-BA	10/31/01	1,668 03	5	333 61	1,334 42
1001		6930-9001	Computer Equipment	6/16/00	28,000 00	5	5,600 00	16,800 00
1001		6930-9002	Computer Equipment	6/16/00	10,593 70	5	2,118 74	6,356 22
1001		6930-9003	Televsion	6/30/00	1,134 64	5	226 93	680 78
1001		6930-9004	Telephone Equipment	4/6/00	10,332 18	5	2,066 44	6,199 30
1001		6930-9005	Fitness Equipment	4/19/00	66,406 00	5	R 13,281 20	39,843 60
1001		6930-9006	Fitness Equipment	3/27/00	28,082 00	5	5,616 40	16,849.20
1001		6930-9007	Fitness Equipment	4/11/00	16,240 98	5	3,248 20	9,744 58
1001		6930-9008	Fitness Equipment	7/5/00	1,395 00	5	279 00	837 00
1001		6930-9009	Fitness Equipment	6/2/00	10,485 00	5	2,097 00	6,291.00
1001		6930-9010	Fitness Equipment	5/18/00	3,909 00	5	781 80	2,345 40
1001		6930-9011	Voice & Data System	6/30/00	5,878 00	5	1,175 60	3,526 80
1001		6930-9012	Aquamax Cleaner Pool	5/26/00	2,330 00	5	466 00	1,398 00
1001		6930-9013	Playground Equipment	10/25/00	21,994 00	5	4,398 80	13,196 40
1001		6930-9014	Aquatic Lift Pool	9/18/00	4,970 21	5	994 04	2,982 13
1001		6930-9015	Auto Ext. Defibrillator	12/31/01	3,756 50	8	469 56	3,286 94
<b>Asset Type Total</b>					<b>225,675 24</b>		<b>44,853 32</b>	<b>136,771 77</b>

**6931 -- FF&E - Metro**

Dept	Sec	Number	Description	Purch Date	Purch Price	Life	Cur Depr Exp	Book Value
901		6931-0001	Computer Terminal	6/1/96	420 00	5	0 00	0 00
101		6931-0002	Telephone System	6/1/96	807 00	5	0 00	0 00
101		6931-0003	Network	7/1/95	10,787 00	5	0 00	1,080 00
101		6931-0004	YWare	7/1/95	11,829 00	5	0 00	1,182 00

**YMCA of Central KY., Inc.**  
**Asset Summary by Asset Type**  
**1/1/01 to 12/31/01**

Dept	Sec	Number	Description	Purch Date	Purch Price	Life	Cur Depr Exp	Book Value
101		6931-0005	Computers	7/1/95	5,023 00	5	0 00	501 00
101		6931-0006	Computers	10/1/95	5,405 00	5	0 00	540 00
101		6931-0007	Equipment	6/1/96	13,390 00	5	0 00	0 00
101		6931-0009	Computer	1/1/97	2,634 00	5	526 50	0 00
101		6931-0010	Laser Pntr	2/1/97	900 00	5	187 50	0 00
101		6931-0011	Computers	3/1/97	5,331 00	5	1,155 00	0 00
101		6931-0012	Computers	6/1/97	2,388 00	5	576 50	0 00
101		6931-0013	Software	7/1/97	2,220 00	5	555 00	0 00
101		6931-0014	Software	9/1/97	5,904 00	5	1,574 00	0 00
101		6931-0015	Computers	9/1/97	7,678 00	5	2,047 00	0 00
101		6931-0016	Copier	2/10/98	16,418 00	5	3,374 67	3,374 66
101		6931-0017	Network installation	3/23/98	1,203 00	5	260 67	260 66
101		6931-0018	Routers	3/31/98	3,295 00	5	714 00	714 00
101		6931-0019	Computer Equipment	5/12/98	2,940 00	5	669 67	669 66
101		6931-0020	Computer Equipment	5/21/98	3,007 00	5	685 00	685 00
101		6931-0021	Computer Equipment	7/2/98	2,863 00	5	668 00	668 00
101		6931-0022	Computer Equipment	10/21/98	1,643 00	5	419 67	419 66
101		6931-0023	Computer Equipment	11/14/98	1,838 00	5	469 67	469 66
101		6931-0024	Virus Scan	3/24/99	1,215 00	5	258 25	516 50
101		6931-0025	Telephone System	11/5/99	6,237 00	5	1,533 25	3,066 50
101		6931-0026	GTE installation	12/31/99	1,468 00	5	293 60	587 20
101		6931-0027	Computer Equipment	6/16/00	26,556 82	5	5,311 36	15,934 10
101		6931-0028	GPS Dynamics Payroll Software	10/25/01	5,295 00	5	1,059 00	4,236 00
101		6931-0029	Compaq Despro EXS	5/31/01	699 99	3	233 33	466 66
101		6931-0030	Compaq Deskpro, Celeron	2/18/01	862 79	3	287 60	575 19
101		6931-0031	Lexmark OptraM412N Laser Pmtr	2/20/01	1,006 28	5	201 26	805 02
101		6931-0032	Compaq Deskpro, P-3 Computer	2/27/01	1,485 96	3	495 32	990 64
101		6931-0033	MP2 Access Maintenance Sftwre	5/24/01	3,025 00	5	605 00	2,420 00
101		6931-0034	Compaq Deskpro Computer	9/30/01	645 32	3	215 11	430 21
101		6931-0035	Compaq Deskpro Computer	10/17/01	622 99	3	207 66	415 33
101		6931-0036	3 air conditioners-Metro	7/9/01	980 25	5	196 05	784 20

## YMCA of Central KY., Inc. Asset Summary by Asset Type 1/1/01 to 12/31/01

Dept	Sec	Number	Description	Purch Date	Purch Price	Life	Cur Depr Exp	Book Value
Asset Type Total					158,023 40		24,779 64	41,791 85

**6933 - FF&E - South**

Dept	Sec	Number	Description	Purch Date	Purch Price	Life	Cur Depr Exp	Book Value
301		6933-0001	Equipment	10/1/92	4,680 00	10	643 50	0 00
301		6933-0002	Equipment	12/1/92	15,295 00	10	2,229 00	0 00
301		6933-0003	Equipment	7/1/93	896 00	10	103 67	103 66
301		6933-0004	Washer & Dryer	7/1/95	736 00	5	0 00	74 00
301		6933-0005	Fax Modem	7/1/95	326 00	5	0 00	33 00
301		6933-0006	Equipment	5/1/96	12,974 00	5	0 00	0 00
301		6933-0007	Equipment	2/1/97	3,129 00	5	651 50	0 00
301		6933-0008	Equipment	3/1/97	1,440 00	5	312 00	0 00
301		6933-0009	Equipment	8/1/97	4,550 00	5	1,175 50	0 00
301		6933-0010	Computer	11/1/97	2,020 00	5	572 50	0 00
301		6933-0011	Computer	11/1/97	2,094 00	5	593 00	0 00
301		6933-0012	Equipment	1/6/98	2,990 00	5	598 00	598 00
301		6933-0013	Equipment	7/31/98	3,000 00	5	716 67	716 66
301		6933-0014	Signs	8/20/98	1,145 00	5	280 00	280 00
301		6933-0015	Radio Equipment	9/28/98	1,970 00	5	492 67	492 66
301		6933-0016	Equipment	11/24/98	3,760 00	5	981 67	981 66
301		6933-0017	Office Furniture	12/16/98	2,915 00	5	777 33	777 34
301		6933-0018	Equipment	6/16/99	1,230 00	5	276 75	553 50
301		6933-0019	Equipment	10/1/99	2,333 00	5	554 00	1,108 00
301		6933-0020	Equipment	12/2/99	3,765 00	5	925 50	1,851 00
301		6933-0021	Equipment	12/22/99	8,863 00	5	R 1,772 60	3,545 20
301		6933-0022	Computer Equipment	6/16/00	25,842 83	5	R 5,168 57	15,505 69
301		6933-0023	Voice Mail System	10/17/01	1,330 88	5	266 18	1,064 70
301		6933-0024	AED-Little Anne & Baby Anne	12/28/01	874 43	8	109 30	765 13
301		6933-0025	Auto Ext. Defibrillator	12/31/01	3,756 50	8	469 56	3,286 94
301		6933-2001	Equipment	1/31/98	3,795 00	5	780 00	780 00
301		6933-2002	Equipment	2/28/98	29,740 00	5	6,278 33	6,278 34
Asset Type Total					145,450 64		26,727 80	38,795 48

**YMCA of Central KY., Inc.**  
**Asset Summary by Asset Type**  
 1/1/01 to 12/31/01

**6934 - FF&E- Jess Co**

Dept	Sec	Number	Description	Purch Date	Purch Price	Life	Cur Depr Exp	Book Value
401		6934-0001	4 Tables & 18 Chairs	11/5/01	924 13	8	115 52	808 61
Asset Type Total					924 13		115 52	808 61

**6935 - FF&E - Scott Co.**

Dept	Sec	Number	Description	Purch Date	Purch Price	Life	Cur Depr Exp	Book Value
501		6935-0001	Computer Equipment	9/1/97	2,192 00	5	731 00	0 00
501		6935-0002	HP Vectra Celeron Computer	11/30/01	619 98	3	206 66	413 32
Asset Type Total					2,811 98		937 66	413 32

**6936 - FF&E - Beaumont**

Dept	Sec	Number	Description	Purch Date	Purch Price	Life	Cur Depr Exp	Book Value
601		6936-0001	GE Capital Lease Cannon Copier	6/1/00	8,500 00	5	1,700 00	5,100 00
601		6936-9001	Computer Equipment	6/16/00	28,000 00	5	5,600 00	16,800 00
601		6936-9002	Computer Equipment	6/16/00	8,521 13	5	1,704 23	5,112 67
601		6936-9003	Television	6/30/00	1,134 64	5	226 93	680 78
601		6936-9004	Telephone Equipment	4/6/00	10,021 50	5	2,004 30	6,012 90
601		6936-9005	Fitness Equipment	3/15/00	96,761 00	5	19,352 20	58,056 60
601		6936-9006	Fitness Equipment	6/15/00	13,980 00	5	2,796 00	8,388 00
601		6936-9007	Fitness Equipment	6/6/00	1,395 00	5	279 00	837 00
601		6936-9008	Fitness Equipment	5/24/00	80,390 00	5	16,078 00	48,234 00
601		6936-9009	Fitness Equipment	7/26/00	2,300 00	5	460 00	1,380 00
601		6936-9010	Voice & Data System	6/30/00	3,037 00	5	607 40	1,822 20
601		6936-9011	Equipment	6/30/00	1,250 60	5	250 12	750 36
601		6936-9012	Maxi Sweep Pool	5/24/00	2,625 00	5	525 00	1,575 00
601		6936-9013	Aquatic Lift Pool	9/18/00	4,970 21	5	994 04	2,982 13
601		6936-9014	2 3-row bleachers & 2 benches	8/7/01	2,101 12	5	420 22	1,680 90
601		6936-9015	Trazer Simulator System 1/2	10/15/01	4,909 00	5	981 80	3,927 20
601		6936-9016	6 Avenger Body Cycles	11/29/01	5,394 00	5	1,078 80	4,315 20
601		6936-9017	Aeromic Aerobics Microphone	11/30/01	354 00	5	70 80	283 20
601		6936-9018	TR 9100 Treadmill	12/12/01	4,594 80	5	918 96	3,675 84
601		6936-9019	TR 9100 Treadmill	12/12/01	4,594 80	5	918 96	3,675 84
601		6936-9020	Audio Equip for Cycle Room	12/19/01	1,353 00	5	270 60	1,082 40

## YMCA of Central KY., Inc. Asset Summary by Asset Type 1/1/01 to 12/31/01

Dept	Sec	Number	Description	Purch Date	Purch Price	Life	Cur Depr Exp	Book Value
601		6936-9021	Cross Trainer True 750E-DA	12/27/01	6,292 50	5	1,258 50	5,034 00
601		6936-9022	Toys & Home Climb & Play Hse	12/14/01	800 00	5	160 00	640 00
601		6936-9023	7' Multi Goal air hockey/ping-	12/13/01	849 05	5	169 81	679 24
601		6936-9024	3' X 4' Bike Mat	12/12/01	511 50	5	102 30	409 20
601		6936-9030	Compaq Deskpro, Celeron Comptr	2/16/01	862 79	3	287 60	575 19
601		6936-9031	2 Swimsuit Water Extractors	2/26/01	2,267 00	8	283 38	1,983 62
601		6936-9032	6-tier locker, w/2 benches,ADA	3/16/01	940 53	8	117 57	822 96
601		6936-9033	Compaq Deskpro Celeron Comptr	4/19/01	618 92	3	206 31	412 61
601		6936-9034	12' X 20' Portable Garage,vent	4/25/01	3,165 00	8	395 63	2,769 37
601		6936-9035	Office Cubicle Walls & Hdware	4/30/01	1,482 00	8	185 25	1,296 75
601		6936-9036	8' X 12' Portable Storage Shed	6/8/01	1,229 00	8	153 63	1,075 37
601		6936-9037	4 46" Square Picnic Tables	6/15/01	1,822 48	8	227 81	1,594 67
601		6936-9038	2 46" Square Picnic Tables	6/15/01	912 00	8	114 00	798 00
601		6936-9039	Locker Room Benches	6/17/01	637 53	8	79 69	557 84
601		6936-9040	Simplex Time Recorder	6/30/01	1,336 02	8	167 00	1,169 02
601		6936-9041	Weight Rm Equipment	12/31/01	6,256 00	5	1,251 20	5,004 80
601		6936-9042	Auto External Defrebulator	12/31/01	3,756 50	8	469 56	3,286 94
601		6936-9043	ADE Lad Little Anne & BabyAnn	12/28/01	874 43	8	109 30	765 13
<b>Asset Type Total</b>					<b>320,800 05</b>		<b>62,975 90</b>	<b>205,246 93</b>

**6937 - FF & E-High St**

Dept	Sec	Number	Description	Purch Date	Purch Price	Life	Cur Depr Exp	Book Value
701		6937-0001	FF&E High Street	1/1/77	6,195 00	10	0 00	0 00
701		6937-0002	FF&E High Street	1/1/78	9,163 00	10	0 00	0 00
701		6937-0003	FF&E High Street	1/1/82	60,058 00	10	0 00	0 00
701		6937-0004	Nautilus Equipment	1/1/84	22,504 00	10	0 00	0 00
701		6937-0005	Nautilus Equipment	1/1/85	5,468 00	10	0 00	0 00
701		6937-0006	Nautilus Equipment	1/1/86	50,954 00	10	0 00	0 00
701		6937-0007	Office Furniture	6/1/86	3,343 00	10	0 00	0 00
701		6937-0008	Security System	6/1/86	3,465 00	10	0 00	0 00
701		6937-0009	Equipment	6/1/86	6,990 00	10	0 00	0 00
701		6937-0010	Equipment	12/1/87	2,876 00	10	0 00	0 00

**YMCA of Central KY., Inc.**  
**Asset Summary by Asset Type**  
**1/1/01 to 12/31/01**

Dept	Sec	Number	Description	Purch Date	Purch Price	Life	Cur Depr Exp	Book Value
701		6937-0011	Computer Equipment	6/1/88	3,856 00	10	0 00	0 00
701		6937-0012	Equipment	9/1/88	5,390 00	10	0 00	0 00
701		6937-0013	Copier	11/1/88	10,585 00	10	0 00	0 00
701		6937-0014	Laser Printer	12/1/88	1,897 00	10	0 00	0 00
701		6937-00140	Equipment	7/1/96	12,520 00	5	0 00	0 00
701		6937-0015	Check Printer	12/1/88	764 00	10	0.00	0.00
701		6937-0016	Air Conditioners	12/1/89	38,500 00	10	0 00	0 00
701		6937-0017	Equipment	10/1/89	3,398 00	10	0 00	0 00
701		6937-0018	Equipment	10/1/89	900 00	10	0 00	0 00
701		6937-0019	Computer Equipment	7/1/90	57,698 00	10	0 00	2,883 00
701		6937-0020	Washing Machines	9/1/91	6,385 00	10	0 00	0 00
701		6937-0021	Seated Chest	9/1/91	13,512 00	10	0 00	0 00
701		6937-0022	Washing Machines	9/1/91	1,350 00	10	0 00	0 00
701		6937-0023	Equipment	7/1/92	15,435 00	10	1,927 50	0 00
701		6937-0024	Equipment	7/1/93	4,550 00	10	530 67	530 66
701		6937-0025	Equipment	1/1/94	15,379 00	10	1,537 75	3,075 50
701		6937-0026	Equipment	6/1/94	2,799 00	10	139 75	279 50
701		6937-0027	Equipment	6/1/94	2,395 00	10	119 25	238 50
701		6937-0028	Equipment	6/1/94	1,690 00	10	84 50	169 00
701		6937-0029	Equipment	6/1/94	200 00	10	10 00	20 00
701		6937-0030	Equipment	6/1/94	667 00	10	33 25	66 50
701		6937-0031	Water Cooler	6/1/94	340 00	10	17 00	34 00
701		6937-0032	Water Cooler	6/1/94	342 00	10	17 50	35 00
701		6937-0033	Linray Mat	6/1/94	288 00	10	14 00	28 00
701		6937-0034	Equipment	6/1/94	196 00	10	9 50	19 00
701		6937-0035	Equipment	6/1/94	4,680 00	10	234 00	468 00
701		6937-0036	Equipment	6/1/94	4,999 00	10	249 75	499 50
701		6937-0037	Equipment	6/1/94	365 00	10	17 75	35 50
701		6937-0038	Computer	10/1/96	2,527 00	5	0 00	0 00
701		6937-0039	Equipment	3/1/96	9,090 00	5	0 00	0 00
701		6937-0041	Equipment	1/1/97	6,500 00	5	1,300 00	0 00

**YMCA of Central KY., Inc.**  
**Asset Summary by Asset Type**  
**1/1/01 to 12/31/01**

Dept	Sec	Number	Description	Purch Date	Purch Price	Life	Cur Depr Exp	Book Value
701		6937-0042	Dryer	4/1/97	2,400 00	5	600 00	0 00
701		6937-0043	Sound System	6/1/97	2,298 00	5	651 00	0 00
701		6937-0044	Dell Computer	2/24/98	1,576 00	5	332 67	332 66
701		6937-0045	Equipment	8/20/98	3,894 00	5	951 67	951 66
701		6937-0046	Equipment	10/27/98	1,100 00	5	281 00	281 00
701		6937-0047	Equipment	12/22/98	4,078 00	5	1,087 33	1,087 34
701		6937-0048	Equipment	12/31/98	2,130 00	5	568 00	568 00
701		6937-0049	Computer	6/23/99	2,150 00	5	483 75	967 50
701		6937-0050	Dryrer	8/25/99	2,133 00	5	497 75	995 50
701		6937-0051	Cobra Benches	9/17/99	434 00	5	103 00	206 00
701		6937-0052	Equipment	9/24/99	3,871 00	5	919 25	1,838 50
701		6937-0053	Equipment	9/24/99	1,218 00	5	289 25	578 50
701		6937-0054	Equipment	9/28/99	15,060 00	5	3,576 75	7,153 50
701		6937-0055	Telephone System	11/5/99	6,237 00	5	1,533 25	3,066 50
701		6937-0056	Benches	11/15/99	605 00	5	148 75	297 50
701		6937-0057	Equipment	11/15/99	26,736 00	5	6,572 50	13,145 00
701		6937-0058	Equipment	11/16/99	589 00	5	144 75	289 50
701		6937-0059	Equipment	11/17/99	1,556 00	5	382 50	765 00
701		6937-0060	Equipment	11/18/99	1,556 00	5	382 50	765 00
701		6937-0061	Equipment	11/19/99	1,556 00	5	382 50	765 00
701		6937-0062	Equipment	11/20/99	1,952 00	5	479 75	959 50
701		6937-0063	Equipment	11/21/99	1,556 00	5	382 50	765 00
701		6937-0064	Equipment	11/22/99	1,453 00	5	357 25	714 50
701		6937-0065	Equipment	11/23/99	1,453 00	5	357 25	714 50
701		6937-0066	Equipment	11/24/99	926 00	5	227 75	455 50
701		6937-0067	Equipment	12/31/99	2,247 00	5	449 40	898 80
701		6937-0068	Equipment	12/31/99	3,765 00	5	753 00	1,506 00
701		6937-0069	GE Capital Lease Cannon Copier	6/1/00	8,500 00	5	1,700 00	5,100 00
701		6937-0070	Thera-Crunch Machine	12/31/01	1,070 00	5	214 00	856 00
701		6937-0071	Compaq Deskpro Computer	2/16/01	724 77	3	241 59	483 18
701		6937-0072	11300 BTU A/C-Rm 201	2/16/01	750 00	8	93 75	656 25

## YMCA of Central KY., Inc. Asset Summary by Asset Type 1/1/01 to 12/31/01

Dept	Sec	Number	Description	Purch Date	Purch Price	Life	Cur Depr Exp	Book Value
701		6937-0073	Weight Room Equipment	11/26/01	5,248 10	5	1,049 62	4,198 48
701		6937-0074	Auto External Defibrillator	12/31/01	3,756 50	8	469 56	3,286 94
701		6937-0075	AED-Ladil Little Anne&Baby Ann	12/28/01	874 43	8	109 30	765 13
701		6937-2001	Equipment	2/28/98	20,373 00	5	4,300 67	4,300 66
Asset Type Total					536,038 80		37,315 73	68,095 7f

**6939 - FF & E-Bar Y**

Dept	Sec	Number	Description	Purch Date	Purch Price	Life	Cur Depr Exp	Book Value
901		6939-0001	Bar-Y Pool	7/1/93	39,516 00	10	4,609 33	4,609 34
901		6939-0002	Bar-Y Equipment	7/1/93	1,162 00	10	136 00	136 00
901		6939-0003	Bar-Y Tents	6/1/96	480 00	5	0 00	0 00
901		6939-0004	Bar-Y Vac	6/1/96	253 00	5	0 00	0 00
Asset Type Total					41,411 00		4,745 33	4,745 34

**6952 - Leasehold Improvements-Midway**

Dept	Sec	Number	Description	Purch Date	Purch Price	Life	Cur Depr Exp	Book Value
901		6952-0001	Labor & mat'ls-Carpeting Midwy	10/25/01	4,580 00	5	916 00	3,664 00
901		6952-0002	Security door w/coded entry	9/27/01	1,462 26	5	292 45	1,169 81
Asset Type Total					6,042 26		1,208 45 <sup>A</sup>	4,833 81

**6953 - Leasehold Impr-South**

Dept	Sec	Number	Description	Purch Date	Purch Price	Life	Cur Depr Exp	Book Value
301		6953-0001	Locker Room Renovate	12/1/97	4,401 89	5	1,284 44	0 00
Asset Type Total					4,401 89		1,284 44 <sup>A</sup>	0 00

**6954 - Leasehold Imp-Jess**

Dept	Sec	Number	Description	Purch Date	Purch Price	Life	Cur Depr Exp	Book Value
401		6954-0001	Chain Link Fence	5/1/97	1,587 40	5	370 70	0 00
401		6954-0002	Equipment	12/31/98	4,000 00	5	1,066 67	1,066 66
401		6954-0003	Carpeting	6/12/99	1,960 00	5	432 75	865 50
401		6954-0004	Building Maintenance	6/21/99	300 00	5	67 50	135 00
Asset Type Total					7,847 40		1,937 62 <sup>A</sup>	2,067 16

Total					19,972,008 16		713,896 37	16,489,046 67
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*EA = 4,430 Amort. Exp.*

*Add CIP*

*57,221.99*  
*20,029,235.*  
*220?*

	OFFICERS	TERM	EXPIRES	BUSINESS ADDRESS/PHONE	RESIDENCE ADDRESS/PHONE
1	Bolson, Laura T.  Nicki, Secy		1 2002	Bank One, Kentucky, NA 201 E Main St Lexington, KY 40507 Phone 231-2912 Fax 231-2732 E-Mail laura_bolson@bankone.com Sr Vice President, Market Manager	620 Summershade Cir Lexington, KY 40502 Phone 223-4338
2	Borkowski, Ronald W. (Ron)	Past Chair	2 2001	    E Mail ndbork@aol.com	1129 Sheffield Place Lexington, Ky 40509 Phone 263-2494 Mobile 533-9901
3	Cawood, David E.		1 2003	Host Communications 546 East Main St. Lexington, KY 40508 Phone 226-4336 Fax 226-4242 E-mail dave.cawood@hostcommunications.com Executive Vice President	1213 Sherborne Plaza Lexington, KY 40509 Phone 263-8048
4	Cole III, John E.		1 2001	John Cole Landscaping P O Box 2221 Lexington, KY 40588-2221 Phone 255-2653 Fax E-Mail aafinc@lex.infi.net Owner	
5	Cornett, Karl W. (Kip)  Judy, Secy	Vice Chairman	2 2001	Cornett Advertising 114 Woodland Ave Lexington, KY 40502 Phone 281-5104 Fax 281-5107 E-Mail kip@cornettadv.com President	248 South Ashland Lexington, Ky 40502 Phone 266-2924
6	Cowgill, Bradford L. (Brad)  Katherine, Secy	Vice Chairman	1 2002	Wyatt, Tarrant & Combs 1700 Lex Financial Center Lexington, KY 40507 Phone 233-2012 Fax 259-0649 E-Mail bcowgill@wyattfirm.com Attorney	783 Chinoe Rd Lexington, KY 40502 Phone 266-7842
7	Cowgill, Larry	Board of Trustees Rep	1	Congleton-Hacker Co P O Box 22640 Lexington, KY 40522-2640 Phone 254-6481 Fax 253-0442 E-Mail lcowgill@congleton-hacker.com Vice President	1984 Shadybrook Ln Lexington, KY 40502 Phone 269-6581

	OFFICERS	TERM	TERM EXPIRES	BUSINESS ADDRESS/PHONE	RESIDENCE ADDRESS/PHONE
Cutter Frizzell, Paula		2	2003	AFLAC 3176 Richmond Rd PMB 135 Lexington, KY 40509 Phone 294-8680 Fax 294-9680 E-Mail glamour2go@aol.com Associate	405 Windfield Place Lexington, KY 40517 Phone 266-7694
9 David, Greg		1	2003	Ashland, Inc 3499 Blazer Pkwy Lexington, KY 40509 Phone 357-7670 Fax 357-7912 E-mail gjdavid@ashland.com Vice President Sales	833 Broadmoor Cir Lexington, KY 40509 Phone 263-1021
10 Doyle, Kevin M.	Chairman	2	2001	Congleton-Hacker Co P O Box 22640 Lexington, KY 40522-2640 Phone 254-6481 Fax 253-0442 E-Mail kdoyle@congleton-hacker.com Secretary/Treasurer	608 Teakwood Dr Lexington, KY 40502 Phone 268-4536
11 Edelen, Adam H		2	2003	Lexington Chamber of Commerce 330 E Main St Lexington, KY 40507 Phone 254-4447 Fax 233-3304 E-Mail aedelen@lexchamber.com Vice President of Operations	215 Cochran Rd Lexington, KY 40502 Phone 266-9888
12 Fankhauser, Robin L.		1	2001	Fayette Co Public Schools 701 East Main St Lexington, KY 40502 Phone 281-0104 Fax 281-0303 E-Mail rfankhau@fayette.k12.ky.us Superintendent	1111 Jonestown Lane Lexington, KY 40517 Phone 271-5597
13 Goss, Kathy		1	2002	Venzon P O Box 1650 Lexington, KY 40588-1650 230 Lexington Green Circle, Ste 605 Lexington, KY 40503 Phone 271-7812 Fax 271-1721 E-Mail kathy.goss@venzon.com Public Affairs Manager, Kentucky	2160 Birkdale Dr Lexington, KY 40509 Phone 263-7263

	OFFICERS	TERM	TERM EXPIRES	BUSINESS ADDRESS/PHONE	RESIDENCE ADDRESS/PHONE
Hanson, Paula		1	2003	Dean, Dorton & Ford 106 West Vine St, Ste 600 Lexington, KY 40507 Phone 255-2341 Fax 255-0125 E-mail phanson@deandortonford.com Partner	4060 Palmetto Dr Lexington, KY 40513 Phone 223-7904
15 Harper, Katherine		1	2002	The Thoroughbred Center 3380 Pans Pike Lexington, KY 40505 Phone 293-1853 Fax 299-1284 E-mail kharper@thethoroughbredcenter.com Controller	
16 Hendrickson, William W.  Secy Betty Curtis betty_w-curtis@		1	2002	Saint Joseph HealthCare One Saint Joseph Dr Lexington, KY 40504-3754 Phone 313-1695 Fax 313-3001 E-Mail hendrww@sjhlex.org President/CEO	
17 Hofmelster, George		1	2002	American Commercial Holdings, Inc 1855 Winchester Road Pans, KY 40361 Phone (606)988-9987 Fax (606)988-9990 E-Mail ghofmeister@ac-ac.com Chairman & CEO	
18 Houlihan, Robert F. Jr. (Bobby)  Tracy, Secy (x-3095)		1	2002	Stoll, Keenon & Park, LLP 300 W Vine St, Ste 2100 Lexington, KY 40507 Phone 231-3037 Fax 253-1093 E-Mail rfhjr@skp.com Attorney	1612 Bon Air Dr Lexington, KY 40502 Phone 269-5156
19 Ivy, Larry		1	2001	University of Kentucky Memorial Coliseum Lexington, KY 40506 Phone 257-8000 Fax 257-6302 E-Mail lwi@pop.uky.edu Athletics Director	604 Camino Rd Lexington, KY 40502 Phone 266-5740
20 Kelly, Timothy M (Tim)  Anita, Secy (231-3109)	Vice Chair	1	2002	Lexington Herald-Leader 100 Midland Ave Lexington, KY 40508 Phone 231-3257 Fax 231-3454 E-Mail tkelly@herald-leader.com President & Publisher	3157 Warrenwood Wynd Lexington, KY 40502 Phone 269-8733

	OFFICERS	TERM	TERM EXPIRES	BUSINESS ADDRESS/PHONE	RESIDENCE ADDRESS/PHONE
<b>McDonald, John M. IV</b>		1	2001	Brock McVey Company 1100 Brock McVey Dr Lexington, KY 40509 Phone 255-1412 Fax 233-4387(100) E-Mail johniv@brockmcvey.com President, COO	3629 Barrow Wood Ln Lexington, KY 40502 Phone 266-6396
Barbara (Secy)					
<b>22 Minnifield, Frank L.</b>		2	2001	Minnifield Enterprize, Inc 4809 Chaffy Lane Lexinton, KY 40515 Phone 276-3488 Fax 271-8864 E-Mail fmbigdog@aol.com President	4809 Chaffy Ln Lexington, KY 40515 Phone 275-0040
<b>23 Ogle, James R. Jr.</b> (Jim)	Beaumont Centre Chairman	1	2000	WKYT-TV P O Box 55037 Lexington, Ky 40555 Phone 299-0411, x-312 Fax 293-1578 E-Mail jogle@wkyt.com Sr Vice President & News Director	1425 Copper Creek Dr Lexington, KY 40514 Phone 224-2062
<b>24 Pike Jr., Dennis</b>		1		The MONY Group 444 E Main St., Ste 112 Lexington, KY 40507 Phone 422-6669 Fax 252-3108 E-Mail dpikejr@mony.com Financial Professional	1885 Honey Spnng Pl Lexington, KY 40502 Phone 269-8431
<b>25 Roberts, Basha C.</b>		1	2001	LexTech, Inc 108 Pasadena Dr Lexington, KY 40503 Phone 278-9230 Fax 278-1843 E-Mail basha@lextechky.com CEO/President	202 Wilson Downing Lexington, KY 40517 Phone 272-4475
<b>26 Santana, Joshua E.</b>		1	2003	Santana, Fay, Bratt, PSC 201 West Short St. Lexington, KY 40507 Phone 254-5700 Fax 254-8771 lawsantana@aol.com Attorney	1117 Andover Forest Dr Lexington, KY 40509 Phone 263-8520
<b>27 Shellhaas, J. Howard</b>	North Lexington Chairman		2001	3428 Freeland Ct Lexington, KY 40502 Phone 266-0543 Fax 268-9221 E-Mail jshellhaas@aol.com Independent Project Consultant	3428 Freeland Ct Lexington, KY 40502 Phone 266-0543

	OFFICERS	TERM	TERM EXPIRES	BUSINESS ADDRESS/PHONE	RESIDENCE ADDRESS/PHONE
Simpson, John	Scott Co Chairman		2001	Georgetown/Scott Co Tourism P O Box 825 Phone 863-2547 Fax 863-2561 E-Mail intandem@lex infi net Director	
29 Skinker, Jan A. (Dave)		2	2003	Lexmark International, Inc 740 West New Circle Road Lexington, KY 40550 Phone 232-1104 Fax 232-2403 E-Mail jskinker@lexmark.com Sr Employee Communications Specialist	116 Desha, #2 Lexington, KY 40502 Phone 269-6067
30 Smith, Lisa F.  Shene, Secy		2	2003	Columbia Gas of KY, Inc 2001 Mercer Rd Lexington, KY 40512 Phone 288-0245 Fax 288-0258 E-Mail esmith1@ceg.com Communications Manager	469 Stone Creek Drive Lexington, KY 40503 Phone 223-0774
31 Stein, Kathy		1	2003	State Representative 308 Security Trust Bldg 271 West Short St, Ste 308 Lexington, KY 40507 Phone 225-4269 Fax 254-0491 E-mail chixnkidz@aol.com	364 Transylvania Park Lexington, KY 40508 Phone 252-1500
32 Straub, Susan J.  Betsy, Secy		1	2002	Lex-Fayette Urban Co Govt Office of the Mayor 200 E Main St Lexington, KY 40507 Phone 258-3100 Fax 258-3194 E-Mail susanst@lfucg.com Press Secretary	344 Transylvania Park Lexington, KY 40508 Phone 255-0815
33 Taylor, Fran		1	2003	Keeneland Association P O Box 1690 Lexington, KY 40510 Phone 288-4246 Fax 255-2484 E-mail ftaylor@keeneland.com Market Development Administrator	722 W High St Lexington, KY 40507 Phone 254-7706
34 Tilghman, Barbara	Treasurer	1	2001	Fifth Third Bank 250 West Main St, Ste 100 Lexington, KY 40507 Phone (606)455-5456 Fax (606)455-5454 E-Mail barbara.tilghman@53.com Asst Vice President Private Banking	1279 Scoville Rd Lexington, KY 40502 Phone 266-6378

	OFFICERS	TERM	TERM EXPIRES	BUSINESS ADDRESS/PHONE	RESIDENCE ADDRESS/PHONE
van der Meer, Gerry		1	2003	Hilton Suites of Lexington Green 245 Lexington Green Circle Lexington, KY 40503 Phone 271-4000 Fax 273-2975 E-mail General Manager	1404 Copper Creek Dr Lexington, KY 40514 Phone 223-4741
36 Vennes, William T.	High St Branch Chairman		2000	IBM/Lexmark 1583 Newtown Rd Georgetown, KY 40324 Phone 863-6776 Fax 867-0098 E-Mail bvennes@aol.com (Retired)	1583 Newtown Rd Georgetown, KY 40324 Phone 863-6776
37 Vozzo, Tom		1	2001	Gall's Inc 2680 Palumbo Dr Lexington, KY 40509 Phone 266-7227 Fax 269-3492 E-Mail vozzo-tom@galls.com President	2348 Old Hickory Ln Lexington, KY 40517 Phone 272-9414
38 Wahnowsky, Ted		1	2002	Toyota Motor Manufacturing, KY 1001 Cherry Blossom Way Georgetown, KY 40324 Phone 868-2360 Fax 868-2790 E-Mail twahnows@tmna.com Manager-Production Admin Office	16907 Hidden Pond Ct Louisville, KY 40245 Phone (502) 253-0828
39 White, Robert L.		2	2003	Procter & Gamble 767 Winchester Road Lexington, KY 40505 Phone 288-2256 Fax 288-2533 E-Mail white-r/1@pg Plant Manager	1777 Chandler Lane Lexington, KY 40504 Phone 277-0173
40 Wilson, William H.  Rita, Secy		2	2001	Ky Educational Television 600 Cooper Dr Lexington, KY 40502-2296 Phone 258-7200 Fax 258-7399 E-Mail bwilson@ket.org Deputy Exec Dir/Education & Outreach	4817 Chaffey Ln Lexington, KY 40515 Phone 272-0094

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

File a separate application for each return

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box
- If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II (on page 2 of this form)

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

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

Note Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

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

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

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

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box  If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6-month, for 990-T corporation) extension of time until AUGUST 15, 2002 to file the exempt organization return for the organization named above The extension is for the organization's return for  calendar year 2001 or  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

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

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 \$ \_\_\_\_\_

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit \$ \_\_\_\_\_

c Balance Due Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions \$ \_\_\_\_\_ N/A

### Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete, and that I am authorized to prepare this form

Signature Patricia J. Denton Title CPA Date 5/2/02

LHA For Paperwork Reduction Act Notice, see instruction Form 8868 (12-2000)