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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

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning , 2009, and ending , 20

B Check if applicable: Address change; Name change; Initial return; Terminated; Amended return; Application pending

Please use IRS label or print or type See Specific Instructions

C Name of organization YMCA OF MONROE COUNTY, INC.

Doing Business As

Number and street (or P O box if mail is not delivered to street address) Room/suite: 2125 S. HIGHLAND AVENUE

City or town, state or country, and ZIP + 4: BLOOMINGTON, IN 47401

D Employer identification number: 35-1384859

E Telephone number: (812) 332-5555

G Gross receipts $ 3,771,068.

F Name and address of principal officer ROBERTA KELZER
2125 S. HIGHLAND AVENUE BLOOMINGTON, IN 47401

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

H(b) Are all affiliates included? Yes [ ] No [ ]

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: [X] 501(c)(3) ◀ (insert no) [ ] 4947(a)(1) or [ ] 527

J Website: ▶ WWW.MONROECOUNTYYMCA.ORG

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ▶

L Year of formation 1977

M State of legal domicile IN

Part I Summary

1 Briefly describe the organization's mission or most significant activities
PUT CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT BUILD A HEALTHY SPIRIT, MIND, & BODY FOR ALL. BUILD FOUNDATIONS OF COMMUNITY THROUGH SOCIAL RESPONSIBILITY, YTH DEVELOPMENT, & HEALTH & WELL-BEING.

2 Check this box ▶ [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets

Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3	24
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	23
	5 Total number of employees (Part V, line 2a)	5	460
	6 Total number of volunteers (estimate if necessary)	6	287
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0.

		Prior Year	Current Year
Revenue	8 Contributions and grants (Part VIII, line 1h)	186,282.	188,729.
	9 Program service revenue (Part VIII, line 2g)	3,233,764.	3,322,617.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	111,465.	24,760.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	45,848.	45,476.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,577,359.	3,581,582.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	95,048.	133,698.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,056,881.	2,144,329.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	37,935.	24,170.
	b Total fundraising expenses, Part IX, column (D), line 25) ▶ 243,858.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,412,465.	1,361,129.
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	3,602,329.	3,663,326.
	19 Revenue less expenses Subtract line 18 from line 12	-24,970.	-81,744.

		Beginning of Year	End of Year
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	4,871,682.	5,121,239.
	21 Total liabilities (Part X, line 26)	546,959.	676,844.
	22 Net assets or fund balances Subtract line 21 from line 20	4,324,723.	4,444,395.

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

Shannon Kane — Signature of officer — Date 5-12-10

Shannon Kane CFO — Type or print name and title

Paid Preparer's Use Only

Preparer's signature Darren D. Daugherty — Date 5/11/10 — Check if self-employed ▶ [ ] — Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ CROWE HORWATH LLP
3815 RIVER CROSSING PKWY, SUITE 300 INDIANAPOLIS, IN 46240-0977

EIN ▶

Phone no ▶ 317-569-8989

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

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.*

Form **990** (2009)

JSA
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Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:
ATTACHMENT 3

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 $ 562,199 including grants of $ 0) (Revenue $ 121,953)
ATTACHMENT 4

4b (Code.) (Expenses $ 462,181 including grants of $ 0) (Revenue $ 207,910)
ATTACHMENT 5

4c (Code) (Expenses $ 337,704 including grants of $ 0) (Revenue $ 135,993)
ATTACHMENT 6

4d Other program services (Describe in Schedule O.)
(Expenses $ 1,626,218 including grants of $ 133,698) (Revenue $ 2,865,336)

4e Total program service expenses ▶ 2,988,302.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		X
5	**Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? *If" Yes," complete Schedule D, Part V*	10	X	
11	Is the organization's answer to any of the following questions "Yes"? *If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	X	
	○ Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI.*			
	○ 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*			
	○ 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.*			
	○ 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.*			
	○ Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*			
	○ 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? *If "Yes," complete Schedule D, Part X*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII.*	12	X	
12A	Was the organization included in consolidated, independent audited financial statement for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional* (Yes / No)	12A		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E.*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17	X	
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	X	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		X
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to question 25*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c	X	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35		X
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable	1a 7		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return .	2a 460		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* this return. (see instructions)			
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	**Section 501(c)(7) organizations.** Enter.			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11	**Section 501(c)(12) organizations.** Enter.			
a	Gross income from members or shareholders	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		

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

Section A. Governing Body and Management

			Yes	No
a	Enter the number of voting members of the governing body	1a 24		
1b	Enter the number of voting members that are independent	1b 23		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9a		X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ IN,

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization. ▶ SHANNON KANE 2125 S. HIGHLAND AVENUE BLOOMINGTON, IN 47401
812-332-5555

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

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 Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees 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 the organization did not compensate any current officer, director, or trustee

(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			
JOHN BRUMLEVE BOARD MEMBER	2.00	X						0.	0.	0.
MARY CLARE BAUMAN PRESIDENT	2.00	X		X				0.	0.	0.
JOE WALKER TREASURER	2.00	X		X				0.	0.	0.
RICK NOTTER PRESIDENT-ELECT	2.00	X		X				0.	0.	0.
CHARLES HENRY BOARD MEMBER	2.00	X						0.	0.	0.
MARK MCCONAHAY BOARD MEMBER	2.00	X						0.	0.	0.
FELISHA LEGETTE-JACK BOARD MEMBER	2.00	X						0.	0.	0.
SUE STOLZ BOARD MEMBER	2.00	X						0.	0.	0.
DAVID SABBAGH SECRETARY	2.00	X		X				0.	0.	0.
BILL BEGGS BOARD MEMBER	2.00	X						0.	0.	0.
ALEX RABINOWITCH BOARD MEMBER	2.00	X						0.	0.	0.
TERRI SMITHSON BOARD MEMBER	2.00	X						0.	0.	0.
RICK WEIDENBENER BOARD MEMBER	2.00	X						0.	0.	0.
NANCY RIGGERT BOARD MEMBER	2.00	X						0.	0.	0.
HAYLEY SCHILLING BOARD MEMBER	2.00	X						0.	0.	0.
SUZANNE PHILLIPS BOARD MEMBER	2.00	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	(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			
FRED EICHHORN BOARD MEMBER	2.00	X						0.	0.	0.
SCOTT RINK BOARD MEMBER	2.00	X						0.	0.	0.
CINDY KINNARNEY BOARD MEMBER	2.00	X						0.	0.	0.
ROSANN SPIRO BOARD MEMBER	2.00	X						0.	0.	0.
DAVID ST. JOHN BOARD MEMBER	2.00	X						0.	0.	0.
ROBERTA KELZER EXECUTIVE DIRECTOR	55.00			X				68,234.	0.	14,096.
SHANNON KANE CFO	50.00			X				60,398.	0.	10,129.
1b Total ▶								128,632.	0.	24,225.

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 ▶ 0

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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 ▶ 0

Part VIII Statement of Revenue 35-1384859

			(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				
	b Membership dues	1b				
	c Fundraising events	1c	7,945			
	d Related organizations	1d				
	e Government grants (contributions)	1e	13,937			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	166,847			
	g Noncash contributions included in lines 1a-1f $ 0					
	h **Total.** Add lines 1a-1f		188,729			
Program Service Revenue		**Business Code**				
	2a MEMBERSHIP DUES		2,082,050	2,082,050		
	b PROGRAM FEES		1,092,121	1,092,121.		
	c JOINER FEES		101,003	101,003		
	d DAILY MEMBERSHIP DUES		47,443	47,443		
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a-2f		3,322,617			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		28,629			28,629
	4 Income from investment of tax-exempt bond proceeds		0			
	5 Royalties		0			
		(i) Real	(ii) Personal			
	6a Gross Rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)		0			
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	147,059	3,000			
	b Less cost or other basis and sales expenses	147,025	6,903			
	c Gain or (loss)	34	-3,903.			
	d Net gain or (loss)		-3,869			-3,869
	8a Gross income from fundraising events (not including $ 7,945 of contributions reported on line 1c) See Part IV, line 18 a	36,841.				
	b Less direct expenses b	23,995.				
	c Net income or (loss) from fundraising events		12,846.			12,846
	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		0.			
	10a Gross sales of inventory, less returns and allowances a	14,645				
	b Less cost of goods sold b	11,563				
	c Net income or (loss) from sales of inventory		3,082	3,082		
	Miscellaneous Revenue	**Business Code**				
	11a LOCKER RENTAL		15,857			15,857
	b FACILITY RENTAL		6,414.			6,414
	c TOWEL RENTAL		1,784			1,784
	d All other revenue		5,493	5,493		
	e **Total.** Add lines 11a-11d		29,548.			
	12 **Total Revenue.** See instructions		3,581,582	3,331,192.		61,661

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	0.			
2 Grants and other assistance to individuals in the U S See Part IV, line 22	133,698.	133,698.		
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	152,857.	29,391.	82,891.	40,575.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	1,686,755.	1,540,475.	84,196.	62,084.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	74,650.	51,523.	13,129.	9,998.
9 Other employee benefits	81,719.	55,273.	15,607.	10,839.
10 Payroll taxes	148,348.	91,381.	34,224.	22,743.
11 Fees for services (non-employees)				
a Management	0.			
b Legal	0.			
c Accounting	21,830.	10,042.	11,788.	
d Lobbying	0.			
e Professional fundraising services See Part IV, line 17	24,170.			24,170.
f Investment management fees	0.			
g Other	52,771.	23,267.	29,504.	
12 Advertising and promotion	77,750.	46,650.	11,721.	19,379.
13 Office expenses	109,236.	83,408.	16,532.	9,296.
14 Information technology	43,423.	15,368.	28,055.	
15 Royalties	0.			
16 Occupancy	366,491.	349,385.	17,106.	
17 Travel	20,410.	19,301.	483.	626.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	2,863.	1,002.	1,002.	859.
20 Interest	0.			
21 Payments to affiliates	70,490.	35,245.	35,245.	
22 Depreciation, depletion, and amortization	374,318.	336,886.	37,432.	
23 Insurance	76,391.	64,420.	8,647.	3,324.
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a PROGRAM SUPPLIES	83,322.	82,855.	117.	350.
b DUES AND SUBSCRIPTIONS	5,118.	2,559.	2,303.	256.
c COMMUNITY SERVICE	1,000.	1,000.		
d FUNDRAISING	35,807.			35,807.
e MISCELLANEOUS	19,909.	15,173.	1,184.	3,552.
f All other expenses			0.	
25 **Total functional expenses** Add lines 1 through 24f	3,663,326.	2,988,302.	431,166.	243,858.
26 **Joint Costs.** Check here ▶ ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing			1	
	2	Savings and temporary cash investments		1,032,397.	2	1,277,876.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		14,546.	4	34,785.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		3,526.	8	5,909.
	9	Prepaid expenses and deferred charges		49,066.	9	42,919.
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 8,686,373.			
	b	Less accumulated depreciation	10b 5,978,969.	2,960,818.	10c	2,707,404.
	11	Investments - publicly traded securities		811,329.	11	1,052,346.
	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			15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		4,871,682.	16	5,121,239.
Liabilities	17	Accounts payable and accrued expenses		70,358.	17	90,694.
	18	Grants payable			18	
	19	Deferred revenue		434,551.	19	538,073.
	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			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities. Complete Part X of Schedule D		42,050.	25	48,077.
	26	**Total liabilities.** Add lines 17 through 25		546,959.	26	676,844.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		3,776,088.	27	3,854,935.
	28	Temporarily restricted net assets		195,392.	28	228,329.
	29	Permanently restricted net assets		353,243.	29	361,131.
		Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		4,324,723.	33	4,444,395.
	34	Total liabilities and net assets/fund balances		4,871,682.	34	5,121,239.

Part XI Financial Statements and Reporting

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization	**Employer identification number**
YMCA OF MONROE COUNTY, INC.	35-1384859

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

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

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

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

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

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

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

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

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

h Provide the following information about the supported organization(s)

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

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)** (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support.** Add lines 7 through 10						

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) . . . . . 14 %

15 Public support percentage from 2008 Schedule A, Part II, line 14 . . . . . 15 %

16a **33 1/3% support test - 2009.** 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 - 2008.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

17a **10%-facts-and-circumstances test - 2009.** 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 - 2008.** 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	144,891	199,694	207,907	53,250	188,729	794,471
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	2,819,756	2,953,115	3,155,418	3,417,515	3,325,699	15,671,503
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	2,964,647	3,152,809.	3,363,325	3,470,765	3,514,428	16,465,974
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						16,465,974

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	2,964,647	3,152,809	3,363,325	3,470,765	3,514,428	16,465,974
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	29,158	38,727	68,325	47,840	28,629	212,679
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	29,158	38,727.	68,325	47,840.	28,629	212,679
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) ATCH 1	0	38,931	19,433	26,732	29,548	114,644
13 **Total support.** (Add lines 9, 10c, 11, and 12)	2,993,805	3,230,467	3,451,083	3,545,337	3,572,605	16,793,297

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	98.05%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	98.22%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2009** (line 10c, column (f) divided by line 13, column (f))	17	1.27%
18 Investment income percentage from **2008** Schedule A, Part III, line 17	18	1.26%

19a **33 1/3% support tests - 2009.** 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 ▶ X

b **33 1/3% support tests - 2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here** The organization qualifies as a publicly supported organization ▶ ☐

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

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

ATTACHMENT 1

SCHEDULE A, PART III - O

DESCRIPTION	2005	2006	2007	2008	2009	TOTAL
OTHER INCOME	0	38,931	19,433	26,732	29,548	114,644.
TOTAL	0	38,931	19,433	26,732	29,548	114,644

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

YMCA OF MONROE COUNTY, INC.

Employer identification number

35-1384859

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

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

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

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

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

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

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

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

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

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

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

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

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

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

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

1a If the organization elected, as permitted under SFAS 116, 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 acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply).

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

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

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

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

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

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

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

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

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

Part V Endowment Funds. Complete if 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	987,623	1,286,392			
b Contributions	20,424	51,718			
c Net investment earnings, gains, and losses	215,590.	-329,290			
d Grants or scholarships					
e Other expenditures for facilities and programs	45,731	21,197			
f Administrative expenses					
g End of year balance	1,177,906	987,623			

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

a Board designated or quasi-endowment ▶ 64.8684 %
b Permanent endowment ▶ 30.6587 %
c Term endowment ▶ 4.4729 %

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

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

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

Part VI 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		173,195.		173,195.
b Buildings		7,265,124.	4,908,404.	2,356,720.
c Leasehold improvements		365,767.	330,007.	35,760.
d Equipment		882,287.	740,558.	141,729.
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c)).* ▶				2,707,404.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

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

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

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

(a) Description	(b) Book value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	

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

1. (a) Description of liability	(b) Amount
Federal income taxes	
GIFT CERTIFICATE LIABILITY	28,421.
CREDIT VOUCHER LIABILITY	13,700.
OTHER LIABILITIES	5,956.
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	48,077.

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

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	3,581,582.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,663,326.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-81,744.
4	Net unrealized gains (losses) on investments	4	201,416.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 through 8	9	201,416.
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	119,672.

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	3,679,311.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	201,416.		
b	Donated services and use of facilities	2b	18,448.		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	11,563.		
e	Add lines **2a** through **2d**			2e	231,427.
3	Subtract line **2e** from line **1**			3	3,447,884.
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	133,698.		
c	Add lines **4a** and **4b**			4c	133,698.
5	Total revenue Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12)*			5	3,581,582.

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

1	Total expenses and losses per audited financial statements			1	3,559,639.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	18,448.		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d	11,563.		
e	Add lines **2a** through **2d**			2e	30,011.
3	Subtract line **2e** from line **1**			3	3,529,628.
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	133,698.		
c	Add lines **4a** and **4b**			4c	133,698.
5	Total expenses Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	3,663,326.

Part XIV Supplemental Information

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

SEE PAGE 5

Part XIV Supplemental Information *(continued)*

INTENDED USES OF THE ORGANIZATION'S ENDOWMENT FUNDS

SCHEDULE D, PART V, LINE 4

THE MONROE COUNTY YMCA HAS ESTABLISHED AN ENDOWMENT FUND TO PROVIDE RESOURCES FOR THE YMCA IN FUTURE YEARS. THE ENDOWMENT FUND'S PURPOSE IS TO ENHANCE THE YMCA'S GOAL TO STRENGTHEN THE FOUNDATIONS OF COMMUNITY THROUGH SOCIAL RESPONSIBILITY, YOUTH DEVELOPMENT, AND HEALTH AND WELL BEING THROUGH PROJECTS AND PROGRAMS APART FROM THE YMCA'S ONGOING PROGRAMS. NO PART OF THE INCOME GENERATED BY THE ENDOWMENT FUND SHALL BE USED FOR THE YMCA'S ANNUAL OPERATING BUDGET.

REVENUE INCLUDED ON AUDITED FINANCIAL STATEMENTS BUT NOT ON FORM 990

SCHEDULE D, PART XII, LINE 2D

COST OF GOODS SOLD	$11,563
TOTAL	$11,563

REVENUE INCLUDED ON FORM 990 BUT NOT ON AUDITED FINANCIAL STATEMENTS

SCHEDULE D, PART XII, LINE 4B

SCHOLARSHIPS	$133,698
TOTAL	$133,698

Part XIV Supplemental Information *(continued)*

EXPENSES INCLUDED ON AUDITED FINANCIAL STATEMENTS BUT NOT ON FORM 990

SCHEDULE D, PART XIII, LINE 2D

COST OF GOODS SOLD	$11,563
TOTAL	$11,563

EXPENSES INCLUDED ON FORM 990 BUT NOT ON AUDITED FINANCIAL STATEMENTS

SCHEDULE D, PART XIII, LINE 4B

SCHOLARSHIPS	$133,698
TOTAL	$133,698

FIN 48 FOOTNOTE

SCHEDULE D, PART X, LINE 2

DURING 2009, THE YMCA ADOPTED NEW ACCOUNTING GUIDANCE RELATED TO ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. THIS GUIDANCE REQUIRES THE YMCA TO RECOGNIZE A TAX BENEFIT ONLY IF IT IS MORE LIKELY THAN NOT THE TAX POSITION WOULD BE SUSTAINED IN A TAX EXAMINATION, WITH A TAX EXAMINATION BEING PRESUMED TO OCCUR. THE AMOUNT RECOGNIZED IS THE LARGEST AMOUNT OF TAX BENEFIT THAT IS GREATER THAN 50% LIKELY OF BEING REALIZED ON EXAMINATION. FOR TAX POSITIONS NOT MEETING THE MORE-LIKELY-THAN-NOT TEST, NO TAX BENEFIT IS RECORDED. THE YMCA HAS EXAMINED THIS ISSUE AND HAS DETERMINED THERE ARE NO MATERIAL CONTINGENT TAX LIABILITIES OR QUESTIONABLE TAX POSITIONS.

THE YMCA IS NO LONGER SUBJECT TO EXAMINATION BY TAXING AUTHORITIES FOR YEARS BEFORE 2006. THE YMCA DOES NOT EXPECT THE TOTAL AMOUNT OF UNRECOGNIZED TAX BENEFITS TO SIGNIFICANTLY CHANGE IN THE NEXT 12 MONTHS.

Part XIV Supplemental Information *(continued)*

THE YMCA RECOGNIZES INTEREST AND/OR PENALTIES RELATED TO INCOME TAX MATTERS IN INCOME TAX EXPENSE. THE YMCA DID NOT HAVE ANY AMOUNTS ACCRUED FOR INTEREST AND PENALTIES AT DECEMBER 31, 2009.

SCHEDULE G
(Form 990 or 990-EZ)
Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No 1545-0047
2009
Open To Public Inspection

Name of the organization
YMCA OF MONROE COUNTY, INC.

Employer identification number
35-1384859

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

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

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

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
TRIANGE RESOURCE DEVELOPMENT GROUP	CAPITAL CAMPAIGN		X	2,145.	24,170.	2,145.
Total ▶				2,145.	24,170.	2,145.

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

IN,

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

		(a) Event #1 GOLF OUTING (event type)	(b) Event #2 0 (event type)	(c) Other Events 0 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	44,786.			44,786.
	2 Less: Charitable contributions	7,945.			7,945.
	3 Gross income (line 1 minus line 2)	36,841.			36,841.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	2,430.			2,430.
	6 Rent/facility costs	10,912.			10,912.
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	10,653.			10,653.
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				(23,995.)
	11 Net income summary Combine line 3, column (d), and line 10 ▶				12,846.

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	Yes ____ % No	Yes ____ % No	Yes ____ % No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				( )
	8 Net gaming income summary Combine line 1, column d, and line 7 ▶				

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities. _____			
a	Is the organization licensed to operate gaming activities in each of these states?	9a		
b	If "No," explain: _____			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b	If "Yes," explain: _____			
11	Does the organization operate gaming activities with nonmembers?	11		
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12		

			Yes	No
13	Indicate the percentage of gaming activity operated in.			
a	The organization's facility	13a %		
b	An outside facility	13b %		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records			
	Name ▶			
	Address ▷			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a		
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____			
c	If "Yes," enter name and address of the third party:			
	Name ▶			
	Address ▶			
16	Gaming manager information:			
	Name ▶			
	Gaming manager compensation ▶ $ _____			
	Description of services provided ▶			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions			
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a		
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $			

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

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2009

Open to Public Inspection

Name of the organization
YMCA OF MONROE COUNTY, INC.

Employer identification number
35-1384859

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? . . . . . [X] Yes [ ] No

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000 Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . . ▶ [ ]

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

2 Enter total number of section 501(c)(3) and government organizations . . . . . ▷ _____

3 Enter total number of other organizations . . . . . ▷

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2009

JSA

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Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Use Part IV and 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
MEMBERSHIP ASSISTANCE	1,569	80,288	0	N/A	N/A
PROGRAM ASSISTANCE	281	37,883	0	N/A	N/A
JOINER FEE ASSISTANCE	48	1,600	0	N/A	N/A
CARDIAC REHAB ASSISTANCE	17	13,927	0	N/A	N/A

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

PROCEDURE FOR MONITORING THE USE OF ASSISTANCE TO INDIVIDUALS

SCHEDULE I, PART I, LINE 2

INDIVIDUALS APPLY FOR ASSISTANCE BY COMPLETING AN APPLICATION. THE APPLICATIONS ARE REVIEWED AND ASSISTANCE IS AWARDED BASED ON FINANCIAL NEED. FUNDS AWARDED TO INDIVIDUALS FOR FINANCIAL ASSISTANCE ARE RAISED THROUGH OUR ANNUAL CAMPAIGN AND GOLF OUTING. THE INDIVIDUAL DOES NOT RECEIVE THE ASSISTANCE DIRECTLY. THEY PAY THE DIFFERENCE BETWEEN THE ASSISTANCE AWARDED AND THE ACTUAL COST. SEPARATE GENERAL LEDGER ACCOUNTS ARE SET UP TO TRACK DOLLARS RAISED AND DOLLARS AWARDED. REPORTS ARE PREPARED AND REVIEWED FOR ALL ASSISTANCE DOLLARS.

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open To Public Inspection

Name of the organization
YMCA OF MONROE COUNTY, INC.

Employer identification number
35-1384859

Part I Excess Benefit Transacations (section 501(c)(3) and section 501(c)(4) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1 (a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	(c) Corrected? No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	(b) Loan to or from the organization? From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	(e) In default? No	(f) Approved by board or committee? Yes	(f) Approved by board or committee? No	(g) Written agreement? Yes	(g) Written agreement? No
Total . . . . . ▶ $										

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	(e) Sharing of organization's revenues? No
SCOTT RINK	SCOTT RINK IS A BOARD	54,544	COMMERCIAL SERVICE PROVIDES		X
(CONTINUED)	MEMBER OF THE YMCA AND IS		HEATING AND COOLING SERVICES		
(CONTINUED)	AN OFFICER OF COMMERCIAL		TO THE OGANIZATION		
(CONTINUED)	SERVICE				

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
YMCA OF MONROE COUNTY, INC.

Employer identification number
35-1384859

ATTACHMENT 2

REVIEW OF FORM 990 BY GOVERNING BODY

FORM 990, PART VI, SECTION B, LINE 11

THE AUDIT COMMITTEE REVIEWED THE FORM 990 IN DETAIL BEFORE IT WAS FILED. IN ADDITION, THE 990 WAS E-MAILED TO THE BOARD OF DIRECTORS FOR THEIR REVIEW BEFORE IT WAS FILED.

COMPLIANCE WITH CONFLICT OF INTEREST POLICY

FORM 990, PART VI, SECTION B, LINE 12C

YMCA OF MONROE COUNTY, INC. HAS A CONFLICT OF INTEREST POLICY THAT IS COMPLETED BY ALL DIRECTORS AND OFFICERS WHEN THEY FIRST BEGIN THEIR POSITION AND THEN AGAIN ANNUALLY. THE CONFLICT OF INTEREST POLICIES ARE REVIEWED BY THE CFO AND THEN POTENTIAL CONFLICTS ARE BROUGHT TO THE ATTENTION OF THE AUDIT COMMITTEE. THE AUDIT COMMITTEE DETERMINES BY MAJORITY VOTE OF DISINTERESTED PERSONS WHETHER A DISCLOSED INTEREST MAY RESULT IN A CONFLICT OF INTEREST.

PROCESS OF DETERMINING COMPENSATION FOR EXECUTIVE DIRECTOR

FORM 990, PART VI, QUESTION 15A

THE PERSONNEL COMMITTEE IS RESPONSIBLE FOR ANNUALLY CONDUCTING A PERFORMANCE EVALUATION OF THE EXECUTIVE DIRECTOR, RECOMMENDING THE SALARY, AND REPORTING TO THE BOARD OF DIRECTORS. THE EXECUTIVE DIRECTOR RECEIVES A 360 DEGREE EVALUATION FROM THE OTHER MONROE COUNTY YMCA MANAGEMENT STAFF AND THE BOARD OF DIRECTORS. THIS PROCESS BEGINS BY JUNE 1ST EACH YEAR. THE STAFF EVALUATIONS ARE SUBMITTED TO THE CHAIR OF THE

Name of the organization: YMCA OF MONROE COUNTY, INC.
Employer identification number: 35-1384859

ATTACHMENT 2 (CONT'D)

PERSONNEL COMMITTEE AND THE BOARD EVALUATIONS TO THE ADMINISTRATIVE ASSISTANT, BOTH BY AUGUST 30. THE ADMINISTRATIVE ASSISTANT COMPILES ALL INFORMATION AND PRESENTS THE RESULTS OF THE EVALUATIONS TO THE PERSONNEL COMMITTEE. THE PERSONNEL COMMITTEE THEN SUBMITS A PERFORMANCE REVIEW AND SALARY INCREASE RECOMMENDATION TO THE EXECUTIVE COMMITTEE. THE CHAIR OF THE PERSONNEL COMMITTEE PRESENTS THE PERFORMANCE REVIEW INFORMATION AND SALARY RECOMMENDATION TO THE BOARD OF DIRECTORS FOR APPROVAL. THE PERSONNEL COMMITTEE CHAIR MEETS ONE ON ONE WITH THE EXECUTIVE DIRECTOR TO PRESENT THE FULL EVALUATION. THE WRITTEN EVALUATION DOCUMENTS THE DELIBERATION PROCESS.

IN ADDITION TO THE MANAGEMENT STAFF AND BOARD EVALUATIONS OF THE EXECUTIVE DIRECTOR, THE PERSONNEL COMMITTEE PERFORMS SALARY SURVEY WORK EACH YEAR, GATHERING COMPARATIVE DATA FROM ORGANIZATIONS IN OUR COMMUNITY, BOTH FOR PROFIT AND NOT-FOR-PROFIT, AND OTHER YMCA'S. THE END RESULT OF THE EXECUTIVE DIRECTOR ANNUAL EVALUATION PROCESS IS A WRITTEN, SIGNED EMPLOYMENT CONTRACT FOR THE COMING CALENDAR YEAR. THE PROCESS DESCRIBED ABOVE WAS LAST UNDERTAKEN IN 2009.

PROCESS FOR DETERMINING COMPENSATION OF OTHER OFFICERS
FORM 990, PART VI, QUESTION 15B
THE EXECUTIVE DIRECTOR IS RESPONSIBLE FOR ANNUALLY CONDUCTING A PERFORMANCE EVALUATION OF THE CFO, RECOMMENDING THE SALARY, AND REPORTING TO THE CHAIR OF THE FINANCE COMMITTEE. THE CFO'S SALARY IS PRESENTED TO THE PERSONNEL COMMITTEE BY THE EXECUTIVE DIRECTOR AS PART OF THE TOTAL PROFESSIONAL SALARY LINE FOR THE YEAR.

Name of the organization: YMCA OF MONROE COUNTY, INC.
Employer identification number: 35-1384859

ATTACHMENT 2 (CONT'D)

IN ADDITION TO THE ANNUAL REVIEW PREPARED BY THE EXECUTIVE DIRECTOR, SALARY SURVEY WORK IS PERFORMED EACH YEAR, GATHERING COMPARATIVE DATA FROM ORGANIZATIONS IN OUR COMMUNITY, BOTH FOR PROFIT AND NOT-FOR-PROFIT, AND OTHER YMCA'S. THE END RESULT OF THE CFO ANNUAL EVALUATION PROCESS IS A WRITTEN, SIGNED EMPLOYMENT CONTRACT FOR THE COMING CALENDAR YEAR. IN ADDITION TO THE SIGNED CONTRACT, A WRITTEN EVALUATION IS PREPARED DOCUMENTING THE DELIBERATION PROCESS. THE PROCESS DESCRIBED ABOVE WAS LAST UNDERTAKEN IN 2009.

PROCESS FOR MAKING GOVERNING DOCUMENTS AVAILABLE TO PUBLIC

FORM 990, PART VI, QUESTION 19

REQUESTS FOR DOCUMENTS SHOULD BE MADE TO THE MONROE COUNTY YMCA CFO. THE DOCUMENTS WILL BE PROVIDED TO THE REQUESTER AS SOON AS POSSIBLE.

THE FOLLOWING DOCUMENTS WILL BE MADE AVAILABLE UPON REQUEST.

- FORM 1023, APPLICATION FOR RECOGNITION OF EXEMPTION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE
- FORM 990, RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX
- DETERMINATION LETTER
- AUDITED FINANCIAL STATEMENTS
- CONFLICT OF INTEREST POLICY
- KEY GOVERNING DOCUMENTS
- ARTICLES OF INCORPORATION
- BY LAWS

THE FORM 990 IS MADE AVAILABLE TO THE PUBLIC VIA THE GUIDESTAR WEBSITE, WWW.GUIDESTAR.ORG.

Name of the organization: YMCA OF MONROE COUNTY, INC.

Employer identification number: 35-1384859

ATTACHMENT 2 (CONT'D)

A FINANCIAL REPORT, AS WELL AS CONTRIBUTION, SCHOLARSHIP, AND MEMBERSHIP INFORMATION IS PUBLISHED IN OUR ANNUAL REPORT THAT IS MAILED TO ALL CURRENT MONROE COUNTY YMCA MEMBERS.

RATIO OF FUNDRAISING COSTS TO CONTRIBUTIONS RECEIVED

FORM 990, PART IX, COLUMN D AND SCHEDULE G, PART I, LINE 2B

FUNDRAISING COSTS FOR 2009 ARE RELATED TO ADVANCE PLANNING WORK FOR FUTURE PROJECTS.

OTHER PROGRAM SERVICES

FORM 990, PART III, LINE 4D

YMCA AQUATICS

YMCA AQUATICS PROGRAMS ARE PART OF THE Y'S OVERALL GOAL OF BUILDING HEALTHY SPIRIT, MIND, AND BODY. IN ADDITION TO PROVIDING SPECIFIC SWIMMING AND WATER SAFETY SKILLS, THEY PROMOTE GOOD HEALTH THROUGH REGULAR EXERCISE. THEY ALSO PROMOTE TEAMWORK, SELF-CONFIDENCE, AND LEADERSHIP. THESE PROGRAMS ARE OFFERED AT FEES AFFORDABLE TO THE COMMUNITY AT LARGE, WITH FINANCIAL ASSISTANCE FOR THOSE WHO CAN'T AFFORD THE FULL FEE. IN 2009, MORE THAN 800 CHILDREN, TEENS, AND ADULTS LEARNED HOW TO BE SAFER AROUND WATER THROUGH YMCA SWIM LESSONS AND WATER SAFETY PROGRAMS.

YMCA FAMILY ENRICHMENT

THE YMCA IS PROUD TO BE A FAMILY ORGANIZATION. WE GIVE FAMILIES A SAFE,

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RELIABLE AND AFFORDABLE PLACE TO GO AND ENJOY TIME TOGETHER AS A FAMILY. RECREATIONAL OPPORTUNITIES SUCH AS FAMILY NIGHTS LET FAMILIES SPEND TIME TOGETHER PARTICIPATING IN FUN ACTIVITIES. HEALTH AND WELLNESS PROGRAMS, SAFE SITTER CLASSES, BIRTHDAY PARTIES, FAMILY YOGA, AND FAMILY PRESCHOOL PROGRAMS ALL PROVIDE OPPORTUNITIES FOR FAMILIES TO LEARN MORE ABOUT A HEALTHY LIFESTYLE. FAMILY NIGHTS AT AREA ELEMENTARY SCHOOLS PROVIDE OPPORTUNITIES FOR FAMILIES TO SPEND TIME TOGETHER, PARTICIPATE IN MOVEMENT BASED PROGRAMS, AND LEARN MORE ABOUT HEALTHY LIFESTYLES. AS ALWAYS, ALL ARE WELCOME TO OUR PROGRAMS, INCLUDING INDIVIDUALS WITH SPECIAL NEEDS. IN 2009, WE SERVED 2,512 FAMILY MEMBERS IN OUR FAMILY ENRICHMENT PROGRAMS.

MORE THAN 380 VISITS PER MONTH ARE MADE TO THE ZONE - A SAFE, SOCIAL, FITNESS AREA FOR YOUTH AGES SEVEN TO TWELVE.

IN AN EFFORT TO ADDRESS THE OBESITY ISSUE AND HEALTH CONCERNS OF AREA CHILDREN, THE YMCA IS PROUD TO OFFER HEALTH EDUCATION AND PHYSICAL FITNESS PROGRAMS IN AREA ELEMENTARY SCHOOLS TO ENHANCE AND PROMOTE HEALTH AND WELL-BEING OF THE CHILDREN. HEALTH EDUCATION AND PHYSICAL FITNESS ARE OFFERED TWO ADDITIONAL TIMES PER WEEK FOR CHILDREN. ASSESSMENTS ARE MADE AND FAMILIES ARE GIVEN VITAL INFORMATION TO HELP IMPROVE THE FAMILY'S HEALTH AND FITNESS. IN 2009, WE SERVED 200 STUDENTS IN SIX CLASSROOMS AT FOUR SCHOOLS TEACHING CHILDREN THE IMPORTANCE OF LIVING A HEALTHY AND ACTIVE LIFESTYLE.

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YMCA HEALTH ENHANCEMENT

THE FAMILIAR YMCA TRIANGLE EMPHASIZES THE ONENESS OF SPIRIT, MIND, AND BODY. YMCA HEALTH ENHANCEMENT PROGRAMS HELP ACHIEVE THIS UNITY THROUGH MEDICALLY-BASED PROGRAMS THAT STRESS PROPER EXERCISE, NUTRITION, STRESS MANAGEMENT, AVOIDANCE OF DRUG AND ALCOHOL ABUSE, AND HEALTH EDUCATION. YMCA'S OFFER A LIFELONG PROGRESSION OF HEALTH AND FITNESS ACTIVITIES, EXPERIENCES AND EDUCATION, INCLUDING PROGRAMS FOR CHILDREN, TEENS, FAMILIES, AND SENIORS - PROGRAMS SUCH AS PRENATAL EXERCISE, PARENT/CHILD EXERCISE, AEROBICS, STRENGTH TRAINING, AND SENIOR FITNESS. PEOPLE WITH DISABILITIES AND THOSE WITH CHRONIC AILMENTS, SUCH AS ARTHRITIS, HEART DISEASE, AND CANCER, CAN FIND YMCA PROGRAMS THAT ARE TAILORED TO THEIR NEEDS.

YMCA HEALTH ENHANCEMENT PROGRAMS ARE DESIGNED TO ATTRACT PEOPLE OF ALL AGES, ALL ABILITIES, AND ALL INCOMES. YMCA'S OFFER A WELCOMING ATMOSPHERE, WHERE NEW EXERCISERS CAN FEEL COMFORTABLE AND RECEIVE THE SUPPORT THEY NEED TO IMPROVE THEIR HEALTH. YMCA FINANCIAL ASSISTANCE POLICIES HELP LOW-INCOME PEOPLE, WHO ARE LESS LIKELY TO EXERCISE AND TO HAVE ADEQUATE HEALTH CARE, GAIN ACCESS TO THE YMCA. OVER 11,404 INDIVIDUALS ENJOYED THE BENEFITS OF A MEMBERSHIP WITH THE YMCA.

WELLNESS COACHES ARE AVAILABLE TO ALL MEMBERS. THEY HELP TO ACCLIMATE NEW MEMBERS INTO OUR FACILITY WHICH INCLUDES AN ORIENTATION TO ALL OUR CARDIOVASCULAR AND STRENGTH EQUIPMENT, AS WELL AS DEFINING POLICIES AND

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PROVIDING PROGRAM OPPORTUNITIES. WE WISH TO ASSIST EACH MEMBER WITH FEELING COMFORTABLE AND A PART OF OUR YMCA FAMILY. IN 2009, 287 MEMBERS WORKED WITH A WELLNESS COACH. OVER 4,360 MEMBERS INTERACTED WITH A WELLNESS COACH DURING THEIR TIME HERE AT THE YMCA, BUILDING RELATIONSHIPS THAT WILL LAST LONG INTO THE FUTURE.

OUR PERSONAL TRAINING PROGRAM ALLOWS MEMBERS TO WORK ONE ON ONE WITH A NATIONALLY CERTIFIED PERSONAL TRAINER. THIS TRAINER WILL CREATE A PERSONALIZED PROGRAM TO FOCUS ON INDIVIDUAL NEEDS AND GOALS. IN 2009, 262 PEOPLE PARTICIPATED IN OUR PERSONAL TRAINING PROGRAM.

YMCA FITNESS

OUR YMCA AQUATIC FITNESS INSTRUCTORS PROVIDE STATE-OF-THE-ART AQUATIC EXERCISE INSTRUCTION THAT SIGNIFICANTLY CONTRIBUTES TO EACH MEMBER'S HEALTH AND FITNESS GOALS. OUR PURPOSE IS TO DEVELOP AND CONDUCT FUN, ENERGETIC AND HIGHLY MOTIVATIONAL CLASSES FOR ALL FITNESS AND SKILL LEVELS. THE AQUATIC ENVIRONMENT ALLOWS PARTICIPANTS TO UTILIZE THE BUOYANT QUALITIES OF WATER TO ENHANCE THEIR PHYSICAL FITNESS WHILE REDUCING STRESS ON THE JOINTS. IN 2009, WE EXPERIENCED 781 REGISTRATIONS IN OUR YMCA AQUATIC FITNESS PROGRAMS.

WHETHER CHILDREN SHOULD RECEIVE STRENGTH TRAINING HAS OFTEN BEEN CALLED TO QUESTION. THE YMCA OF THE USA MEDICAL ADVISORY COMMITTEE BELIEVES THAT WE SHOULD ENCOURAGE YOUTH TO EMBRACE PHYSICAL ACTIVITY AND REGULARLY

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PARTICIPATE IN PHYSICAL FITNESS PROGRAMS WHICH INCLUDE A STRENGTH TRAINING COMPONENT. A PROPERLY DESIGNED AND SUPERVISED STRENGTHENING TRAINING PROGRAM IS SAFE FOR CHILDREN. IN 2009, 50 PARTICIPANTS WERE ENROLLED IN OUR YMCA YOUTH STRENGTH TRAINING PROGRAMS.

OUR YMCA FITNESS INSTRUCTORS ARE TRAINED TO GIVE EXCELLENT GROUP EXERCISE INSTRUCTION TO HELP EACH MEMBER ACHIEVE THEIR HEALTH AND FITNESS GOALS. OUR PURPOSE IS TO CREATE AND INSTRUCT EXCITING, FUN, EASY TO FOLLOW GROUP EXERCISE CLASSES FOR ALL FITNESS AND SKILL LEVELS. YMCA FITNESS PROGRAMS ARE ALWAYS HELPING YOU DEVELOP IN SPIRIT, MIND AND BODY. IN 2009, WE EXPERIENCED 2,345 REGISTRATIONS IN OUR YMCA FITNESS PROGRAMS.

YMCA ADAPTED PROGRAMS

THE YMCA OFFERS SEVERAL PROGRAMS FOR ADULTS AND CHILDREN WITH SPECIAL NEEDS. THESE PROGRAMS INCLUDE ADAPTED AQUATICS, ADAPTED STRENGTH TRAINING, ADAPTED MARTIAL ARTS, ADAPTED BASKETBALL, ADAPTED SOCCER, ADAPTED TRACK, ADAPTED VOLLEYBALL, AND FIELD, ADAPTED GOLF, ADAPTED SOFTBALL, CAMPABILITIES, CAN DO KIDS, AND BABY MOVEMENT CLASS. ALL OUR ADAPTED PROGRAMS HAVE A GOAL TO HELP THE INDIVIDUAL TRANSITION TO A LARGER INTEGRATED COMMUNITY. OUR GOAL IS TO INCLUDE EVERYONE WITH A SPECIAL NEED, PROVIDING THEM WITH A REWARDING EXPERIENCE. PARTICIPATION IN NON-ADAPTED PROGRAMS IS ENCOURAGED BY THE YMCA FOR PEOPLE WITH SPECIAL NEEDS WITH/WITHOUT THE ASSISTANCE OF CAREGIVERS. THE YMCA CONTINUOUSLY REEVALUATES ITS PROGRAMS AND IS OPEN TO NEW IDEAS AND SUGGESTIONS TO

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ENSURE SUCCESSFUL EXPERIENCES FOR ALL. IN 2009, MORE THAN 100 PARTICIPANTS WERE SERVED THROUGH OUR ADAPTED PROGRAMMING. IN ADDITION, MORE THAN 920 SPECIAL ABILITY AND SOCIAL SERVICE CLIENTS FROM 20 COMMUNITY AGENCIES RECEIVED YMCA MEMBERSHIP ACCESS AND OPPORTUNITIES.

YMCA TEEN LEADERSHIP

YMCA YOUTH AND TEEN PROGRAMS GIVE KIDS GOOD ROLE MODELS TO HELP THEM DEVELOP SELF-ESTEEM, SELF-CONFIDENCE, AND GOOD VALUES AND A STRONG WORK ETHIC. TEENS ARE GIVEN THE OPPORTUNITY TO PARTICIPATE IN LEADERSHIP DEVELOPMENT PROGRAMS THROUGH CAMP, AND MANY TEENS CHOOSE TO PARTICIPATE IN VOLUNTEER PROGRAMS THROUGHOUT THE SCHOOL YEAR. TRAINING AND ON-GOING SUPPORT ARE PROVIDED BY ADULTS SO THE PARTICIPANTS HAVE THE OPPORTUNITY TO MAKE A DIFFERENCE IN OTHERS LIVES AND AS A RESULT IMPACT THEIR OWN LIFE.

YMCA PRIME TIME - PROGRAMS FOR ACTIVE ADULTS OVER 50

THE PRIME TIME WELLNESS PROGRAM INCLUDES A WIDE VARIETY OF CLASSES, EACH GEARED TO INDIVIDUAL NEEDS AND PREFERENCES. ACTIVE OLDER ADULTS BENEFIT FROM REGULAR PHYSICAL ACTIVITY. THE PRIME TIME WELLNESS PROGRAM INCLUDES EXERCISES TO IMPROVE OR MAINTAIN FITNESS OR HEALTH, TO IMPROVE MENTAL AND EMOTIONAL STATUS, AND TO IMPROVE LIFESTYLE AND QUALITY OF LIFE. EXERCISING IN A GROUP SETTING IS A WONDERFUL WAY TO BUILD COMMUNITY, TO MAKE FRIENDS, AND TO HAVE FUN. IN 2009, WE EXPERIENCED 500 ACTIVE OLDER

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ADULT REGISTRATIONS IN ACTIVES, BODY SHOP, CARDIO SPLASH, PRIME TIME PLUS, AND SPLASH AEROBICS. THEY ENJOYED THE BROWN BAG LUNCHEON SERIES, PAGE TURNERS, AND SERVICE IN FRIENDSHIP AS WELL. PRIME TIME ALSO OFFERS CLASSES TO TWO LOCAL CONDOMINIUM ASSOCIATIONS AS PART OF THE Y'S OUTREACH PROGRAM.

EXERCISE IS IMPORTANT IN THE COMPREHENSIVE HEALTH CARE MANAGEMENT FOR AN INDIVIDUAL WITH ARTHRITIS AND RELATED DISEASES. THE YMCA ARTHRITIS AQUATICS PROGRAM OFFERS THAT OPPORTUNITY. THE ARTHRITIS AQUATICS BASIC PROGRAM PROVIDES RANGE OF MOTION EXERCISES FOR EACH MAJOR BODY PART, DONE IN WATER AT 83-90 DEGREES. EXERCISES IMPROVE FLEXIBILITY, STRENGTH, COORDINATION, BALANCE, JOINT NUTRITION, AND PERFORMANCE OF DAILY ACTIVITIES. INSTRUCTORS ARE CERTIFIED BY THE NATIONAL ARTHRITIS FOUNDATION. THE ARTHRITIS AQUATICS PLUS PROGRAM EXPANDS THE ARTHRITIS AQUATICS PROGRAM TO INCLUDE EXERCISES AND ACTIVITIES DESIGNED TO PROMOTE FUNCTIONAL ENDURANCE AS WELL AS MUSCULOSKELETAL FLEXIBILITY AND STRENGTH. IN 2009, WE EXPERIENCED 560 REGISTRATIONS IN THE ARTHRITIS AQUATICS PROGRAM.

YMCA ADULT HEALTH AND CARDIOVASCULAR CARE

PROGRAMS ARE DESIGNED TO IMPACT THE WELLNESS OF THE COMMUNITY AND INCLUDE FREE SEMINARS, BLOOD PRESSURE SCREENINGS, CHOLESTEROL TESTS, AND FITNESS EVALUATIONS. EMPHASIS IS ON FAMILY WITH A FULL COMPLEMENT OF PROGRAMS FOR INDIVIDUALS SIX MONTHS TO SENIOR CITIZEN. THE YMCA LOOKS TO OTHER

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COMMUNITY AGENCIES FOR REFERRALS TO PROVIDE MUCH NEEDED HEALTH AND PHYSICAL EDUCATION PROGRAMS. IN 2009, THE YMCA CONDUCTED 3 FREE HEALTH SCREENINGS.

THE W.I.S.E. (WORKING OUT TO INCREASE STRENGTH AND ENDURANCE) PROGRAM IS MEDICALLY BASED FOR CANCER PATIENTS AND CANCER SURVIVORS. IT PROVIDES A SUPPORTIVE ENVIRONMENT IN WHICH CANCER PATIENTS AND SURVIVORS IN ALL PHASES OF TREATMENT AND RECOVERY WORK TO IMPROVE THEIR FUNCTIONAL CAPACITY AND QUALITY OF LIFE. THE MAIN GOALS OF THE PROGRAM ARE TO IMPROVE PHYSICAL AND PSYCHOLOGICAL FUNCTION WITHIN THE LIMITATIONS IMPOSED BY THE DISEASE OR TREATMENT VIA A LOW-COST, COMMUNITY BASED, INTEGRATED CANCER REHABILITATION PROGRAM. THE GOALS INCLUDE IMPROVING AEROBIC CAPACITY, IMPROVING FUNCTIONAL STRENGTH, INCREASING RANGE OF MOTION AND FLEXIBILITY, DECREASING FATIGUE ASSOCIATED WITH THE DISEASE AND THERAPY, AND IMPROVING THE QUALITY OF LIFE. THIS EXERCISE PROGRAM IS DESIGNED SPECIFICALLY FOR INDIVIDUALS WHO ARE EITHER CURRENTLY UNDERGOING TREATMENT FOR A CANCER RELATED ILLNESS OR THOSE WHO HAVE COMPLETED THEIR THERAPY. THIS PROGRAM IS OPEN TO ALL CANCER PATIENTS/ SURVIVORS, REGARDLESS OF CANCER TYPE, STAGE, CURRENT TREATMENT STATUS, OR TIME SINCE DIAGNOSIS AND TREATMENT. IN 2009, 35 PARTICIPANTS WERE ENROLLED IN THE W.I.S.E. PROGRAM.

THE HALF MARATHON TRAINING PROGRAM FOCUSES ON THE WELLNESS OF THE WHOLE PERSON IN SPIRIT, MIND, AND BODY THE YMCA'S WAY. IT INCORPORATES GROUP TRAINING WITH AN EMPHASIS ON GOING LONG DISTANCES AND COMPETING IN A

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HALF-MARATHON. ALSO WITH INDIVIDUAL INSTRUCTION AND GUIDANCE THE ATHLETE IS ABLE TO ADAPT TO VARIOUS TRAINING SITUATIONS THAT INCLUDE IMPROVING WALKING/RUNNING ECONOMY, RESISTANCE TRAINING SPECIFICALLY FOR WALKING AND RUNNING, GROUP CAMARADERIE, SPORT SPECIFIC NUTRITION, AND RUN/WALK AND WALK/RUN METHOD OF TRAINING. IN 2009, 73 PARTICIPANTS WERE ENROLLED IN THE HALF MARATHON TRAINING.

THE TRIATHLON/ENDURANCE TRAINING CHALLENGE OF HEALTH AND WELLNESS THROUGH SPIRIT, MIND, AND BODY INCORPORATES THE ASPECTS OF THE THREE SPORTS -SWIMMING, BIKING, AND RUNNING. TRAINING INVOLVES ALL DISTANCES OF THE TRIATHLON FROM SPRINT TO IRONMAN. YMCA/USAT CERTIFIED COACHES INTRODUCE PROPER TECHNIQUES, PRINCIPLES, AND PRACTICES, WHILE INCORPORATING LOTS OF FUN AND CHALLENGES. IN 2009, 33 PARTICIPANTS WERE ENROLLED IN THE TRIATHLON/ ENDURANCE TRAINING.

CARDIOPULMONARY REHAB AT THE MONROE COUNTY YMCA IS CALLED HEARTEAM. EMPHASIS IS PLACED ON PHASE III AND PHASE IV CARDIOPULMONARY REHABILITATION AND LIFE LONG EXERCISE MAINTENANCE. HEARTEAM IS A COLLABORATION BETWEEN THE BLOOMINGTON HOSPITAL AND THE MONROE COUNTY YMCA. IT HAS BEEN A HEALTH AND WELLNESS PROGRAM IN THE BLOOMINGTON COMMUNITY FOR 26 YEARS. HEARTEAM REHAB SERVICES ARE DESIGNED TO HELP PEOPLE WITH CARDIOVASCULAR DISEASE TO RECOVER FASTER AND RETURN TO FULL AND PRODUCTIVE LIVES. IT INCLUDES EXERCISE, EDUCATION, COUNSELING, AND DISCOVERING HOW TO LIVE A HEALTHIER LIFE. THE HEARTEAM OFFERS A MEDICALLY BASED EXERCISE PROGRAM. SERVICES INCLUDE A STAFF THAT IS

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SUPPORTED BY VOLUNTEER PHYSICIANS, A PARAMEDIC OR REGISTERED NURSE, A CLINICAL EXERCISE PHYSIOLOGIST, AND SEVERAL EXERCISE SPECIALISTS. IN 2009, MORE THAN 100 PARTICIPANTS WERE ENROLLED IN THE HEARTEAM PROGRAM.

YMCA YOGA/TAI CHI/PILATES

HATHA YOGA, A MIND/BODY PRACTICE, IS AN INVIGORATING, NON-COMPETITIVE EXERCISE PROGRAM FOR MEN AND WOMEN. EVERY CLASS WORKS ON DEVELOPING STRENGTH, FLEXIBILITY, BALANCE, AND CONCENTRATION AND EMPHASIZES BODY ALIGNMENT, SPINAL EXTENSION, MUSCULAR BALANCE, AND THE SUBTLETIES OF THE BREATH. PHYSICAL AND MENTAL RELAXATION, INCREASED ENERGY, AND ENHANCEMENT OF ONE'S OVERALL HEALTH ARE SOME OF THE MANY BENEFITS. BECAUSE OF THE GENTLE AND VERSATILE NATURE OF YOGA, THIS PRACTICE CAN BE STARTED BY ANYONE AT ANY AGE AND MAY BE ADAPTED TO MOST PHYSICAL LIMITATIONS. YOGA FOR YOUTH AGES 7 - 11 IS ALSO PART OF THE PROGRAM.

TAI CHI IS A SERIES OF SLOW, FLOWING MOVEMENTS PRACTICED BY PEOPLE OF ALL AGES TO IMPROVE STRENGTH, AGILITY, AND BALANCE, WHILE CALMING AND FOCUSING THE MIND.

PILATES WAS DEVELOPED IN THE 1920'S BY JOSEPH PILATES. BASED ON YOGA AND CLASSICAL DANCE, THIS MIND/BODY PRACTICE EMPHASIZES STRETCHING AND STRENGTHENING THE WHOLE BODY. SPECIAL ATTENTION IS GIVEN TO POSTURAL ENHANCEMENT AND CORE STRENGTH AND STABILITY. INCLUDED IN THE PROGRAM IS GRAVITY PILATES - A REVOLUTIONARY REPERTOIRE.

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IN 2009, WE EXPERIENCED 2,400 REGISTRATIONS IN THE YMCA IN YOGA, TAI CHI, AND PILATES PROGRAMS. YOGA WAS ALSO MADE AVAILABLE TO THE STAFF OF VARIOUS SCHOOLS IN THE MONROE COUNTY COMMUNITY SCHOOL CORPORATION THROUGH THE Y'S OUTREACH PROGRAM.

YMCA VOLUNTEERS

THE YMCA CAPTURES THE VOLUNTEERS' SPIRIT AS AN INTEGRAL WAY TO DEEPEN MEMBER INVOLVEMENT AND TO PROVIDE OUR MEMBERS WITH WAYS TO "GIVE BACK" TO THEIR COMMUNITY. IN 2009, THE YMCA AND THE COMMUNITY BENEFITED FROM OVER 287 INDIVIDUALS VOLUNTEERING MORE THAN 13,500 HOURS AS YOUTH SPORTS COACHES, FUNDRAISERS, EVENT ORGANIZERS, POLICY MAKERS, AND MUCH MORE.

ATTACHMENT 3

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THE MISSION AND PURPOSE OF THE YMCA IS TO PUT CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT BUILD HEALTHY SPIRIT, MIND, AND BODY FOR ALL. YMCA PROGRAMS FOCUS ON FOUR CORE VALUES-CARING, HONESTY, RESPECT, AND RESPONSIBILITY. WE SERVE MEN, WOMEN, AND CHILDREN OF ALL AGES, RACES, ABILITIES, INCOMES, AND RELIGIONS. WE PROVIDE FINANCIAL ASSISTANCE TO THOSE WHO NEED IT. WE IDENTIFY NEEDS WITHIN OUR COMMUNITY AND RESPOND TO THEM SO THE ENTIRE COMMUNITY BENEFITS FROM OUR EFFORTS.

THE MONROE COUNTY YMCA SUPPORTS THE YMCA ACTIVATE AMERICA NATIONAL

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MOVEMENT THAT IS COMMITTED TO INFLUENCING AND MOTIVATING OUR COMMUNITY IN RESPONSE TO THE GROWING HEALTH CRISIS. THE YMCA PROVIDES OPPORTUNITIES FOR PEOPLE OF ALL AGES IN THEIR PURSUIT OF HEALTH AND WELL-BEING. THE YMCA EXTENDS ITS CHARITABLE HERITAGE BY DIRECTLY ENGAGING CHILDREN AND ADULTS FROM ALL SEGMENTS OF OUR COMMUNITY TO ACHIEVE HEALTH OF SPIRIT, MIND AND BODY.

AS OUR NATION FACES STAGGERING OVERWEIGHT AND OBESITY RATES, WE REALIZE THAT CHANGING INDIVIDUAL BEHAVIOR THROUGH PROGRAMS ALONE ISN'T ENOUGH. WE HAVE PARTNERED WITH THE PARKS AND RECREATION DEPARTMENT, THE MONROE COUNTY HEALTH DEPARTMENT AND OTHER MEMBERS OF OUR COMMUNITY'S ACTIVE LIVING COALITION AS A PART OF THE ACHIEVE INITIATIVE TO DEVELOP AN ACTION PLAN FOCUSED ON POLICY AND ENVIRONMENTAL STRATEGIES. OUR TEAM SEEKS TO ENGAGE ALL COMMUNITY MEMBERS, PARTICULARLY THOSE WITH LIMITED ACCESS TO HEALTHY LIVING OPPORTUNITIES, BY CHANGING THE ENVIRONMENT WHERE THEY LIVE, WORK AND PLAY.

THE CONTINUED INVOLVEMENT OF KEY LEADERS ACROSS ALL SECTORS ACTS AS A CATALYST FOR IMPROVING THE HEALTH AND WELL-BEING OF OUR COMMUNITY. THEY LEAD BY EXAMPLE TO BETTER REACH PEOPLE STRUGGLING TO MAKE PHYSICAL ACTIVITY AND GOOD NUTRITION A PART OF THEIR EVERYDAY LIVES. BETTER PUBLIC POLICIES CREATE ENVIRONMENTAL CHANGES THAT IMPROVE LASTING, COMMUNITY-WIDE HEALTHY LIVING BEHAVIORS.

OUR MISSION COMES ALIVE THROUGH PROGRAMS THAT HELP PEOPLE:

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O APPRECIATE DIVERSITY.

O BECOME BETTER LEADERS AND SUPPORTERS.

O DEVELOP SKILLS.

O HAVE FUN WITH OTHERS AND LEARN FROM THEM.

OUR MISSION PROVIDES OPPORTUNITIES IN:

O SOCIAL RESPONSIBILITY.

O YOUTH DEVELOPMENT.

O HEALTH AND WELLBEING FOR ALL.

OUR MISSION COMES ALIVE THROUGH THE EFFORTS OF:

O PAID STAFF - FULL AND PART-TIME, YOUNG AND OLD.

O VOLUNTEERS - WHO LEAD PROGRAMS, SET POLICY, AND RAISE FUNDS.

O MEMBERS - WHO BECOME MENTORS, COACHES, DONORS, AND PART OF OUR YMCA FAMILY.

AT THE ROOT OF OUR MISSION IS A COMMITMENT TO CHARACTER DEVELOPMENT AND THE FOUR CORE VALUES OF CARING, HONESTY, RESPECT, AND RESPONSIBILITY. THOSE VALUES PROVIDE THE FUNDAMENTAL BASIS FOR ALL YMCA OPERATIONS, STAFF DEVELOPMENT, AND PROGRAM DEVELOPMENT AND DELIVERY. OUR FOUR CORE VALUES DESCRIBE OUR YMCA CULTURE.

THE YMCA STANDS TOGETHER WITH FAMILIES, SCHOOLS, CHURCHES, BUSINESSES, GOVERNMENT, AND OTHER ORGANIZATIONS TO BUILD A STRONG COMMUNITY. IN TODAY'S SOCIETY, THE YMCA'S ROLE IS TO GIVE YOUTH AND ADULTS THE EXPERIENCES THAT HELP THEM DEVELOP A SET OF POSITIVE

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VALUES, MORALS, AND ETHICS THAT THEY WILL LIVE BY. IT IS ESSENTIAL TO A SUCCESSFUL, STRONG COMMUNITY THAT ALL YOUTH AND ADULTS LIVE ACCORDING TO VALUES NECESSARY FOR HEALTHY HUMAN DEVELOPMENT IN SPIRIT, MIND, AND BODY. WE STRENGTHEN THE FOUNDATIONS OF COMMUNITY THROUGH SOCIAL RESPONSIBILITY, YOUTH DEVELOPMENT, AND HEALTH AND WELL BEING.

THE YMCA USES THE SEARCH INSTITUTE'S 40 DEVELOPMENTAL ASSETS MODEL TO MEASURE THE SUCCESS OF OUR YOUTH AND TEEN PROGRAMS. THROUGH EXTENSIVE RESEARCH THE SEARCH INSTITUTE OF MINNEAPOLIS HAS IDENTIFIED 40 POSITIVE EXPERIENCES AND QUALITIES - "DEVELOPMENTAL ASSETS"- WHICH ALL YOUTH AND TEENS NEED TO BECOME HEALTHY, CONTRIBUTING ADULTS - ASSETS LIKE CARING, ADULT ROLE MODELS; HIGH EXPECTATIONS; AND FEELING SAFE. IDEALLY ALL YOUTH AND TEENS SHOULD EXPERIENCE AT LEAST 31 OF THE 40 DEVELOPMENTAL ASSETS; HOWEVER, CURRENTLY NATIONAL STUDIES SHOW THAT MOST EXPERIENCE LESS THAN 20. YMCA PROGRAMS ARE DESIGNED TO FILL IN THAT GAP, AND GIVE YOUTH AND TEENS THOSE ASSETS THEY NEED TO SUCCEED.

IN 2009, OUR YMCA SERVED MORE THAN 18,000 INDIVIDUALS THROUGH MEMBERSHIP, PROGRAMS, HEALTH AND WELLNESS EVENTS, HEALTH SCREENINGS, AND FACILITY USAGE FROM DIVERSE COMMUNITIES THROUGHOUT BLOOMINGTON AND MONROE COUNTY AND PROVIDED $133,698 IN MEMBERSHIP AND PROGRAM SCHOLARSHIPS. THROUGH COLLABORATIONS AND PARTNERSHIPS WITH MORE THAN 34 CHURCHES, SCHOOLS, AND OTHER COMMUNITY GROUPS AND ORGANIZATIONS SUCH AS THE 4H, ACTIVE LIVING COALITION, AMERICAN CANCER SOCIETY,

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AMERICAN HEART ASSOCIATION, AMERICAN RED CROSS, AMETHYST HOUSE, ARTHRITIS FOUNDATION, BIG BROTHERS BIG SISTERS, BLOOMINGTON HOSPITAL, BOY SCOUTS, CAMPUS LIFE, CENTERSTONE, COLLEGE INTERNSHIP CENTER: BLOOMINGTON CENTER, EASTERN-GREENE SCHOOL CORPORATION, GIRL SCOUTS, GIRLS, INC., HARMONY SCHOOL, INDIANA UNIVERSITY, INTERNAL MEDICINE ASSOCIATES, IVY TECH, MEADOWS HOSPITAL, MIDDLE WAY HOUSE, MONROE COUNTY COMMUNITY SCHOOL CORPORATION, MONROE COUNTY HEALTH DEPARTMENT, MONROE COUNTY LIBRARY, NEW TECH HIGH SCHOOL, OPTIONS FOR BETTER LIVING, PARKS AND RECREATION, POLICE AND FIRE DEPARTMENTS, PROTON THERAPY CENTER, REBOUND REHABILITATION AND SPORTS MEDICINE, RICHLAND BEAN BLOSSOM SCHOOL SYSTEM, THE RISE, STONE BELT, AND US ARMED SERVICES, THE YMCA WAS ABLE TO EXTEND ITS PROGRAM OPPORTUNITIES INTO THE SURROUNDING COUNTIES AND DEEP INTO THE HEART OF URBAN NEIGHBORHOODS.

FOR THOUSANDS OF INDIVIDUALS AND FAMILIES, THE YMCA HELPS PARTICIPANTS:

- GROW PERSONALLY: BUILD SELF-ESTEEM AND SELF-RELIANCE.
- DEVELOP VALUES FOR DAILY LIVING: DEVELOP MORAL AND ETHICAL BEHAVIOR BASED ON JUDEO-CHRISTIAN PRINCIPLES.
- REDUCE STRESS AND IMPROVE FAMILY RELATIONS: LEARN TO CARE, COMMUNICATE, AND COOPERATE WITH OTHERS CLOSE TO THEM.
- APPRECIATE DIVERSITY: RESPECT PEOPLE OF ALL DIFFERENT AGES, ABILITIES, INCOMES, RACE, RELIGIONS, CULTURES, AND BELIEFS.

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O BECOME LEADERS AND SUPPORTERS: LEARN TO GIVE AND TAKE NECESSARY STEPS TO WORK TOWARD THE COMMON GOOD.

O DEVELOP SPECIFIC SKILLS: ACQUIRE NEW KNOWLEDGE AND WAYS TO GROW IN SPIRIT, MIND, AND BODY.

O SERVE THE COMMUNITY: VOLUNTEER BOTH INSIDE AND OUTSIDE THE YMCA, RAISE AWARENESS AND FINANCIAL SUPPORT IN ORDER TO PROVIDE YMCA OPPORTUNITIES FOR THOSE FACING ECONOMIC CHALLENGES.

O HAVE FUN: ENJOY A HEALTHY LIFE.

THE PURPOSE OF OUR YMCA IS TO:

O WORK FOR THE COMPLETE DEVELOPMENT OF EACH PERSON: SPIRITUALLY, MENTALLY, AND PHYSICALLY.

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

O BE A WORLDWIDE LEADER IN STRENGTHENING THE FOUNDATION OF OUR COMMUNITY THROUGH PROGRAMS AND SERVICES.

THE MONROE COUNTY YMCA IS WHERE YOU CAN GIVE BACK. OUR COMMUNITY FACES GREAT CHALLENGES. CHILDREN, YOUTH, AND FAMILIES NEED SUPPORT AS NEVER BEFORE. THE YMCA IS PERFECTLY POSITIONED TO HELP

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ATTACHMENT 3 (CONT'D)

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

REINVIGORATE OUR COMMUNITIES. WE CONTINUE TO COLLABORATE WITH SCHOOL DISTRICTS, RESIDENTS, EDUCATORS, AND OTHER COMMUNITY ORGANIZATIONS TO ENSURE THAT THE NEEDS OF CHILDREN AND FAMILIES IN DISADVANTAGED COMMUNITIES ARE MET.

THE YMCA WORKS IN CONCERT WITH PARENTS, SCHOOLS, GOVERNMENT, AND COMMUNITY LEADERS TO MAKE OUR COMMUNITY A STRONGER, MORE VITAL PLACE FOR ALL. IN ADDITION TO CHILD CARE AND YOUTH DEVELOPMENT PROGRAMS, WE ALSO OFFER PARENT-CHILD PROGRAMS, PARENTING CLASSES, AND FAMILY STRENGTHENING RESOURCES.

WHAT STARTED AS A "CITY" PROGRAM TO PROVIDE WHOLESOME ALTERNATIVES TO YOUNG MEN OVER 150 YEARS AGO HAS EXPANDED INTO A MOVEMENT THAT REACHES DEEP INTO THE HEART OF LOCAL NEIGHBORHOODS. A MOVEMENT THAT PROVIDES OUTREACH SERVICES TO DIVERSE POPULATIONS STRUGGLING WITH TOUGH ISSUES, LIKE POVERTY AND A LACK OF OPPORTUNITY FOR QUALITY EDUCATION AND WHOLESOME RECREATION. BUILDING STRONG COMMUNITIES MEANS PROVIDING SOLUTIONS TO THESE IMPORTANT ISSUES - AND THE YMCA STEPPED UP TO THE CHALLENGE IN 2009 BY:

O PROVIDING $133,698 IN OVER 1,400 FULL OR PARTIAL SCHOLARSHIPS TO YOUTH, FAMILIES, AND INDIVIDUALS WHO WOULD OTHERWISE NOT HAVE BEEN ABLE TO AFFORD TO PARTICIPATE. WE DID THIS THROUGH CONTRIBUTIONS TO THE YMCA'S PARTNER WITH YOUTH CAMPAIGN, TOTALING $142,143, AND THE CARDIAC REHAB GOLF TOURNAMENT, WHICH RAISED $12,846.

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ATTACHMENT 3 (CONT'D)

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

O THE YMCA DOES WHAT IT DOES BEST BY CREATING OPPORTUNITIES FOR ALL TYPES OF NEEDS IN ALL TYPES OF COMMUNITIES.

ATTACHMENT 4

4A PROGRAM SERVICE

YMCA CHILD CARE AND PRESCHOOL

THE YMCA OFFERS A QUALITY CHILDCARE PROGRAM TO OUR MEMBERS. WE BELIEVE THAT PLAY IS AN ESSENTIAL PART OF A HAPPY LIFE AND A POWERFUL TOOL IN A CHILD'S HEALTHY DEVELOPMENT. OUR DIRECTED PLAY PROGRAM INTEGRATES A VARIETY OF THEMES INVOLVING CRAFTS, GAMES, AND STORYTELLING. THE STAFF IS TRAINED AND PREPARED TO GUIDE THE CHILDREN IN ACTIVITIES WHERE SOCIAL SKILLS ARE DEVELOPED TO HELP THEM LEARN HOW THE WORLD WORKS. OUR TOP PRIORITY IS TO PROVIDE A SAFE, NURTURING ENVIRONMENT AT THE YMCA IN WHICH ALL CHILDREN CAN GROW AND HAVE FUN. IN 2009, 18,338 CHILD VISITS WERE ACCOMMODATED IN OUR CHILDCARE PROGRAM.

WE BELIEVE THE EARLY YEARS OF A CHILD'S LIFE TO BE OF CRITICAL IMPORTANCE IN HIS OR HER DEVELOPMENT. IN OUR PRESCHOOL PROGRAMS WE STRIVE TO ENCOURAGE HEALTHY GROWTH IN SPIRIT, MIND, AND BODY, THROUGH POSITIVE CHARACTER DEVELOPMENT AND MOVEMENT ACTIVITIES WITHIN A SAFE AND NURTURING ENVIRONMENT. WE AIM TO ENCOURAGE WHOLE CHILD DEVELOPMENT, WHICH INCLUDES THE SUPPORT AND RESOURCES OF, AND FOR, PARENTS, TEACHERS, FAMILY AND THE COMMUNITY. IN

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FORM 990, PART III - PROGRAM SERVICES

ATTACHMENT 4 (CONT'D)

2009, OVER 200 CHILDREN WERE ENROLLED IN OUR PRESCHOOL, MUSIKGARTEN, AND DANCE PROGRAMS.

ATTACHMENT 5

4B PROGRAM SERVICE

YMCA CAMPING

YMCA DAY CAMPS HELP CAMPERS DEVELOP SELF-CONFIDENCE, SELF-RESPECT, SOCIALIZATION, AND HEALTHY LIFESTYLE WHILE PARTICIPATING IN FUN ACTIVE GAMES THAT CHALLENGE THE SPIRIT, MIND, AND BODY. CAMPING PROGRAMS ARE EDUCATIONAL WHILE PROMOTING SOCIALIZATION SKILLS, SPIRITUAL AWARENESS, MENTAL DEVELOPMENT, PHYSICAL DEVELOPMENT, AND RESPECT FOR THE ENVIRONMENT. FINANCIAL ASSISTANCE IS AVAILABLE FOR THOSE WHO CANNOT AFFORD THE CUSTOMARY FEES AND WE ENCOURAGE THE PARTICIPATION OF ALL INDIVIDUALS AND WILL MAKE ACCOMMODATIONS TO MEET THE NEEDS OF THOSE WITH SPECIAL NEEDS. IN 2009, THE YMCA SERVED 1,200 CHILDREN IN OUR DAY CAMP PROGRAMS.

ATTACHMENT 6

4C PROGRAM SERVICE

YMCA YOUTH AND ADULT SPORTS

THE YMCA YOUTH AND ADULT SPORTS PROGRAMS PROMOTE AN APPRECIATION

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FORM 990, PART III - PROGRAM SERVICES

ATTACHMENT 6 (CONT'D)

OF ONE'S OWN WORTH. WHATEVER THE SPORT, THE FOCUS IS ON FULL AND EQUAL PARTICIPATION OF ALL; EVERY CHILD PLAYS IN EVERY GAME. LEAGUES ARE ORGANIZED ON THE BASIS OF SKILLS CLINICS. WIN OR LOSE, YMCA YOUTH SPORTS PROGRAMS EMPHASIZE DEVELOPMENT OF SKILL, HEALTH AND FITNESS, SAFETY, COOPERATION, SELF-ESTEEM AND RESPECT FOR OTHERS. IN 2009, OVER 1,000 CHILDREN ENROLLED IN OUR YOUTH SPORTS PROGRAMS, WHICH INCLUDES SOCCER, BASKETBALL, T-BALL, VOLLEYBALL, GYMNASTICS, MARTIAL ARTS, AND RACQUETBALL. IN ADDITION, WE EXPERIENCED OVER 550 ADULT REGISTRATIONS IN RACQUETBALL, DODGE BALL, BASKETBALL, AND VOLLEYBALL PROGRAMS. IN 2009, THERE WERE ALSO OVER 350 PARTICIPANTS IN THE SPRING RUN.