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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

2011

Open to Public Inspection

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

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

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 $ 5,014,493

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

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW MONROECOUNTYYMCA ORG

K Form of organization ☑ 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, YOUTH 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**	20
	4 Number of independent voting members of the governing body (Part VI, line 1b)	**4**	20
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	**5**	454
	6 Total number of volunteers (estimate if necessary)	**6**	324
	7a Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
	b Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	5,405,860	1,380,260
	9 Program service revenue (Part VIII, line 2g)	3,589,208	3,492,557
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	60,796	40,311
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	48,718	51,076
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,104,582	4,964,204
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	159,539	201,012
	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)	2,387,216	2,439,744
	16a Professional fundraising fees (Part IX, column (A), line 11e)	37,159	30,576
	b Total fundraising expenses (Part IX, column (D), line 25) ▶300,099		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,341,680	1,320,013
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	3,925,594	3,991,345
	19 Revenue less expenses Subtract line 18 from line 12	5,178,988	972,859

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	10,539,448	11,579,532
	21 Total liabilities (Part X, line 26)	814,230	924,553
	22 Net assets or fund balances Subtract line 21 from line 20	9,725,218	10,654,979

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

****** 2012-05-15
Signature of officer — Date

SHANNON KANE CFO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature | Date | Check if self-employed ▶ ☐ | Preparer's taxpayer identification number (see instructions) P01254056

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ CROWE HORWATH LLP
3815 River Crossing Parkway
Suite 300
Indianapolis, IN 462400977

EIN ▶

Phone no ▶ (317) 569-8989

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

Part III **Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission

THE Y IS A POWERFUL ASSOCIATION OF MEN, WOMEN AND CHILDREN JOINED TOGETHER BY A SHARED COMMITMENT TO NURTURE THE POTENTIAL OF YOUTH, PROMOTE HEALTHY LIVING AND FOSTER A SENSE OF SOCIAL RESPONSIBILITY (CONTINUED IN SCHEDULE O)

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 759,318 including grants of $) (Revenue $ 169,247)

YMCA CHILDCARE 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 MOVEMENT, 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 2011, 16,389 CHILD VISITS WERE ACCOMMODATED IN OUR CHILDCARE PROGRAM WE BELIEVE THE EARLY YEARS OF A CHILD'S LIFE ARE 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 BASED ACTIVITIES WITHIN A SAFE AND NURTURING ENVIRONMENT WE ENCOURAGE WHOLE CHILD DEVELOPMENT, WHICH INCLUDES THE SUPPORT AND RESOURCES OF AND FOR PARENTS, TEACHERS, FAMILY, AND THE COMMUNITY IN 2011, OVER 275 CHILDREN WERE ENROLLED IN OUR PRESCHOOL, HOLIDAY BREAK DAY AND DANCE PROGRAMS

4b (Code) (Expenses $ 412,683 including grants of $) (Revenue $ 175,147)

YMCA CAMPING YMCA DAY CAMPS HELP CAMPERS DEVELOP SELF-CONFIDENCE, SELF-RESPECT, SOCIALIZATION, AND A 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 WE ENCOURAGE THE PARTICIPATION OF ALL INDIVIDUALS AND WILL MAKE ACCOMMODATIONS FOR THOSE CAMPERS WITH SPECIAL NEEDS IN 2011, THE YMCA SERVED 1,630 CHILDREN IN OUR DAY CAMP PROGRAMS

4c (Code) (Expenses $ 408,376 including grants of $) (Revenue $ 188,079)

YMCA GROUP EXERCISE OUR YMCA AQUATIC GROUP EXERCISE INSTRUCTORS PROVIDE STATE-OF-THE-ART AQUATIC EXERCISE INSTRUCTION THAT SIGNIFICANTLY CONTRIBUTES TO EACH MEMBER'S HEALTH AND WELLNESS 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 2011, 746 PEOPLE PARTICIPATED IN OUR YMCA AQUATIC GROUP EXERCISE PROGRAMS (CONTINUED IN SCHEDULE O)

(Code) (Expenses $ 1,686,934 including grants of $ 201,012) (Revenue $ 2,960,084)

WHAT FOLLOWS IS A LISTING OF SPECIFIC PROGRAM DESCRIPTIONS AND PROGRAM SERVICE ACCOMPLISHMENTS AT OUR YMCA A 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 2011, MORE THAN 808 CHILDREN, TEENS, AND ADULTS LEARNED HOW TO BE SAFER AROUND WATER THROUGH YMCA SWIM LESSONS AND WATER SAFETY PROGRAMS B YMCA FAMILY ENRICHMENT THE YMCA IS PROUD TO BE A FAMILY ORGANIZATION WE GIVE FAMILIES A SAFE, RELIABLE AND AFFORDABLE PLACE TO GO AND ENJOY TIME TOGETHER 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 AS ALWAYS, ALL ARE WELCOME TO OUR PROGRAMS, INCLUDING INDIVIDUALS WITH SPECIAL NEEDS IN 2011, WE SERVED 1,634 FAMILY MEMBERS IN OUR FAMILY ENRICHMENT PROGRAMS MORE THAN 500 VISITS PER MONTH ARE MADE TO THE ZONE - A SAFE, SOCIAL, WELLNESS AREA FOR YOUTH AGES SEVEN TO TWELVE IN AN EFFORT TO ADDRESS THE OBESITY ISSUE AND OTHER 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 THE HEALTH AND WELL-BEING OF 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 2011, WE SERVED 280 STUDENTS IN SIX CLASSROOMS AT FOUR SCHOOLS TEACHING CHILDREN THE IMPORTANCE OF LIVING A HEALTHY AND ACTIVE LIFESTYLE C 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 YMCAS OFFER A LIFELONG PROGRESSION OF HEALTH AND WELLNESS 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 WELLNESS 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 YMCAS 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 INDIVIDUALS, WHO ARE LESS LIKELY TO EXERCISE AND TO HAVE ADEQUATE HEALTH CARE, GAIN ACCESS TO THE YMCA OVER 10,608 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 PROVIDING PROGRAM OPPORTUNITIES WE WISH TO ASSIST EACH MEMBER WITH FEELING COMFORTABLE AND A PART OF OUR YMCA FAMILY IN 2011, 164 MEMBERS WORKED WITH A WELLNESS COACH OVER 4,972 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 CREATES A PERSONALIZED PROGRAM TO FOCUS ON INDIVIDUAL NEEDS AND GOALS IN 2011, 268 PEOPLE PARTICIPATED IN OUR PERSONAL TRAINING PROGRAM IN 2009 WE WERE AWARDED A GRANT FROM THE CDC AND EMBARKED ON A THREE YEAR JOURNEY TO MOVE OUR COMMUNITY FORWARD IN CHANGING POLICY, CREATING HEALTHIER ENVIRONMENTS AND SYSTEMS CHANGE WE WERE ASKED TO CHOOSE A COMMUNITY PARTNER OUR CHOICE WAS BLOOMINGTON PARK & RECREATION ONE OF OUR GOALS WAS TO BRING LOCAL LEADERS TOGETHER TO BUILD PARTNERSHIPS/COLLABORATIONS THAT WOULD HELP CREATE STRATEGIES TO FOCUS ON PHYSICAL ACTIVITY, NUTRITION, TOBACCO CESSATION, OBESITY, DIABETES, AND CARDIOVASCULAR DISEASE OVER THE PAST THREE YEARS OUR CHART TEAM, AS WE CALL OUR LOCAL LEADERS, HAVE HELPED US PROCESS A COMMUNITY ASSESSMENT EVALUATION, CREATE MINI GRANTS TO FURTHER DRILL DOWN INTO OUR COMMUNITY THE ACHIEVE (ACTION COMMUNITIES FOR HEALTH, INNOVATION AND ENVIRONMENTAL CHANGE) PRINCIPLES, AND HOST EDUCATIONAL EVENTS D YMCA ADAPTED PROGRAMS THE YMCA OFFERS SEVERAL PROGRAMS FOR ADULTS AND CHILDREN WITH DIFFERENT ABILITIES THESE PROGRAMS INCLUDE ADAPTED AQUATICS, ADAPTED STRENGTH TRAINING, ADAPTED MARTIAL ARTS, ADAPTED BASKETBALL, ADAPTED SOCCER, ADAPTED VOLLEYBALL, ADAPTED SOFTBALL, ADAPTED DANCE, CAMPABILITIES, Y GAMES, CAN DO KIDS, AND A 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 DIFFERENT ABILITY, PROVIDING THEM WITH A REWARDING EXPERIENCE PARTICIPATION IN NON-ADAPTED PROGRAMS IS ENCOURAGED BY THE YMCA FOR PEOPLE WITH DIFFERENT ABILITIES WITH OR WITHOUT THE ASSISTANCE OF CAREGIVERS THE YMCA CONTINUOUSLY REEVALUATES ITS PROGRAMS AND IS OPEN TO NEW IDEAS AND SUGGESTIONS TO ENSURE SUCCESSFUL EXPERIENCES FOR ALL IN 2011, MORE THAN 131 PARTICIPANTS WERE SERVED THROUGH OUR ADAPTED PROGRAMMING IN ADDITION, MORE THAN 11,400 DIFFERENT ABILITY AND SOCIAL SERVICE CLIENTS FROM 15 COMMUNITY AGENCIES RECEIVED YMCA MEMBERSHIP ACCESS AND OPPORTUNITIES E YMCA TEEN LEADERSHIP YMCA YOUTH AND TEEN PROGRAMS GIVE KIDS GOOD ROLE MODELS TO HELP THEM DEVELOP SELF-ESTEEM, SELF-CONFIDENCE, 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 ONGOING 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 LIVES IN 2011, 124 TEENS PARTICIPATED IN YMCA ACTIVITIES AND PROGRAMS F YMCA YOUTH AND ADULT SPORTS THE YMCA YOUTH AND ADULT SPORTS PROGRAMS PROMOTE AN APPRECIATION 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 WELLNESS, SAFETY, COOPERATION, SELF-ESTEEM, AND RESPECT FOR OTHERS IN 2011, OVER 1,267 CHILDREN ENROLLED IN OUR YOUTH SPORTS PROGRAMS, WHICH INCLUDE SOCCER, BASKETBALL, T-BALL, VOLLEYBALL, GYMNASTICS, MARTIAL ARTS, AND RACQUETBALL IN ADDITION, WE EXPERIENCED OVER 550 ADULT REGISTRATIONS IN RACQUETBALL, BASKETBALL, AND VOLLEYBALL PROGRAMS G 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 WELLNESS 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 2011, 330 ACTIVE OLDER ADULTS PARTICIPATED 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 83-88 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 2011, 245 PEOPLE PARTICIPATED IN THE ARTHRITIS AQUATICS PROGRAM (CONTINUED)

(Code) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O)
(Expenses $ 1,686,934 including grants of $ 201,012) (Revenue $ 2,960,084)

4e **Total program service expenses** ▶ $ 3,267,311

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	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7	Yes	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III and IV*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17	Yes	
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	Yes	
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		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Part IV Checklist of Required Schedules *(continued)*

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

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	**1a**	16		
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**	Yes	
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**	454			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			**2b**	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			**3a**		No
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 or securities account)?			**4a**		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			**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**		No
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**	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**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**				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state			**13a**		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**				
c	Enter the aggregate amount of reserves on hand	**13c**				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**		

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	20		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	20		
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		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .		3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .		5		No
6	Did the organization have members or stockholders?		6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		No
	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		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take 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 Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

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Bloomington, IN 47401
(812) 332-5555

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MARK MCCONAHAY BOARD MEMBER	2 00	X						0	0	0
(2) RANDY LLOYD BOARD MEMBER	2 00	X						0	0	0
(3) JAN WILLIAMSON BOARD MEMBER	1 00	X						0	0	0
(4) DEON VIGILANCE BOARD MEMBER	1 00	X						0	0	0
(5) JEAN SCALLON BOARD MEMBER	1 00	X						0	0	0
(6) LAURA HAMMACK BOARD MEMBER	1 00	X						0	0	0
(7) DEL BRINKMAN BOARD MEMBER	1 00	X						0	0	0
(8) MARY CLARE BAUMAN PRESIDENT	4 00	X		X				0	0	0
(9) JOE WALKER BOARD MEMBER	1 00	X						0	0	0
(10) SUE STOLZ BOARD MEMBER	1 00	X						0	0	0
(11) DAVID SABBAGH VICE PRESIDENT	2 00	X		X				0	0	0
(12) NANCY RIGGERT SECRETARY	2 00	X		X				0	0	0
(13) FRED EICHHORN BOARD MEMBER	1 00	X						0	0	0
(14) SCOTT RINK BOARD MEMBER	1 00	X						0	0	0
(15) CINDY KINNARNEY TREASURER	4 00	X		X				0	0	0
(16) ROSANN SPIRO BOARD MEMBER	1 00	X						0	0	0
(17) ROBERTA KELZER EXECUTIVE DIRECTOR	55 00			X				76,718	0	13,464

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) SHANNON KANE CFO	55 00			X				69,106	0	12,232
(19) CARVEN THOMAS BOARD MEMBER	1 00	X						0	0	0
(20) BECKY WANN BOARD MEMBER	1 00	X						0	0	0
(21) BRIAN WERTH BOARD MEMBER	1 00	X						0	0	0
(22) JIM MURPHY BOARD MEMBER	2 00	X						0	0	0
(23) ANN ZERFAS PARTIAL YEAR BOARD MEMBER	1 00	X						0	0	0
(24) BILL BEGGS PARTIAL YEAR BOARD MEMBER	1 00	X						0	0	0
(25) ALEX RABINOWITCH PARTIAL YEAR BOARD MEMBER	1 00	X						0	0	0
(26) RICK WEIDENBENER PARTIAL YEAR BOARD MEMBER	1 00	X						0	0	0
1b Sub-Total . . . . . ▶										
c Total from continuation sheets to Part VII, Section A . . . . ▶										
d Total (add lines 1b and 1c) . . . . . ▶								145,824	0	25,696

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶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*	**3**		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶0

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a 0				
	b	Membership dues	1b				
	c	Fundraising events	1c 512				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e 31,869				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 1,347,879				
	g	Noncash contributions included in lines 1a-1f $ 25,623					
	h	**Total.** Add lines 1a-1f		1,380,260			
Program Service Revenue			Business Code				
	2a	MEMBERSHIP DUES	900099	2,237,049	2,237,049		
	b	PROGRAM FEES	900099	1,110,568	1,110,568		
	c	JOINER FEES	900099	88,601	88,601		
	d	DAILY MEMBERSHIP DUES	900099	56,339	56,339		
	e						
	f	All other program service revenue		0	0	0	0
	g	**Total.** Add lines 2a–2f		3,492,557			
	3	Investment income (including dividends, interest and other similar amounts)		33,889			33,889
	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)	0 / 0				
	d	Net rental income or (loss)		0			
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	22,463 / 7,016				
	b	Less cost or other basis and sales expenses	20,876 / 2,181				
	c	Gain or (loss)	1,587 / 4,835				
	d	Net gain or (loss)		6,422			6,422
Other Revenue	8a	Gross income from fundraising events (not including $ 512 of contributions reported on line 1c) See Part IV, line 18 a 33,700					
	b	Less direct expenses b 24,096					
	c	Net income or (loss) from fundraising events		9,604			9,604
	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 6,334					
	b	Less cost of goods sold b 3,136					
	c	Net income or (loss) from sales of inventory		3,198			3,198
		Miscellaneous Revenue	Business Code				
	11a	LOCKER RENTAL	532000	13,522			13,522
	b	FACILITY RENTAL	532000	12,970			12,970
	c	TOWEL RENTAL	532000	3,311			3,311
	d	All other revenue		8,471	8,471	0	0
	e	**Total.** Add lines 11a–11d		38,274			
	12	**Total revenue.** See Instructions		4,964,204	3,501,028	0	82,916

Part IX Statement of Functional Expenses

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

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	3,500	3,500		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	197,512	197,512		
3	Grants and other assistance to governments, organizations, and individuals outside the United States 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	171,520	32,076	79,005	60,439
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	1,920,029	1,721,509	117,967	80,553
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	90,268	62,123	15,836	12,309
9	Other employee benefits	91,952	61,457	17,141	13,354
10	Payroll taxes	165,975	102,499	35,779	27,697
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	0			
c	Accounting	23,835	10,725	12,633	477
d	Lobbying	0			
e	Professional fundraising *See Part IV, line 17* . .	30,576			30,576
f	Investment management fees	0			
g	Other	29,596	29,596		
12	Advertising and promotion	97,257	63,217	19,451	14,589
13	Office expenses	109,717	86,566	14,622	8,529
14	Information technology	68,672	17,605	50,285	782
15	Royalties . .	0			
16	Occupancy	391,781	383,512	6,576	1,693
17	Travel	18,881	14,459	2,628	1,794
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	3,730	1,492	1,492	746
20	Interest	0			
21	Payments to affiliates	63,276	31,638	31,638	
22	Depreciation, depletion, and amortization	257,365	252,516	3,650	1,199
23	Insurance	71,359	60,191	7,886	3,282
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	PROGRAM SUPPLIES	103,507	103,143	285	79
b	DUES AND SUBSCRIPTIONS	9,161	4,581	4,122	458
c	COMMUNITY SERVICE	1,308	875	433	
d	FUNDRAISING	36,531			36,531
e					
f	All other expenses	34,037	26,519	2,506	5,012
25	**Total functional expenses.** Add lines 1 through 24f	3,991,345	3,267,311	423,935	300,099
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	0			

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		1,127,256	2	1,463,147
	3	Pledges and grants receivable, net		4,137,180	3	4,546,657
	4	Accounts receivable, net		35,252	4	35,363
	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		4,610	8	3,650
	9	Prepaid expenses and deferred charges		41,307	9	42,683
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 10,822,464			
	b	Less accumulated depreciation	10b 6,309,905	4,063,901	10c	4,512,559
	11	Investments—publicly traded securities		1,129,942	11	975,473
	12	Investments—other securities See Part IV, line 11		0	12	0
	13	Investments—program-related See Part IV, line 11		0	13	0
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		0	15	0
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		10,539,448	16	11,579,532
Liabilities	17	Accounts payable and accrued expenses		116,362	17	244,009
	18	Grants payable			18	
	19	Deferred revenue		633,240	19	645,116
	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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		64,628	25	35,428
	26	**Total liabilities.** Add lines 17 through 25		814,230	26	924,553
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		4,981,384	27	5,530,551
	28	Temporarily restricted net assets		4,334,095	28	4,690,039
	29	Permanently restricted net assets		409,739	29	434,389
		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		9,725,218	33	10,654,979
	34	Total liabilities and net assets/fund balances		10,539,448	34	11,579,532

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	4,964,204
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,991,345
3	Revenue less expenses Subtract line 2 from line 1	3	972,859
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	9,725,218
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-63,098
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	10,654,979

Part XII Financial Statements and Reporting

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

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

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SCHEDULE A (Form 990 or 990EZ)

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

2011

Open to Public Inspection

Name of the organization
YMCA OF MONROE COUNTY INC

Employer identification number
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 **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 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? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
Total									

Part II **Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 **Total support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions) **12**

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

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2010 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2011.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b **33 1/3% support test—2010.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a **10%-facts-and-circumstances test—2011.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

b **10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

18 **Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions

Part III **Support Schedule for Organizations Described in IRC 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	207,907	186,282	188,729	5,405,860	1,380,260	7,369,038
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	3,155,418	3,233,764	3,322,617	3,589,208	3,492,557	16,793,564
3 Gross receipts from activities that are not an unrelated trade or business under section 513		28,438	27,137	32,402	33,001	120,978
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 **Total.** Add lines 1 through 5	3,363,325	3,448,484	3,538,483	9,027,470	4,905,818	24,283,580
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b	0	0	0	0	0	0
8 **Public Support** (Subtract line 7c from line 6)						24,283,580

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	3,363,325	3,448,484	3,538,483	9,027,470	4,905,818	24,283,580
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	68,325	47,840	28,629	38,292	33,889	216,975
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	68,325	47,840	28,629	38,292	33,889	216,975
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	19,433	1,341	5,493	4,771	8,471	39,509
13 **Total support** (Add lines 9, 10c, 11 and 12)	3,451,083	3,497,665	3,572,605	9,070,533	4,948,178	24,540,064

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

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	98 950 %
16	Public support percentage from 2010 Schedule A, Part III, line 15	16	98 720 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f))	17	0 880 %
18	Investment income percentage from **2010** Schedule A, Part III, line 17	18	0 970 %

19a **33 1/3% support tests—2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☑

b **33 1/3% support tests—2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

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

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

Facts And Circumstances Test

Explanation

OTHER INCOME, SCHEDULE A, PART III, LINE 12, DESCRIPTION - OTHER INCOME, COLUMN A - 19433, COLUMN B - 1341, COLUMN C - 5493, COLUMN D - 4771, COLUMN E - 8471, COLUMN F - 39509,,

Additional Data

Software ID: 11000230
Software Version: v2011.1.0
EIN: 35-1384859
Name: YMCA OF MONROE COUNTY INC

Form 990, Special Condition Description:

Special Condition Description

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

4d. Other program services

(Code) (Expenses $ 1,686,934 including grants of $ 201,012) (Revenue $ 2,960,084)

WHAT FOLLOWS IS A LISTING OF SPECIFIC PROGRAM DESCRIPTIONS AND PROGRAM SERVICE ACCOMPLISHMENTS AT OUR YMCA A 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 2011, MORE THAN 808 CHILDREN, TEENS, AND ADULTS LEARNED HOW TO BE SAFER AROUND WATER THROUGH YMCA SWIM LESSONS AND WATER SAFETY PROGRAMS B YMCA FAMILY ENRICHMENT THE YMCA IS PROUD TO BE A FAMILY ORGANIZATION WE GIVE FAMILIES A SAFE, RELIABLE AND AFFORDABLE PLACE TO GO AND ENJOY TIME TOGETHER 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 AS ALWAYS, ALL ARE WELCOME TO OUR PROGRAMS, INCLUDING INDIVIDUALS WITH SPECIAL NEEDS IN 2011, WE SERVED 1,634 FAMILY MEMBERS IN OUR FAMILY ENRICHMENT PROGRAMS MORE THAN 500 VISITS PER MONTH ARE MADE TO THE ZONE - A SAFE, SOCIAL, WELLNESS AREA FOR YOUTH AGES SEVEN TO TWELVE IN AN EFFORT TO ADDRESS THE OBESITY ISSUE AND OTHER 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 THE HEALTH AND WELL-BEING OF 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 2011, WE SERVED 280 STUDENTS IN SIX CLASSROOMS AT FOUR SCHOOLS TEACHING CHILDREN THE IMPORTANCE OF LIVING A HEALTHY AND ACTIVE LIFESTYLE C 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 YMCAS OFFER A LIFELONG PROGRESSION OF HEALTH AND WELLNESS 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 WELLNESS 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 YMCAS 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 INDIVIDUALS, WHO ARE LESS LIKELY TO EXERCISE AND TO HAVE ADEQUATE HEALTH CARE, GAIN ACCESS TO THE YMCA OVER 10,608 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 PROVIDING PROGRAM OPPORTUNITIES WE WISH TO ASSIST EACH MEMBER WITH FEELING COMFORTABLE AND A PART OF OUR YMCA FAMILY IN 2011, 164 MEMBERS WORKED WITH A WELLNESS COACH OVER 4,972 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 CREATES A PERSONALIZED PROGRAM TO FOCUS ON INDIVIDUAL NEEDS AND GOALS IN 2011, 268 PEOPLE PARTICIPATED IN OUR PERSONAL TRAINING PROGRAM IN 2009 WE WERE AWARDED A GRANT FROM THE CDC AND EMBARKED ON A THREE YEAR JOURNEY TO MOVE OUR COMMUNITY FORWARD IN CHANGING POLICY, CREATING HEALTHIER ENVIRONMENTS AND SYSTEMS CHANGE WE WERE ASKED TO CHOOSE A COMMUNITY PARTNER OUR CHOICE WAS BLOOMINGTON PARK & RECREATION ONE OF OUR GOALS WAS TO BRING LOCAL LEADERS TOGETHER TO BUILD PARTNERSHIPS/COLLABORATIONS THAT WOULD HELP CREATE STRATEGIES TO FOCUS ON PHYSICAL ACTIVITY, NUTRITION, TOBACCO CESSATION, OBESITY, DIABETES, AND CARDIOVASCULAR DISEASE OVER THE PAST THREE YEARS OUR CHART TEAM, AS WE CALL OUR LOCAL LEADERS, HAVE HELPED US PROCESS A COMMUNITY ASSESSMENT EVALUATION, CREATE MINI GRANTS TO FURTHER DRILL DOWN INTO OUR COMMUNITY THE ACHIEVE (ACTION COMMUNITIES FOR HEALTH, INNOVATION AND ENVIRONMENTAL CHANGE) PRINCIPLES, AND HOST EDUCATIONAL EVENTS D YMCA ADAPTED PROGRAMS THE YMCA OFFERS SEVERAL PROGRAMS FOR ADULTS AND CHILDREN WITH DIFFERENT ABILITIES THESE PROGRAMS INCLUDE ADAPTED AQUATICS, ADAPTED STRENGTH TRAINING, ADAPTED MARTIAL ARTS, ADAPTED BASKETBALL, ADAPTED SOCCER, ADAPTED VOLLEYBALL, ADAPTED SOFTBALL, ADAPTED DANCE, CAMPABILITIES, Y GAMES, CAN DO KIDS, AND A 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 DIFFERENT ABILITY, PROVIDING THEM WITH A REWARDING EXPERIENCE PARTICIPATION IN NON-ADAPTED PROGRAMS IS ENCOURAGED BY THE YMCA FOR PEOPLE WITH DIFFERENT ABILITIES WITH OR WITHOUT THE ASSISTANCE OF CAREGIVERS THE YMCA CONTINUOUSLY REEVALUATES ITS PROGRAMS AND IS OPEN TO NEW IDEAS AND SUGGESTIONS TO ENSURE SUCCESSFUL EXPERIENCES FOR ALL IN 2011, MORE THAN 131 PARTICIPANTS WERE SERVED THROUGH OUR ADAPTED PROGRAMMING IN ADDITION, MORE THAN 11,400 DIFFERENT ABILITY AND SOCIAL SERVICE CLIENTS FROM 15 COMMUNITY AGENCIES RECEIVED YMCA MEMBERSHIP ACCESS AND OPPORTUNITIES E YMCA TEEN LEADERSHIP YMCA YOUTH AND TEEN PROGRAMS GIVE KIDS GOOD ROLE MODELS TO HELP THEM DEVELOP SELF-ESTEEM, SELF-CONFIDENCE, 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 ONGOING 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 LIVES IN 2011, 124 TEENS PARTICIPATED IN YMCA ACTIVITIES AND PROGRAMS F YMCA YOUTH AND ADULT SPORTS THE YMCA YOUTH AND ADULT SPORTS PROGRAMS PROMOTE AN APPRECIATION 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 WELLNESS, SAFETY, COOPERATION, SELF-ESTEEM, AND RESPECT FOR OTHERS IN 2011, OVER 1,267 CHILDREN ENROLLED IN OUR YOUTH SPORTS PROGRAMS, WHICH INCLUDE SOCCER, BASKETBALL, T-BALL, VOLLEYBALL, GYMNASTICS, MARTIAL ARTS, AND RACQUETBALL IN ADDITION, WE EXPERIENCED OVER 550 ADULT REGISTRATIONS IN RACQUETBALL, BASKETBALL, AND VOLLEYBALL PROGRAMS G 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 WELLNESS 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 2011, 330 ACTIVE OLDER ADULTS PARTICIPATED 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 83-88 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 2011, 245 PEOPLE PARTICIPATED IN THE ARTHRITIS AQUATICS PROGRAM (CONTINUED)

(Code) (Expenses $ including grants of $) (Revenue $)

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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, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

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 may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☐ 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)
- ☐ Preservation of an historically importantly land area
- ☑ Protection of natural habitat
- ☐ Preservation of a certified historic structure
- ☑ Preservation of open space

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

		Held at the End of the Year
a	Total number of conservation easements	2a 10
b	Total acreage restricted by conservation easements	2b 42 15
c	Number of conservation easements on a certified historic structure included in (a)	2c 0
d	Number of conservation easements included in (c) acquired after 8/17/06	2d 0

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ 0

4 Number of states where property subject to conservation easement is located ▶ 1

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 ▶ $ 0

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 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 the organization answered "Yes" to Form 990, Part IV, line 10.

		(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a	Beginning of year balance	1,351,139	1,177,906	987,623	1,286,392	
b	Contributions	30,568	39,662	20,424	51,718	
c	Investment earnings or losses	-32,673	140,132	215,590	-329,290	
d	Grants or scholarships					
e	Other expenditures for facilities and programs	4,592	6,561	45,731	21,197	
f	Administrative expenses					
g	End of year balance	1,344,442	1,351,139	1,177,906	987,623	

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

- a Board designated or quasi-endowment ▶ 65 000 %
- b Permanent endowment ▶ 31 000 %
- c Term endowment ▶ 4 000 %

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,532,803		1,532,803
b Buildings		7,409,906	5,274,060	2,135,846
c Leasehold improvements		365,767	340,710	25,057
d Equipment		874,896	695,135	179,761
e Other		639,092		639,092
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				4,512,559

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
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) should 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) should 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) should 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	0
GIFT CERTIFICATE LIABILITY	27,805
CREDIT VOUCHER LIABILITY	4,721
OTHER LIABILITIES	2,902
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	35,428

2. Fin 48 (ASC 740) 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 (ASC740)

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	4,964,204
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,991,345
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	972,859
4	Net unrealized gains (losses) on investments	4	-63,098
5	Donated services and use of facilities	5	20,000
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	0
9	Total adjustments (net) Add lines 4 - 8	9	-43,098
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	929,761

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	4,761,152
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	-63,098		
b	Donated services and use of facilities	2b	54,422		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	3,136		
e	Add lines **2a** through **2d**			2e	-5,540
3	Subtract line **2e** from line **1**			3	4,766,692
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	197,512		
c	Add lines **4a** and **4b**			4c	197,512
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	4,964,204

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

1	Total expenses and losses per audited financial statements			1	3,831,391
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	34,422		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d	3,136		
e	Add lines **2a** through **2d**			2e	37,558
3	Subtract line **2e** from line **1**			3	3,793,833
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	197,512		
c	Add lines **4a** and **4b**			4c	197,512
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	3,991,345

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation
Conservation easements financial reporting	Schedule D, Part II, Line 9	THE CONSERVATION EASEMENTS WERE PART OF A LAND PURCHASE MADE ON DECEMBER 30, 2010 THE PURCHASED LAND IS RECORDED ON THE BALANCE SHEET OF THE PURCHASED LAND, 42 15 IS CONSIDERED TO BE A CONSERVATION EASEMENT THERE IS NO FOOTNOTE IN THE 2011 FINANCIAL STATEMENTS RELATED TO ACCOUNTING FOR CONSERVATION EASEMENTS
Intended uses of 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 PRIMARY PURPOSE OF THE ENDOWMENT FUND IS TO GROW THE FUND OVER THE LONG TERM THE FUND'S OBJECTIVE IS TO ENHANCE THE MONROE COUNTY YMCA'S GOAL OF STRENGTHENING YOUTH DEVELOPMENT, HEALTHY LIVING, AND SOCIAL RESPONSIBILITY BY SUPPLEMENTING THE YMCA'S PROJECTS, PROGRAMS, AND SERVICES NO PART OF THE INCOME GENERATED BY THE ENDOWMENT FUND SHALL BE USED FOR THE YMCA'S ANNUAL OPERATING BUDGET
FIN 48 (ASC 740) footnote	Schedule D, Part X, Line 2	THE YMCA IS EXEMPT FROM INCOME TAXES ON INCOME FROM RELATED ACTIVITIES UNDER SECTION 501(C)(3) OF THE U S INTERNAL REVENUE CODE AND CORRESPONDING STATE TAX LAW ACCORDINGLY, NO PROVISION HAS BEEN MADE FOR FEDERAL OR STATE INCOME TAXES ADDITIONALLY, THE YMCA HAS BEEN DETERMINED NOT TO BE A PRIVATE FOUNDATION UNDER SECTION 509(A) OF THE INTERNAL REVENUE CODE THE YMCA IS HOWEVER SUBJECT TO INCOME TAXES ON INCOME GENERATED FROM ACTIVITIES THAT ARE UN-RELATED TO ITS EXEMPT PURPOSE ACCOUNTING STANDARDS REQUIRE THAT THE YMCA DISCLOSE THE AMOUNT OF POTENTIAL BENEFIT OR OBLIGATION TO BE REALIZED AS A RESULT OF AN EXAMINATION PERFORMED BY A TAXING AUTHORITY FOR THE YEARS ENDED DECEMBER 31, 2011 AND 2010, MANAGEMENT HAS DETERMINED THE YMCA DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT WOULD IMPACT THE YMCA'S FINANCIAL STATEMENTS THE YMCA IS NO LONGER SUBJECT TO EXAMINATION BY TAXING AUTHORITIES FOR THE YEARS BEFORE 2008 THE YMCA DOES NOT EXPECT THE TOTAL AMOUNT OF UNRECOGNIZED TAX BENEFITS TO SIGNIFICANTLY CHANGE IN THE NEXT 12 MONTHS 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, 2011 AND 2010

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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

2011

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.

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

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

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

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

(i) Name and address 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
DONOR BY DESIGN GROUP LLC	CAPITAL CAMPAIGN		No	1,152,344	30,576	1,121,768
Total . . . . . ▶				1,152,344	30,576	1,121,768

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 (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	34,212			34,212
	2 Less Charitable contributions	512			512
	3 Gross income (line 1 minus line 2)	33,700	0	0	33,700
Direct Expenses	4 Cash prizes				0
	5 Non-cash prizes	2,250			2,250
	6 Rent/facility costs	11,171			11,171
	7 Food and beverages				0
	8 Entertainment				0
	9 Other direct expenses	10,675			10,675
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(24,096)
	11 Net income summary Combine lines 3 and 10 in column (d) ▶				9,604

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

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

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

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

b If "No," Explain _____

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

b If "Yes," Explain _____

11 Does the organization operate gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in

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

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

Name ▶ ----------

Address ▶ ----------

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

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

c If "Yes," enter name and address

Name ▶ ----------

Address ▶ ----------

16 Gaming manager information

Name ▶ ----------

Gaming manager compensation ▶ $ ----------

Description of services provided ▶ ----------

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

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

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

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

Identifier	ReturnReference	Explanation
FUNDRAISING COSTS	PART IV	FUNDRAISING COST FOR 2011 ARE RELATED TO ADVANCE PLANNING WORK FOR FUTURE PROJECTS

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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**

OMB No 1545-0047

2011

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? . . . . . ☑ 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 . . . . . ▶ ☐

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

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ _____

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ _____

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) MEMBERSHIP ASSISTANCE	2397	124,825	0	N/A	N/A
(2) PROGRAM ASSISTANCE	383	55,017	0	N/A	N/A
(3) CARDIAC REHAB ASSISTANCE	20	17,670	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.

Identifier	Return Reference	Explanation
Procedures for monitoring use of grant funds	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

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
YMCA OF MONROE COUNTY INC

Employer identification number
35-1384859

Part I Types of Property

		(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining contribution amounts
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded				
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▸ (USE OF CORPORATE JET)	X	1	20,628	MARKET VALUE
26	Other ▸ (PLAYHOUSE)	X	1	4,995	COST
27	Other ▸ ( )				
28	Other ▸ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . **29** 0

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		No
b	If "Yes," describe the arrangement in Part II			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	32a		No
b	If "Yes," describe in Part II			
33	If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part II

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

Identifier	Return Reference	Explanation
Number of contributions or items contributed	Schedule M, part I, column (b), Line other=USE OF CORPORATE JET	
Number of contributions or items contributed	Schedule M, part I, column (b), Line other=PLAYHOUSE	

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

Open to Public Inspection

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

Identifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990, PART III, LINE 1	(CONTINUED FROM PART III) OUR MISSION IS TO PUT CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT BUILD HEALTHY SPIRIT, MIND, AND BODY FOR ALL YMCA PROGRAMS FOCUS ON FOUR C ORE VALUES CARING, HONESTY, RESPECT, AND RESPONSIBILITY WE BELIEVE THAT LASTING PERSONAL AND SOCIAL CHANGE CAN ONLY COME ABOUT WHEN WE WORK TOGETHER TO INVEST IN OUR YOUTH, OUR H EALTH AND OUR NEIGHBORS THAT'S WHY, AT THE Y, STRENGTHENING COMMUNITY IS OUR CAUSE EVERY DAY, WE WORK SIDE-BY-SIDE WITH OUR NEIGHBORS TO MAKE SURE THAT EVERYONE, REGARDLESS OF AG E, INCOME OR BACKGROUND, HAS THE OPPORTUNITY TO LEARN, GROW AND THRIVE IN 2011, OUR YMCA SERVED MORE THAN 18,000 INDIVIDUALS THROUGH MEMBERSHIP, PROGRAMS, HEALTH AND WELLNESS EVEN TS, HEALTH SCREENINGS, AND FACILITY USAGE FROM DIVERSE COMMUNITIES THROUGHOUT BLOOMINGTON AND MONROE COUNTY AND PROVIDED $197,152 IN MEMBERSHIP AND PROGRAM SCHOLARSHIPS AS OUR NAT ION CONTINUES TO FACE SERIOUS CHRONIC AND COMMUNITY CHALLENGES, THE Y IS IN MONROE COUNTY MAKING A DIFFERENCE IN THE AREAS OF * YOUTH DEVELOPMENT FIVE THOUSAND YOUTHS ARE TAKING A GREATER INTEREST IN LEARNING, MAKING SMARTER LIFE CHOICES, AND CULTIVATING THE VALUES, S KILLS AND RELATIONSHIPS THAT LEAD TO POSITIVE BEHAVIORS, THE PURSUIT OF HIGHER EDUCATION A ND GOAL ACHIEVEMENT * FOR INSTANCE, WE HAVE PILOTED AND IMPLEMENTED A COLLABORATIVE, MOVE MENT BASED NUTRITION AND PHYSICAL EDUCATION PROGRAM CALLED ENERGIZE THAT TARGETS THIRD AND FOURTH GRADE STUDENTS AT RISK FOR POOR HEALTH THIS WILL HELP CHILDREN MAKE BETTER CHOICE S EARLIER IN LIFE * HEALTHY LIVING THOUSANDS OF ADULTS AND YOUTH RECEIVE THE SUPPORT, GU IDANCE AND RESOURCES NEEDED TO ACHIEVE BETTER HEALTH AND WELL-BEING * WE RECENTLY STARTED THE YMCA DIABETES PREVENTION PROGRAM WITH FUNDING FROM THE CENTERS FOR DISEASE CONTROL T HIS EVIDENCE-BASED PROGRAM HAS BEEN SHOWN TO ELIMINATE DIABETES IN 50 PERCENT OF PARTICIPA NTS AND IS PROJECTED TO SERVE 400,000 PEOPLE IN Y'S ACROSS THE COUNTRY OVER THE NEXT FIVE YEARS * SOCIAL RESPONSIBILITY THE Y HELPS PEOPLE GIVE BACK AND ASSIST THEIR NEIGHBORS BY OFFERING THEM OPPORTUNITIES TO VOLUNTEER, ADVOCATE AND SUPPORT PROGRAMS THAT STRENGTHEN C OMMUNITY GROUPS OF INDIVIDUALS, THROUGH THEIR INVOLVEMENT IN THE Y AND COLLABORATIONS WIT H POLICY MAKERS, ARE ABLE TO ADDRESS MANY OF THE MOST CRITICAL SOCIAL ISSUES THEIR COMMUNIT IES FACE * THE ACHIEVE INITIATIVE IS A PRIME EXAMPLE OF A COMMUNITY COLLABORATION BETWEEN LOCAL POLICY MAKERS, THE YMCA, THE BLOOMINGTON PARKS AND RECREATION DEPARTMENT, THE MONROE COUNTY HEALTH DEPARTMENT AND OTHER MEMBERS OF THE ACTIVE LIVING COALITION TO ADVOCATE AND SUPPORT HEALTHY LIVING OPPORTUNITIES BY CHANGING THE ENVIRONMENT WHERE WE LIVE, WORK AND PLAY THE CONTINUED INVOLVEMENT OF KEY LEADERS ACROSS ALL SECTORS ACTS AS A CATALYST FOR I MPROVING 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 LI VES BETTER PUBLIC POLICIES CREATE ENVIRONMENTAL CHANGES THAT IMPROVE LASTING, COMMUNITY-W IDE HEALTHY LIVING BEHAVIORS THE MONROE COUNTY YMCA SUPPORTS THE YMCA ACTIVATE AMERICA NA TIONAL 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 TH EIR 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 HEALTHY SPIRIT , MIND AND BODY OUR MISSION COMES ALIVE THROUGH THE EFFORTS OF * PAID STAFF - WHO ARE FU LL AND PART-TIME OF ALL AGES * VOLUNTEERS - WHO LEAD PROGRAMS, SET POLICY, AND RAISE FUND S * MEMBERS - WHO BECOME MENTORS, COACHES, DONORS, AND PART OF OUR YMCA FAMILY THE YMCA USES THE SEARCH INSTITUTE'S 40 DEVELOPMENTAL ASSETS MODEL TO MEASURE THE SUCCESS OF OUR YO UTH AND TEEN PROGRAMS THROUGH EXTENSIVE RESEARCH THE SEARCH INSTITUTE OF MINNEAPOLIS IDEN TIFIED 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 LE AST 31 OF THE 40 DEVELOPMENTAL ASSETS, HOWEVER, CURRENTLY NATIONAL STUDIES SHOW THAT MOST EXPERIENCE FEWER THAN 20 YMCA PROGRAMS ARE DESIGNED TO FILL IN THAT GAP, AND GIVE YOUTH A ND TEENS THOSE ASSETS THEY NEED TO SUCCEED THROUGH COLLABORATIONS AND PARTNERSHIPS WITH M ORE THAN 40 CHURCHES, SCHOOLS, AND OTHER COMMUNITY GROUPS AND ORGANIZATIONS SUCH AS THE 4H , ACTIVE LIVING COALITION, AMERICAN CANCER SOCIETY, AMERICAN HEART ASSOCIATION, AMERICAN R ED CROSS, AMETHYST HOUSE, ARTHRITIS FOUNDATION, BIG BROTHERS BIG SISTERS, BLOOMINGTON MEAD OWS HOSPITAL, BOY SCOUTS, CAMPUS LIFE, CENTERSTONE, CITY AND COUNTY PARKS & RECREATION, EA STERN-GREENE SCHOOL CORPORATION, GIRL SCOUTS, GIRLS, INC , GREATER BLOOMINGTON CHAMBER OF COMMERCE, HARMONY SCHOOL, IMA/PREMIER HEALTHCARE L

Identifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990, PART III, LINE 1	LC, INDIANA UNIVERSITY, INDIANA UNIVERSITY HEALTH, IVY TECH, LIFE DESIGNS, MIDDLE WAY HOUS E, MONROE COUNTY COMMUNITY SCHOOL CORPORATION, MONROE COUNTY HEALTH DEPARTMENT, MONROE COU NTY LIBRARY, NEW TECH HIGH SCHOOL, PERSONAL QUALITY CARE, POLICE AND FIRE DEPARTMENTS, PRO TON THERAPY CENTER, RICHLAND BEAN BLOSSOM SCHOOL SYSTEM, THE RISE, STONE BELT, STEPPING ST ONES, SUICIDE PREVENTION COALITION, TRANSITIONAL SERVICES, US ARMED SERVICES AND YOUTH SER VICES 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, PLUS LEARN TEAMWORK * DEVELOP VALUES FOR DAILY LIVING DEVELOP MORAL AND ETHICAL BEHAVIOR BAS ED ON JUDEO-CHRISTIAN PRINCIPLES * REDUCE STRESS AND IMPROVE FAMILY RELATIONS LEARN TO C ARE, COMMUNICATE, AND COOPERATE WITH OTHERS CLOSE TO THEM * APPRECIATE DIVERSITY RESPECT PEOPLE OF ALL DIFFERENT AGES, ABILITIES, INCOMES, RACE, RELIGIONS, CULTURES, AND BELIEFS * BECOME LEADERS AND SUPPORTERS LEARN TO GIVE AND TAKE NECESSARY STEPS TO WORK TOWARD TH E COMMON GOOD * DEVELOP SPECIFIC SKILLS ACQUIRE NEW KNOWLEDGE AND WAYS TO GROW IN SPIRIT , MIND, AND BODY * SERVE THE COMMUNITY VOLUNTEER BOTH INSIDE AND OUTSIDE THE YMCA, RAISE AWARENESS AND FINANCIAL SUPPORT IN ORDER TO PROVIDE YMCA OPPORTUNITIES FOR THOSE FACING E CONOMIC CHALLENGES * HAVE FUN ENJOY A HEALTHY LIFE THE MONROE COUNTY YMCA IS WHERE YOU CAN GIVE BACK OUR COMMUNITY FACES GREAT CHALLENGES CHILDREN, YOUTH, AND FAMILIES NEED SU PPORT AS NEVER BEFORE THE YMCA IS PERFECTLY POSITIONED TO HELP REINVIGORATE OUR COMMUNITI ES WE CONTINUE TO COLLABORATE WITH SCHOOL DISTRICTS, RESIDENTS, EDUCATORS, AND OTHER COMM UNITY ORGANIZATIONS TO ENSURE THAT THE NEEDS OF CHILDREN AND FAMILIES IN DISADVANTAGED COM MUNITIES ARE MET IN 2011 THE YMCA STEPPED UP TO THE CHALLENGE BY * PROVIDING $197,512 IN OVER 2,292 FULL OR PARTIAL SCHOLARSHIPS TO YOUTH, FAMILIES, AND INDIVIDUALS WHO WOULD OTH ERWISE NOT HAVE BEEN ABLE TO AFFORD TO PARTICIPATE WE DID THIS THROUGH CONTRIBUTIONS TO T HE YMCA'S PARTNER WITH YOUTH CAMPAIGN, TOTALING $135,078, AND THE CARDIAC REHAB GOLF TOURN AMENT, WHICH RAISED $9,604 IN 2011 * THE YMCA DOES WHAT IT DOES BEST BY CREATING OPPORTUN ITIES FOR ALL TYPES OF NEEDS IN ALL TYPES OF COMMUNITIES

Identifier	Return Reference	Explanation
PROGRAM SERVICE DESCRIPTION	FORM 990, PART III, LINE 4C	(CONTINUED FROM PART III, LINE 4C) WHETHER CHILDREN SHOULD RECEIVE STRENGTH TRAINING HAS OFTEN BEEN CALLED INTO QUESTION THE YMCA OF THE USA MEDICAL ADVISORY COMMITTEE BELIEVES THAT WE SHOULD ENCOURAGE YOUTH TO EMBRACE PHYSICAL ACTIVITY AND REGULARLY PARTICIPATE IN PHYSICAL FITNESS PROGRAMS WHICH INCLUDE A STRENGTH TRAINING COMPONENT A PROPERLY DESIGNED AND SUPERVISED STRENGTH TRAINING PROGRAM IS SAFE FOR CHILDREN IN 2011, 43 PARTICIPANTS WERE ENROLLED IN OUR YMCA YOUTH STRENGTH TRAINING PROGRAMS OUR YMCA GROUP EXERCISE INSTRUCTORS ARE TRAINED TO GIVE EXCELLENT INSTRUCTION TO HELP EACH MEMBER ACHIEVE THEIR HEALTH AND WELLNESS GOALS OUR PURPOSE IS TO CREATE AND INSTRUCT EXCITING, FUN, EASY TO FOLLOW GROUP EXERCISE CLASSES FOR ALL FITNESS AND SKILL LEVELS YMCA GROUP EXERCISE PROGRAMS ARE ALWAYS HELPING YOU DEVELOP IN SPIRIT, MIND AND BODY IN 2011, 2,656 PEOPLE PARTICIPATED IN OUR YMCA GROUP EXERCISE PROGRAMS

Identifier	Return Reference	Explanation
Description of other program services	Form 990, Part III, Line 4d	WHAT FOLLOWS IS A LISTING OF SPECIFIC PROGRAM DESCRIPTIONS AND PROGRAM SERVICE ACCOMPLISHM ENTS AT OUR YMCA A 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 AN D WATER SAFETY SKILLS, THEY PROMOTE GOOD HEALTH THROUGH REGULAR EXERCISE THEY ALSO PROMOT E 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 2011, MORE THAN 808 CHILDREN, TEENS, AND ADULTS LEARNED HOW TO BE SAFER AROUND WAT ER THROUGH YMCA SWIM LESSONS AND WATER SAFETY PROGRAMS B YMCA FAMILY ENRICHMENT THE YMCA IS PROUD TO BE A FAMILY ORGANIZATION WE GIVE FAMILIES A SAFE, RELIABLE AND AFFORDABLE PL ACE TO GO AND ENJOY TIME TOGETHER RECREATIONAL OPPORTUNITIES SUCH AS FAMILY NIGHTS LET FA MILIES SPEND TIME TOGETHER PARTICIPATING IN FUN ACTIVITIES HEALTH AND WELLNESS PROGRAMS, SAFE SITTER CLASSES, BIRTHDAY PARTIES, FAMILY YOGA, AND FAMILY PRESCHOOL PROGRAMS ALL PROV IDE OPPORTUNITIES FOR FAMILIES TO LEARN MORE ABOUT A HEALTHY LIFESTYLE AS ALWAYS, ALL ARE WELCOME TO OUR PROGRAMS, INCLUDING INDIVIDUALS WITH SPECIAL NEEDS IN 2011, WE SERVED 1,6 34 FAMILY MEMBERS IN OUR FAMILY ENRICHMENT PROGRAMS MORE THAN 500 VISITS PER MONTH ARE MA DE TO THE ZONE - A SAFE, SOCIAL, WELLNESS AREA FOR YOUTH AGES SEVEN TO TWELVE IN AN EFFOR T TO ADDRESS THE OBESITY ISSUE AND OTHER HEALTH CONCERNS OF AREA CHILDREN, THE YMCA IS PRO UD TO OFFER HEALTH EDUCATION AND PHYSICAL FITNESS PROGRAMS IN AREA ELEMENTARY SCHOOLS TO E NHANCE AND PROMOTE THE HEALTH AND WELL-BEING OF CHILDREN HEALTH EDUCATION AND PHYSICAL FI TNESS ARE OFFERED TWO ADDITIONAL TIMES PER WEEK FOR CHILDREN ASSESSMENTS ARE MADE AND FAM ILIES ARE GIVEN VITAL INFORMATION TO HELP IMPROVE THE FAMILY'S HEALTH AND FITNESS IN 2011 , WE SERVED 280 STUDENTS IN SIX CLASSROOMS AT FOUR SCHOOLS TEACHING CHILDREN THE IMPORTANC E OF LIVING A HEALTHY AND ACTIVE LIFESTYLE C YMCA HEALTH ENHANCEMENT THE FAMILIAR YMCA T RIANGLE EMPHASIZES THE ONENESS OF SPIRIT, MIND, AND BODY YMCA HEALTH ENHANCEMENT PROGRAMS HELP ACHIEVE THIS UNITY THROUGH MEDICALLY-BASED PROGRAMS THAT STRESS PROPER EXERCISE, NUT RITION, STRESS MANAGEMENT, AVOIDANCE OF DRUG AND ALCOHOL ABUSE, AND HEALTH EDUCATION YMCA S OFFER A LIFELONG PROGRESSION OF HEALTH AND WELLNESS ACTIVITIES, EXPERIENCES AND EDUCATIO N, INCLUDING PROGRAMS FOR CHILDREN, TEENS, FAMILIES, AND SENIORS - PROGRAMS SUCH AS PRENAT AL EXERCISE, PARENT/CHILD EXERCISE, AEROBICS, STRENGTH TRAINING, AND SENIOR WELLNESS PEOP LE WITH DISABILITIES AND THOSE WITH CHRONIC AILMENTS, SUCH AS ARTHRITIS, HEART DISEASE, AN D 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-INC OME INDIVIDUALS, WHO ARE LESS LIKELY TO EXERCISE AND TO HAVE ADEQUATE HEALTH CARE, GAIN AC CESS TO THE YMCA OVER 10,608 INDIVIDUALS ENJOYED THE BENEFITS OF A MEMBERSHIP WITH THE YM CA 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 EQUIPME NT, AS WELL AS DEFINING POLICIES AND PROVIDING PROGRAM OPPORTUNITIES WE WISH TO ASSIST EA CH MEMBER WITH FEELING COMFORTABLE AND A PART OF OUR YMCA FAMILY IN 2011, 164 MEMBERS WOR KED WITH A WELLNESS COACH OVER 4,972 MEMBERS INTERACTED WITH A WELLNESS COACH DURING THEI R TIME HERE AT THE YMCA, BUILDING RELATIONSHIPS THAT WILL LAST LONG INTO THE FUTURE OUR P ERSONAL TRAINING PROGRAM ALLOWS MEMBERS TO WORK ONE-ON-ONE WITH A NATIONALLY CERTIFIED PER SONAL TRAINER THIS TRAINER CREATES A PERSONALIZED PROGRAM TO FOCUS ON INDIVIDUAL NEEDS AN D GOALS IN 2011, 268 PEOPLE PARTICIPATED IN OUR PERSONAL TRAINING PROGRAM IN 2009 WE WER E AWARDED A GRANT FROM THE CDC AND EMBARKED ON A THREE YEAR JOURNEY TO MOVE OUR COMMUNITY FORWARD IN CHANGING POLICY, CREATING HEALTHIER ENVIRONMENTS AND SYSTEMS CHANGE WE WERE AS KED TO CHOOSE A COMMUNITY PARTNER OUR CHOICE WAS BLOOMINGTON PARK & RECREATION ONE OF OU R GOALS WAS TO BRING LOCAL LEADERS TOGETHER TO BUILD PARTNERSHIPS/COLLABORATIONS THAT WOUL D HELP CREATE STRATEGIES TO FOCUS ON PHYSICAL ACTIVITY, NUTRITION, TOBACCO CESSATION, OBES ITY, DIABETES, AND CARDIOVASCULAR DISEASE OVER THE PAST THREE YEARS OUR CHART TEAM, AS WE CALL OUR LOCAL LEADERS, HAVE HELPED US PROCESS A COMMUNITY ASSESSMENT EVALUATION, CREATE MINI GRANTS TO FURTHER DRILL DOWN INTO OUR COMMUNITY THE ACHIEVE (ACTION COMMUNITIES FOR H EALTH, INNOVATION AND ENVIRONMENTAL CHANGE) PRINCIPLES, AND HOST EDUCATIONAL EVENTS D YM CA ADAPTED PROGRAMS THE YMCA OFFERS SEVERAL PROGRAMS FOR ADULTS AND CHILDREN WITH DIFFEREN T ABILITIES THESE PROGRAMS INCLUDE ADAPTED AQUATI

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Description of other program services	Form 990, Part III, Line 4d	CS, ADAPTED STRENGTH TRAINING, ADAPTED MARTIAL ARTS, ADAPTED BASKETBALL, ADAPTED SOCCER, A DAPTED VOLLEYBALL, ADAPTED SOFTBALL, ADAPTED DANCE, CAMPABILITIES, Y GAMES, CAN DO KIDS, A ND A BABY MOVEMENT CLASS ALL OUR ADAPTED PROGRAMS HAVE A GOAL TO HELP THE INDIVIDUAL TRAN SITION TO A LARGER INTEGRATED COMMUNITY OUR GOAL IS TO INCLUDE EVERY ONE WITH A DIFFERENT ABILITY, PROVIDING THEM WITH A REWARDING EXPERIENCE. PARTICIPATION IN NON-ADAPTED PROGRAMS IS ENCOURAGED BY THE YMCA FOR PEOPLE WITH DIFFERENT ABILITIES WITH OR WITHOUT THE ASSISTA NCE OF CAREGIVERS THE YMCA CONTINUOUSLY REEVALUATES ITS PROGRAMS AND IS OPEN TO NEW IDEAS AND SUGGESTIONS TO ENSURE SUCCESSFUL EXPERIENCES FOR ALL IN 2011, MORE THAN 131 PARTICIP ANTS WERE SERVED THROUGH OUR ADAPTED PROGRAMMING IN ADDITION, MORE THAN 11,400 DIFFERENT ABILITY AND SOCIAL SERVICE CLIENTS FROM 15 COMMUNITY AGENCIES RECEIVED YMCA MEMBERSHIP ACC ESS AND OPPORTUNITIES E YMCA TEEN LEADERSHIP YMCA YOUTH AND TEEN PROGRAMS GIVE KIDS GOOD ROLE MODELS TO HELP THEM DEVELOP SELF-ESTEEM, SELF-CONFIDENCE, GOOD VALUES, AND A STRONG WORK ETHIC TEENS ARE GIVEN THE OPPORTUNITY TO PARTICIPATE IN LEADERSHIP DEVELOPMENT PROGR AMS THROUGH CAMP AND MANY TEENS CHOOSE TO PARTICIPATE IN VOLUNTEER PROGRAMS THROUGHOUT THE SCHOOL YEAR TRAINING AND ONGOING 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 LI VES IN 2011, 124 TEENS PARTICIPATED IN YMCA ACTIVITIES AND PROGRAMS F YMCA YOUTH AND AD ULT SPORTS THE YMCA YOUTH AND ADULT SPORTS PROGRAMS PROMOTE AN APPRECIATION OF ONE'S OWN W ORTH 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, Y MCA YOUTH SPORTS PROGRAMS EMPHASIZE DEVELOPMENT OF SKILL, HEALTH AND WELLNESS, SAFETY, COO PERATION, SELF-ESTEEM, AND RESPECT FOR OTHERS IN 2011, OVER 1,267 CHILDREN ENROLLED IN OU R YOUTH SPORTS PROGRAMS, WHICH INCLUDE SOCCER, BASKETBALL, T-BALL, VOLLEYBALL, GYMNASTICS, MARTIAL ARTS, AND RACQUETBALL IN ADDITION, WE EXPERIENCED OVER 550 ADULT REGISTRATIONS I N RACQUETBALL, BASKETBALL, AND VOLLEYBALL PROGRAMS G YMCA PRIME TIME - PROGRAMS FOR ACTI VE 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 PHYS ICAL ACTIVITY THE PRIME TIME WELLNESS PROGRAM INCLUDES EXERCISES TO IMPROVE OR MAINTAIN W ELLNESS OR HEALTH, TO IMPROVE MENTAL AND EMOTIONAL STATUS, AND TO IMPROVE LIFESTYLE AND QU ALITY OF LIFE. EXERCISING IN A GROUP SETTING IS A WONDERFUL WAY TO BUILD COMMUNITY, TO MAK E FRIENDS, AND TO HAVE FUN IN 2011, 330 ACTIVE OLDER ADULTS PARTICIPATED IN ACTIVES, BODY SHOP, CARDIO SPLASH, PRIME TIME PLUS, AND SPLASH AEROBICS THEY ENJOYED THE BROWN BAG LUN CHEON SERIES, PAGE TURNERS, AND SERVICE IN FRIENDSHIP AS WELL PRIME TIME ALSO OFFERS CLAS SES 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 AN D RELATED DISEASES THE YMCA ARTHRITIS AQUATICS PROGRAM OFFERS THAT OPPORTUNITY THE ARTHR ITIS AQUATICS BASIC PROGRAM PROVIDES RANGE OF MOTION EXERCISES FOR EACH MAJOR BODY PART, D ONE IN WATER AT 83-88 DEGREES EXERCISES IMPROVE FLEXIBILITY, STRENGTH, COORDINATION, BALA NCE, JOINT NUTRITION, AND PERFORMANCE OF DAILY ACTIVITIES INSTRUCTORS ARE CERTIFIED BY TH E NATIONAL ARTHRITIS FOUNDATION THE ARTHRITIS AQUATICS PLUS PROGRAM EXPANDS THE ARTHRITIS AQUATICS PROGRAM TO INCLUDE EXERCISES AND ACTIVITIES DESIGNED TO PROMOTE FUNCTIONAL ENDUR ANCE AS WELL AS MUSCULOSKELETAL FLEXIBILITY AND STRENGTH IN 2011, 245 PEOPLE PARTICIPATED IN THE ARTHRITIS AQUATICS PROGRAM (CONTINUED)

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OTHER PROGRAM SERVICES	FORM 990, PART III, LINE 4D	(CONTINUED) H YMCA ADULT HEALTH AND CARDIOVASCULAR CARE PROGRAMS ARE DESIGNED TO IMPACT T HE WELLNESS OF THE COMMUNITY AND INCLUDE FREE SEMINARS, BLOOD PRESSURE SCREENINGS, CHOLEST EROL TESTS, AND FITNESS EVALUATIONS EMPHASIS IS ON FAMILY WITH A FULL COMPLEMENT OF PROGR AMS FOR INDIVIDUALS AGED FROM SIX MONTHS TO SENIOR CITIZEN THE YMCA LOOKS TO OTHER COMMUN ITY AGENCIES FOR REFERRALS TO PROVIDE MUCH NEEDED HEALTH AND PHYSICAL EDUCATION PROGRAMS IN 2011, THE YMCA CONDUCTED 1 FREE HEALTH SCREENING THIS SCREENING WAS SPONSORED BY IMA/P REMIER HEALTHCARE LLC THE W I S E (WORKING OUT TO INCREASE STRENGTH AND ENDURANCE) PROGR AM IS MEDICALLY BASED FOR CANCER PATIENTS AND CANCER SURVIVORS IT PROVIDES A SUPPORTIVE E NVIRONMENT 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 PROGR AM ARE TO IMPROVE PHYSICAL AND PSYCHOLOGICAL FUNCTION WITHIN THE LIMITATIONS IMPOSED BY TH E DISEASE OR TREATMENT VIA A LOW-COST, COMMUNITY BASED, INTEGRATED CANCER REHABILITATION P ROGRAM THE GOALS INCLUDE IMPROVING AEROBIC CAPACITY, IMPROVING FUNCTIONAL STRENGTH, INCRE ASING RANGE OF MOTION AND FLEXIBILITY, DECREASING FATIGUE ASSOCIATED WITH THE DISEASE AND THERAPY, AND IMPROVING THE QUALITY OF LIFE IN 2011, 60 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 EM PHASIS ON GOING LONG DISTANCES AND COMPETING IN A HALF-MARATHON WITH INDIVIDUAL INSTRUCTI ON AND GUIDANCE THE ATHLETE IS ABLE TO ADAPT TO VARIOUS TRAINING SITUATIONS THAT INCLUDE I MPROVING WALKING/RUNNING ECONOMY, RESISTANCE TRAINING SPECIFICALLY FOR WALKING AND RUNNING , GROUP CAMARADERIE, SPORT SPECIFIC NUTRITION, AND RUN/WALK AND WALK/RUN METHOD OF TRAININ G IN 2011, 54 PARTICIPANTS WERE ENROLLED IN THE HALF MARATHON TRAINING THE TRIATHLON/END URANCE TRAINING CHALLENGE OF HEALTH AND WELLNESS THROUGH SPIRIT, MIND, AND BODY INCORPORAT ES THE ASPECTS OF THE THREE SPORTS - SWIMMING, BIKING, AND RUNNING TRAINING INVOLVES ALL D ISTANCES OF THE TRIATHLON FROM SPRINT TO IRONMAN YMCA/USAT CERTIFIED COACHES INTRODUCE PR OPER TECHNIQUES, PRINCIPLES, AND PRACTICES, WHILE INCORPORATING LOTS OF FUN AND CHALLENGES IN 2011, 47 PARTICIPANTS WERE ENROLLED IN THE TRIATHLON/ENDURANCE TRAINING CARDIOPULMON ARY REHAB AT THE MONROE COUNTY YMCA IS CALLED THE CARDIOPULMONARY REHAB PHASE III/IV PROGR AM EMPHASIS IS PLACED ON PHASE III AND PHASE IV CARDIOPULMONARY REHABILITATION AND LIFELO NG EXERCISE MAINTENANCE THE CARDIOPULMONARY REHAB PHASE III/IV PROGRAM IS A COLLABORATION BETWEEN THE IU HEALTH BLOOMINGTON HOSPITAL AND THE MONROE COUNTY YMCA IT HAS BEEN A HEAL TH AND WELLNESS PROGRAM IN THE BLOOMINGTON COMMUNITY FOR 30 YEARS CARDIOPULMONARY REHAB P HASE III/IV PROGRAM SERVICES ARE DESIGNED TO HELP PEOPLE WITH CARDIOVASCULAR DISEASE TO RE COVER FASTER AND RETURN TO FULL AND PRODUCTIVE LIVES IT INCLUDES EXERCISE, EDUCATION, COU NSELING, AND DISCOVERING HOW TO LIVE A HEALTHIER LIFE THE CARDIOPULMONARY REHAB PHASE III /IV PROGRAM OFFERS A MEDICALLY BASED EXERCISE PROGRAM SERVICES INCLUDE A STAFF THAT IS SU PPORTED BY VOLUNTEER PHYSICIANS, A PARAMEDIC OR REGISTERED NURSE, A CLINICAL EXERCISE PHYS IOLOGIST, AND SEVERAL EXERCISE SPECIALISTS IN 2011, 78 PEOPLE PER MONTH PARTICIPATED IN T HE CARDIOPULMONARY REHAB PHASE III/IV PROGRAM I 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 EM PHASIZES BODY ALIGNMENT, SPINAL EXTENSION, MUSCULAR BALANCE, AND THE SUBTLETIES OF THE BRE ATH PHYSICAL AND MENTAL RELAXATION, INCREASED ENERGY, AND ENHANCEMENT OF ONE'S OVERALL HE ALTH ARE SOME OF THE MANY BENEFITS BECAUSE OF THE GENTLE AND VERSATILE NATURE OF YOGA, TH IS PRACTICE CAN BE STARTED BY ANYONE AT ANY AGE AND MAY BE ADAPTED TO MOST PHYSICAL LIMITA TIONS YOGA FOR YOUTH AGES 7 - 11 AND FAMILY YOGA ARE 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 19 20S BY JOSEPH PILATES BASED ON YOGA AND CLASSICAL DANCE, THIS MIND/BODY PRACTICE EMPHASIZ ES STRETCHING AND STRENGTHENING THE WHOLE BODY SPECIAL ATTENTION IS GIVEN TO POSTURAL ENH ANCEMENT AND CORE STRENGTH AND STABILITY INCLUDED IN THE PROGRAM IS GRAVITY PILATES, A RE VOLUTIONARY REPERTOIRE FELDENKRAIS, AN "AWARENESS THROUGH MOVEMENT" PROGRAM ADDRESSES HAB ITUAL PATTERNING IN THE BODY THAT CAN LIMIT MOVEMENT IN 2011, 1,494 PEOPLE PARTICIPATED I N THE YOGA, TAI CHI, FELDENKRAIS 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 J CHRISTIAN BASED PROGRAMS CH

Identifier	Return Reference	Explanation
OTHER PROGRAM SERVICES	FORM 990, PART III, LINE 4D	RISTIAN BASED PROGRAMS FOCUS ON THE SPIRIT, MIND & BODY OF A PERSON WITH A GREATER EMPHASI S ON THE SPIRIT FROM A CHRISTIAN PERSPECTIVE. PROGRAMS INTRODUCED IN 2011 INCLUDED JOURNEY TO FREEDOM. THIS IS A PROGRAM THAT STARTED IN THE NASHVILLE, TN YMCA BY SCOTT REALL. IT I S A GROUP SUPPORT PROGRAM THAT HELPS PEOPLE DESIRING TO MAKE OR FACE CHANGE IN LIFE. THE J OURNEY TO FREEDOM SUPPORTED 15 PARTICIPANTS. THE SECOND CHRISTIAN BASED PROGRAM INTRODUCED IN 2011 WAS FINANCIAL PEACE UNIVERSITY WITH DAVE RAMSEY. THIS PROGRAM HELPS PEOPLE WITH M ONEY/FINANCIAL MANAGEMENT. THERE IS A THEORY AS PEOPLE BECOME DEBT FREE & RECEIVE FINANCIA L PEACE THEY ARE MUCH MORE LIKELY TO CONTRIBUTE TO CHARITABLE ORGANIZATIONS, SUCH AS THE Y MCA. THE PROGRAM SERVED 13 FAMILIES WITH 25 TOTAL PARTICIPANTS. K YMCA VOLUNTEERS THE YMC A CAPTURES THE VOLUNTEERS' SPIRIT AS AN INTEGRAL WAY TO DEEPEN MEMBER INVOLVEMENT AND TO P ROVIDE OUR MEMBERS WITH WAYS TO GIVE BACK TO THEIR COMMUNITY. IN 2011, THE YMCA AND THE CO MMUNITY BENEFITED FROM OVER 324 INDIVIDUALS VOLUNTEERING MORE THAN 9,986 HOURS AS YOUTH SP ORTS COACHES, FUNDRAISERS, EVENT ORGANIZERS, POLICY MAKERS, AND MUCH MORE

Identifier	Return Reference	Explanation
Review of form 990 by governing body	Form 990, Part VI, Section B, Line 11b	MANAGEMENT AND THE AUDIT COMMITTEE REVIEWS THE FORM 990 IN DETAIL BEFORE IT IS FILED ELECTRONICALLY WITH THE IRS IN ADDITION, THE FORM 990 IS E-MAILED TO THE BOARD OF DIRECTORS FOR THEIR REVIEW BEFORE IT IS ELECTRONICALLY FILED

Identifier	Return Reference	Explanation
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

Identifier	Return Reference	Explanation
Process used to establish compensation of top management official	Form 990, Part VI, Section B, Line 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 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

Identifier	Return Reference	Explanation
PROCESS USED TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	FORM 990, PART VI, LINE 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. BOTH THE CHAIR OF THE FINANCE COMMITTEE AND THE PERSONNEL COMMITTEE APPROVE THE SALARY FOR THE CFO. 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

Identifier	Return Reference	Explanation
Governing documents, conflict of interest policy and financial statements available to the public	Form 990, Part VI, Section C, Line 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 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

Identifier	Return Reference	Explanation
Other changes in net assets or fund balances	Form 990, Part XI, Line 5	NET UNREALIZED GAINS (LOSSES) ON INVESTMENTS - -63098,