

Form **990**
 Department of the Treasury
 Internal Revenue Service

Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
 The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047
2006
Open to Public Inspection

A For the 2006 calendar year, or tax year beginning 01-01-2006 and ending 12-31-2006

- B** Check if applicable:
 Address change
 Name change
 Initial return
 Final return
 Amended return
 Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
 Young Men's Christian Association of Greater Lexington Kentucky

Number and street (or P O box if mail is not delivered to street address) Room/suite
 239 East High Street

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

D Employer identification number
 61-0444842

E Telephone number
 (859) 255-9622

F Accounting method Cash Accrual
 Other (specify) _____

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Web site: NA

J Organization type (check only one) 501(c)(3) (insert no) 4947(a)(1) or 527

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than 25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 17,107,476

H and I are not applicable to section 527 organizations

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

H(b) If "Yes" enter number of affiliates _____

H(c) Are all affiliates included? Yes No
 (If "No," attach a list See instructions)

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Group Exemption Number _____

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 (See the instructions.)

| | | | | | |
|--|---|------------|-----------|------------|------------|
| Revenue | 1 Contributions, gifts, grants, and similar amounts received | | | | |
| | a Contributions to donor advised funds | 1a | | | |
| | b Direct public support (not included on line 1a) | 1b | | 7,936,940 | |
| | c Indirect public support (not included on line 1a) | 1c | | 199,331 | |
| | d Government contributions (grants) (not included on line 1a) | 1d | | 520,966 | |
| | e Total (add lines 1a through 1d) (cash \$ 5,057,237 noncash \$ 3,600,000) | 1e | | | 8,657,237 |
| | 2 Program service revenue including government fees and contracts (from Part VII, line 93) | 2 | | | 3,267,801 |
| | 3 Membership dues and assessments | 3 | | | 4,678,934 |
| | 4 Interest on savings and temporary cash investments | 4 | | | |
| | 5 Dividends and interest from securities | 5 | | | 291,006 |
| | 6a Gross rents | 6a | | | |
| | b Less rental expenses | 6b | | | |
| c Net rental income or (loss) subtract line 6b from line 6a | 6c | | | | |
| 7 Other investment income (describe _____) | 7 | | | | |
| 8a Gross amount from sales of assets other than inventory | (A) Securities | | | | |
| | | 12,189 | 8a | | |
| | b Less cost or other basis and sales expenses | | 8b | | |
| | c Gain or (loss) (attach schedule) | 12,189 | 8c | | |
| d Net gain or (loss) Combine line 8c, columns (A) and (B) | 8d | | | 12,189 | |
| 9 Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/> | a Gross revenue (not including \$ _____ of contributions reported on line 1b) | 9a | | | |
| | b Less direct expenses other than fundraising expenses | 9b | | | |
| | c Net income or (loss) from special events Subtract line 9b from line 9a | 9c | | | |
| 10a Gross sales of inventory, less returns and allowances | | 10a | | | |
| | b Less cost of goods sold | 10b | | | |
| | c Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a | 10c | | | |
| 11 Other revenue (from Part VII, line 103) | 11 | | | 200,309 | |
| 12 Total revenue Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11 | 12 | | | 17,107,476 | |
| Expenses | 13 Program services (from line 44, column (B)) | 13 | | 7,738,636 | |
| | 14 Management and general (from line 44, column (C)) | 14 | | 1,711,005 | |
| | 15 Fundraising (from line 44, column (D)) | 15 | | 395,767 | |
| | 16 Payments to affiliates (attach schedule) | 16 | | 94,924 | |
| | 17 Total expenses Add lines 16 and 44, column (A) | 17 | | | 9,940,332 |
| Net Assets | 18 Excess or (deficit) for the year Subtract line 17 from line 12 | 18 | | 7,167,144 | |
| | 19 Net assets or fund balances at beginning of year (from line 73, column (A)) | 19 | | 14,344,456 | |
| | 20 Other changes in net assets or fund balances (attach explanation) | 20 | | 157,971 | |
| | 21 Net assets or fund balances at end of year Combine lines 18, 19, and 20 | 21 | | | 21,669,571 |

Part II Statement of Functional Expenses

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 (See the instructions.)

| 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 |
|---|--|-----------|----------------------|----------------------------|-----------------|
| 22a | Grants paid from donor advised funds (attach Schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/> | | | | |
| 22b | Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/> | | | | |
| 23 | Specific assistance to individuals (attach schedule) | | | | |
| 24 | Benefits paid to or for members (attach schedule) | | | | |
| 25a | Compensation of current officers, directors, key employees etc Listed in Part V-A (attach schedule) <input type="checkbox"/> | 381,623 | | 381,623 | |
| b | Compensation of former officers, directors, key employees etc listed in Part V-B (attach schedule) | | | | |
| c | Compensation and other distributions not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule) | | | | |
| 26 | Salaries and wages of employees not included on lines 25a, b and c | 4,372,820 | 3,677,477 | 598,809 | 96,534 |
| 27 | Pension plan contributions not included on lines 25a, b and c | 282,509 | 225,384 | 50,103 | 7,022 |
| 28 | Employee benefits not included on lines 25a - 27 | 145,240 | 77,718 | 63,283 | 4,239 |
| 29 | Payroll taxes | 425,420 | 330,609 | 87,885 | 6,926 |
| 30 | Professional fundraising fees | 189,354 | | | 189,354 |
| 31 | Accounting fees | | | | |
| 32 | Legal fees | | | | |
| 33 | Supplies | 592,255 | 453,608 | 133,374 | 5,273 |
| 34 | Telephone | 68,779 | 42,633 | 26,123 | 23 |
| 35 | Postage and shipping | 39,351 | 31,747 | 6,128 | 1,476 |
| 36 | Occupancy | 1,012,268 | 1,010,212 | 656 | 1,400 |
| 37 | Equipment rental and maintenance | 175,708 | 150,452 | 25,150 | 106 |
| 38 | Printing and publications | | | | |
| 39 | Travel | 82,963 | 62,800 | 18,501 | 1,662 |
| 40 | Conferences, conventions, and meetings | 96,366 | 56,896 | 29,447 | 10,023 |
| 41 | Interest | 367,537 | 367,537 | | |
| 42 | Depreciation, depletion, etc (attach schedule) <input type="checkbox"/> | 649,679 | 617,533 | 32,146 | |
| 43 | Other expenses not covered above (itemize) | | | | |
| a | See Additional Data Table | | | | |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| f | | | | | |
| g | | | | | |
| 44 | Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15) | 9,845,408 | 7,738,636 | 1,711,005 | 395,767 |

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 \$ _____





Part III Statement of Program Service Accomplishments (See the instructions.)

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.

| | |
|--|---|
| <p>What is the organization's primary exempt purpose? ▶ TO PUT CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT build healthy spirit, mind and body for all</p> <p>All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)</p> | <p>Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others.)</p> |
| <p>a See Additional Data Table</p> <p>_____</p> <p>_____</p> <p>(Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/></p> | |
| <p>b</p> <p>_____</p> <p>_____</p> <p>(Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/></p> | |
| <p>c</p> <p>_____</p> <p>_____</p> <p>(Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/></p> | |
| <p>d</p> <p>_____</p> <p>_____</p> <p>(Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/></p> | |
| <p>e Other program services (attach schedule)</p> <p>(Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/></p> | |
| <p>f Total of Program Service Expenses (should equal line 44, column (B), Program services) <input type="checkbox"/></p> | <p>7,738,636</p> |

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

| | | (A) | | (B) | | |
|--|---|-------------------|------------|---|--|-----------|
| | | Beginning of year | | End of year | | |
| Assets | 45 Cash—non-interest-bearing | | 587,541 | 45 | 490,055 | |
| | 46 Savings and temporary cash investments | | | 46 | | |
| | 47a Accounts receivable | 47a | 96,556 | | | |
| | b Less allowance for doubtful accounts | 47b | | 54,114 | 47c | 96,556 |
| | 48a Pledges receivable | 48a | 4,128,956 | | | |
| | b Less allowance for doubtful accounts | 48b | | 720,636 | 48c | 4,128,956 |
| | 49 Grants receivable | | 94,153 | 49 | 33,049 | |
| | 50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule) | | | 50a | | |
| | b Receivables from other disqualified persons (as defined under section 4958(c)(3)(B) (attach schedule) | | | 50b | | |
| | 51a Other notes and loans receivable (attach schedule) | 51a | | | | |
| | b Less allowance for doubtful accounts | 51b | | | 51c | |
| | 52 Inventories for sale or use | | | 52 | | |
| | 53 Prepaid expenses and deferred charges | | 117,823 | 53 | 121,535 | |
| | 54a Investments—publicly-traded securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV | | | 54a | | |
| | b Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV | | | 54b | | |
| 55a Investments—land, buildings, and equipment basis | 55a | | | | | |
| b Less accumulated depreciation (attach schedule) | 55b | | | 55c | | |
| 56 Investments—other (attach schedule) | | 6,885,546 | 56 |  6,410,992 | | |
| 57a Land, buildings, and equipment basis | 57a | 26,227,377 | | | | |
| b Less accumulated depreciation (attach schedule) | 57b | 5,868,492 | 16,576,226 | 57c |  20,358,885 | |
| 58 Other assets, including program-related investments (describe <input type="checkbox"/> _____) | | 133,201 | 58 |  126,049 | | |
| 59 Total assets (must equal line 74) Add lines 45 through 58 | | 25,169,240 | 59 | 31,766,077 | | |
| Liabilities | 60 Accounts payable and accrued expenses | | 430,494 | 60 | 410,134 | |
| | 61 Grants payable | | | 61 | | |
| | 62 Deferred revenue | | 281,590 | 62 | 304,809 | |
| | 63 Loans from officers, directors, trustees, and key employees (attach schedule) | | | 63 | | |
| | 64a Tax-exempt bond liabilities (attach schedule) | | | 64a | | |
| | b Mortgages and other notes payable (attach schedule) | | 1,712,700 | 64b | 1,581,563 | |
| | 65 Other liabilities (describe <input type="checkbox"/> _____) | | 8,400,000 | 65 |  7,800,000 | |
| 66 Total liabilities Add lines 60 through 65 | | 10,824,784 | 66 | 10,096,506 | | |
| Net Assets or Fund Balances | Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74 | | | | | |
| | 67 Unrestricted | | 11,926,864 | 67 | 11,767,454 | |
| | 68 Temporarily restricted | | 8,558 | 68 | 7,319,825 | |
| | 69 Permanently restricted | | 2,409,034 | 69 | 2,582,292 | |
| | 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 | | | 70 | | |
| | 71 Paid-in or capital surplus, or land, building, and equipment fund | | | 71 | | |
| | 72 Retained earnings, endowment, accumulated income, or other funds | | | 72 | | |
| | 73 Total net assets or fund balances Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21) | | 14,344,456 | 73 | 21,669,571 | |
| | 74 Total liabilities and net assets / fund balances Add lines 66 and 73 | | 25,169,240 | 74 | 31,766,077 | |

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

| | | | |
|----------|--|-----------|------------|
| a | Total revenue, gains, and other support per audited financial statements | a | 17,265,447 |
| b | Amounts included on line a but not on Part I, line 12 | | |
| 1 | Net unrealized gains on investments | b1 | 157,971 |
| 2 | Donated services and use of facilities | b2 | |
| 3 | Recoveries of prior year grants | b3 | |
| 4 | Other (specify) _____ | b4 | |
| | Add lines b1 through b4 | b | 157,971 |
| c | Subtract line b from line a | c | 17,107,476 |
| d | Amounts included on Part I, line 12, but not on line a | | |
| 1 | Investment expenses not included on Part I, line 6b | d1 | |
| 2 | Other (specify) _____ | d2 | |
| | Add lines d1 and d2 | d | 157,971 |
| e | Total revenue (Part I, line 12) Add lines c and d | e | 17,107,476 |

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

| | | | |
|----------|---|-----------|-----------|
| a | Total expenses and losses per audited financial statements | a | 9,940,332 |
| b | Amounts included on line a but not on Part I, line 17 | | |
| 1 | Donated services and use of facilities | b1 | |
| 2 | Prior year adjustments reported on Part I, line 20 | b2 | |
| 3 | Losses reported on Part I, line 20 | b3 | |
| 4 | Other (specify) _____ | b4 | |
| | Add lines b1 through b4 | b | |
| c | Subtract line b from line a | c | 9,940,332 |
| d | Amounts included on Part I, line 17, but not on line a : | | |
| 1 | Investment expenses not included on Part I, line 6b | d1 | |
| 2 | Other (specify) _____ | d2 | |
| | Add lines d1 and d2 | d | |
| e | Total expenses (Part I, line 17) Add lines c and d | e | 9,940,332 |

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

| (A) Name and address | (B) Title and average hours per week devoted to position | (C) Compensation (If not paid, enter -0-.) | (D) Contributions to employee benefit plans & deferred compensation plans | (E) Expense account and other allowances |
|--|--|--|---|--|
| JAN BRUCATO 724 CUMBERLAND LEXINGTON, KY 40503 | PreSIDENT & CEO 40 00 | 145,700 | 22,994 | 0 |
| JACK MALOY 356-B MERINO STREET LEXINGTON, KY 40508 | cfo 40 00 | 92,023 | 14,033 | 0 |
| TOM BLACKMAN 3121 COTTONTAIL LANE LEXINGTON, KY 40503 | VP & COO 40 00 | 91,081 | 15,792 | 0 |
| SEE ATTACHED LIST OF BOARD OF DIRECTORS LEXINGTON, KY 40503 | BOARD MEMBERS 0 00 | 0 | 0 | 0 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Part VI Other Information (continued)

Form 990 (2006) Part VI Other Information (continued)
82a 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?
82b If "Yes," you may indicate the value of these items here
83a Did the organization comply with the public inspection requirements for returns and exemption applications?
83b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?
84a Did the organization solicit any contributions or gifts that were not tax deductible?
84b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?
85b Did the organization make only in-house lobbying expenditures of \$2,000 or less?
85c Dues assessments, and similar amounts from members
85d Section 162(e) lobbying and political expenditures
85e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices
85f Taxable amount of lobbying and political expenditures (line 85d less 85e)
85g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?
85h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?
86 501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12
86b Gross receipts, included on line 12, for public use of club facilities
87 501(c)(12) orgs. Enter a Gross income from members or shareholders
87b Gross income from other sources
88a 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?
88b At any time during the year, did the organization directly or indirectly own a controlled entity within the meaning of section 512(b)(13)?
89a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911, section 4912, and section 4955
89b 501(c)(3) and 501(c)(4) orgs. 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?
89c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
89d Enter Amount of tax on line 89c, above, reimbursed by the organization
89e All organizations. At any time during the tax year was the organization a party to a prohibited tax shelter transaction?
89f All organizations. Did the organization acquire direct or indirect interest in any applicable insurance contract?
89g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?
90a List the states with which a copy of this return is filed
90b Number of employees employed in the pay period that includes March 12, 2006
91a The books are in care of JACK MALOY Telephone no (859) 367-7322
239 EAST HIGH STREET
Located at LEXINGTON, KY ZIP + 4 40507
91b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? **91c** Yes No

If "Yes," enter the name of the foreign country _____

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** _____

Part VII Analysis of Income-Producing Activities (See the instructions.)

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 PRIME TIME CHILDCARE | | | | | 1,761,114 |
| b LEAGUES & CAMPS | | | | | 483,120 |
| c YOUTHTEEN PROGRAMS | | | | | 194,371 |
| d AQUATICS | | | | | 450,240 |
| e ADULT FITNESS | | | | | 378,956 |
| f Medicare/Medicaid payments | | | | | |
| g Fees and contracts from government agencies | | | | | |
| 94 Membership dues and assessments | | | | | 4,678,934 |
| 95 Interest on savings and temporary cash investments | | | | | |
| 96 Dividends and interest from securities | | | 14 | 291,006 | |
| 97 Net rental income or (loss) from real estate | | | | | |
| a debt-financed property | | | | | |
| b non 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 | | | | | 12,189 |
| 101 Net income or (loss) from special events | | | | | |
| 102 Gross profit or (loss) from sales of inventory | | | | | |
| 103 Other revenue a FACILITY RENTAL | | | | | 24,631 |
| b RESIDENT RENTS | | | | | 69,739 |
| c OTHER | | | | | 105,939 |
| d _____ | | | | | |
| e _____ | | | | | |
| 104 Subtotal (add columns (B), (D), and (E)) | | | | 291,006 | 8,159,233 |
| 105 Total (add line 104, columns (B), (D), and (E)) | | | | | 8,450,239 |

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

| 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 Additional Data Table |
| | |
| | |

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

| (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 |
|---|--|-----------------------------|---------------------|------------------------------|
| | % | | | |
| | % | | | |
| | % | | | |
| | % | | | |

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(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

NOTE: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Part XI **Information Regarding Transfers To and From Controlled Entities** *Complete only if the organization is a controlling organization as defined in section 512(b)(13)*

| | | |
|--|------------|-----------|
| 106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? if "Yes," complete the schedule below for each controlled entity | Yes | No |
| | | |

| | (A) Name and address of each controlled entity | (B) Employer Identification Number | (C) Description of transfer | (D) Amount of transfer |
|---------------|---|---------------------------------------|--------------------------------|---------------------------|
| Totals | | | | |

| | | |
|---|------------|-----------|
| 107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? if "Yes," complete the schedule below for each controlled entity | Yes | No |
| | | |

| | (A) Name and address of each controlled entity | (B) Employer Identification Number | (C) Description of transfer | (D) Amount of transfer |
|---------------|---|---------------------------------------|--------------------------------|---------------------------|
| Totals | | | | |

| | | |
|--|------------|-----------|
| 108 Did the organization have a binding written contract in effect on August 17, 2006 covering the interests, rents, royalties and annuities described in question 107 above? | Yes | No |
| | | |

| | | |
|-------------------------|---|--------------------|
| Please Sign Here | Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. | |
| | ***** Signature of officer | 2007-11-15 Date |
| | JACK MALOY CFO Type or print name and title | |

| | | | | |
|---------------------------------|--|------|--|---|
| Paid Preparer's Use Only | Preparer's signature | Date | Check if self-employed <input checked="" type="checkbox"/> | Preparer's SSN or PTIN (See Gen Inst W) |
| | Firm's name (or yours if self-employed), address, and ZIP + 4 | | | EIN |
| | MOUNTJOY & BRESSLER LLP 175 East Main Street Suite 200 Lexington, KY 405071368 | | | Phone no (859) 255-4950 |

SCHEDULE A (Form 990 or 990EZ)

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information—(See separate instructions.)

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

2006

Department of the Treasury Internal Revenue Service

Name of the organization Young Men's Christian Association of Greater Lexington Kentucky

Employer identification number 61-0444842

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See page 2 of the instructions. List each one. If there are none, enter "None.")

Table with 5 columns: (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. Rows include DAVID R ELSEN, DIANE L NICELY, Larry Simpson, Shelley Bosko, WALTER JACKSON, and a total row for 7 employees.

Part II-A 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.")

Table with 3 columns: (a) Name and address of each independent contractor paid more than \$50,000; (b) Type of service; (c) Compensation. Rows include BRANDSTETTER CARROLL INC, WOODFORD PROPERTY MANAGEMENT, sudes and associates, daxko, and HILLYARD-KENTUCKY, with a total row for 7 contractors.



Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None". See page 2 for instructions.)

Table with 3 columns: (a) Name and address of each independent contractor paid more than \$50,000; (b) Type of service; (c) Compensation. The first row contains 'None' and the total row shows 0 contractors.

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

Yes No

| | | | |
|---|-----------|-----|----|
| <p>1 During the year, has the organization attempted to influence national, state, or local legislation, include 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)</p> <p>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</p> | 1 | | No |
| <p>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.) </p> <p>a Sale, exchange, or leasing property?</p> | 2a | | No |
| <p>b Lending of money or other extension of credit?</p> | 2b | | No |
| <p>c Furnishing of goods, services, or facilities?</p> | 2c | Yes | |
| <p>d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?</p> | 2d | Yes | |
| <p>e Transfer of any part of its income or assets?</p> | 2e | | No |
| <p>3a Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments) </p> | 3a | Yes | |
| <p>b Did the organization have a section 403(b) annuity plan for its employees?</p> | 3b | | No |
| <p>c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment , historic land areas or structures? If "Yes" attach a detailed statement</p> | 3c | | No |
| <p>d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?</p> | 3d | | No |
| <p>4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g</p> | 4a | Yes | |
| <p>b Did the organization make any taxable distributions under section 4966?</p> | 4b | | No |
| <p>c Did the organization make a distribution to a donor, donor advisor, or related person?</p> | 4c | | No |
| <p>d Enter the total number of donor advised funds owned at the end of the tax year ► 0 _____</p> | | | |
| <p>e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ► 0 _____</p> | | | |
| <p>f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ► 0 _____</p> | | | |
| <p>g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ► 0 _____</p> | | | |

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)

I certify that 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 otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization

Type I Type II Type III - Functionally Integrated Type III - Other

Provide the following information about the supported organizations. (see page 7 of the instructions.)

| (a) Name(s) of supported organization(s) | (b) Employer identification number | (c) Type of organization (described in lines 5 through 12 above or IRC section) | (d) Is the supported organization listed in the supporting organization's governing documents? | | (e) Amount of support? |
|---|---------------------------------------|--|---|----|---------------------------|
| | | | Yes | No | |
| | | | | | |
| | | | | | |
| Total | | | | | |

- 14** An organization organized and operated to test for public safety Section 509(a)(4) (See page 7 of the instructions)

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) 2005 | (b) 2004 | (c) 2003 | (d) 2002 | (e) Total |
|--|-----------|-----------|-----------|-----------|-----------------------|
| 15 Gifts, grants, and contributions received (Do not include unusual grants See line 28) | 1,529,552 | 1,514,916 | 1,392,312 | 1,465,102 | 5,901,882 |
| 16 Membership fees received | 4,503,324 | 4,203,663 | 3,957,892 | 3,888,157 | 16,553,036 |
| 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 | 3,112,920 | 2,868,156 | 2,881,435 | 2,891,270 | 11,753,781 |
| 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 | 188,519 | 156,528 | 104,078 | 289,635 | 738,760 |
| 19 Net income from unrelated business activities not included in line 18 | | | | | 0 |
| 20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf | | | | | 0 |
| 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 | | | | | 0 |
| 22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets | 257,819 | 182,241 | 163,239 | 152,943 | 756,242 |
| 23 Total of lines 15 through 22 | 9,592,134 | 8,925,504 | 8,498,956 | 8,687,107 | 35,703,701 |
| 24 Line 23 minus line 17 | 6,479,214 | 6,057,348 | 5,617,521 | 5,795,837 | 23,949,920 |
| 25 Enter 1% of line 23 | 95,921 | 89,255 | 84,990 | 86,871 | |
| 26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 | | | | | 26a |
| 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 2002 through 2005 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts | | | | | 26b 0 |
| c Total support for section 509(a)(1) test Enter line 24, column (e) | | | | | 26c |
| d Add Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____ | | | | | 26d |
| e Public support (line 26c minus line 26d total) | | | | | 26e |
| f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) | | | | | 26f |
| 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 (2005) _____ 14,883(2004) _____ 17,084(2003) _____ 14,375(2002) _____ 7,175 | | | | | |
| 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 11b, 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 (2005) _____ (2004) _____ (2003) _____ (2002) _____ | | | | | |
| c Add Amounts from column (e) for lines 15 _____ 5,901,882 16 _____ 16,553,036 17 _____ 11,753,781 20 _____ 0 21 _____ 0 | | | | | 27c 34,208,699 |
| d Add Line 27a total _____ 53,517 and line 27b total _____ | | | | | 27d 53,517 |
| e Public support (line 27c total minus line 27d total) | | | | | 27e 34,155,182 |
| f Total support for section 509(a)(2) test Enter amount from line 23, column (e) | | | | | 27f 35,703,701 |
| g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) | | | | | 27g 9566 29 % |
| h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) | | | | | 27h 206 91 % |
| 28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, 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 | | | | | |

Part V Private School Questionnaire (See page 7 of the instructions.)**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

| | | Yes | No |
|------------|--|-----|----|
| 29 | 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? | | |
| 30 | 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? | | |
| 31 | 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) | | |
| | | | |
| | | | |
| 32 | Does the organization maintain the following | | |
| a | Records indicating the racial composition of the student body, faculty, and administrative staff? | | |
| b | Records documenting that scholarships and other financial assistance are awarded on racially nondiscriminatory basis? | | |
| c | Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? | | |
| d | 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) | | |
| | | | |
| 33 | Does the organization discriminate by race in any way with respect to | | |
| a | Students' rights or privileges? | | |
| b | Admissions policies? | | |
| c | Employment of faculty or administrative staff? | | |
| d | Scholarships or other financial assistance? | | |
| e | Educational policies? | | |
| f | Use of facilities? | | |
| g | Athletic programs? | | |
| h | Other extracurricular activities? | | |
| | If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement) | | |
| | | | |
| | | | |
| 34a | Does the organization receive any financial aid or assistance from a governmental agency? | | |
| 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 | | |
| 35 | 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 | | |

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 10 of the instructions.)

(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

| | | | | |
|-----------|--|-----------|--|--|
| 36 | Total lobbying expenditures to influence public opinion (grassroots lobbying) | 36 | | |
| 37 | Total lobbying expenditures to influence a legislative body (direct lobbying) | 37 | | |
| 38 | Total lobbying expenditures (add lines 36 and 37) | 38 | | |
| 39 | Other exempt purpose expenditures | 39 | | |
| 40 | Total exempt purpose expenditures (add lines 38 and 39) | 40 | | |
| 41 | Lobbying nontaxable amount Enter the amount from the following table— If the amount on line 40 is— The lobbying nontaxable amount is— 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 | 41 | | |
| 42 | Grassroots nontaxable amount (enter 25% of line 41) | 42 | | |
| 43 | Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36 | 43 | | |
| 44 | Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38 | 44 | | |

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 13 of the instructions)

Lobbying Expenditures During 4-Year Averaging Period

| Calendar year (or fiscal year beginning in) ▶ | Lobbying Expenditures During 4-Year Averaging Period | | | | |
|--|--|-------------|-------------|-------------|--------------|
| | (a) 2006 | (b) 2005 | (c) 2004 | (d) 2003 | (e) Total |
| 45 Lobbying nontaxable amount | | | | | |
| 46 Lobbying ceiling amount (150% of line 45(e)) | | | | | |
| 47 Total lobbying expenditures | | | | | |
| 48 Grassroots nontaxable amount | | | | | |
| 49 Grassroots ceiling amount (150% of line 48(e)) | | | | | |
| 50 Grassroots lobbying expenditures | | | | | |

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

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

- 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**.)

| Yes | No | Amount |
|-----|----|--------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

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

Form 4562

Depreciation and Amortization (Including Information on Listed Property)

OMB No 1545-0172

2006

Department of the Treasury Internal Revenue Service

See separate instructions. Attach to your tax return.

Attachment Sequence No 67

Table with 3 columns: Name(s) shown on return, Business or activity to which this form relates, Identifying number.

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

Table with 5 rows for Part I calculations: 1 Maximum amount, 2 Total cost, 3 Threshold cost, 4 Reduction in limitation, 5 Dollar limitation.

Table with 13 rows for Part II calculations: (a) Description of property, (b) Cost, (c) Elected cost, 7 Listed property, 8 Total elected cost, 9 Tentative deduction, 10 Carryover, 11 Business income limitation, 12 Section 179 expense deduction, 13 Carryover.

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions.)

Table with 3 rows for Part II: 14 Special allowance, 15 Property subject to section 168(f)(1) election, 16 Other depreciation.

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

Table with 2 rows for Part III: 17 MACRS deductions for assets placed in service in tax years beginning before 2006, 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here.

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows include 19a-19g and 19h-19i.

Section C—Assets Placed in Service During 2006 Tax Year Using the Alternative Depreciation System

Table with 6 rows for Section C: 20a Class life, b 12-year, c 40-year.

Part IV Summary (see instructions)

Table with 3 rows for Part IV: 21 Listed property, 22 Total, 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs.

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No **24b** If "Yes," is the evidence written? Yes No

| (a) Type of property (list vehicles first) | (b) Date placed in service | (c) Business/ investment use percentage | (d) Cost or other basis | (e) Basis for depreciation (business/investment use only) | (f) Recovery period | (g) Method/ Convention | (h) Depreciation/ deduction | (i) Elected section 179 cost |
|--|-------------------------------|--|----------------------------|--|------------------------|---------------------------|--------------------------------|---------------------------------|
| 25 Special allowance for qualified New York Liberty or Gulf Opportunity Zone property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) | | | | | | 25 | | |
| 26 Property used more than 50% in a qualified business use | | | | | | | | |
| | | % | | | | | | |
| | | % | | | | | | |
| | | % | | | | | | |
| 27 Property used 50% or less in a qualified business use | | | | | | | | |
| | | % | | | S/L - | | | |
| | | % | | | S/L - | | | |
| | | % | | | S/L - | | | |
| 28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 | | | | | | 28 | | |
| 29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 | | | | | | | 29 | |

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

| | (a) Vehicle 1 | | (b) Vehicle 2 | | (c) Vehicle 3 | | (d) Vehicle 4 | | (e) Vehicle 5 | | (f) Vehicle 6 | |
|---|------------------|----|------------------|----|------------------|----|------------------|----|------------------|----|------------------|----|
| | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| 30 Total business/investment miles driven during the year (do not include commuting miles) | | | | | | | | | | | | |
| 31 Total commuting miles driven during the year | | | | | | | | | | | | |
| 32 Total other personal(noncommuting) miles driven | | | | | | | | | | | | |
| 33 Total miles driven during the year Add lines 30 through 32 | | | | | | | | | | | | |
| 34 Was the vehicle available for personal use during off-duty hours? | | | | | | | | | | | | |
| 35 Was the vehicle used primarily by a more than 5% owner or related person? | | | | | | | | | | | | |
| 36 Is another vehicle available for personal use? | | | | | | | | | | | | |

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

| | Yes | No |
|--|-----|----|
| 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? | | |
| 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners | | |
| 39 Do you treat all use of vehicles by employees as personal use? | | |
| 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? | | |
| 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions) | | |

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles

Part VI Amortization

| (a) Description of costs | (b) Date amortization begins | (c) Amortizable amount | (d) Code section | (e) Amortization period or percentage | (f) Amortization for this year |
|--|---------------------------------|---------------------------|---------------------|--|-----------------------------------|
| 42 Amortization of costs that begins during your 2006 tax year (see instructions) | | | | | |
| | | | | | |
| 43 Amortization of costs that began before your 2006 tax year | | | | | 43 |
| 44 Total. Add amounts in column (f) See the instructions for where to report | | | | | 44 |

TY 2006 Gain/Loss from Sale of Public Securities Schedule

Name: Young Men's Christian Association
of Greater Lexington Kentucky

EIN: 61-0444842

Gross Sales Price: 12,189

Basis: 0

Sales Expenses: 0

Total (net): 12,189

TY 2006 Investments - Other Schedule

Name: Young Men's Christian Association
of Greater Lexington Kentucky

EIN: 61-0444842

| Description | Book Value | Cost/FMV |
|-----------------------|------------|----------|
| MARKETABLE SECURITIES | 2,167,919 | F |
| CASH EQUIVALENTS | 752,155 | F |
| FIXED INCOME | 3,490,918 | F |

TY 2006 Land etc. Schedule

Name: Young Men's Christian Association
of Greater Lexington Kentucky

EIN: 61-0444842

| Category/Item | Cost/Other Basis | Accumulated Depreciation | Book Value |
|---------------------------|-------------------------|---------------------------------|-------------------|
| LAND AND IMPROVEMENTS | 7,293,270 | 8,644 | 7,284,626 |
| BUILDING AND IMPROVEMENTS | 17,143,890 | 5,026,844 | 12,117,046 |
| FURNITURE AND EQUIPMENT | 1,041,300 | 802,452 | 238,848 |
| VEHICLE | 18,420 | 18,420 | 0 |
| CONSTRUCTION-IN-PROGRESS | 730,497 | 12,132 | 718,365 |

TY 2006 Officer Compensation Schedule

Name: Young Men's Christian Association
of Greater Lexington Kentucky

EIN: 61-0444842

JAN BRUCATO

| | Compensation | EE Benefit Plans | Expense Acct |
|------------------|--------------|------------------|--------------|
| Program Services | | | |
| Mgmt & General | 145,700 | 22,994 | |
| Fundraising | | | |

JACK MALOY

| | Compensation | EE Benefit Plans | Expense Acct |
|---------------------------|---------------------|-------------------------|---------------------|
| Program Services | | | |
| Mgmt & General | 92,023 | 14,033 | |
| Fundraising | | | |

TOM BLACKMAN

| | Compensation | EE Benefit Plans | Expense Acct |
|---------------------------|---------------------|-------------------------|---------------------|
| Program Services | | | |
| Mgmt & General | 91,081 | 15,792 | |
| Fundraising | | | |

TY 2006 Other Assets Schedule

Name: Young Men's Christian Association
of Greater Lexington Kentucky

EIN: 61-0444842

| Description | Beginning of Year Amount | End of Year Amount |
|---------------------|---------------------------------|---------------------------|
| DEBT ISSUANCE COSTS | 125,690 | 116,380 |
| OTHER ASSETS | 7,511 | 9,669 |

TY 2006 Other Changes in Net Assets Schedule

Name: Young Men's Christian Association
of Greater Lexington Kentucky

EIN: 61-0444842

| Description | Amount |
|--------------------------------|---------|
| UNREALIZED gain ON INVESTMENTS | 157,971 |

TY 2006 Other Liabilities Schedule

Name: Young Men's Christian Association
of Greater Lexington Kentucky

EIN: 61-0444842

| Description | Beginning of Year Amount | End of Year Amount |
|-----------------|--------------------------|--------------------|
| BOND OBLIGATION | 8,400,000 | 7,800,000 |

TY 2006 Payments to Affiliates Schedule

Name: Young Men's Christian Association
of Greater Lexington Kentucky

EIN: 61-0444842

| Name | Address | Amount | Purpose |
|---------------------|---------|--------|------------------|
| YMCA OF AMERICA INC | | 94,924 | SUPPORT SERVICES |

TY 2006 Other Income Schedule

Name: Young Men's Christian Association
of Greater Lexington Kentucky

EIN: 61-0444842

| Description | 2003 | 2002 | 2001 | 2000 | Total |
|-----------------------------------|---------|---------|---------|---------|---------|
| GAIN(LOSS) ON SALE OF INVESTMENTS | 85,653 | 20,429 | | 7,250 | 113,332 |
| MISCELLANEOUS | 172,166 | 161,812 | 163,239 | 145,693 | 642,910 |

TY 2006 Scholarship Award Statement

Name: Young Men's Christian Association
of Greater Lexington Kentucky

EIN: 61-0444842

Statement: 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 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 applicants 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.

TY 2006 Self Dealing Statement

Name: Young Men's Christian Association
of Greater Lexington Kentucky

EIN: 61-0444842

| Line Number | Explanation |
|--------------------|---|
| 2c | EXERCISE FACILITIES ARE AVAILABLE TO THE DIRECTORS. |

| Line Number | Explanation |
|--------------------|--|
| 2d | SEE THE FORM 990 PAGE 5 PART V-A FOR DETAIL. |

Additional Data

Software ID:

Software Version:

EIN: 61-0444842

Name: Young Men's Christian Association
of Greater Lexington Kentucky

Form 990, Part II, Line 43 - Other expenses not covered above (itemize):

| <i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i> | | (A) Total | (B) Program services | (C) Management and general | (D) Fundraising |
|--|------------|-----------|----------------------|----------------------------|-----------------|
| a CONTRACT SERVICES | 43a | 159,637 | 159,360 | 277 | |
| b MISCELLANEOUS | 43b | 75,792 | 69,998 | 5,794 | |
| c EMPLOYEE EXPENSE | 43c | 53,629 | 52,846 | 783 | |
| d ORGANIZATION DUES | 43d | 12,775 | 6,235 | 5,835 | 705 |
| e INSURANCE | 43e | 101,480 | 58,803 | 42,677 | |
| f TRUST EXPENSES | 43f | 49,256 | | 49,256 | |
| g PROFESSIONAL FEES | 43g | 92,900 | | 62,875 | 30,025 |
| h Vehicle Rental | 43h | 76,940 | 76,940 | | |
| i technology expense | 43i | 85,973 | 76,465 | 4,609 | 4,899 |
| j advertising printing & promotion | 43j | 237,154 | 115,383 | 85,671 | 36,100 |
| k scholarships & awards | 43k | 18,000 | 18,000 | | |

Form 990, Part III - Program Service Accomplishments:

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

**Program Service Expenses
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)**

| | |
|--|-----------|
| a ADULT FITNESS FEES - see attached statement (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 500,269 |
| b PRIME TIME - see attached statement (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 1,479,391 |
| c MEMBERSHIP - see attached statement (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 3,547,337 |
| d sports LEAGUES AND all-day CAMPS - see attached statement (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 649,395 |
| e BLACK ACHIEVERS (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 247,980 |
| f YOUTH PROGRAMS (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 446,990 |
| g DAY CARE (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 300,001 |

Form 990, Part VIII - Relationship of Activities to the Accomplishment of Exempt Purposes:

| 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). |
|---------------|---|
| 93A | Prime Time Strengthening families and meeting the needs of children have always been central to the YMCA of Central Kentucky 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. Our commitment to quality includes participation in the governor's Stars for Kids Now initiative. YMCA childcare programs also help parents remain gainfully employed, knowing their children are thriving in a safe, supportive environment. The program also provides children. For full version of explanation, please see statement # 17 recognized programs such as KidzLit and KidzMath and through tutoring. YMCA after school programs also participate in nationally known initiatives, such as the "Lights On After School" event. The YMCA. |
| 93B | Leagues YMCA of Central Kentucky youth sports leagues are based on the philosophy that "every-one 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. Our youth program focuses on progressive skill development in which everyone is given the opportunity to experience success on their own level. Every child plays in every game, and winning is de-emphasized. In 2006, 7,709 youth were registered in leagues. Family involvement is also an important aspect of youth sports. In May, the "All Sports Family Cookout" was held with over 300 families present, and in October the Soccer Extravaganza drew over 1,100 players and 2,500 friends and family members as spectators. At the end of each t-ball season, 30 youth are selected to play a t-ball game at Applebee's Park - home of the Lexington Legends Baseball Tea. |
| 93C | Youth and Teen Programs A variety of youth and teen program activities (including sports skills, martial arts, movement education, youth/teen exercise programs, guitar and percussion lessons, art classes, literacy and social gatherings) provide the framework for skill development, self-confidence, education, encouragement of healthy lifestyles and fun. At the YMCA's free Fall Festival, over 650 children participated in safe Halloween activities. 280 children participated in free Healthy Kids Day activities, and Christmas gifts were distributed to 397 low-income children during 2006. The continued decline of our children's health is an area the YMCA is addressing with greater intention. Through our partnership with the Lexington County Health Department, the YMCA took a lead role in organizing and providing activities in conjunction with the youth summer scorecard campaign, based on the CDC's VERB campaign. Approximately 250 people participated in the free Longest Day of Play event, wh. |
| 93D | Aquatics YMCA aquatic programs are a part of the YMCA of Central Kentucky overall goal of building healthy spirit, mind and body. In addition to providing swimming instruction, competitive aquatics, water awareness programs, and lifeguard training, YMCA aquatics provide an outlet for exercise, therapy, competitive swim teams, and recreation. With three indoor pools, an outdoor pool, and indoor heated therapy pool, our various facility locations provide outlets for a variety of aquatic programs within Lexington at fees that are affordable to all segments of the population. In addition to the operation of our own pools, the Jessamine county ymca oversees the operation of the Nicholasville/Jessamine county waterpark. Both Jessamine County and Scott County ymcas accessed off-site locations to offer swim lessons for youth in their counties. Over 6,050 people were registered in some form of instructional ymca aquatic activity in 2006. In addition, 488 children participated in the YMCA's wee. |
| 93D | Day Camp YMCA of Central Kentucky 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. During the summer months, all-day programs were offered at 16 sites throughout Central Kentucky including our Bar-Y Outdoor Camp, Prime-Time Camps and specialty camp locations. These camps served over 820 participants. The RealTeens Camp served an average of 150 youth ages 10 - 14 in a fun, leadership/service-learning based program. The YMCA also offered camps in aquatics, horseback riding, fencing, soccer, and flag football. Financial assistance in the amount of \$67,500 was provided to children in camps. |
| 93E | Black Achievers Program The YMCA Black Achievers Program provides students in grades 7 - 12 exposure to present and future educational and career opportunities, instills positive social values, encourages a quest for knowledge and enables students to reach their fullest potential. The students are also connected with adult mentors. More than 460 students, representing 11 area counties, participated in weekly Saturday mentoring sessions throughout the school year and over 200 attended the Black Achievers College, Career and Health Fair event which is designed to help high school students understand future college and career options. The program provides ACT/SAT prep courses, organizes a "Give Back Day" in which 300 students participate in community service projects. In 2006, 4,797 volunteer hours were recorded. A standard for YMCA Black Achievers is that the program remains financially accessible to any student wishing to participate. The fee for participation is only \$30 per year. YMC. |
| 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 of Central Kentucky addresses this challenge by providing a variety of exercise programs for all ages in the atmosphere that advocates participation, not competition, while nourishing the social, mental and spiritual aspects of total well being. In addition to a variety of wellness programs offered within our YMCA facilities, the YMCA collaborates with outside groups on numerous health fairs including the Migrant Network Coalition Fair, the Roots and Heritage Health Fair, the Links Walk-a-thon, area businesses and churches. The YMCA also provides 8 Anger Management classes per week to female offenders and 12 classes per week for male offenders housed at the Fayette County Division of Community Corrections. In additi. |
| 94 | Membership The YMCA is a membership association of men, women, and children who agree to cooperate with one another in the accomplishment of the mission and purpose of the YMCA to put Christian principles into practice through programs that build healthy spirit, mind and body for all. YMCA membership brings people from various segments of our service area together, thus creating a sense of community among individuals who would otherwise never interact. YMCA membership is open to all people regardless of age, race, religion, ability, and economic status. At the end of 2006, 22,701 people were members of the YMCA of Central Kentucky, including 455 individual youth memberships, 345 individual teen memberships, 643 college students, 3,474 adults, 16,563 family memberships and 1,221 senior memberships. Included within the senior membership category were 306 members who were participating in a national Silver Sneakers Fitness Program, which is a unique physical activity, lifestyle, and soc. |
| 103A | Facility Rental The YMCA of Central Kentucky partners with a number of agencies and organizations throughout the area for the purpose of building a better community. During 2006 the YMCA provided free and fee-based facility usage for the following groups: * 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. * Boy/Girl Scouts - The YMCA opened its facilities to the Scouts for children to obtain merit badges. * Fayette County Public Schools - The YMCA provided pool rental time for area high school swim teams throughout their seasons. Gym space was also provided to the Bryan Station girls' basketball team. * Hope Center - YMCA provides showers and temporary shelter when center is full. YMCA provides exercise and recreational time for Hope Center residents. * Lexmark International, Inc - YMCA provides rental space for employee basketball league. * Parenting Seminars - YMCA staff held seminars at t. |
| 103B | Resident Rents The High Street YMCA provides 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's fitness and recreational facilities is available to residents. During 2006, housing was provided to approximately 50 individuals for various periods of time. Other community support: * Thanksgiving Dinner provided for the residents living at the YMCA. * Easter Prayer Breakfast open to anyone in the community. * YMCA staff volunteer time and provide space for CKEEP Income Tax Preparation, serving 87 low-income individuals with tax preparation. * A special 4-week food donation event to provide food for God's Pantry. * Free child care and babysitting provided to 10 families of victims the Comair plane crash. * Clothes and food collection for the Fayette County Public Schools Family Resource Centers. * The YMCA provided 47 commun. |