

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

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

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

OMB No 1545-0047
2010
Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 01-01-2010 and ending 12-31-2010

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER LEXINGTON KENTUCKY Doing Business As YMCA OF CENTRAL KENTUCKY		D Employer identification number 61-0444842	
	Number and street (or P O box if mail is not delivered to street address) Room/suite 239 EAST HIGH STREET		E Telephone number (859) 255-9622	
	City or town, state or country, and ZIP + 4 LEXINGTON, KY 40507		G Gross receipts \$ 13,873,291	
	F Name and address of principal officer CHERYL GATZMER 239 EAST HIGH STREET LEXINGTON, KY 40507		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (Insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
J Website: ▶ YMCAOFCENTRALKY.ORG				
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation 1853	M State of legal domicile KY

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities TO PUT CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT BUILD HEALTHY SPIRIT, MIND AND BODY FOR ALL		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	33
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	33
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	798
	6 Total number of volunteers (estimate if necessary)	6	2,513
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	1,406,567	1,393,845
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	8,449,936	8,390,037
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-46,341	29,842
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	229,586	177,198
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	10,039,748	9,990,922
	14 Benefits paid to or for members (Part IX, column (A), line 4)	32,625	25,025
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	5,922,299	5,940,774
	b Total fundraising expenses (Part IX, column (D), line 25) ▶150,949	0	0
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	5,306,293	3,913,740
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	11,261,217	9,879,539
19 Revenue less expenses Subtract line 18 from line 12	-1,221,469	111,383	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	26,952,389	26,863,726
	22 Net assets or fund balances Subtract line 21 from line 20	8,078,443	7,496,294

Part II Signature Block

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

Sign Here	***** Signature of officer	2011-08-01 Date
	CHERYL GATZMER CFO Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name ▶ STROTHMAN & COMPANY PSC				Firm's EIN ▶
	Firm's address ▶ 1600 WATERFRONT PLAZA LOUISVILLE, KY 40202				Phone no ▶ (502) 585-1600

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ 3,949,543 including grants of \$) (Revenue \$ 5,260,061)
MEMBERSHIP SERVICES - SEE SCHEDULE O

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

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







4d Other program services (Describe in Schedule O) **See also Additional Data for Description**
(Expenses \$ 2,120,701 including grants of \$ 25,025) (Revenue \$ 1,106,211)

4e Total program service expenses \$ 8,268,967

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A <input checked="" type="checkbox"/>	Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? <input checked="" type="checkbox"/>	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I <input checked="" type="checkbox"/>		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II <input checked="" type="checkbox"/>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III <input checked="" type="checkbox"/>		No
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV <input checked="" type="checkbox"/>		No
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V <input checked="" type="checkbox"/>	Yes	
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. <input checked="" type="checkbox"/>	Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. <input checked="" type="checkbox"/>	Yes	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. <input checked="" type="checkbox"/>	Yes	
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. <input checked="" type="checkbox"/>	Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. <input checked="" type="checkbox"/>	Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. <input checked="" type="checkbox"/>		No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII <input checked="" type="checkbox"/>	Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional <input checked="" type="checkbox"/>		No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV		No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Parts II and IV		No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S? If "Yes," complete Schedule F, Parts III and IV		No
17 Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		No
20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H		No
b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

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

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CHRIS ALDRIDGE BOARD MEMBER		X						0	0	0
(2) JULIE BALOG BOARD MEMBER		X						0	0	0
(3) CHIEF RONNIE J BASTIN BOARD MEMBER		X						0	0	0
(4) STEVE BROWN BOARD MEMBER		X						0	0	0
(5) CATHY CALLAWAY BEAUMONT CENTRE REP BOARD MEMBER		X						0	0	0
(6) ROGELIO ROGER CARBAJAL BOARD MEMBER		X						0	0	0
(7) KEITH CARTIER BOARD MEMBER		X						0	0	0
(8) MARILYN CLARK BOARD MEMBER		X						0	0	0
(9) CHUCK CREACY BOARD MEMBER		X						0	0	0
(10) DR FERNANDO R DE CASTRO BOARD MEMBER		X						0	0	0
(11) ANNISSA FRANKLIN BOARD MEMBER		X						0	0	0
(12) STEPHEN GROSSMAN BOARD MEMBER		X						0	0	0
(13) DWIGHT HANNAH BOARD MEMBER		X						0	0	0
(14) TOM HARRIS CHAIR ELECT BOARD MEMBER		X						0	0	0
(15) KEVIN HENRY SECRETARY TREASURER BOARD MEMBER		X						0	0	0
(16) CHRISTIE HOCKENSMITH CHAIR BOARD MEMBER		X						0	0	0

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(17) DERRICK HORD NORTH LEXINGTON REP BOARD MEMBER		X					0	0	0	
(18) STEVE P HUPMAN HIGH STREET REP BOARD MEMBER		X					0	0	0	
(19) RODNEY JACKSON BOARD MEMBER		X					0	0	0	
(20) JIM KEFFER CHAIR 1110-33110 BOARD MEMBER		X					0	0	0	
(21) RABBI MARC KLINE BOARD MEMBER		X					0	0	0	
(22) KELLY KNIGHT BOARD MEMBER		X					0	0	0	
(23) MAXINE LEE BOARD MEMBER		X					0	0	0	
(24) STEPHANIE NELSON BOARD MEMBER		X					0	0	0	
(25) TOM PADGETT BOARD MEMBER		X					0	0	0	
(26) CLYDE PELTON BOARD MEMBER		X					0	0	0	
(27) SHANA PETERSON BOARD MEMBER		X					0	0	0	
(28) MICHAEL B PRATHER SCOTT COUNTY REP BOARD MEMBER		X					0	0	0	
(29) BOB QUICK BOARD MEMBER		X					0	0	0	
(30) ANGELA ROBERTS BLACK ACHIEVERS REP BOARD MEMBER		X					0	0	0	
(31) SIMONE SALOMON BOARD MEMBER		X					0	0	0	
(32) KIM SHELTON BOARD MEMBER		X					0	0	0	
(33) FRAN TAYLOR PAST CHAIR BOARD MEMBER		X					0	0	0	
(34) TIMOTHY TERRY EN BOARD MEMBER		X					0	0	0	
(35) GAIL GLASSER PRESIDENT/CEO	40 00			X			186,831	0	28,989	
(36) TOM BLACKMAN VICE PRESIDENT/CEO	40 00			X			108,995	0	19,649	
(37) JACK MALOY CFO	40 00			X			111,298	0	15,619	
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							407,124	0	64,257	

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

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
WOODFORD PROPERTY MANAGEMENT INC NO9 MILL CREEK PARK COMPLEX FRANKFORT, KY 40601	JANITORIAL & LAWN SERVICES	372,096
BLUEGRASS FAMILY HEALTH 651 PERIMETER DRIVE SUITE 300 LEXINGTON, KY 40517	GROUP HEALTH INSURANCE	243,105
DAXKO LLC 2204 LAKESHORE DRIVE SUITE 206 BIRMINGHAM, AL 35209	SOFTWARE SUPPORT & SERVICES	140,098

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

Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns 1a	160,274			
	b Membership dues 1b				
	c Fundraising events 1c				
	d Related organizations 1d				
	e Government grants (contributions) 1e	294,677			
	f All other contributions, gifts, grants, and similar amounts not included above 1f	938,894			
	g Noncash contributions included in lines 1a-1f \$				
	h Total. Add lines 1a-1f	1,393,845			
	2a MEMBER SERVICES	713940	5,260,061	5,260,061	
b CHILD DEVELOPMENT	713940	1,530,737	1,530,737		
c AQUATICS	713940	493,028	493,028		
d HEALTH & FITNESS	713940	396,585	396,585		
e YOUTH & TEEN	713940	330,403	330,403		
f All other program service revenue		379,223	379,223		
g Total. Add lines 2a-2f		8,390,037			
3 Investment income (including dividends, interest and other similar amounts)		82,110		82,110	
4 Income from investment of tax-exempt bond proceeds					
5 Royalties					
6a Gross Rents	(i) Real	88,791			
	(ii) Personal				
	b Less rental expenses				
	c Rental income or (loss)	88,791			
d Net rental income or (loss)		88,791		88,791	
7a Gross amount from sales of assets other than inventory	(i) Securities	3,830,101			
	(ii) Other				
	b Less cost or other basis and sales expenses	3,882,369			
	c Gain or (loss)	-52,268			
d Net gain or (loss)		-52,268		-52,268	
8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a					
	b Less direct expenses b				
	c Net income or (loss) from fundraising events				
9a Gross income from gaming activities See Part IV, line 19 a					
	b Less direct expenses b				
	c Net income or (loss) from gaming activities				
10a Gross sales of inventory, less returns and allowances a					
	b Less cost of goods sold b				
	c Net income or (loss) from sales of inventory				
Miscellaneous Revenue		Business Code			
11a MISCELLANEOUS	713940	88,407	88,407		
b _____					
c _____					
d All other revenue					
e Total. Add lines 11a-11d		88,407			
12 Total revenue. See Instructions		9,990,922	8,478,444	0	118,633

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2	Grants and other assistance to individuals in the U S See Part IV, line 22	25,025	25,025		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	402,024		402,024	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	4,530,528	4,000,433	437,897	92,198
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	357,047	242,913	107,844	6,290
9	Other employee benefits	239,535	159,526	66,663	13,346
10	Payroll taxes	411,640	337,042	67,247	7,351
a	Fees for services (non-employees)				
	Management				
b	Legal				
c	Accounting	51,233	15,396	35,837	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	40,906		40,906	
g	Other				
12	Advertising and promotion	249,379	93,619	144,170	11,590
13	Office expenses	33,923	27,089	6,509	325
14	Information technology	105,110	96,658	3,312	5,140
15	Royalties				
16	Occupancy	1,276,887	1,273,391	3,496	
17	Travel	111,638	83,442	26,998	1,198
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	46,349	27,016	14,418	4,915
20	Interest	97,826	97,826		
21	Payments to affiliates	100,437	100,437		
22	Depreciation, depletion, and amortization	568,664	553,752	14,912	
23	Insurance	84,239	81,197	3,042	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	PROGRAM SUPPLIES	358,238	354,619	275	3,344
b	EQUIPMENT SERVICES	195,524	185,326	10,198	
c	MAINTENANCE AND HOUSECL	146,536	146,536		
d	CONTRACT LABOR	133,374	133,374		
e	BANK FEES	127,485	119,397	8,088	
f	All other expenses	185,992	114,953	65,787	5,252
25	Total functional expenses. Add lines 1 through 24f	9,879,539	8,268,967	1,459,623	150,949
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

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

Part XI Reconciliation of Net Assets

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

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

Part XII Financial Statements and Reporting

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

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

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

Employer identification number
61-0444842

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h
 a Type I b Type II c Type III - Functionally integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?
 (ii) a family member of a person described in (i) above?
 (iii) a 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

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

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

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

Section B. Total Support

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

12 Gross receipts from related activities, etc (See instructions) 12**13 First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶**Section C. Computation of Public Support Percentage****14** Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f)) 14**15** Public Support Percentage for 2009 Schedule A, Part II, line 14 15**16a 33 1/3% support test—2010.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶**b 33 1/3% support test—2009.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶**17a 10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶**b 10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶**18 Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	13,336,171	4,324,572	6,907,879	6,747,804	6,653,906	37,970,332
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	3,267,251	3,317,169	3,326,038	3,108,699	3,129,976	16,149,133
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	16,603,422	7,641,741	10,233,917	9,856,503	9,783,882	54,119,465
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	31,174	34,408	18,450	27,907	12,000	123,939
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b	31,174	34,408	18,450	27,907	12,000	123,939
8 Public Support (Subtract line 7c from line 6)						53,995,526

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	16,603,422	7,641,741	10,233,917	9,856,503	9,783,882	54,119,465
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	291,006	296,994	221,862	134,580	82,110	1,026,552
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	291,006	296,994	221,862	134,580	82,110	1,026,552
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	213,048	614,267	106,915	-1,372,680	116,135	-322,315
13 Total support (Add lines 9, 10c, 11 and 12)	17,107,476	8,553,002	10,562,694	8,618,403	9,982,127	54,823,702
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	98.490 %
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	98.010 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	1.870 %
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	2.090 %

19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

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

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

Facts And Circumstances Test

Explanation

SCHEDULE A, PART IV, SUPPLEMENTAL INFORMATION GAIN/(LOSS) ON SALE OF FIXED ASSETS (\$3,795) MISCELLANEOUS
 \$177,198 GAIN/(LOSS) ON SALE OF INVESTMENTS (52,268) LOSS ON UNCONDITIONAL PROMISES TO GIVE (\$5,000)

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2010

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

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

Employer identification number 61-0444842

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), Aggregate value at end of year.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply): Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure.

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

- a Total number of conservation easements
b Total acreage restricted by conservation easements
c Number of conservation easements on a certified historic structure included in (a)
d Number of conservation easements included in (c) acquired after 8/17/06

Table with 2 columns: Held at the End of the Year. Rows 2a, 2b, 2c, 2d.

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?
9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1; (ii) Assets included in Form 990, Part X
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1; b Assets included in Form 990, Part X

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

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

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

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

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

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	3,619,447	3,161,708			
b Contributions	1,300	37,254			
c Investment earnings or losses	349,999	481,940			
d Grants or scholarships					
e Other expenditures for facilities and programs	-23,720	-25,654			
f Administrative expenses	-40,905	-35,801			
g End of year balance	3,906,121	3,619,447			

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

- a** Board designated or quasi-endowment ▶ 34 000 %
- b** Permanent endowment ▶ 66 000 %
- c** Term endowment ▶

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
(i) unrelated organizations	3a(i)	No
(ii) related organizations	3a(ii)	No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		7,301,105		7,301,105
b Buildings		17,407,478	7,066,541	10,340,937
c Leasehold improvements		32,680	16,912	15,768
d Equipment		1,170,199	821,183	349,016
e Other		861,833	36,924	824,909
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				18,831,735

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	9,990,922
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	9,879,539
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	111,383
4	Net unrealized gains (losses) on investments	4	382,103
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	382,103
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	493,486

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

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

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

1	Total expenses and losses per audited financial statements	1	9,874,539
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	9,874,539
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	5,000
c	Add lines 4a and 4b	4c	5,000
5	Total expenses Add lines 3 and 4c . (This should equal Form 990, Part I, line 18)	5	9,879,539

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS		LOSS ON UNCONDITIONAL PROMISES TO GIVE -5,000
PART XIII, LINE 4B - OTHER ADJUSTMENTS		LOSS ON UNCONDITIONAL PROMISES TO GIVE 5,000

Schedule I (Form 990)

OMB No 1545-0047

Grants and Other Assistance to Organizations, Governments and Individuals in the United States
Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
Attach to Form 990

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Employer identification number
61-0444842

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC Code section if applicable, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of non-cash assistance, (h) Purpose of grant or assistance.

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

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) CASH AWARDS FOR BLACK ACHIEVERS COLLEGE SCHOLARSHIPS	21	25,025			

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

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

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2010

Open to Public Inspection

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

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

▶ Attach to Form 990. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

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

Employer identification number

61-0444842

Part I Questions Regarding Compensation

Yes No

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- | | |
|---|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax idemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

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

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

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

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

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

a Receive a severance payment or change-of-control payment from the organization or a related organization?

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

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

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

Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.

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

a The organization?

b Any related organization?

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

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

a The organization?

b Any related organization?

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

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

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

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

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

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

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

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
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SCHEDULE M (Form 990)

NonCash Contributions

OMB No 1545-0047

2010

Open to Public Inspection

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

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 Types of Property

Table with 4 columns: (a) Check if applicable, (b) Number of Contributions or items contributed, (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g, (d) Method of determining oncash contribution amounts. Rows include Art, Cars, Boats, Intellectual property, Securities, Real estate, etc.

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

Table with 3 columns: Question, Yes, No. Rows include 30a, 31, 32a, 33 regarding contribution reporting and policies.

Part II

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

Identifier	Return Reference	Explanation
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Schedule M (Form 990) 2010

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

YOUNG MEN'S CHRISTIAN ASSOCIATION
OF GREATER LEXINGTON KENTUCKY

Employer identification number

61-0444842

Identifier	Return Reference	Explanation
		<p>FORM 990, PART III, LINE 1 FOR MORE THAN 157 YEARS IN SUPPORT OF OUR MISSION TO PUT CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT BUILD HEALTHY SPIRIT, MIND AND BODY FOR ALL THE YMCA OF CENTRAL KENTUCKY HAS MET THE MOST PRESSING CHALLENGES OF THE COMMUNITIES WE SERVE THROUGHOUT FAYETTE, JESSAMINE AND SCOTT COUNTIES THE CHALLENGES HAVE CHANGED OVER TIME, AND THE YMCA CONTINUALLY PROVIDES TIMELY, INNOVATIVE RESPONSES TODAY, A NEW SET OF ISSUES IS CALLING OUR YMCA TO ACT OUR REGIONS LIFESTYLE HEALTH CHOICES ARE CONTRIBUTING TO INCREASED RATES OF DISEASE AND REDUCED QUALITY OF LIFE FAMILIES ARE FINDING IT DIFFICULT TO BALANCE THEIR WORK, FAMILY AND CIVIC LIFE YOUTH, REGARDLESS OF FAMILY INCOME, ARE NOT RECEIVING THE SUPPORT THEY NEED TO DEVELOP POSITIVE SKILLS AND VALUES THAT WILL GUIDE THEM THROUGHOUT THEIR LIFE THE YMCA IS THERE TO ENSURE THAT EVERY CHILD AND YOUTH WILL DEEPEN POSITIVE VALUES, THEIR COMMITMENT TO SERVICE AND THEIR MOTIVATION TO LEARN THE YMCA DESIRES THAT EVERY FAMILY WILL BUILD STRONGER BONDS, ACHIEVE GREATER WORK/LIFE BALANCE AND BECOME MORE ENGAGED WITH THEIR COMMUNITIES THE YMCA WORKS WITH EVERY INDIVIDUAL TO STRENGTHEN HIS OR HER HOLISTIC WELL-BEING</p>

Identifier	Return Reference	Explanation
		<p>FORM 990, PART 3, LINE 4A MEMBERSHIP SERVICES THE YMCA OF CENTRAL KENTUCKY'S MOST EFFECTIVE WAY TO STRENGTHEN RELATIONSHIPS AND MEMBER INVOLVEMENT IS BY ENGAGING MEMBERS (WHETHER MEMBERS AS PARTICIPANTS, VOLUNTEERS, STAFF, PARTNERS AND THE COMMUNITY COLLABORATORS) AT ALL LEVELS AND ALL AGES (WHERE APPROPRIATE) IN PROGRAM DESIGN, OPERATION AND EVALUATION THE YMCA PROVIDES OPPORTUNITIES BEYOND INDIVIDUAL AND FAMILY ACTIVITIES FOR MEMBERS TO BECOME INVOLVED SERVE AND LEAD THE YMCA OUR GOAL IS TO ALIGN MEMBER EXPERIENCES WITH THE MISSION AND FOCUS ON CHARACTER DEVELOPMENT AND VALUES, SUPPORT FOR HEALTH AND WELL-BEING, DEVELOPMENTAL ASSETS AND RELATIONSHIP/COMMUNITY BUILDING WE OPERATE A MEMBER-ENGAGEMENT PROGRAM THAT ENCOURAGES RELATIONSHIPS WITH AND AMONG MEMBERS, A SENSE OF BELONGING, VOLUNTEERISM AND PHILANTHROPY MEMBERS ARE WELCOMED, RESPECTED AND VALUED THE YMCA CHAMPIONS INCLUSION AND RESPONDS TO THE NEEDS AND INTERESTS OF THE COMMUNITIES WE SERVE WE DEFINE MEMBERSHIP BY RELATIONSHIP (NOT FACILITY ACCESS ALONE) TO INCLUDE THOSE USING THE FACILITIES AS WELL AS CHILDREN, YOUTH, TEENS, ADULTS AND FAMILIES THE YMCA PROVIDES ACCESS TO MEMBERSHIP FOR ALL, REGARDLESS OF ABILITY, AGE, ETHNICITY/RACE, RELIGION, SEXUAL ORIENTATION OR INCOME LEVEL WE DEFINE MEMBERSHIP INCLUSIVELY, EMBRACING THE MULTIPLE FAMILY MODELS REFLECTED IN OUR LARGER COMMUNITY WE ENSURE PRICING STRUCTURES AND FINANCIAL ASSISTANCE MAKE THE YMCA ACCESSIBLE TO ALL FAMILIES WE IMPLEMENT POLICIES AND SYSTEMS AND PROCEDURES THAT SUPPORT INCLUSION AND OFFER PROGRAMS AND ACTIVITIES THAT REFLECT THE NEEDS AND INTERESTS OF DIVERSE SEGMENTS OF THE COMMUNITY WE STRIVE TO HAVE STAFF PROGRAM AND POLICY VOLUNTEERS AND PEOPLE OF ALL AGES INVOLVED IN THE YMCA REFLECT THE DEMOGRAPHIC PROFILE OF THE COMMUNITY THE YMCA INCLUDES, WHERE POSSIBLE, UNDERSERVED, NEW IMMIGRANT AND NON-ENGLISH SPEAKING POPULATIONS THE YMCA CREATES ENVIRONMENTS THAT FOSTER SMALL COMMUNITIES AND ENCOURAGE HEALTH AND WELL-BEING THE YMCA ACTS AS A CATALYST AND PARTNER FOR COMMUNITY TRANSFORMATION TOWARD CREATING ASSET-RICH ENVIRONMENTS FOR YOUTH AND COMMUNITY ENVIRONMENTS THAT SUPPORT HEALTH AND WELL-BEING FOR ALL MEMBERSHIP DEVELOPMENT IS RELATIONSHIP BASED AND FOCUSED ON ENGAGING MEMBERS AS WHOLE PERSONS AND PROVIDING PERSONALIZED MEMBER EXPERIENCES IN A SUPPORTIVE, UPLIFTING ENVIRONMENT THE TOTAL EXPERIENCE OF A MEMBERS INVOLVEMENT WITH THE YMCA, STARTING WITH HE INITIAL ENGAGEMENT AND INCLUDING PARTICIPATING IN PROGRAMS AND ACTIVITIES THAT ADDRESS INDIVIDUAL WANTS, NEEDS AND INTERESTS HAS ONGOING SUPPORT THROUGH RELATIONSHIPS WITH STAFF AND OTHER MEMBERS, INVOLVEMENT IN SMALL COMMUNITIES WITHIN THE YMCA - ALL IN AN ENVIRONMENT THAT'S CARING, HONEST, RESPECTFUL AND SUPPORTIVE OF HEALTHY CHOICES AT DECEMBER 31, 2010 THE YMCA OF CENTRAL KENTUCKY SERVED APPROXIMATELY 12,642 MEMBERSHIP UNITS CONSISTING OF 26,469 INDIVIDUAL MEMBERS APPROXIMATELY 3,600 ADULT UNITS AND 4,590 HOUSEHOLD UNITS (17,638 MEMBERS) ARE INCLUDED IN THIS COUNT NO ONE IS TURNED AWAY FROM MEMBERSHIP IN THE YMCA OF CENTRAL KENTUCKY DUE TO FINANCIAL INABILITY TO PAY ACCORDINGLY, DIRECT FINANCIAL ASSISTANCE AMOUNTING TO \$656,350 WAS GRANTED TO INDIVIDUALS AND FAMILIES FOR PARTICIPATION IN YMCA MEMBERSHIP</p>

Identifier	Return Reference	Explanation
		<p>FORM 990, PART III, LINE 4C AQUATICS AQUATIC PROGRAMMING HAS LONG BEEN A YMCA MAINSTAY IN BUILDING HEALTHY SPIRIT, MIND AND BODY FOR CHILDREN AND ADULTS THE YMCAS AQUATIC PROGRAMS PROVIDE OPPORTUNITIES FOR HOLISTIC HEALTH AND WELL-BEING OFTEN WITH A FOCUS ON HEALTH SEEKERS AND THEIR FAMILIES IN 2010, MORE THAN 27,600 PEOPLE CAME TO THE YMCA FOR OUR AQUATICS PROGRAMS (INCLUDING GROUP WATER-FITNESS PROGRAMS) RECOGNIZING THE VALUE IN OUR RELATIONSHIP-BASED APPROACH THE YMCA PROVIDES SWIMMING INSTRUCTION, COMPETITIVE AQUATICS, LIFEGUARD TRAINING, RECREATIONAL SWIM (INDOOR AND OUT), WATER THERAPY AS WELL AS WATER AWARENESS PROGRAMS OPPORTUNITIES INCLUDE LIFESTYLE BEHAVIOR CHANGE, STRESS MANAGEMENT AND LIFE BALANCE, ONGOING COACHING, WATER SAFETY EDUCATION AND AWARENESS THE YMCA GAVE BACK TO THE FAYETTE, JESSAMINE AND SCOTT COUNTY COMMUNITIES IN 2010 THROUGH OUR FREE SPLASH PROGRAM THAT PROVIDED 116 CHILDREN WITH WEEKLONG WATER INSTRUCTION AND AWARENESS PROGRAMMING 492 CHILDREN AND THEIR FAMILIES PARTICIPATED IN SWIM TEAMS PARENT AND COMMUNITY VOLUNTEERS PROVIDE MORE THAN 300 HOURS OF VOLUNTEER SUPPORT TO THE SWIM TEAM PROGRAMS - MAKING THEM SOME OF OUR MOST LOYAL VOLUNTEERS' 69 INDIVIDUALS RECEIVED LIFEGUARD TRAINING THAT WILL ENSURE QUALIFIED GUARDS FOR AREA POOLS EACH MONTH AN AVERAGE OF 700 PEOPLE PARTICIPATED IN AQUATICS EXERCISE PROGRAMS INCLUDING SOME SPECIALTY PROGRAMMING FOR SPECIAL NEEDS SUCH AS ARTHRITIC PARTICIPANTS OUR AQUATICS PROGRAMS MEET NATIONALLY ESTABLISHED STANDARDS AND BEST PRACTICES THE YMCA ACHIEVES CERTIFICATION OR ACCREDITATION BY NATIONAL PROFESSIONAL ORGANIZATIONS THE YMCA FOCUSES PROGRAM AND OPERATIONAL IMPROVEMENTS ON STRENGTHENING INCLUSION, ENGAGEMENT AND RELATIONSHIPS IN ADDITION TO THE OPERATION OF OUR OWN POOLS, THE YMCA OF CENTRAL KENTUCKY IS ENTRUSTED WITH THE OPERATION OF THE NICHOLASVILLE/JESSAMINE COUNTY WATERPARK THE YMCA SERVES AS A FREE OR HIGHLY REDUCED COST AQUATIC RESOURCE FOR OTHER AGENCIES POOL NEEDS - RANGING FROM HIGH SCHOOL SWIM TEAMS, TO PRESCHOOL SWIM PROGRAMMING FOR LOCAL MONTESSORI USE, TO BOY AND GIRL SCOUT UNITS TO ACHIEVE EARNINGS TOWARD MERIT BADGES, TO BELL HOUSE SENIORS, TO LEXINGTON FIRE DEPARTMENT CADETS, TO SWIM INSTRUCTION FOR CHILDREN FROM THE MANCHESTER CENTER TO BE ESPECIALLY ACCESSIBLE FOR INCLUSION PROGRAMMING, OUR YMCA PROVIDES POOL TIME FOR FAYETTE COUNTY PARKS AND RECREATION ADAPTIVE AQUATICS PROGRAMS AND THE SPECIAL OLYMPICS SWIM TEAM JUST AS WITH ALL YMCA PROGRAMS, FINANCIAL ASSISTANCE IS AVAILABLE TO AQUATIC PROGRAMS IF NEEDED DURING 2010, APPROXIMATELY \$26,150 IN DIRECT FINANCIAL ASSISTANCE WAS PROVIDED TO CHILDREN, INDIVIDUALS AND FAMILIES ACROSS ALL AQUATIC AREAS THIS ASSISTANCE ENSURED WATER SAFETY, INSTRUCTION AND AWARENESS FOR ALL</p>

Identifier	Return Reference	Explanation
		FORM 990, PART III, LINE 4D CONTINUATION OF PART III-STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS EXPENSES GRANTS REVENUE OTHER PROGRAM SERVICES 1 HEALTH & FITNESS PROGRAMS \$503,220 - \$396,585 2 YOUTH & TEEN PROGRAMS \$419,939 - \$330,403 3 YOUTH CAMPS \$414,410 - \$327,544 4 COMMUNITY SERVICES/ BLACK ACHIEVERS \$219,635 \$25,025 \$3,761 5 ART AND HUMANITIES \$103,958 - \$47,918 6 MAINTENANCE \$459,539 TOTAL OTHER PROGRAM SERVICES \$2,120,701 \$25,025 \$1,106,211

Identifier	Return Reference	Explanation
		<p>FORM 990, PART III, LINE 4D (1) YOUTH AND TEEN PROGRAMS BUILDING STRONG KIDS MEANS SUPPORTING AND EMPOWERING CHILDREN TO DEVELOP THE VALUES AND SKILLS THEY WILL CARRY WITH THEM THROUGHOUT LIFE THOSE THAT ARE INGRAINED WITH STRONG VALUES BECOME LEADERS IN OUR COMMUNITIES A VARIETY OF YOUTH AND TEEN PROGRAM ACTIVITIES (INCLUDING SPORT SKILLS, SPORTS LEAGUES, MARTIAL ARTS, MOVEMENT EDUCATION, YOUTH/TEEN EXERCISE PROGRAMS, LITERACY AND SOCIAL GATHERINGS) PROVIDE THE FRAMEWORK FOR INSTILLING OUR CORE VALUES OF HONESTY, CARING, RESPECT AND RESPONSIBILITY YOUTH SPORTS LEAGUES AT THE YMCA OF CENTRAL KENTUCKY OPERATE BY THE FOLLOWING MOTTO EVERYONE PLAYS, EVERYONE WINS THE OBJECTIVE OF THESE SPORTS LEAGUES IS TO IMPROVE PHYSICAL HEALTH AND SELF-CONFIDENCE, FOSTER SKILL DEVELOPMENT, TEACH TEAMWORK, ENCOURAGE THE DEVELOPMENT OF THE CORE VALUES, AND ABOVE ALL, HAVE FUN OUR YOUTH PROGRAMS FOCUS ON PROGRESSIVE SKILL DEVELOPMENT THROUGH WHICH EVERYONE IS GIVEN THE OPPORTUNITY TO EXPERIENCE SUCCESS ON THEIR OWN LEVEL IN 2010, 5,654 YOUTH WERE REGISTERED IN YOUTH SPORTS LEAGUES FAMILY INVOLVEMENT IS ALSO A CRITICAL ASPECT OF YOUTH SPORTS AND DEVELOPMENT THE SOCCER CELEBRATION IN MAY, 2010 ATTRACTED MORE THAN 1,000 PLAYERS AND THEIR FAMILIES AT THE END OF THE SUMMER T-BALL SEASON, 60 YOUTH ARE SELECTED TO PLAY A T-BALL GAME AT APPLEBEES PARK HOME OF THE LEXINGTON LEGENDS BASEBALL TEAM LEGENDS PLAYERS SERVE AS VOLUNTEER COACHES FOR THE KIDS WHILE THEIR FAMILIES CHEER THEM ON FROM THE STANDS ANOTHER ESSENTIAL COMPONENT OF OUR YOUTH SPORTS PROGRAM IS VOLUNTEER DEVELOPMENT OUR PROGRAM RELIES SOLELY ON THE USE OF VOLUNTEER COACHES, AND IN 2010 APPROXIMATELY 5,250 VOLUNTEER HOURS WERE RECORDED ALL OF OUR VOLUNTEER COACHES ARE ENCOURAGED TO COMPLETE A SPORTS SPECIFIC ORIENTATION WHICH INCLUDES DEVELOPMENTALLY APPROPRIATE COMMUNICATIONS, CORE VALUES, AND THE NAIAS CHAMPIONS OF CHARACTER PROGRAM AND BASIC SKILL TRAINING YMCAS HAVE A UNIQUE ABILITY, THROUGH PURPOSEFUL, ENGAGING PROGRAMS, TO NURTURE ALL CHILDREN, STRENGTHEN FAMILIES AND ENCOURAGE PEOPLE TO BETTER HEALTH IN 2010, THE TOYOTA BLUEGRASS MIRACLE LEAGUE SERVED 271 YOUTH AND ADULT ATHLETES WITH SPECIAL NEEDS THE YMCA OPERATES THE LEAGUE WHICH REQUIRES THE RECRUITMENT AND SCHEDULING OF PLAYERS AND VOLUNTEERS EACH CHILD IN THE PROGRAM HAS A VOLUNTEER BUDDY WHO ASSISTS DURING EACH GAME 560 COACHING, BUDDY AND GAME EVENT VOLUNTEERS ENSURED THE BEST ACCOMMODATIONS FOR EACH CHILD, REDUCED THEIR OWN STEREOTYPES, INCREASED THEIR EMPATHY AND HAD A WHOLE LOT OF FUN THE YMCA ALSO OFFERS A VARIETY OF FREE YOUTH AND TEEN ACTIVITIES AT THE YMCAS FALL FESTIVAL, OVER 1,800 CHILDREN PARTICIPATED IN SAFE HALLOWEEN ACTIVITIES BETWEEN THE BEAUMONT CENTRE FAMILY YMCA AND THE NORTH LEXINGTON FAMILY YMCA HEALTHY KIDS DAY ACTIVITIES IN 2010 ATTRACTED NEARLY 2,500 CHILDREN AND THEIR FAMILIES OTHER FREE FAMILY EVENTS (MAGIC SHOWS, DRIVE-IN MOVIES, FAMILY SWIM PROGRAMS, CONCERTS) ARE PROVIDED ON A MONTHLY BASIS, WHERE MEMBERS OF THE FACILITY CAN PARTICIPATE IN WHOLESOME ACTIVITIES LED BY YMCA STAFF AND VOLUNTEERS THE CONTINUED DECLINE OF OUR CHILDRENS HEALTH IS AN AREA THAT THE YMCA OF CENTRAL KENTUCKY IS ADDRESSING WITH GREAT INTENTION AND PURPOSE THROUGH OUR PARTNERSHIP WITH THE LEXINGTON FAYETTE COUNTY HEALTH DEPARTMENT, THE YMCA COLLABORATED WITH THE VERB SUMMER SCORECARD CAMPAIGN BY PROVIDING FREE ACTIVITIES FOR TEENS TO ENSURE ACTIVE LIVING THROUGHOUT THE SUMMER THE YMCA ALSO CONTINUES ITS COLLABORATION WITH THE UNIVERSITY OF KENTUCKY MEDICAL SCHOOL AND THE LEXINGTON FAYETTE COUNTY HEALTH DEPARTMENT ON A YOUTH OBESITY PREVENTION PROGRAM FOR YOUTH AT WILLIAM WELLS BROWN ELEMENTARY SCHOOL THIS PROGRAM, KNOWN AS JUMPIN JAGUARS, SERVES MORE THAN 38 YOUTH AND THEIR FAMILIES WITH PHYSICAL FITNESS ACTIVITIES, FREE YMCA MEMBERSHIPS, AND HEALTH AND NUTRITION EDUCATION THE YOUTH ARCADE, AN INTERACTIVE EXERCISE AREA FOR YOUTH AT THE BEAUMONT CENTRE FAMILY YMCA REGISTERED IN EXCESS OF 16,000 VISITS IN 2010 THE ARCADE AREA PROVIDES HEALTHY SUPERVISION FOR YOUTH WHILE THEIR PARENTS ARE WORKING OUT IN THE YMCA FACILITY PROMOTING LITERACY AMONG YOUTH IS ONE OF THE HIGHEST PRIORITIES FOR THE YMCA OF CENTRAL KENTUCKY AND OUR COMMUNITY INITIATIVES DEPARTMENT OVER 6,300 BOOKS WERE DISTRIBUTED TO YOUTH AND FAMILIES IN CENTRAL KENTUCKY, INCLUDING LOW-INCOME AND MIGRANT FAMILIES THROUGH THE BOOKS FOR THE BLUEGRASS PROGRAM THE YMCA ALSO HOSTED THREE READING EVENTS WHERE FAMILIES WERE ENCOURAGED TO ATTEND THE YMCA IN CONJUNCTION WITH THE LEXINGTON PUBLIC LIBRARY S OUTREACH PROGRAM IN 2010, 4 STUDENTS WERE ACTIVELY INVOLVED IN THE KENTUCKY YMCA YOUTH ASSOCIATION FOUNDED IN 1890, THIS ASSOCIATION HAS SET THE NATIONAL EXAMPLE FOR THE PROMOTION OF CIVIC ENGAGEMENT, SERVICE LEARNING, SERVICE LEADERSHIP AND CHARACTER DEVELOPMENT AMONG TEENAGERS TEEN CAMPS ALSO PROVIDED AN OPPORTUNITY FOR PARTICIPANTS TO ENGAGE IN COMMUNITY ACTIVITIES AND INCLUDED SESSIONS ON TEAM BUILDING, CHARACTER DEVELOPMENT, VOLUNTEER OPPORTUNITIES, AND PROVIDED TEENS WITH ROLE MODELS FOR LEADERSHIP DEVELOPMENT WITH NINE WEEKLY SESSIONS AT FOUR DIFFERENT LOCATIONS, THESE CAMPS SERVED OVER 840 PARTICIPANTS DURING 2010</p>

Identifier	Return Reference	Explanation
		<p>FORM 990, PART III, LINE 4D (2) HEALTH AND FITNESS THE YMCA OF CENTRAL KENTUCKY ADDRESSES THE MOST PRESSING CHALLENGES OF THE DIVERSE POPULATION WE SERVE WE DO THIS BY PROVIDING A BROAD RANGE OF ACCESSIBLE, EFFECTIVE AND QUALITY PROGRAMS TO ADDRESS A VARIETY OF ONGOING AND EMERGING INDIVIDUAL AND COMMUNITY NEEDS ALL OF THESE PROGRAMS ARE ANCHORED IN THE YMCA'S PHILOSOPHY OF PERSONAL GROWTH IN SPIRIT, MIND AND BODY BUILDING UPON OUR CHARITABLE HERITAGE, FINANCIAL ASSISTANCE ENSURED THOSE WHO NEED THE YMCA MOST, FROM ALL BACKGROUNDS AND INCOME LEVELS, WERE ABLE TO BENEFIT THE MAJORITY OF ADULTS WHO JOIN THE YMCA DO SO BECAUSE THEY WISH TO PARTICIPATE IN SOME FORM OF EXERCISE, WHETHER AN ORGANIZED CLASS OR AN INDIVIDUAL WORKOUT THE YMCA MAKES FITNESS ACCESSIBLE TO THE WHOLE COMMUNITY BY PROVIDING OVER 100 FITNESS CLASSES WEEKLY AT BEAUMONT, 50 CLASSES WEEKLY AT NORTH, AND 50 WEEKLY AT HIGH STREET MANY OF THESE FITNESS CLASSES ARE INCLUDED FREE WITH MEMBERSHIP IN ADDITION TO THE PROGRAMS OFFERED WITHIN OUR YMCA FACILITIES, THE YMCA COLLABORATES WITH OUTSIDE GROUPS TO PROVIDE HEALTH FAIRS INCLUDING THE MIGRANT NETWORK COALITION FAIR, THE ROOTS AND HERITAGE HEALTH FAIR, THE LINKS WALK-A-THON, LEXINGTON FAYETTE URBAN COUNTY GOVERNMENT, AREA BUSINESSES AND CHURCHES THE YMCA ALSO OFFERS RECREATIONAL AND HEALTH OPPORTUNITIES FOR MEN LIVING AT THE HOPE CENTER AND EXERCISE PROGRAMS FOR THE HOPE CENTER FOR WOMEN AND THE EMERSON CENTER FOR SENIORS THE SENIOR HEALTH AND FITNESS DAY HAD 250 PARTICIPANTS WITH CLASSES AND VENDOR TABLES FREE EXERCISE CLASSES HAVE BEEN DESIGNED TO MEET THE SPECIFIC NEEDS OF ADULTS WITH MULTIPLE SCLEROSIS, SERVING 7 DIFFERENT INDIVIDUALS IN 2010 THROUGH OUR PARTNERSHIP WITH SAINT JOSEPH HEALTHY LIVING CENTER, YMCA PARTICIPANTS CAN ENGAGE IN HEALTH SCREENING ACTIVITIES, NUTRITIONAL EDUCATION AND CLASSES FOR INDIVIDUALS WITH SPECIFIC CONDITIONS, SUCH AS DIABETES THE YMCA PLAYED AN ACTIVE ROLE IN OUR LOCAL BIKING COMMUNITY AND ADVOCATING FOR BIKE PATHS AND WALKING TRAILS THE MAYOR OF LEXINGTON COMMISSIONED A BIKE AND PEDESTRIAN TASK FORCE WITH A VISION OF MAKING LEXINGTON THE MOST BIKE AND PEDESTRIAN FRIENDLY CITY IN KENTUCKY WE ALSO PARTNERED WITH THE LEXINGTON FAYETTE COUNTY URBAN GOVERNMENT TO HOST BIKE LEXINGTON WHICH ATTRACTED APPROXIMATELY 2000 PARTICIPANTS THE YMCA PROVIDES SPECIALIZED HEALTH AND WELLNESS PROGRAMS, OFFERING PHYSICAL FITNESS TRAINING FOR GROUPS LIKE THE POLICE RECRUITMENT TRAINING WE ALSO COLLABORATE WITH NUMEROUS ORGANIZATIONS INCLUDING THE KY CHAPTER OF THE AMERICAN ACADEMY OF PEDIATRICS WALKING WORKS PROGRAM THAT PROVIDES ASSISTANCE WITH WEIGHT LOSS AND THE ADAPTATION OF HEALTHY BEHAVIORS FOR CHILDREN AGES 9-14 AND THEIR FAMILIES TO HELP ALLEVIATE THE STRESSES OF CHILDHOOD OBESITY RELATIONSHIPS HAVE BEEN FORGED IN THE COMMUNITY TO EDUCATE, INCREASE AWARENESS AND PROMOTE HEALTHY LIFESTYLES WE ARE PARTNERING IN PROGRAMS WITH THE FAMILY CARE CENTER TO PROVIDE CLASSES FOR YOUNG WOMEN TO COMPLETE THEIR PHYSICAL FITNESS REQUIREMENT FOR SCHOOL THE YMCA PROVIDED COLLEGE CREDIT COURSES IN SELF DEFENSE FOR THE BLUEGRASS COMMUNITY AND TECHNICAL COLLEGE A NUMBER OF OTHER HEALTH AND FITNESS PROGRAMS WERE OFFERED BY THE YMCA SOLELY FOR ADULTS ADULT SPORTS INSTRUCTION AND SPORTS LEAGUES SUCH AS VOLLEYBALL, BASKETBALL, DODGE BALL, ULTIMATE FRISBEE, FRISBEE GOLF, FENCING AND TENNIS ARE HEALTHY LIFESTYLE ALTERNATIVES OTHER ADULT PROGRAMS INCLUDED CPR AND FIRST-AID TRAINING IN SUPPORT OF THE YMCA'S COMMITMENT TO BUILD STRONG FAMILIES, PARENTS NIGHT OUT PROGRAMMING ALLOWED PARENTS THE OPPORTUNITY TO PURSUE ACTIVITIES OF THEIR OWN WHILE ENTRUSTING THE CARE OF THEIR CHILDREN TO OUR CAPABLE STAFF IN A SAFE AND ORGANIZED ENVIRONMENT THE BEAUMONT CENTER FAMILY YMCA YS-OWLS PROVIDED A FREE MONTHLY POT-LUCK LUNCH FOR ADULTS TO MEET AND SOCIALIZE WITH OTHERS A DRUG-PROOF YOUR FAMILY WORKSHOP WAS ALSO HELD AT THE BEAUMONT CENTRE FAMILY YMCA FOR ADULTS AND TEENS YMCA STAFF CONDUCTED SEMINARS AT THE NORTH LEXINGTON CHILD DEVELOPMENT CENTER, TEACHING PARENTING SKILLS AND PROVIDING PARENTS WITH A BETTER UNDERSTANDING OF THE IMPORTANCE OF BEING A PART OF THEIR CHILDS DEVELOPMENT AND EDUCATION THE JESSAMINE COUNTY YMCA OFFERED PILATES, TAE KWON DO AND TAI CHI FOR ADULTS AS WELL AS A FATHER/DAUGHTER DANCE</p>

Identifier	Return Reference	Explanation
		<p>FORM 990, PART III, LINE 4D (3) YOUTH CAMPS YMCA OF CENTRAL KENTUCKY YOUTH CAMPS DEVELOP CHARACTER, PROMOTE OUR CORE VALUES OF HONESTY, CARING, RESPECT AND RESPONSIBILITY, AND ALLOW CHILDREN TO HAVE FUN ALL AT THE SAME TIME THE CAMPING PROGRAM EXISTS TO PROVIDE EDUCATION, PROMOTE SPIRITUAL AWARENESS AND MENTAL DEVELOPMENT, PHYSICAL HEALTH AND WELL BEING, SOCIAL GROWTH AND RESPECT FOR THE ENVIRONMENT THROUGH A VARIETY OF ACTIVITIES, YMCA CAMPS SEEK TO HELP PARTICIPANTS ACHIEVE THEIR FULLEST POTENTIAL IN SPIRIT, MIND, AND BODY WHILE PROVIDING SAFE, HIGH-QUALITY CARE FOR CHILDREN DURING THE SUMMER MONTHS IN THE SUMMER OF 2010, CAMP PROGRAMS WERE OFFERED AT SEVERAL SITES THROUGHOUT CENTRAL KENTUCKY INCLUDING OUR BAR-Y OUTDOOR CAMP, ALL-DAY CAMPS, SPORTS CAMPS AND SPECIALTY CAMP LOCATIONS THESE CAMPS SERVED A TOTAL OF 3,852 PARTICIPANTS, MANY OF WHOM RETURNED FOR CONSECUTIVE WEEKS THE YMCA SPECIALTY CAMPS INCLUDE SUCH ENGAGING EXPERIENCES IN AQUATICS, HORSEBACK RIDING, FENCING, SOCCER, AND FLAG FOOTBALL FINANCIAL ASSISTANCE WAS AWARDED TO ENSURE THAT EVERY CHILD AND FAMILY COULD HAVE THE OPPORTUNITY TO BENEFIT FROM THIS ENRICHING SUMMER EXPERIENCE APPROXIMATELY \$130,000 IN DIRECT FINANCIAL ASSISTANCE WAS GRANTED TO PARTICIPANTS IN THE YMCAS YOUTH CAMPS, THUS ENABLING MANY FAMILIES THE ABILITY TO ENROLL THEIR CHILDREN IN THE CAMP EXPERIENCE THAT OTHERWISE MIGHT NOT BE ABLE TO DO SO</p>

Identifier	Return Reference	Explanation
		<p>FORM 990, PART III, LINE 4D (4) COMMUNITY SERVICES/BLACK ACHIEVERS PROGRAMS THE YMCA IS COMMITTED TO WORKING WITH LOCAL AND REGIONAL NONPROFIT AGENCIES IN SUPPORT OF STRONGER COMMUNITIES PROGRAMS AND EVENTS SUCH AS ARTS AND HUMANITIES, WORK WITH REFUGEE FAMILIES, NEIGHBORHOOD EVENTS, LITERACY DAYS, FREE BOOK GIVE-A-WAYS, NONPROFIT USE OF YMCA FACILITIES, CITY-WIDE EVENTS SUCH AS 2ND SUNDAY, BIKE LEXINGTON, ETC , TAX PREPARATION AND MORE EMPHASIZE OUR COMMITMENT TO COMMUNITY PARTNERS THE YMCA OF CENTRAL KENTUCKY IS PROUD TO HAVE ONE OF LONGEST RUNNING YMCA BLACK ACHIEVERS PROGRAMS IN THE NATION SINCE 1985, THIS PROGRAM HAS CONTINUED TO PROVIDE STUDENTS IN GRADES 7-12 EXPOSURE TO PRESENT AND FUTURE EDUCATIONAL AND CAREER OPPORTUNITIES, INSTILL POSITIVE SOCIAL VALUES, ENCOURAGE A QUEST FOR KNOWLEDGE AND ENABLE STUDENTS TO REACH THEIR FULLEST POTENTIAL THESE STUDENTS ARE ALSO CONNECTED WITH ADULT MENTORS WHO EXPOSE THEM TO DIVERSE CAREER OPTIONS AND ENCOURAGE THEM TOWARDS EXCELLENCE MORE THAN 250 STUDENTS, REPRESENTING SEVEN AREA COUNTIES, PARTICIPATED IN WEEKLY SATURDAY MENTORING SESSIONS THROUGHOUT THE SCHOOL YEAR PARTICIPANTS ATTENDED THE 7TH ANNUAL LEADING & IMPACTING FUTURES TODAY CONFERENCE SPONSORED BY THE URBAN LEAGUE OF LEXINGTON IN 2010, APPROXIMATELY 2,450 VOLUNTEER HOURS WERE RECORDED THE YMCA BLACK ACHIEVERS PROGRAM, AS WITH THE YMCA OF CENTRAL KENTUCKY AS A WHOLE, IS COMMITTED TO PROVIDING SERVICES THAT REMAIN FINANCIALLY ACCESSIBLE TO ANY ONE WISHING TO PARTICIPATE TO THAT END, THE REGISTRATION FEE FOR EACH STUDENT IS ONLY \$45 PER YEAR THIS PROGRAM ALSO GUIDES TEENS IN MAKING POST-EDUCATIONAL CHOICES THROUGH COLLEGE TOURS AND COLLEGE APPLICATION ASSISTANCE EVERY SENIOR IN THE PROGRAM WHO COMPLETES THE SCHOLARSHIP PROCESS RECEIVES A SCHOLARSHIP AND/OR CASH AWARD TO PURSUE POST-SECONDARY EDUCATION DURING THE BLACK ACHIEVERS BANQUET, 32 GRADUATING SENIORS WERE AWARDED SCHOLARSHIPS AND CASH AWARDS FROM UNIVERSITIES, COLLEGES AND THE YMCA TOTALING MORE THAN \$500,000 VOLUNTEERS ARE THE FOUNDATION OF YMCA BLACK ACHIEVERS PROGRAM ADULT VOLUNTEERS MENTOR STUDENTS EVERY OTHER SATURDAY THROUGHOUT THE SCHOOL YEAR AND INTRODUCE STUDENTS TO BUSINESSES AND LEADERS THROUGHOUT THE AREA SEVEN ADULTS WERE FORMALLY RECOGNIZED AS ADULT ACHIEVERS AT THE 2010 BANQUET</p>

Identifier	Return Reference	Explanation
		<p>FORM 990, PART III, LINE 4D (5)ARTS AND HUMANITIES THE YMCA OF CENTRAL KENTUCKY IS NOT ONLY COMMITTED TO OFFERING PROGRAMS THAT BUILD HEALTHY BODIES FOR ALL, BUT HEALTHY MINDS AND SPIRITS EQUALLY AS WELL WE OFFER A VARIETY OF ARTS AND HUMANITIES PROGRAMS TO YOUTH, TEENS AND ADULTS INSTRUCTIONAL SESSIONS ARE OFFERED IN VARIOUS ART FORMS INCLUDING MUSIC (GUITAR AND PERCUSSION CLASSES), DANCE (BALLROOM DANCE AND BALLET) AND VISUAL ARTS (DRAWING, WATER COLOR AND OIL PAINTING, CLAY SCULPTING), DRAMA (THEATRE), AND VOCAL PERFORMANCE (BROADWAY STARS) FOR EACH INDIVIDUAL OR GROUP ARTS AND HUMANITIES OFFER, THE YMCA MAINTAINS LOW FEES TO ENSURE ACCESSIBILITY TO ALL IN ADDITION TO ON-GOING INSTRUCTIONAL CLASSES, THE YMCA OF CENTRAL KENTUCKY ARTS & HUMANITIES DEPARTMENT CONDUCTED A NUMBER OF WEEK-LONG SUMMER ARTS CAMPS FOR YOUTH INCLUDING DRAMA, PERCUSSION, AND MUSIC DURING 2010, ARTS PROGRAMS SERVED AND ENRICHED THE LIVES OF APPROXIMATELY 950 PROGRAM PARTICIPANTS ASSOCIATION WIDE THE YMCA OF CENTRAL KENTUCKY LEADS THE NORTH LEXINGTON YMCA MUSTANG DRUM LINE, A PERFORMING MUSICAL ENSEMBLE OFFERED AS AN ARTS OUTREACH PROGRAM FOR YOUTH AGES 12-18 THE DIVERSE PROGRAM TEACHES DRUM SKILLS AND THEN PERFORMS AT A VARIETY OF COMMUNITY-WIDE EVENTS</p>

Identifier	Return Reference	Explanation
		<p>FORM 990, PART III, LINE 4B CHILDCARE THROUGH 22 SEPARATELY LICENSED YMCA CHILDCARE SITES, THE YMCA IS A CHAMPION IN THE HOLISTIC DEVELOPMENT OF CHILDREN AND YOUTH WE FOCUS ON ASSET BUILDING AND OPERATE WITH INTENTIONAL PLANS FOR CHILD AND YOUTH DEVELOPMENT IN PARTNERSHIP WITH FAMILIES NEARLY 1,630 CHILDREN ARE SERVED EACH SCHOOL YEAR VIA OUR CHARACTER-DRIVEN CURRICULA HELPS CHILDREN DEVELOP MORAL AND ETHICAL BEHAVIOR, BUILD SELF-ESTEEM AND FOSTER LEADERSHIP AND CIVIC ENGAGEMENT IN ADDITION TO OUR BEFORE AND AFTER SCHOOL CHILDCARE, APPROXIMATELY 1,000 CHILDREN ARE SERVED THROUGH THE YMCA ALL DAY PROGRAMS THAT PROVIDE ALL DAY CARE FOR CHILDREN DURING SNOW DAYS, HOLIDAY BREAKS AND EARLY DISMISSALS IN 2010, 61 CHILDREN WERE SERVED AT THE EARLY CHILDHOOD CENTER HOUSED AT THE NORTH LEXINGTON FAMILY YMCA BRANCH SERVES INFANTS THROUGH AGE FIVE IN A STATE-LICENSED, STAR-RATED DEVELOPMENTALLY APPROPRIATE SETTING THE PROGRAMS DAILY ACTIVITIES SUPPORT THE KENTUCKY EARLY CHILDHOOD STANDARDS PREPARING EACH CHILD FOR LATER SCHOOL SUCCESS IN EXCESS OF \$89,450 IN FINANCIAL ASSISTANCE WAS AWARDED TO THE CHILDREN AND FAMILIES OF THIS PROGRAM THE YMCA MAINTAINS A REPUTATION IN THE COMMUNITY AS A LEADER IN THE INTEGRATION OF DEVELOPMENTAL ASSETS AND THE DEVELOPMENTAL STAGES OF CHILDREN AND YOUTH THROUGH COLLABORATION WITH OTHER YOUTH-SERVING ORGANIZATIONS THE YMCA FOSTERS THE LEADERSHIP POTENTIAL AND CIVIC ENGAGEMENT OF YOUNG PEOPLE THE YMCA IS A CHAMPION FOR INCLUSION AND RESPONDS TO THE COMPREHENSIVE NEEDS OF CHILDREN AND FAMILIES WE OFFER PROGRAMS THAT ATTRACT AND SERVE THE NEEDS OF ALL CHILDREN REGARDLESS OF INCOME OR RISK LEVEL YMCA FINANCIAL ASSISTANCE POLICIES ENSURE THE PARTICIPATION OF CHILDREN FROM ALL ECONOMIC LEVELS WITH \$304,700 DISTRIBUTED IN 2010 CHILDREN IN NEED THE YMCA HAS STAFF WITH ACCESS TO CONTINUED PROFESSIONAL DEVELOPMENT IN THIS AREA AND INCLUDES OPPORTUNITIES FOR COACHING AND MENTORING TO ENSURE WE ARE THE BEST IN THIS FIELD THE YMCA SYSTEMATICALLY FOLLOWS NATIONALLY RECOGNIZED STANDARDS FOR QUALITY AND SAFETY WE HAVE ACCREDITATION AND QUALITY STANDARDS WHICH GUIDE OUR FINANCIAL, STAFFING AND PROGRAMMATIC ACTIVITIES OUR LICENSED YMCA CHILDCARE PROGRAMS FOSTER GROWTH AND DEVELOPMENT NOT ONLY IN CHILDREN BUT ALSO THEIR FAMILIES OUR COMMITMENT TO QUALITY INCLUDES PARTICIPATION IN THE GOVERNORS STARS FOR KIDS NOW INITIATIVE NATIONALLY RECOGNIZED PROGRAMS SUCH AS KIDZLIT, KIDZMATH AND TUTORING PROVIDE VALUE EDUCATIONAL SUPPORT</p>

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		UPON COMPLETION BY THE INDEPENDENT AUDITORS, THE FORM 990 AND ALL ATTACHMENTS ARE REVIEWED BY THE AUDIT COMMITTEE. AN ELECTRONIC COPY IS FORWARDED TO ALL METRO BOARD MEMBERS. THE AUDIT COMMITTEE CHAIRPERSON PRESENTS THE FORM 990 AT THE NEXT METRO BOARD OF DIRECTORS MEETING. AFTER COMMENTS AND/OR CORRECTIONS ARE NOTED, THE BOARD VOTES TO ACCEPT THE FORM FOR SUBMISSION TO THE IRS.

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	ANNUAL COMPLIANCE DESCRIPTION AND COMPLIANCE REQUEST ARE SENT TO EACH MEMBER OF THE METRO BOARD OF DIRECTORS. REPLIES ARE MONITORED BY THE OFFICE OF THE CEO. ANY NON-COMPLIANCE ISSUES, IF ANY, ARE SUBMITTED TO THE EXECUTIVE COMMITTEE FOR APPROVAL OR OTHER APPROPRIATE ACTION.

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION OF THE CEO, COO AND CFO ARE REVIEWED ANNUALLY BY COMPENSATION COMMITTEE APPOINTED BY THE BOARD OF DIRECTORS THEIR RECOMMENDATIONS ARE THEN SUBMITTED TO THE FULL BOARD OF DIRECTORS FOR APPROVAL BRANCH EXECUTIVE SALARIES ARE APPROVED BY THE COO, CEO AND HUMAN RESOURCES DIRECTOR

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	A COPY OF FORM 990 IS AVAILABLE ON THE ASSOCIATION'S LOCAL AREA NETWORK SO THAT EACH BRANCH EXECUTIVE HAS THE ACCESS IN THE EVENT REQUEST ARE RECIEVED AT THE BRANCH SITE FORM 990 IS ALSO AVAILABLE ON GUIDESTAR WEBSITE THE YMCA OF CENTRAL KENTUCKY MAY PROVIDE A LINK ON ITS OWN WEBSITE TO FORM 990 IN THE FUTURE

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 382,103

Identifier	Return Reference	Explanation
	FORM 990, PART XI, LINE 2C	THE ORGANIZATION'S FINANCIAL STATEMENTS WERE AUDITED BY AN INDEPENDENT ACCOUNTANT AND THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR. THE ORGANIZATION HAS AN AUDIT COMMITTEE WHICH ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT.

Identifier	Return Reference	Explanation
		<p>FORM 990 PART VI, SECTION B, LINE 10A AND 10B (LOCAL BRANCHES AND GOVERNANCE) THE YMCA OF CENTRAL KENTUCKY MAINTAINS THREE FULL-SERVICE FACILITIES AND TWO PROGRAM BRANCHES AS FOLLOWS 1 HIGH STREET YMCA, 239 EAST HIGH STREET, LEXINGTON KY 40507 2 BEAUMONT CENTRE FAMILY YMCA, 3251 BEAUMONT CENTRE CIRCLE, LEXINGTON KY 40513 3 NORTH LEXINGTON FAMILY YMCA, 381 LOUDON AVENUE, LEXINGTON KY 40508 4 JESSAMINE COUNTY YMCA, 220 EAST MAPLE STREET, NICHOLASVILLE KY 40356 (PROGRAM BRANCH) 5 SCOTT COUNTY YMCA, 160 EAST MAIN STREET, GEORGETOWN KY 40324 (PROGRAM BRANCH) EACH OF THE ABOVE BRANCHES HAS ITS OWN BOARD OF MANAGERS THAT ADVISES BRANCH STAFF ON PROGRAMS, COMMUNITY EVENTS, ANNUAL FUNDRAISING, AND REVIEW OF BUDGETS AND MONTHLY FINANCES ONE MEMBER OF EACH BRANCH'S BOARD OF MANAGERS IS SELECTED TO BE ON THE METROPOLITAN BOARD OF DIRECTORS EACH INDIVIDUAL BRANCH IS NOT A SEPARATE LEGAL ENTITY, BUT RATHER OPERATES AS A PART OF THE YMCA OF CENTRAL KENTUCKY, AND IS SUBJECT TO THE SUPERVISION, WRITTEN POLICIES AND PROCEDURES OF THE ENTIRE ASSOCIATION, AND IS ACCOUNTABLE TO THE BOARD OF DIRECTORS OF THE YMCA OF CENTRAL KENTUCKY</p>

Additional Data

Software ID:

Software Version:

EIN: 61-0444842

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CHRIS ALDRIDGE BOARD MEMBER		X						0	0	0
JULIE BALOG BOARD MEMBER		X						0	0	0
CHIEF RONNIE J BASTIN BOARD MEMBER		X						0	0	0
STEVE BROWN BOARD MEMBER		X						0	0	0
CATHY CALLAWAY BEAUMONT CENTRE REP BOARD MEMBER		X						0	0	0
ROGELIO ROGER CARBAJAL BOARD MEMBER		X						0	0	0
KEITH CARTIER BOARD MEMBER		X						0	0	0
MARILYN CLARK BOARD MEMBER		X						0	0	0
CHUCK CREACY BOARD MEMBER		X						0	0	0
DR FERNANDO R DE CASTRO BOARD MEMBER		X						0	0	0
ANNISSA FRANKLIN BOARD MEMBER		X						0	0	0
STEPHEN GROSSMAN BOARD MEMBER		X						0	0	0
DWIGHT HANNAH BOARD MEMBER		X						0	0	0
TOM HARRIS CHAIR ELECT BOARD MEMBER		X						0	0	0
KEVIN HENRY SECRETARY TREASURER BOARD MEMBER		X						0	0	0
CHRISTIE HOCKENSMITH CHAIR BOARD MEMBER		X						0	0	0
DERRICK HORD NORTH LEXINGTON REP BOARD MEMBER		X						0	0	0
STEVE P HUPMAN HIGH STREET REP BOARD MEMBER		X						0	0	0
RODNEY JACKSON BOARD MEMBER		X						0	0	0
JIM KEFFER CHAIR 1110-33110 BOARD MEMBER		X						0	0	0
RABBI MARC KLINE BOARD MEMBER		X						0	0	0
KELLY KNIGHT BOARD MEMBER		X						0	0	0
MAXINE LEE BOARD MEMBER		X						0	0	0
STEPHANIE NELSON BOARD MEMBER		X						0	0	0
TOM PADGETT BOARD MEMBER		X						0	0	0

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CLYDE PELTON BOARD MEMBER		X						0	0	0
SHANA PETERSON BOARD MEMBER		X						0	0	0
MICHAEL B PRATHER SCOTT COUNTY REP BOARD MEMBER		X						0	0	0
BOB QUICK BOARD MEMBER		X						0	0	0
ANGELA ROBERTS BLACK ACHIEVERS REP BOARD MEMBER		X						0	0	0
SIMONE SALOMON BOARD MEMBER		X						0	0	0
KIM SHELTON BOARD MEMBER		X						0	0	0
FRAN TAYLOR PAST CHAIR BOARD MEMBER		X						0	0	0
TIMOTHY TERRY EN BOARD MEMBER		X						0	0	0
GAIL GLASSER PRESIDENT/CEO	40 00			X				186,831	0	28,989
TOM BLACKMAN VICE PRESIDENT/CEO	40 00			X				108,995	0	19,649
JACK MALOY CFO	40 00			X				111,298	0	15,619

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services						
(Code) (Expenses \$	2,120,701	including grants of \$	25,025) (Revenue \$	1,106,211)