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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

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 01-01-2012 , 2012, and ending 12-31-2012

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 $ 5,144,348

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**	19
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	18
5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	**5**	437
6	Total number of volunteers (estimate if necessary)	**6**	286
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)	1,380,260	964,390
9	Program service revenue (Part VIII, line 2g)	3,492,557	3,611,268
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	40,311	24,556
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	51,076	48,196
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,964,204	4,648,410
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	201,012	144,159
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)	2,439,744	2,528,207
16a	Professional fundraising fees (Part IX, column (A), line 11e)	30,576	10,204
b	Total fundraising expenses (Part IX, column (D), line 25) ▶264,603		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,320,013	1,391,608
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	3,991,345	4,074,178
19	Revenue less expenses Subtract line 18 from line 12	972,859	574,232

		Beginning of Current Year	End of Year
Net Assets or Fund Balances			
20	Total assets (Part X, line 16)	11,579,532	16,346,198
21	Total liabilities (Part X, line 26)	924,553	4,991,433
22	Net assets or fund balances Subtract line 21 from line 20	10,654,979	11,354,765

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

****** | 2013-05-13
Signature of officer | Date

SHANNON KANE CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Nicole Bencik				P00756195
Firm's name ▶ CROWE HORWATH LLP			Firm's EIN ▶	
Firm's address ▶ 3815 River Crossing Parkway Suite 300 Indianapolis, IN 462400977			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 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 $ 895,496 including grants of $ 0) (Revenue $ 186,723)

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 2012, 15,000 CHILD VISITS WERE ACCOMMODATED IN OUR CHILDCARE PROGRAM (CONTINUED IN SCHEDULE O)

4b (Code) (Expenses $ 493,380 including grants of $ 0) (Revenue $ 217,360)

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 2012, OVER 1,500 CHILDREN ENROLLED IN OUR YOUTH SPORTS PROGRAMS, WHICH INCLUDE SOCCER, BASKETBALL, T-BALL, VOLLEYBALL, GYMNASTICS, MARTIAL ARTS, AND RACQUETBALL IN ADDITION, WE EXPERIENCED OVER 600 ADULT REGISTRATIONS IN RACQUETBALL, BASKETBALL, AND VOLLEYBALL PROGRAMS

4c (Code) (Expenses $ 432,473 including grants of $ 0) (Revenue $ 219,283)

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 2012, THE YMCA SERVED 910 CHILDREN IN OUR DAY CAMP PROGRAMS

(Code) (Expenses $ 1,587,993 including grants of $ 144,159) (Revenue $ 3,016,074)

(CONTINUED) 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 2012, 641 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 WE ADDED THE ARTHRITIS FOUNDATION WALK WITH EASE AND TAI CHI FOR ARTHRITIS TO OUR PROGRAMING AS WELL IN 2012, 442 PEOPLE PARTICIPATED IN THE ARTHRITIS AQUATICS PROGRAM H YMCA ADULT HEALTH AND CARDIOVASCULAR CARE PROGRAMS ARE DESIGNED TO IMPACT THE WELLNESS OF THE COMMUNITY AND INCLUDE FREE SEMINARS, BLOOD PRESSURE SCREENINGS, CHOLESTEROL TESTS, AND FITNESS EVALUATIONS EMPHASIS IS ON FAMILY WITH A FULL COMPLEMENT OF PROGRAMS FOR INDIVIDUALS AGED FROM SIX MONTHS TO SENIOR CITIZEN THE Y LOOKS TO OTHER COMMUNITY AGENCIES FOR REFERRALS TO PROVIDE MUCH NEEDED HEALTH AND PHYSICAL EDUCATION PROGRAMS IN 2012, THE Y CONDUCTED 1 FREE HEALTH SCREENING THIS SCREENING WAS SPONSORED BY IMA/PREMIER HEALTHCARE LLC THE W I S E (WORKING OUT TO INCREASE STRENGTH AND ENDURANCE) PROGRAM IS MEDICALLY BASED FOR CANCER PATIENTS AND CANCER SURVIVORS IT PROVIDES A SUPPORTIVE ENVIRONMENT IN WHICH CANCER PATIENTS AND SURVIVORS IN ALL PHASES OF TREATMENT AND RECOVERY WORK TO IMPROVE THEIR FUNCTIONAL CAPACITY AND QUALITY OF LIFE THE MAIN GOALS OF THE PROGRAM ARE TO IMPROVE PHYSICAL AND PSYCHOLOGICAL FUNCTION WITHIN THE LIMITATIONS IMPOSED BY THE DISEASE OR TREATMENT VIA A LOW-COST, COMMUNITY BASED, INTEGRATED CANCER REHABILITATION PROGRAM THE GOALS INCLUDE IMPROVING AEROBIC CAPACITY, IMPROVING FUNCTIONAL STRENGTH, INCREASING RANGE OF MOTION AND FLEXIBILITY, DECREASING FATIGUE ASSOCIATED WITH THE DISEASE AND THERAPY, AND IMPROVING THE QUALITY OF LIFE IN 2012, 86 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 Y'S WAY IT INCORPORATES GROUP TRAINING WITH AN EMPHASIS ON GOING LONG DISTANCES AND COMPETING IN A HALF-MARATHON WITH INDIVIDUAL INSTRUCTION AND GUIDANCE THE ATHLETE IS ABLE TO ADAPT TO VARIOUS TRAINING SITUATIONS THAT INCLUDE IMPROVING WALKING/RUNNING ECONOMY, RESISTANCE TRAINING SPECIFICALLY FOR WALKING AND RUNNING, GROUP CAMARADERIE, SPORT SPECIFIC NUTRITION, AND RUN/WALK AND WALK/RUN METHOD OF TRAINING IN 2012, 47 PARTICIPANTS WERE ENROLLED IN THE HALF MARATHON TRAINING THE TRIATHLON/ENDURANCE TRAINING CHALLENGE OF HEALTH AND WELLNESS THROUGH SPIRIT, MIND, AND BODY INCORPORATES THE ASPECTS OF THE THREE SPORTS - SWIMMING, BIKING, AND RUNNING TRAINING INVOLVES ALL DISTANCES OF THE TRIATHLON FROM SPRINT TO IRONMAN YMCA/USAT CERTIFIED COACHES INTRODUCE PROPER TECHNIQUES, PRINCIPLES, AND PRACTICES, WHILE INCORPORATING LOTS OF FUN AND CHALLENGES IN 2012, 28 PARTICIPANTS WERE ENROLLED IN THE TRIATHLON/ENDURANCE TRAINING CARDIOPULMONARY REHAB AT THE MONROE COUNTY YMCA IS CALLED THE CARDIOPULMONARY REHAB PHASE III/IV PROGRAM EMPHASIS IS PLACED ON PHASE III AND PHASE IV CARDIOPULMONARY REHABILITATION AND LIFE LONG 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 HEALTH AND WELLNESS PROGRAM IN THE BLOOMINGTON COMMUNITY FOR 31 YEARS CARDIOPULMONARY REHAB PHASE III/IV PROGRAM SERVICES ARE DESIGNED TO HELP PEOPLE WITH CARDIOVASCULAR DISEASE TO RECOVER FASTER AND RETURN TO FULL AND PRODUCTIVE LIVES IT INCLUDES EXERCISE, EDUCATION, COUNSELING, AND DISCOVERING HOW TO LIVE A HEALTHIER LIFE THE CARDIOPULMONARY REHAB PHASE III/IV PROGRAM OFFERS A MEDICALLY BASED EXERCISE PROGRAM SERVICES INCLUDE A STAFF THAT IS SUPPORTED BY VOLUNTEER PHYSICIANS, A PARAMEDIC OR REGISTERED NURSE, A CLINICAL EXERCISE PHYSIOLOGIST, AND SEVERAL EXERCISE SPECIALISTS IN 2012, 82 PEOPLE PER MONTH PARTICIPATED IN THE 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 EMPHASIZES BODY ALIGNMENT, SPINAL EXTENSION, MUSCULAR BALANCE, AND THE SUBTLETIES OF THE BREATH PHYSICAL AND MENTAL RELAXATION, INCREASED ENERGY, AND ENHANCEMENT OF ONE'S OVERALL HEALTH ARE SOME OF THE MANY BENEFITS BECAUSE OF THE GENTLE AND VERSATILE NATURE OF YOGA, THIS PRACTICE CAN BE STARTED BY ANYONE AT ANY AGE AND MAY BE ADAPTED TO MOST PHYSICAL LIMITATIONS YOGA FOR YOUTH AGES 7 - 11 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 1920S BY JOSEPH PILATES BASED ON YOGA AND CLASSICAL DANCE, THIS MIND/BODY PRACTICE EMPHASIZES STRETCHING AND STRENGTHENING THE WHOLE BODY SPECIAL ATTENTION IS GIVEN TO POSTURAL ENHANCEMENT AND CORE STRENGTH AND STABILITY INCLUDED IN THE PROGRAM IS GRAVITY PILATES, A REVOLUTIONARY REPERTOIRE IN 2012, 2,901 PEOPLE PARTICIPATED IN 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 CPR/AED AND FIRST AID THE Y OFFERS LIFESAVING SKILLS IN CPR/AED AND FIRST AID CLASSES FOR STAFF, MEMBERS AND THE COMMUNITY ADDITIONALLY, THE Y PROVIDES CPR/AED AND FIRST AID CLASSES FOR CAMP STAFF AT THE Y AND OUTREACH COURSES TO WAYCROSS CAMP & MEADOWS HOSPITAL THE Y ALSO OFFERS THE HEALTHCARE PROVIDER CPR/AED COURSE FOR THOSE IN THE MEDICAL FIELD THE Y EMPLOYS FIVE AMERICAN HEART INSTRUCTORS AND THE TOTAL NUMBER OF PARTICIPANTS CERTIFIED BY THESE Y INSTRUCTORS IN 2012 WAS 224 K YMCA VOLUNTEERS THE Y CAPTURES THE VOLUNTEERS' SPIRIT AS AN INTEGRAL WAY TO DEEPEN MEMBER INVOLVEMENT AND TO PROVIDE OUR MEMBERS WITH WAYS TO GIVE BACK TO THEIR COMMUNITY IN 2012, THE Y AND THE COMMUNITY BENEFITED FROM OVER 286 INDIVIDUALS VOLUNTEERING MORE THAN 8,575 HOURS AS YOUTH SPORTS COACHES, FUNDRAISERS, EVENT ORGANIZERS, POLICY MAKERS, AND MUCH MORE

4d Other program services (Describe in Schedule O)

(Expenses $ 1,587,993 including grants of $ 144,159) (Revenue $ 3,016,074)

4e **Total program service expenses** ▶ 3,409,342

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 for escrow or custodial account liability, 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, line 10? *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 and XII*	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 and XII 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, Parts I and IV*	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 United States? *If "Yes," complete Schedule F, Parts 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 United States? *If "Yes," complete Schedule F, Parts 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 (see instructions)*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	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 hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to any government or organization 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, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**		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 lines 24b through 24d and complete Schedule K. If "No," go to line 25*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
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**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
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, highest 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *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 direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
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, Part II, III, or IV, and Part V, line 1*	**34**		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		No
b	If 'Yes' to line 35a, 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 11b 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	18		
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	437		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		Yes	
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, securities account, or other financial 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 as charitable contributions? . . .	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.** See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the 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**	19		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	18		
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**		Yes	
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 this 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**	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	**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 ☐ Other (explain in Schedule O)

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 during the tax year

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ Shannon Kane 2125 S Highland Avenue Bloomington, IN (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 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 organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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) CINDY KINNARNEY ASSOCIATION BOARD/TREASURER	4 00	X		X				0	0	0
(2) DAVID SABBAGH PRESIDENT	2 00	X		X				0	0	0
(3) MARK MCCONAHAY SECRETARY	2 00	X		X				0	0	0
(4) ROSANN SPIRO PRESIDENT ELECT	1 00	X		X				0	0	0
(5) BECKY WANN BOARD MEMBER	1 00	X						0	0	0
(6) BRIAN WERTH BOARD MEMBER	1 00	X						0	0	0
(7) CARVEN THOMAS BOARD MEMBER	1 00	X						0	0	0
(8) DARBY MCCARTY ASSOCIATION BOARD MEMBER	2 00	X						0	0	0
(9) DEL BRINKMAN BOARD MEMBER	1 00	X						0	0	0
(10) DEON VIGILANCE PARTIAL YEAR BOARD MEMBER	1 00	X						0	0	0
(11) FRED EICHHORN PARTIAL YEAR BOARD MEMBER	1 00	X						0	0	0
(12) JAN WILLIAMSON BOARD MEMBER	1 00	X						0	0	0
(13) JEAN SCALLON BOARD MEMBER	1 00	X						0	0	0
(14) JIM MURPHY ASSOCIATION BOARD MEMBER	4 00	X						0	0	0
(15) JOE WALKER BOARD MEMBER	1 00	X						0	0	0
(16) KEM HAWKINS ASSOCIATION BOARD MEMBER	2 00	X						0	0	0
(17) LAURA HAMMACK BOARD MEMBER	2 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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) RANDY LLOYD BOARD MEMBER	2 00	X						0	0	0
(19) RON REMAK ASSOCIATION BOARD MEMBER	2 00	X						0	0	0
(20) SCOTT RINK BOARD MEMBER	1 00	X						0	0	0
(21) SUE STOLZ BOARD MEMBER	1 00	X						0	0	0
(22) ROBERTA KELZER EXECUTIVE DIRECTOR	55 00			X				77,089	0	13,602
(23) SHANNON KANE CFO	55 00			X				68,600	0	14,538
1b **Sub-Total**										
c **Total from continuation sheets to Part VII, Section A**										
d **Total (add lines 1b and 1c)**								145,689	0	28,140

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

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

				(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 27,830				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e 34,748				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 901,812				
	g	Noncash contributions included in lines 1a-1f $	33,545				
	h	**Total.** Add lines 1a-1f	▶	964,390			
Program Service Revenue			Business Code				
	2a	MEMBERSHIP DUES	900099	2,214,067	2,214,067		
	b	PROGRAM FEES	900099	1,235,250	1,235,250		
	c	JOINER FEES	900099	91,720	91,720		
	d	DAILY MEMBERSHIP DUES	900099	70,231	70,231		
	e			0			
	f	All other program service revenue		0	0	0	0
	g	**Total.** Add lines 2a–2f	▶	3,611,268			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	▶	30,260			30,260
	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	458,390 / 2,795				
	b	Less cost or other basis and sales expenses	455,843 / 11,046				
	c	Gain or (loss)	2,547 / -8,251				
	d	Net gain or (loss)	▶	-5,704			-5,704
	8a	Gross income from fundraising events (not including $ 27,830 of contributions reported on line 1c) See Part IV, line 18	a 12,635				
	b	Less direct expenses	b 26,296				
	c	Net income or (loss) from fundraising events	▶	-13,661			-13,661
	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 4,804				
	b	Less cost of goods sold	b 2,753				
	c	Net income or (loss) from sales of inventory	▶	2,051			2,051
		Miscellaneous Revenue	Business Code				
	11a	LOCKER RENTAL	532000	15,064			15,064
	b	FACILITY RENTAL	532000	13,946			13,946
	c	TOWEL RENTAL	532000	2,624			2,624
	d	All other revenue		28,172	28,172	0	0
	e	**Total.** Add lines 11a–11d	▶	59,806			
	12	**Total revenue.** See Instructions	▶	4,648,410	3,639,440	0	44,580

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)

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	2,860	2,860		
2 Grants and other assistance to individuals in the United States See Part IV, line 22	141,299	141,299		
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	173,830	32,726	78,375	62,729
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	1,995,454	1,772,562	141,996	80,896
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	90,006	85,329	3,342	1,335
9 Other employee benefits	96,107	89,121	4,255	2,731
10 Payroll taxes	172,810	145,249	16,745	10,816
11 Fees for services (non-employees)				
a Management	0			
b Legal	10,000	4,500	5,300	200
c Accounting	25,500	11,475	13,515	510
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	10,204			10,204
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	22,232	22,232	0	0
12 Advertising and promotion	107,312	69,753	21,462	16,097
13 Office expenses	131,533	105,457	13,424	12,652
14 Information technology	65,168	20,321	43,944	903
15 Royalties . .	0			
16 Occupancy	389,233	380,959	6,596	1,678
17 Travel	17,991	15,386	1,356	1,249
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	1,686	337	1,012	337
20 Interest	0			
21 Payments to affiliates	63,276	31,638	31,638	
22 Depreciation, depletion, and amortization	261,967	257,005	3,742	1,220
23 Insurance	75,586	68,045	6,078	1,463
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a PROGRAM SUPPLIES	131,033	130,378	374	281
b DUES AND SUBSCRIPTIONS	4,198	2,099	1,889	210
c COMMUNITY SERVICE	458	458		
d FUNDRAISING	59,092			59,092
e All other expenses	25,343	20,153	5,190	0
25 **Total functional expenses.** Add lines 1 through 24e	4,074,178	3,409,342	400,233	264,603
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)	0			

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing			1	
	2	Savings and temporary cash investments		1,463,147	2	1,414,182
	3	Pledges and grants receivable, net		4,546,657	3	2,926,043
	4	Accounts receivable, net		35,363	4	72,422
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	0
	7	Notes and loans receivable, net			7	1,106,759
	8	Inventories for sale or use		3,650	8	3,001
	9	Prepaid expenses and deferred charges		42,683	9	47,832
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 15,964,301			
	b	Less accumulated depreciation	10b 6,422,320	4,512,559	10c	9,541,981
	11	Investments—publicly traded securities		975,473	11	1,233,978
	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)		11,579,532	16	16,346,198
Liabilities	17	Accounts payable and accrued expenses		244,009	17	1,612,861
	18	Grants payable			18	
	19	Deferred revenue		645,116	19	568,776
	20	Tax-exempt bond liabilities			20	2,750,000
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	0
	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		35,428	25	59,796
	26	**Total liabilities.** Add lines 17 through 25		924,553	26	4,991,433
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		5,530,551	27	7,836,523
	28	Temporarily restricted net assets		4,690,039	28	3,041,193
	29	Permanently restricted net assets		434,389	29	477,049
		Organizations that do not follow SFAS 117 (ASC 958), 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		10,654,979	33	11,354,765
	34	Total liabilities and net assets/fund balances		11,579,532	34	16,346,198

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	4,648,410
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,074,178
3	Revenue less expenses Subtract line 2 from line 1	3	574,232
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	10,654,979
5	Net unrealized gains (losses) on investments	5	113,656
6	Donated services and use of facilities	6	11,898
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	11,354,765

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
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
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

2012

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 described in **section 170(b)(1)(A)(i).**

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

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

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

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

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

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

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

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

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

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

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Non-functionally integrated

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

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

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support** (Add lines 7 through 10)						

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2011 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2012.** 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—2011.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2012.** 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—2011.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	186,282	188,729	5,405,860	1,380,260	936,810	8,097,941
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	3,233,764	3,322,617	3,589,208	3,492,557	3,611,268	17,249,414
3 Gross receipts from activities that are not an unrelated trade or business under section 513	28,438	27,137	32,402	33,001	33,685	154,663
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	3,448,484	3,538,483	9,027,470	4,905,818	4,581,763	25,502,018
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	0	0	0	0	0	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	0	116,295	490,646	1,848,098	2,455,039
c Add lines 7a and 7b	0	0	116,295	490,646	1,848,098	2,455,039
8 **Public support** (Subtract line 7c from line 6)						23,046,979

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6	3,448,484	3,538,483	9,027,470	4,905,818	4,581,763	25,502,018
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	47,840	28,629	38,292	33,889	30,260	178,910
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	47,840	28,629	38,292	33,889	30,260	178,910
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)	1,341	5,493	4,771	8,471	28,172	48,248
13 **Total support.** (Add lines 9, 10c, 11, and 12)	3,497,665	3,572,605	9,070,533	4,948,178	4,640,195	25,729,176

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 2012 (line 8, column (f) divided by line 13, column (f))	15	89 580 %
16	Public support percentage from 2011 Schedule A, Part III, line 15	16	98 950 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2012** (line 10c, column (f) divided by line 13, column (f))	17	0 700 %
18	Investment income percentage from **2011** Schedule A, Part III, line 17	18	0 880 %

19a **33 1/3% support tests—2012.** 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—2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

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

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

Facts And Circumstances Test

Explanation

OTHER INCOME, SCHEDULE A, PART III, LINE 12, DESCRIPTION - OTHER INCOME, COLUMN A - 1341, COLUMN B - 5493, COLUMN C - 4771, COLUMN D - 8471, COLUMN E - 28172, COLUMN F - 48248,,

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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, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
YMCA OF MONROE COUNTY INC

Employer identification number
35-1384859

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

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

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

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

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

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

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

		Held at the End of the Year
a	Total number of conservation easements	2a 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, and not on a historic structure listed in the National Register	2d 0

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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 section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, 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 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), 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 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $

b Assets included in Form 990, Part X ▶ $

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

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

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

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

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 XIII 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 XIII Check here if the explanation has been provided in Part XIII . . . . . ☐

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

	(a) Current year	(b) Prior year	b (c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,344,442	1,351,139	1,177,906	987,623	
b Contributions	18,940	30,568	39,662	20,424	
c Net investment earnings, gains, and losses	143,659	-32,673	140,132	215,590	
d Grants or scholarships					
e Other expenditures for facilities and programs	18,756	4,592	6,561	45,731	
f Administrative expenses					
g End of year balance	1,488,285	1,344,442	1,351,139	1,177,906	

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶ 66 000 %
- b Permanent endowment ▶ 29 000 %
- c Temporarily restricted endowment ▶ 5 000 %

The percentages in lines 2a, 2b, and 2c should equal 100%

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 XIII 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		7,895,747	5,418,609	2,477,138
c Leasehold improvements		365,767	345,676	20,091
d Equipment		884,533	658,035	226,498
e Other		5,285,451		5,285,451
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				9,541,981

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) must equal Form 990, Part X, col (B) line 12)* ▶		

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

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

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

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

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

1 (a) Description of liability	(b) Book value
Federal income taxes	0
GIFT CERTIFICATE LIABILITY	13,017
CREDIT VOUCHER LIABILITY	4,272
OTHER LIABILITIES	42,507
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	59,796

2. Fin 48 (ASC 740) Footnote In Part XIII, 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 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☑

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

1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
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 XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	

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

1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
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 XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	

Part XIII Supplemental Information

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

Identifier	Return Reference	Explanation

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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. Form 990-EZ filers are not required to complete this part.

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

OMB No 1545-0047

2012

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 email 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

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	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
Total . . . . . ▶						

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

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. 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	40,465			40,465
	2 Less Contributions	27,830			27,830
	3 Gross income (line 1 minus line 2)	12,635	0	0	12,635
Direct Expenses	4 Cash prizes				0
	5 Noncash prizes	2,250			2,250
	6 Rent/facility costs	8,824			8,824
	7 Food and beverages				0
	8 Entertainment				0
	9 Other direct expenses	15,222			15,222
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(26,296)
	11 Net income summary Combine line 3, column (d), and line 10 ▶				-13,661

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 _____

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

Name ▶ .....

Address ▶ .....

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ 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 of the third party

Name ▶ .....

Address ▶ .....

16 Gaming manager information

Name ▶ .....

Gaming manager compensation ▶ $ .....

Description of services provided ▶ .....

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ 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 Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Identifier	Return Reference	Explanation

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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

2012

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. Part II can be duplicated 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. Part III can be duplicated 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	2180	90,645	0	N/A	N/A
(2) PROGRAM ASSISTANCE	219	37,119	0	N/A	N/A
(3) CARDIAC REHAB ASSISTANCE	43	13,535	0	N/A	N/A

Part IV **Supplemental Information.**

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
YMCA OF MONROE COUNTY INC

Employer identification number
35-1384859

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	MONROE COUNTY INDIANA	35-1732462		06-14-2012	2,750,000	TO PROVIDE FUNDS FOR THE COST OF THE POOL RENOVATION PROJECT		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	0			
2	Amount of bonds legally defeased	0			
3	Total proceeds of issue	2,750,000			
4	Gross proceeds in reserve funds	0			
5	Capitalized interest from proceeds	6,733			
6	Proceeds in refunding escrows	0			
7	Issuance costs from proceeds	43,356			
8	Credit enhancement from proceeds	0			
9	Working capital expenditures from proceeds	0			
10	Capital expenditures from proceeds	1,599,885			
11	Other spent proceeds	0			
12	Other unspent proceeds	1,106,759			
13	Year of substantial completion	2013			

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X						
15	Were the bonds issued as part of an advance refunding issue?		X						
16	Has the final allocation of proceeds been made?		X						
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X						

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?		X						
c	Are there any research agreements that may result in private business use of bond-financed property?		X						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?		X						
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 0000%		%		%		%	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 0000%		%		%		%	
6	Total of lines 4 and 5	0 0000%		%		%		%	
7	Does the bond issue meet the private security or payment test?								
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of	0 000000%		%		%		%	
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?		X						
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X							

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?		X						
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X							
b	Exception to rebate?	X							
c	No rebate due?		X						
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X						
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b	Name of provider								
c	Term of hedge	0							
d	Was the hedge superintegrated?		X						
e	Was a hedge terminated?		X						

Part IV Arbitrage *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b	Name of provider								
c	Term of GIC		0						
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?		X						
6	Were any gross proceeds invested beyond an available temporary period?		X						
7	Has the organization established written procedures to monitor the requirements of section 148?		X						

Part V Procedures To Undertake Corrective Action

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X							

Part VI Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K (see instructions).

Identifier	Return Reference	Explanation

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
YMCA OF MONROE COUNTY INC

Employer identification number
35-1384859

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

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

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	No

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

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

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

Part III Grants or Assistance Benefitting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) COMMERCIAL SERVICE OF BLOOMINGTON INC	SCOTT RINK, BOARD MEMBER, IS 33 3% OWNER OF CSB	412,065	POOL RENOVATION PROJECT		No

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No 1545-0047

2012

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) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash 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 ▶ (TWO-WAY RADIOS)	X	1	5,750	COST
26	Other ▶ (SECURITY CAMERAS)	X	1	15,795	COST
27	Other ▶ (FLOORING)	X	4	8,000	COST
28	Other ▶ (SPRUCE TREES)	X	1	4,000	COST

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 noncash contributions?	32a		No
b	If "Yes," describe in Part II			
33	If the organization did not report an amount 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, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
Explanations of reporting method for number of contributions	Schedule M, Part I	OTHER NUMBER OF CONTRIBUTIONS OTHER NUMBER OF CONTRIBUTIONS OTHER NUMBER OF CONTRIBUTIONS OTHER NUMBER OF CONTRIBUTIONS
Number of contributions or items contributed	Schedule M, part I, column (b), Line other=TWO-WAY RADIOS	NUMBER OF CONTRIBUTIONS
Number of contributions or items contributed	Schedule M, part I, column (b), Line other=SECURITY CAMERAS	NUMBER OF CONTRIBUTIONS
Number of contributions or items contributed	Schedule M, part I, column (b), Line other=FLOORING	NUMBER OF CONTRIBUTIONS
Number of contributions or items contributed	Schedule M, part I, column (b), Line other=SPRUCE TREES	NUMBER OF CONTRIBUTIONS

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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

2012

Open to Public Inspection

Name of the organization
YMCA OF MONROE COUNTY INC

Employer identification number
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 Y PROGRAMS FOCUS ON FOUR CORE VALUES CARING, HONESTY, RESPECT, AND RESPONSIBILITY WE BELIEVE THAT LASTING PERSONAL AN D SOCIAL CHANGE CAN ONLY COME ABOUT WHEN WE WORK TOGETHER TO INVEST IN OUR YOUTH, OUR HEAL TH AND OUR NEIGHBORS THAT'S WHY, AT THE Y, STRENGTHENING COMMUNITY IS OUR CAUSE EVERY DA Y, WE WORK SIDE-BY-SIDE WITH OUR NEIGHBORS TO MAKE SURE THAT EVERYONE, REGARDLESS OF AGE, INCOME OR BACKGROUND, HAS THE OPPORTUNITY TO LEARN, GROW AND THRIVE IN 2012, OUR Y SERVED MORE THAN 17,000 INDIVIDUALS THROUGH MEMBERSHIP, PROGRAMS, HEALTH AND WELLNESS EVENTS, HE ALTH SCREENINGS, AND FACILITY USAGE FROM DIVERSE COMMUNITIES THROUGHOUT BLOOMINGTON AND MO NROE COUNTY AND PROVIDED $141,299 IN MEMBERSHIP AND PROGRAM SCHOLARSHIPS AS OUR NATION CO NTINUES 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 GREA TER INTEREST IN LEARNING, MAKING SMARTER LIFE CHOICES, AND CULTIVATING THE VALUES, SKILLS AND RELATIONSHIPS THAT LEAD TO POSITIVE BEHAVIORS, THE PURSUIT OF HIGHER EDUCATION AND GOA L ACHIEVEMENT FOR INSTANCE, WE HAVE PILOTED AND IMPLEMENTED A COLLABORATIVE, MOVEMENT-BAS ED 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 CHOICES EARLIE R IN LIFE * HEALTHY LIVING THOUSANDS OF ADULTS AND YOUTH RECEIVE THE SUPPORT, GUIDANCE A ND RESOURCES NEEDED TO ACHIEVE BETTER HEALTH AND WELL-BEING OVER THE PAST YEAR, OUR GOAL WAS TO PROVIDE THE HEALTH-SEEKER WITH A MORE WELL-ROUNDED OPPORTUNITY FOR COMPLETE WELLNES S WE ARE ADDRESSING THE DEVELOPMENT OF HEALTHY HABITS, PHYSICAL ACTIVITY, OF TAKING CHARG E AND SUPPORTING OTHERS WE HEARD THE NEED FOR GUIDANCE ON PRACTICAL, SOUND NUTRITION THAT ADDRESSES LONG TERM SUCCESS AND LIFE STYLE CHANGE FOR PEOPLE OF ALL AGES FOR MORE THAN S EVEN MONTHS, NUTRITION HAS TAKEN A SIGNIFICANT ROLE AT THE MONROE COUNTY YMCA OUR NUTRITI ON CONSULTANT HAS ENGAGED OVER 680 MEMBERS THROUGH FREE FRIDAY CONSULTATIONS EACH WEEK Y MEMBERS ARE PROVIDED WITH A FREE WEEKLY RECIPE AS WELL AS EDUCATIONAL HANDOUTS REGARDING N UTRITION AS A RESULT OF THE FREE CONSULTATIONS, WE HAVE HAD SEVERAL MEMBERS SIGN UP FOR O NE-ON-ONE NUTRITION CONSULTATIONS ANOTHER EXCITING PROGRAM BEGAN LAST FALL, A 12-WEEK WEI GHT LOSS PROGRAM THAT FOCUSES ON COACHING PARTICIPANTS IN THE AREAS OF HEALTHY NUTRITION A ND PHYSICAL ACTIVITY WE ARE VERY EXCITED ABOUT THIS NEW DIRECTION, ALLOWING US TO OFFER C OMPLETE WELLNESS AT OUR FACILITY WE STARTED THE YMCA DIABETES PREVENTION PROGRAM WITH FUN DING FROM THE CENTERS FOR DISEASE CONTROL THIS EVIDENCE-BASED PROGRAM HAS BEEN SHOWN TO E LIMINATE DIABETES IN 50 PERCENT OF PARTICIPANTS AND IS PROJECTED TO SERVE 400,000 PEOPLE I N Y'S ACROSS THE COUNTRY OVER A FIVE YEAR PERIOD * SOCIAL RESPONSIBILITY THE Y HELPS PEO PLE GIVE BACK AND ASSIST THEIR NEIGHBORS BY OFFERING THEM OPPORTUNITIES TO VOLUNTEER, ADVO CATE AND SUPPORT PROGRAMS THAT STRENGTHEN COMMUNITY GROUPS OF INDIVIDUALS, THROUGH THEIR INVOLVEMENT IN THE Y AND COLLABORATIONS WITH POLICY MAKERS, ARE ABLE TO ADDRESS MANY OF THE MOST CRITICAL SOCIAL ISSUES THEIR COMMUNITIES FACE THE ACHIEVE (ACTION COMMUNITIES FOR H EALTH, INNOVATION AND ENVIRONMENTAL CHANGE) INITIATIVE IS A PRIME EXAMPLE OF A COMMUNITY C OLLABORATION BETWEEN LOCAL POLICY MAKERS, THE Y, THE BLOOMINGTON PARKS AND RECREATION DEPAR TMENT, THE MONROE COUNTY HEALTH DEPARTMENT AND OTHER MEMBERS OF THE ACTIVE LIVING COALITIO N TO ADVOCATE AND SUPPORT HEALTHY LIVING OPPORTUNITIES BY CHANGING THE ENVIRONMENT WHERE W E LIVE, WORK AND PLAY THE CONTINUED INVOLVEMENT OF KEY LEADERS ACROSS ALL SECTORS ACTS AS A CATALYST FOR IMPROVING THE HEALTH AND WELL-BEING OF OUR COMMUNITY THEY LEAD BY EXAMPLE TO BETTER REACH PEOPLE STRUGGLING TO MAKE PHYSICAL ACTIVITY AND GOOD NUTRITION A PART OF THEIR EVERYDAY LIVES BETTER PUBLIC POLICIES CREATE ENVIRONMENTAL CHANGES THAT IMPROVE LAS TING, COMMUNITY-WIDE HEALTHY LIVING BEHAVIORS OUR MISSION COMES ALIVE THROUGH THE EFFORTS OF * PAID STAFF - WHO ARE FULL AND PART-TIME OF ALL AGES * VOLUNTEERS - WHO LEAD PROGRA MS, SET POLICY, AND RAISE FUNDS * MEMBERS - WHO BECOME MENTORS, COACHES, DONORS, AND PART OF OUR Y FAMILY THROUGH COLLABORATIONS AND PARTNERSHIPS WITH MORE THAN 40 CHURCHES, SCHO OLS, AND OTHER COMMUNITY GROUPS AND ORGANIZATIONS SUCH AS 4H, ACTIVE LIVING COALITION, AME RICAN CANCER SOCIETY, AMERICAN HEART ASSOCIATION, AMERICAN RED CROSS, ARTHRITIS FOUNDATION , BIG BROTHERS BIG SISTERS, BLOOMINGTON MEADOWS HOSPITAL, BOY SCOUTS, CAMPUS LIFE, CENTERS TONE, CITY AND COUNTY PARKS & RECREATION, GIRL SCOUTS, GIRLS, INC , GREATER BLOOMINGTON CH AMBER OF COMMERCE, HARMONY SCHOOL, IMA/PREMIER HEALTHCARE LLC, INDIANA UNIVERSITY, INDIANA UNIVERSITY HEALTH, IVY TECH, LIFE DESIGNS, MONROE

Identifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990, PART III, LINE 1	COUNTY COMMUNITY SCHOOL CORPORATION, MONROE COUNTY HEALTH DEPARTMENT, MONROE COUNTY LIBRA RY, NEW TECH HIGH SCHOOL, PERSONAL QUALITY CARE, POLICE AND FIRE DEPARTMENTS, IU HEALTH PR OTON THERAPY CENTER, RICHLAND BEAN BLOSSOM COMMUNITY SCHOOL CORPORATION, STONE BELT, STEPP ING STONES, SUICIDE PREVENTION COALITION, TRANSITIONAL SERVICES, US ARMED SERVICES AND YOU TH SERVICES BUREAU THE Y 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 Y HELPS PARTICIPANTS * GROW PERSONALLY BUILD SELF-ESTEEM AND SELF-RELIANC E, PLUS LEARN TEAMWORK * DEVELOP VALUES FOR DAILY LIVING DEVELOP MORAL AND ETHICAL BEHAV IOR BASED ON JUDEO-CHRISTIAN PRINCIPLES * REDUCE STRESS AND IMPROVE FAMILY RELATIONS LEA RN TO CARE, COMMUNICATE, AND COOPERATE WITH OTHERS CLOSE TO THEM * APPRECIATE DIVERSITY RESPECT PEOPLE OF ALL DIFFERENT AGES, ABILITIES, INCOMES, RACE, RELIGIONS, CULTURES, AND B ELIEFS * BECOME LEADERS AND SUPPORTERS LEARN TO GIVE AND TAKE NECESSARY STEPS TO WORK TO WARD THE 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 Y, R AISE AWARENESS AND FINANCIAL SUPPORT IN ORDER TO PROVIDE Y OPPORTUNITIES FOR THOSE FACING ECONOMIC 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 S UPPORT AS NEVER BEFORE THE Y IS PERFECTLY POSITIONED TO HELP REINVIGORATE OUR COMMUNITIES WE CONTINUE TO COLLABORATE WITH SCHOOL DISTRICTS, RESIDENTS, EDUCATORS, AND OTHER COMMUN ITY ORGANIZATIONS TO ENSURE THE NEEDS OF CHILDREN AND FAMILIES IN DISADVANTAGED COMMUNITIE S ARE MET IN 2012 THE Y STEPPED UP TO THE CHALLENGE BY * PROVIDING $141,299 IN OVER 1,60 0 FULL OR PARTIAL SCHOLARSHIPS TO YOUTH, FAMILIES, AND INDIVIDUALS WHO WOULD OTHERWISE NOT HAVE BEEN ABLE TO AFFORD TO PARTICIPATE WE DID THIS THROUGH CONTRIBUTIONS TO THE YMCA'S Y FOR ALL CAMPAIGN, TOTALING $144,741 AND THE CARDIAC REHAB GOLF TOURNAMENT, WHICH RAISED $13,919 * THE Y DOES WHAT IT DOES BEST BY CREATING OPPORTUNITIES FOR ALL TYPES OF NEEDS I N ALL TYPES OF COMMUNITIES

Identifier	Return Reference	Explanation
PROGRAM SERVICE DESCRIPTION	FORM 990, PART III, LINE 4A	(CONTINUED FROM PART III) 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 2012, OVER 689 CHILDREN WERE ENROLLED IN OUR PRESCHOOL, HOLIDAY BREAK DAY AND DANCE PROGRAMS

Identifier	Return Reference	Explanation
DESCRIPTION OF OTHER PROGRAM SERVICES	FORM 990, PART III, LINE 4D	(EXPENSES $1,587,993 INCLUDING GRANTS OF $144,159) (REVENUE $3,016,074) A YMCA AQUATICS Y MCA AQUATICS PROGRAMS ARE PART OF THE Y'S OVERALL GOAL OF BUILDING HEALTHY SPIRIT, MIND, A ND 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 LEA DERSHIP THESE PROGRAMS ARE OFFERED AT FEES AFFORDABLE TO THE COMMUNITY AT LARGE, WITH FIN ANCIAL ASSISTANCE FOR THOSE WHO CAN'T AFFORD THE FULL FEE IN 2012, MORE THAN 819 CHILDREN , TEENS, AND ADULTS LEARNED HOW TO BE SAFER AROUND WATER THROUGH YMCA SWIM LESSONS AND WAT ER SAFETY PROGRAMS B YMCA FAMILY ENRICHMENT THE YMCA IS PROUD TO BE A FAMILY ORGANIZATIO N WE GIVE FAMILIES A SAFE, RELIABLE AND AFFORDABLE PLACE TO GO AND ENJOY TIME TOGETHER R ECREATIONAL OPPORTUNITIES SUCH AS FAMILY NIGHTS LET FAMILIES SPEND TIME TOGETHER PARTICIPA TING IN FUN ACTIVITIES HEALTH AND WELLNESS PROGRAMS, SAFE SITTER CLASSES, BIRTHDAY PARTIE S, FAMILY YOGA, AND FAMILY PRESCHOOL PROGRAMS ALL PROVIDE OPPORTUNITIES FOR FAMILIES TO LE ARN MORE ABOUT A HEALTHY LIFESTYLE AS ALWAYS, ALL ARE WELCOME TO OUR PROGRAMS, INCLUDING INDIVIDUALS WITH SPECIAL NEEDS IN 2012, WE SERVED 180 FAMILY MEMBERS IN OUR FAMILY ENRICH MENT PROGRAMS IN 2012 OUR MOVE AND GROW PROGRAM, FOR PARENTS WITH YOUNG CHILDREN SERVED 1 44 FAMILIES WITH INFANTS AND TODDLERS IN ADDITION, PARENTS HAD 102 MARRIAGE-STRENGTHENING "DATE NIGHTS" THANKS TO OUR PARENTS NIGHT OUT PROGRAM MORE THAN 500 VISITS PER MONTH ARE MADE TO THE ZONE - A SAFE, SOCIAL, WELLNESS AREA FOR YOUTH AGES SEVEN TO TWELVE IN AN EF FORT 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 T O 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 2 012, WE SERVED 350 STUDENTS IN TEN CLASSROOMS AT FOUR SCHOOLS TEACHING CHILDREN THE IMPORT ANCE OF LIVING A HEALTHY AND ACTIVE LIFESTYLE C YMCA HEALTH ENHANCEMENT THE FAMILIAR YMC A TRIANGLE EMPHASIZES THE ONENESS OF SPIRIT, MIND, AND BODY YMCA HEALTH ENHANCEMENT PROGR AMS HELP ACHIEVE THIS UNITY THROUGH MEDICALLY-BASED PROGRAMS THAT STRESS PROPER EXERCISE, NUTRITION, STRESS MANAGEMENT, AVOIDANCE OF DRUG AND ALCOHOL ABUSE, AND HEALTH EDUCATION Y MCAS OFFER A LIFELONG PROGRESSION OF HEALTH AND WELLNESS ACTIVITIES, EXPERIENCES AND EDUCA TION, INCLUDING PROGRAMS FOR CHILDREN, TEENS, FAMILIES, AND OLDER ADULTS - PROGRAMS SUCH A S PRENATAL EXERCISE, PARENT/CHILD EXERCISE, AEROBICS, STRENGTH TRAINING, AND OLDER ADULT W ELLNESS PEOPLE WITH DISABILITIES AND THOSE WITH CHRONIC AILMENTS, SUCH AS ARTHRITIS, HEAR T DISEASE, AND CANCER, CAN FIND YMCA PROGRAMS THAT ARE TAILORED TO THEIR NEEDS YMCA HEALT H ENHANCEMENT PROGRAMS ARE DESIGNED TO ATTRACT PEOPLE OF ALL AGES, ALL ABILITIES, AND ALL INCOMES THE Y OFFERS A WELCOMING ATMOSPHERE, WHERE NEW EXERCISERS CAN FEEL COMFORTABLE AN D RECEIVE THE SUPPORT THEY NEED TO IMPROVE THEIR HEALTH Y FINANCIAL ASSISTANCE POLICIES H ELP LOW-INCOME INDIVIDUALS, WHO ARE LESS LIKELY TO EXERCISE AND TO HAVE ADEQUATE HEALTH CA RE, GAIN ACCESS TO THE Y OVER 9,458 INDIVIDUALS ENJOYED THE BENEFITS OF A MEMBERSHIP WITH THE Y WELLNESS COACHES ARE AVAILABLE TO ALL MEMBERS THEY HELP ACCLIMATE NEW MEMBERS INT O OUR FACILITY WHICH INCLUDES AN ORIENTATION TO ALL OUR CARDIOVASCULAR AND STRENGTH EQUIPM ENT, AS WELL AS DEFINING POLICIES AND PROVIDING PROGRAM OPPORTUNITIES WE WISH TO ASSIST E ACH MEMBER WITH FEELING COMFORTABLE AND A PART OF OUR YMCA FAMILY IN 2012, 181 MEMBERS WO RKED WITH A WELLNESS COACH OVER 4,252 MEMBERS INTERACTED WITH A WELLNESS COACH DURING THE IR TIME HERE AT THE Y, BUILDING RELATIONSHIPS THAT WILL LAST LONG INTO THE FUTURE OUR PER SONAL TRAINING PROGRAM ALLOWS MEMBERS TO WORK ONE-ON-ONE WITH A NATIONALLY CERTIFIED PERSO NAL TRAINER THIS TRAINER CREATES A PERSONALIZED PROGRAM TO FOCUS ON INDIVIDUAL NEEDS AND GOALS IN 2012, 223 PEOPLE PARTICIPATED IN OUR PERSONAL TRAINING PROGRAM IN 2009 WE WERE AWARDED A GRANT FROM THE CENTERS FOR DISEASE CONTROL AND EMBARKED ON A THREE YEAR JOURNEY TO MOVE OUR COMMUNITY FORWARD IN CHANGING POLICY, CREATING HEALTHIER ENVIRONMENTS AND SYST EMS CHANGE ONE OF OUR GOALS WAS TO BRING LOCAL LEADERS TOGETHER TO BUILD PARTNERSHIPS/COL LABORATIONS THAT WOULD HELP CREATE STRATEGIES TO FOCUS ON PHYSICAL ACTIVITY, NUTRITION, TO BACCO CESSATION, OBESITY, DIABETES, AND CARDIOVASCULAR DISEASE DURING THE THREE YEARS OUR CHART TEAM, AS WE CALL OUR LOCAL LEADERS, HELPED US PROCESS A COMMUNITY ASSESSMENT EVALUA TION, CREATE MINI GRANTS, AND HOST EDUCATIONAL EVENTS THROUGH COMMUNITY ASSISTANCE PANELS WE HAVE BEEN ABLE TO FURTHER DRILL DOWN INTO OUR COMMUNITY THE ACHIEVE MISSION TO MAKE TH E "HEALTHY CHOICE THE EASY CHOICE" WE ARE CONTINU

Identifier	Return Reference	Explanation
DESCRIPTION OF OTHER PROGRAM SERVICES	FORM 990, PART III, LINE 4D	ING OUR WORK IN THE COMMUNITY TO SUSTAIN THIS EFFORT D Y MCA GROUP EXERCISE OUR Y MCA AQUA TIC 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 DE VELOP AND CONDUCT FUN, ENERGETIC, AND HIGHLY MOTIVATIONAL CLASSES FOR ALL FITNESS AND SKIL L LEVELS THE AQUATIC ENVIRONMENT ALLOWS PARTICIPANTS TO UTILIZE THE BUOY ANT QUALITIES OF WATER TO ENHANCE THEIR PHY SICAL FITNESS WHILE REDUCING STRESS ON THE JOINTS IN 2012, 712 PEOPLE PARTICIPATED IN OUR Y MCA AQUATIC GROUP EXERCISE PROGRAMS WHETHER CHILDREN SHOULD R ECEIVE STRENGTH TRAINING HAS OFTEN BEEN CALLED INTO QUESTION THE Y MCA OF THE USA MEDICAL ADVISORY COMMITTEE BELIEVES WE SHOULD ENCOURAGE Y OUTH TO EMBRACE PHY SICAL ACTIVITY AND REG ULARLY PARTICIPATE IN PHY SICAL FITNESS PROGRAMS WHICH INCLUDE A STRENGTH TRAINING COMPONEN T A PROPERLY DESIGNED AND SUPERVISED STRENGTH TRAINING PROGRAM IS SAFE FOR CHILDREN IN 2 012, 37 PARTICIPANTS WERE ENROLLED IN OUR Y MCA Y OUTH STRENGTH TRAINING PROGRAMS OUR Y MCA GROUP EXERCISE INSTRUCTORS ARE TRAINED TO GIVE EXCELLENT INSTRUCTION TO HELP EACH MEMBER A CHIEVE THEIR HEALTH AND WELLNESS GOALS OUR PURPOSE IS TO CREATE AND INSTRUCT EXCITING, FU N, EASY TO FOLLOW GROUP EXERCISE CLASSES FOR ALL FITNESS AND SKILL LEVELS Y MCA GROUP EXER CISE PROGRAMS ARE ALWAY S HELPING Y OU DEVELOP IN SPIRIT, MIND AND BODY IN 2012, 2,612 PEOP LE PARTICIPATED IN OUR Y MCA GROUP EXERCISE PROGRAMS THERE IS SOMETHING FOR EVERY ONE E Y MCA ADAPTED PROGRAMS THE Y OFFERS SEVERAL PROGRAMS FOR ADULTS AND CHILDREN WITH DIFFERENT ABILITIES THESE PROGRAMS INCLUDE ADAPTED AQUATICS, ADAPTED STRENGTH TRAINING, ADAPTED MAR TIAL ARTS, ADAPTED BASKETBALL, ADAPTED SOCCER, ADAPTED VOLLEY BALL, ADAPTED SOFTBALL, ADAPT ED DANCE, CAMPABILITIES, Y GAMES, 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 EVERY ONE WITH A DIFFERENT ABILITY, PROVIDING THEM WITH A REWARDING EXPERIENCE PA RTICIPATION IN NON-ADAPTED PROGRAMS IS ENCOURAGED BY THE Y FOR PEOPLE WITH DIFFERENT ABILI TIES WITH OR WITHOUT THE ASSISTANCE OF CAREGIVERS THE Y CONTINUOUSLY REEVALUATES ITS PROG RAMS AND IS OPEN TO NEW IDEAS AND SUGGESTIONS TO ENSURE SUCCESSFUL EXPERIENCES FOR ALL IN 2012, MORE THAN 145 PARTICIPANTS WERE SERVED THROUGH OUR ADAPTED PROGRAMMING IN ADDITION , MORE THAN 852 DIFFERENT ABILITY AND SOCIAL SERVICE CLIENTS FROM 15 COMMUNITY AGENCIES RE CEIVED Y MEMBERSHIP ACCESS AND OPPORTUNITIES F Y MCA TEEN LEADERSHIP Y MCA Y OUTH AND TEEN PROGRAMS GIVE KIDS GOOD ROLE MODELS TO HELP THEM DEVELOP SELF-ESTEEM, SELF-CONFIDENCE, GOO D VALUES, AND A STRONG WORK ETHIC TEENS ARE GIVEN THE OPPORTUNITY TO PARTICIPATE IN LEADE RSHIP 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 S O THE PARTICIPANTS HAVE THE OPPORTUNITY TO MAKE A DIFFERENCE IN OTHERS' LIVES AND AS A RES ULT IMPACT THEIR OWN LIVES IN 2012, 20 TEENS PARTICIPATED IN Y ACTIVITIES AND PROGRAMS

Identifier	Return Reference	Explanation
Delegate broad authority to a committee	Form 990, Part VI, Section A, Line 1a	THE EXECUTIVE COMMITTEE IS COMMISSIONED BY AND RESPONSIBLE TO THE BOARD TO FUNCTION ON BEHALF OF THE BOARD DURING INTERVALS BETWEEN REGULARLY SCHEDULED BOARD MEETINGS IT SHALL CONSIST OF THE OFFICERS, IMMEDIATE PAST PRESIDENT, AND EXECUTIVE DIRECTOR

Identifier	Return Reference	Explanation
Family/business relationships amongst interested persons	Form 990, Part VI, Section A, Line 2	JIM MURPHY & KEM HAWKINS - BUSINESS RELATIONSHIP

Identifier	Return Reference	Explanation
Review of form 990 by governing body	Form 990, Part VI, Section B, Line 11b	MANAGEMENT AND THE AUDIT COMMITTEE REVIEW 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 other officers/key employees	Form 990, Part VI, Section B, 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. THIS PROCESS IS DONE ANNUALLY

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