

Form **990**

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

# 2009

Department of the Treasury  
Internal Revenue Service

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.

Open to Public Inspection

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

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type.  See Specific Instructions.	<b>C</b> Name of organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE PIKES PEAK REGION	<b>D</b> Employer identification number 84-0404266
		Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 207 NORTH NEVADA AVE.	<b>E</b> Telephone number (719) 329-7203
		City or town, state or country, and ZIP + 4 COLORADO SPRINGS, CO 80903	<b>G</b> Gross receipts \$ 19,234,829.
		<b>F</b> Name and address of principal officer: MERV BENNETT SAME AS C ABOVE	<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶

**I** Tax-exempt status:  501(c) ( 3 ) (insert no.)  4947(a)(1) or  527

**J** Website: WWW.PPYMCA.ORG

**K** Form of organization:  Corporation  Trust  Association  Other ▶ **L** Year of formation: 1968 **M** State of legal domicile: CO

## Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: TO PUT CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT BUILD HEALTHY SPIRIT, MIND AND BODY.
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) <span style="float:right">3 28</span>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) <span style="float:right">4 28</span>
	<b>5</b> Total number of employees (Part V, line 2a) <span style="float:right">5 1248</span>
	<b>6</b> Total number of volunteers (estimate if necessary) <span style="float:right">6 1709</span>
	<b>7a</b> Total gross unrelated business revenue from Part VIII, column (C), line 12 <span style="float:right">7a 14,614.</span> <b>7b</b> Net unrelated business taxable income from Form 990-T, line 34 <span style="float:right">7b 0.</span>

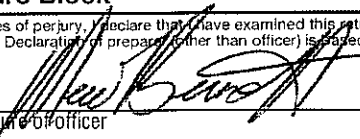
<b>Revenue</b>		Prior Year	Current Year
		<b>8</b> Contributions and grants (Part VIII, line 2b)	1,843,986.
<b>9</b> Program service revenue (Part VIII, line 2g)	15,796,384.	15,303,058.	
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	65,697.	16,791.	
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	566,692.	530,909.	
<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	18,272,759.	18,008,867.	

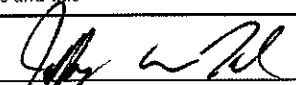
<b>Expenses</b>		Prior Year	Current Year
		<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)			
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	11,355,316.	10,844,426.	
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)			
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 103,658.			
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	7,569,647.	7,405,183.	
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	18,924,963.	18,249,609.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	-652,204.	-240,742.	

<b>Net Assets or Fund Balances</b>		Beginning of Current Year	End of Year
		<b>20</b> Total assets (Part X, line 16)	49,588,313.
<b>21</b> Total liabilities (Part X, line 26)	20,395,526.	21,063,212.	
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	29,192,787.	28,588,012.	

## 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** ▶  Date 7/14/10  
 Signature of officer  
 MERV BENNETT, PRESIDENT  
 Type or print name and title

**Paid Preparer's Use Only**  
 Preparer's signature  Date 7/12/10 Check if self-employed   
 Firm's name (or yours if self-employed), address, and ZIP + 4  
 STOCKMANN KAST RYAN & CO, LLP  
 102 N. CASCADE AVENUE, SUITE 400  
 COLORADO SPRINGS, CO 80903  
 Preparer's identifying number (see instructions) 00024144  
 EIN ▶  
 Phone no. ▶ 719-630-1186

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION TO PUT CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT BUILD HEALTHY SPIRIT, MIND AND BODY FOR ALL. OUR VISION IS TO BE THE LEADER IN OUR COMMUNITY IN IMPROVING THE QUALITY OF LIFE AND NURTURING LIFELONG DEVELOPMENT OF HEALTHIER INDIVIDUALS, FAMILIES AND COMMUNITY

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 [X] 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 [X] No If "Yes," describe these changes on Schedule O.

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

4a (Code: ) (Expenses \$ 12,936,238. including grants of \$ ) (Revenue \$ 13,387,975. ) THE YMCA OF THE PIKES PEAK REGION VIEWS HEALTH HOLISTICALLY: A HEALTHY PERSON HAS BALANCE AND HARMONY OF SPIRIT, MIND AND BODY. YMCA HEALTH AND WELLNESS PROGRAMS ARE DESIGNED TO ENHANCE INDIVIDUAL, FAMILY AND COMMUNITY WELL-BEING BY ADDRESSING LOCAL AND NATIONAL HEALTH CONCERNS SUCH AS PHYSICAL INACTIVITY, POOR NUTRITION, CHRONIC STRESS AND ISOLATION. YMCA HEALTH AND WELL-BEING PROGRAMS PROVIDE INDIVIDUALS OF ALL AGES AND FAMILIES, REGARDLESS OF MAKEUP, WITH CONTINUOUS SUPPORTIVE RELATIONSHIPS AND ENVIRONMENTS THAT ENGAGE, INVOLVE AND SUPPORT HEALTH IN SPIRIT, MIND AND BODY. YMCA HEALTH AND WELL-BEING PROGRAMS ALSO PROMOTE AND PROVIDE DEVELOPMENT OF SOCIAL SKILLS, SELF-ESTEEM, MORAL AND ETHICAL BEHAVIOR. WE SERVE ALL AGES, ABILITIES, RACES, NATIONALITIES AND FAITHS. WE PROVIDE FINANCIAL ASSISTANCE TO THOSE WHO

4b (Code: ) (Expenses \$ 2,472,387. including grants of \$ ) (Revenue \$ 2,051,131. ) THE YMCA OF THE PIKES PEAK REGION CHILD CARE AND DAY CAMP PROVIDES OPPORTUNITIES FOR GROWTH AND DEVELOPMENT OUTSIDE OF THEIR SCHOOL DAY AND DURING SUMMER THROUGH ACTIVITIES AND ADVENTURES THAT ARE CHILD DEVELOPMENT CENTERED, NURTURING, ASSET BUILDING AND FUN. WE PROVIDE A SAFE AND ENCOURAGING ENVIRONMENT THAT PROMOTES HEALTHY LIFESTYLES, POSITIVE SELF-ESTEEM AND IMAGE, LIFE SKILLS, TEAMWORK, LEADERSHIP, CREATIVITY, AND EDUCATION SUPPORT. WE HAVE DEVELOPED A VARIETY OF ACTIVITIES AND OPPORTUNITIES FOR YOUTH AND TEENS WITH OUTCOME-BASED CURRICULUM TO INCLUDE CHARACTER DEVELOPMENT, LIFE LONG LEARNING AND SKILLS. WE CURRENTLY PARTNER WITH 8 SCHOOL DISTRICTS, CARE AND SHARE FOOD BANK, JC PENNEY AFTERSCHOOL FUND, COLORADO CHILD CARE ASSISTANCE PROGRAM, THE COLORADO TRUST AND THE NATIONAL AFTERSCHOOL ALLIANCE. IN

4c (Code: ) (Expenses \$ 386,614. including grants of \$ ) (Revenue \$ 1,424. ) THE YMCA OF THE PIKES PEAK REGION IS COMMITTED TO SUPPORTING TEENS IN OUR COMMUNITY. THROUGH THE 21ST CENTURY CCLC CLASS (COMMUNITY LEARNING ALLIANCE FOR SUCCESS) AT SIERRA HIGH SCHOOL, THE YMCA HAS BEEN ABLE TO ENRICH THE LIVES OF YOUNG PEOPLE IN DYNAMIC WAYS. PROGRAMS SUCH AS THE COLORADO DROPOUT PREVENTION PROGRAM, TARGETED INTERVENTION MENTOR ENGAGEMENT (T.I.M.E.), THE SOUTHEAST COMPUTER CLUBHOUSE AND THE SIERRA HIGH SCHOOL DISTRICT 2 YMCA SUMMER PROGRAM HAVE HELPED UNDER-SERVED YOUTH AS THEY LOOK TOWARDS ACHIEVING THEIR FUTURE GOALS. THROUGH THESE PROGRAMS TEENS HAVE MANY OPPORTUNITIES IN A SAFE AND NURTURING ENVIRONMENT. THE 21ST CENTURY CCLC CLASS PROVIDES OPPORTUNITIES FOR PHYSICAL AND NUTRITIONAL EDUCATION, FOOD DISTRIBUTION, HOMEWORK SUPPORT, WORKSHOPS THAT HELP TO IMPROVE ACT SCORES, EXPOSURE TO ART AND

4d Other program services. (Describe in Schedule O.) (Expenses \$ 84,875. including grants of \$ ) (Revenue \$ 202,836. )

4e Total program service expenses \$ 15,880,114.

**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)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
5	<b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
	<ul style="list-style-type: none"> <li>• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i></li> <li>• 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? <i>If "Yes," complete Schedule D, Part VII.</i></li> <li>• 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? <i>If "Yes," complete Schedule D, Part VIII.</i></li> <li>• 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? <i>If "Yes," complete Schedule D, Part IX.</i></li> <li>• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i></li> <li>• 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? <i>If "Yes," complete Schedule D, Part X.</i></li> </ul>		
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	Yes X	No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X

**Part IV Checklist of Required Schedules** (continued)

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

Note. All Form 990 filers are required to complete Schedule O.

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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	<b>1a</b> 2		
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	<b>1b</b> 0		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
	<b>1c</b>		
<b>2a</b>	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		
	<b>2a</b> 1248		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> this return. (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	X	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	X	
<b>3b</b>			
<b>4a</b>	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)?		X
<b>b</b>	If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>5b</b>			
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
	<b>5c</b>		
<b>6a</b>	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?		X
<b>6a</b>			
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	<b>6b</b>		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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?	X	
<b>7a</b>			
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		X
<b>7b</b>			
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>7c</b>			
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	<b>7d</b>		
<b>e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>7e</b>			
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>7f</b>			
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7g</b>			
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
<b>7h</b>			
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
	<b>8</b>		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966?		
<b>9a</b>			
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>9b</b>			
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	

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

**Section A. Governing Body and Management**

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

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

	Yes	No
10a		X
10b		
11	X	
11A		
12a	X	
12b	X	
12c	X	
13	X	
14	X	
15		
15a	X	
15b	X	
16a		X
16b		

**Section C. Disclosure**

- 17 List the states with which a copy of this Form 990 is required to be filed **NONE**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website  Another's website  Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **MERV BENNETT, PRESIDENT - (719) 471-9790**  
**207 NORTH NEVADA AVE, COLORADO SPRINGS, CO 80903**

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

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

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

Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ED GLEASON CHAIR	1.00	X		X			0.	0.	0.	
MIKE MILES VICE CHAIR	1.00	X		X			0.	0.	0.	
DIANE OLIVIERI TREASURER	1.00	X		X			0.	0.	0.	
CATHY ROBBINS SECRETARY	1.00	X		X			0.	0.	0.	
TOM NAUGHTON PAST CHAIR	1.00	X		X			0.	0.	0.	
LINDSEY APARACIO DIRECTOR	1.00	X					0.	0.	0.	
PAUL BUTCHER DIRECTOR	1.00	X					0.	0.	0.	
RAFAEL CINTRON DIRECTOR	1.00	X					0.	0.	0.	
RANDY GEVING DIRECTOR	1.00	X					0.	0.	0.	
WALT GLOVER DIRECTOR	1.00	X					0.	0.	0.	
STEVE HELBING DIRECTOR	1.00	X					0.	0.	0.	
THOMAS KENNEDY DIRECTOR	1.00	X					0.	0.	0.	
TED KERR DIRECTOR	1.00	X					0.	0.	0.	
PHIL LANE DIRECTOR	1.00	X					0.	0.	0.	
REGINA LEWIS DIRECTOR	1.00	X					0.	0.	0.	
TIM MASON DIRECTOR	1.00	X					0.	0.	0.	
JOHN MCCA DIRECTOR	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
LA VONNE NEAL DIRECTOR	1.00	X						0.	0.	0.
BARRY O'SHEA DIRECTOR	1.00	X						0.	0.	0.
SHAWN RAIN TREE DIRECTOR	1.00	X						0.	0.	0.
LISA ROSINTOSKI DIRECTOR	1.00	X						0.	0.	0.
LISA RUTHERFORD DIRECTOR	1.00	X						0.	0.	0.
BILL SCHUCK DIRECTOR	1.00	X						0.	0.	0.
JEFF THOMAS DIRECTOR	1.00	X						0.	0.	0.
MARY THURMAN DIRECTOR	1.00	X						0.	0.	0.
GREG WELCH DIRECTOR	1.00	X						0.	0.	0.
RICH WILBUR DIRECTOR	1.00	X						0.	0.	0.
<b>1b Total</b>								558,071.	0.	82,091.

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

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
SPEAR BUILDERS, INC PO BOX 16968, MONUMENT, CO 80132	CONSTRUCTION	384,274.
SERVICEMASTER CLEAN, 3405 N EL PASO ST, COLORADO SPRINGS, CO 80909	JANITORIAL SERVICES	338,008.
AIR CONDITIONING PLUS LLC, 5675 TUCKERMAN DR, COLORADO SPRINGS, CO 80918	MAINTENANCE & REPAIRS	140,023.

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

SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION



**Part VIII Statement of Revenue**

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	47,921.			
	b Membership dues				
	c Fundraising events	108,615.			
	d Related organizations				
	e Government grants (contributions)	229,787.			
	f All other contributions, gifts, grants, and similar amounts not included above	1,771,786.			
	g Noncash contributions included in lines 1a-1f: \$	18,072.			
	<b>h Total.</b> Add lines 1a-1f		2,158,109.		
Program Service Revenue	2 a MEMBERSHIPS	713940	11,503,480.	11,503,480.	
	b CHILDCARE/DAY CAMP/RES	624410	2,051,131.	2,051,131.	
	c AQUATICS, SPORTS, OTHE	713940	1,474,856.	1,474,856.	
	d CORDERA CENTER FEES	713940	273,591.	273,591.	
	e				
	f All other program service revenue				
	<b>g Total.</b> Add lines 2a-2f		15,303,058.		
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		27,448.		27,448.
	4 Income from investment of tax-exempt bond proceeds		676.		676.
	5 Royalties				
	6 a Gross Rents	(i) Real 169,058.			
	b Less: rental expenses				
	c Rental income or (loss)	169,058.			
	d Net rental income or (loss)		169,058.	155,120.	13,938.
	7 a Gross amount from sales of assets other than inventory	(i) Securities 1,117,832.	(ii) Other 15,468.		
	b Less: cost or other basis and sales expenses	1,140,240.	4,393.		
	c Gain or (loss)	-22,408.	11,075.		
	d Net gain or (loss)		-11,333.		-11,333.
	8 a Gross income from fundraising events (not including \$ 108,615. of contributions reported on line 1c). See Part IV, line 18		22,074.		
	b Less: direct expenses		56,774.		
	c Net income or (loss) from fundraising events		-34,700.		-34,700.
	9 a Gross income from gaming activities. See Part IV, line 19				
b Less: direct expenses					
c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances		53,565.			
b Less: cost of goods sold		24,555.			
c Net income or (loss) from sales of inventory		29,010.	29,010.		
Miscellaneous Revenue		Business Code			
11 a INSURANCE CLAIM		900099	211,363.		211,363.
b RESOURCE Y SUPPORT		541610	145,358.	145,358.	
c MISCELLANEOUS		900099	10,820.	10,820.	
d All other revenue					
e Total. Add lines 11a-11d			367,541.		
<b>12 Total revenue.</b> See instructions.			18,008,867.	15,643,366.	14,614.

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	722,253.	600,313.	121,940.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	8,407,654.	7,065,110.	1,342,544.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	553,887.	416,188.	137,699.	
9 Other employee benefits	366,804.	275,615.	91,189.	
10 Payroll taxes	793,828.	679,298.	114,530.	
11 Fees for services (non-employees):				
a Management				
b Legal	16,029.	2,271.	13,758.	
c Accounting	17,625.		17,625.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	454,113.	280,176.	173,937.	
12 Advertising and promotion				
13 Office expenses	1,154,448.	1,105,833.	48,615.	
14 Information technology				
15 Royalties				
16 Occupancy	2,524,626.	2,523,635.	991.	
17 Travel	120,061.	88,365.	31,696.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	146,801.	95,573.	51,228.	
20 Interest	580,779.	536,196.	44,583.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,735,751.	1,727,743.	8,008.	
23 Insurance	283,300.	269,424.	13,876.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a ORGANIZATION DUES	204,500.	186,009.	18,491.	
b FUNDRAISING EXPENSES	103,658.			103,658.
c MISC. EXPENSES	37,849.	2,722.	35,127.	
d EQUIPMENT, MAINT., & RE	25,643.	25,643.		
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	18,249,609.	15,880,114.	2,265,837.	103,658.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing .....	206,845.	1	583,057.
	2	Savings and temporary cash investments .....	2,325,595.	2	1,652,288.
	3	Pledges and grants receivable, net .....	1,158,023.	3	909,365.
	4	Accounts receivable, net .....	107,796.	4	79,836.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L .....		6	
	7	Notes and loans receivable, net .....		7	
	8	Inventories for sale or use .....	13,738.	8	3,325.
	9	Prepaid expenses and deferred charges .....	306,964.	9	312,827.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	10a 59,161,502.		
	b	Less: accumulated depreciation .....	10b 15,965,969.		
			42,927,021.	10c	43,195,533.
	11	Investments - publicly traded securities .....	812,021.	11	1,189,784.
	12	Investments - other securities. See Part IV, line 11 .....	210,000.	12	210,000.
	13	Investments - program-related. See Part IV, line 11 .....		13	
	14	Intangible assets .....		14	
15	Other assets. See Part IV, line 11 .....	1,520,310.	15	1,515,209.	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	49,588,313.	16	49,651,224.	
Liabilities	17	Accounts payable and accrued expenses .....	1,036,918.	17	1,241,828.
	18	Grants payable .....		18	
	19	Deferred revenue .....	204,871.	19	742,592.
	20	Tax-exempt bond liabilities .....	17,720,000.	20	17,639,250.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .....		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		22	
	23	Secured mortgages and notes payable to unrelated third parties .....	115,226.	23	230,000.
	24	Unsecured notes and loans payable to unrelated third parties .....		24	
	25	Other liabilities. Complete Part X of Schedule D .....	1,318,511.	25	1,209,542.
	26	<b>Total liabilities.</b> Add lines 17 through 25 .....	20,395,526.	26	21,063,212.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets .....	25,456,806.	27	24,584,733.
	28	Temporarily restricted net assets .....	2,288,532.	28	2,412,108.
	29	Permanently restricted net assets .....	1,447,449.	29	1,591,171.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds .....		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund .....		31	
	32	Retained earnings, endowment, accumulated income, or other funds .....		32	
33	<b>Total net assets or fund balances</b> .....	29,192,787.	33	28,588,012.	
34	<b>Total liabilities and net assets/fund balances</b> .....	49,588,313.	34	49,651,224.	

**Part XI Financial Statements and Reporting**

- 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? .....
- b Were the organization's financial statements audited by an independent accountant? .....
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....
- If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....
- 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. ....

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2009)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No: 1545-0047

**2009**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

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

Name of the organization **YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE PIKES PEAK REGION** Employer identification number **84-0404266**

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

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

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

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? <b>11g(i)</b>		
(ii) A family member of a person described in (i) above? <b>11g(ii)</b>		
(iii) A 35% controlled entity of a person described in (i) or (ii) above? <b>11g(iii)</b>		
- h Provide the following information about the supported organization(s).

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

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2009

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 <b>Total.</b> 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 <b>Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 <b>Total support.</b> Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a <b>33 1/3% support test - 2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b <b>33 1/3% support test - 2008.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a <b>10% -facts-and-circumstances test - 2009.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b <b>10% -facts-and-circumstances test - 2008.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

**Part III Support Schedule for Organizations Described in Section 509(a)(2)** (Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	11,636,268.	12,831,970.	13,502,078.	13,725,739.	13,661,589.	65,357,644.
<b>2</b> 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	3,468,677.	3,819,897.	4,077,013.	3,914,631.	4,020,575.	19,300,793.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge	29,400.					29,400.
<b>6 Total.</b> Add lines 1 through 5	15,134,345.	16,651,867.	17,579,091.	17,640,370.	17,682,164.	84,687,837.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons	20,000.	123,454.	202,877.	35,721.	330,731.	712,783.
<b>b</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.
<b>c</b> Add lines 7a and 7b	20,000.	123,454.	202,877.	35,721.	330,731.	712,783.
<b>8 Public support</b> (Subtract line 7c from line 6)						83,975,054.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6	15,134,345.	16,651,867.	17,579,091.	17,640,370.	17,682,164.	84,687,837.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	165,724.	200,372.	244,218.	295,494.	183,244.	1,089,052.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975					13,938.	13,938.
<b>c</b> Add lines 10a and 10b	165,724.	200,372.	244,218.	295,494.	197,182.	1,102,990.
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)					222,183.	222,183.
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12.)	15,300,069.	16,852,239.	17,823,309.	17,935,864.	18,101,529.	86,013,010.

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

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	97.63 %
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15	16	76.52 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	1.28 %
<b>18</b> Investment income percentage from 2008 Schedule A, Part III, line 17	18	1.32 %

**19a 33 1/3% support tests - 2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

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

**Schedule B**(Form 990, 990-EZ,  
or 990-PF)Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

**2009****Name of the organization**YOUNG MEN'S CHRISTIAN ASSOCIATION  
OF THE PIKES PEAK REGION**Employer identification number**

84-0404266

**Organization type (check one):****Filers of:****Section:**

Form 990 or 990-EZ

- 501(c)( 3 ) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

- For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions  
for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)



Name of organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE PIKES PEAK REGION	Employer identification number  84-0404266
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**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 108,525.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 225,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		\$ 182,458.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4		\$ 125,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5		\$ 113,606.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6		\$ 64,286.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

**Schedule D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047.

**2009**

Open to Public  
Inspection

Name of the organization **YOUNG MEN'S CHRISTIAN ASSOCIATION  
OF THE PIKES PEAK REGION**

Employer identification number  
**84-0404266**

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

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

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

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

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

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

Preservation of land for public use (e.g., recreation or pleasure)  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 Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06 .....	2d

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

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

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

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

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

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

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

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

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIV and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             |        |
| d Additions during the year     |        |
| e Distributions during the year |        |
| f Ending balance                |        |
- 2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No
- b If "Yes," explain the arrangement in Part XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	716,400.	878,730.			
b Contributions		3,471.			
c Net investment earnings, gains, and losses	107,421.	-142,742.			
d Grants or scholarships					
e Other expenditures for facilities and programs	21,269.	23,059.			
f Administrative expenses					
g End of year balance	802,552.	716,400.			

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment  100.00 %
  - b Permanent endowment  %
  - c Term endowment  %
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes                      | No                                  |
|---|--------------------------|-------------------------------------|
| (i) unrelated organizations   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) related organizations  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | <input type="checkbox"/> | <input type="checkbox"/>            |
- 4 Describe in Part XIV the intended uses of the organization's endowment funds.

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		7,675,026.		7,675,026.
b Buildings		46,594,069.	12,444,051.	34,150,018.
c Leasehold improvements				
d Equipment		146,056.	129,771.	16,285.
e Other		4,746,351.	3,392,147.	1,354,204.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				43,195,533.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives .....		
Closely-held equity interests .....		
Other .....		
<b>Total.</b> (Col (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
<b>Total.</b> (Col (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
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

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

1. (a) Description of liability	(b) Amount
Federal income taxes	
BOND INTEREST RATE SWAP	441,659.
CHARITABLE GIFT ANNUITY	767,883.
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	1,209,542.

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

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	18,008,867.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	18,249,609.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-240,742.
4	Net unrealized gains (losses) on investments	4	508,478.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	-872,511.
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	-364,033.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-604,775.

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

1	Total revenue, gains, and other support per audited financial statements	1	18,541,900.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	508,478.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	508,478.
3	Subtract line 2e from line 1	3	18,033,422.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	-24,555.
c	Add lines 4a and 4b	4c	-24,555.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	18,008,867.

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

1	Total expenses and losses per audited financial statements	1	18,274,164.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	24,555.
e	Add lines 2a through 2d	2e	24,555.
3	Subtract line 2e from line 1	3	18,249,609.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	18,249,609.

**Part XIV Supplemental Information**

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

PART V, LINE 4: THE YMCA OF THE PIKES PEAK REGION WILL USE THE INCOME

EARNED ON THE ENDOWMENT FUNDS TO PROVIDE PROGRAMS AND SERVICES AS INTENDED

BY THE DONOR. IN SITUATIONS WHERE THE DONOR HAS NOT DESIGNATED THE USAGE

OF THE PROCEEDS THE YMCA WILL UTILIZE THE FUNDS IN A MANNER THAT MAXIMIZES

THE FULFILLMENT OF THE MISSION AND ADDRESSES CRITICAL COMMUNITY NEEDS AS

DIRECTED BY THE VISION 2020 STRATEGIC PLAN.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

**Part XIV** Supplemental Information (continued)

MERCHANDISE SALES EXPENSES: -24555.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

MERCHANDISE SALES EXPENSES: 24555.



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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		STARS & STRIPES (event type)	TURKET TROT (event type)	4 (total number)		
Revenue	1	Gross receipts	34,510.	47,028.	49,151.	130,689.
	2	Less: Charitable contributions	23,956.	47,028.	37,631.	108,615.
	3	Gross income (line 1 minus line 2)	10,554.		11,520.	22,074.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	8,880.		11,520.	20,400.
	7	Food and beverages	1,674.			1,674.
	8	Entertainment				
	9	Other direct expenses	6,428.	23,877.	4,395.	34,700.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				( 56,774 )
	11	Net income summary. Combine line 3, column (d), and line 10				-34,700.

**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			
	2	Cash prizes			
Direct Expenses	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			( )
	8	Net gaming income summary. Combine line 1, column (d), and line 7			

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



13 Indicate the percentage of gaming activity operated in:

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

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

Name ▶ \_\_\_\_\_  
 Address ▶ \_\_\_\_\_

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

15a

- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.
- c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_  
 Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_  
 Gaming manager compensation ▶ \$ \_\_\_\_\_  
 Description of services provided ▶ \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? .....
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

17a

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

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

**2009**

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

Open to Public Inspection

▶ Attach to Form 990. ▶ See separate instructions.

Department of the Treasury  
Internal Revenue Service

Name of the organization **YOUNG MEN'S CHRISTIAN ASSOCIATION  
OF THE PIKES PEAK REGION**

Employer identification number  
**84-0404266**

**Part I Questions Regarding Compensation**

		Yes	No
<b>1a</b>	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input checked="" type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<b>b</b>	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	<b>1b</b>	X
<b>2</b>	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	<b>2</b>	X
<b>3</b>	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. <input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee		
<b>4</b>	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
<b>a</b>	Receive a severance payment or change-of-control payment?	<b>4a</b>	X
<b>b</b>	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	<b>4b</b>	X
<b>c</b>	Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	<b>4c</b>	X
<b>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</b>			
<b>5</b>	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
<b>a</b>	The organization?	<b>5a</b>	X
<b>b</b>	Any related organization? If "Yes" to line 5a or 5b, describe in Part III.	<b>5b</b>	X
<b>6</b>	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
<b>a</b>	The organization?	<b>6a</b>	X
<b>b</b>	Any related organization? If "Yes" to line 6a or 6b, describe in Part III.	<b>6b</b>	X
<b>7</b>	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	<b>7</b>	X
<b>8</b>	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III	<b>8</b>	X
<b>9</b>	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	<b>9</b>	

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

Schedule J (Form 990) 2009





**SCHEDULE K**  
 (Form 990)  
 Department of the Treasury  
 Internal Revenue Service

**Supplemental Information on Tax-Exempt Bonds**  
 (Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information on Schedule O (Form 990). Attach to Form 990. See separate instructions.)

Name of the organization: **YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE PIKES PEAK REGION**  
 Employer identification number: **84-0404266**

(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	
						Yes	No	Yes	No
A COLORADO DEMAND REVENUE	84-6000764	28337LBM9	12/25/06	19,000,000.	CONSTRUCT FACILITY		X		X
B									
C									
D									
E									

1 Total proceeds of issue	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
18,905,000.										
2 Gross proceeds in reserve funds										
3 Proceeds in refunding or defeasance escrows		873,865.								
4 Other unspent proceeds										
5 Issuance costs from proceeds		227,304.								
6 Working capital expenditures from proceeds		156,825.								
7 Capital expenditures from proceeds		12,409,270.								
8 Year of substantial completion		2008								
9 Were the bonds issued as part of a current refunding issue?	X									
10 Were the bonds issued as part of an advance refunding issue?		X								
11 Has the final allocation of proceeds been made?		X								
12 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X									

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

**Part III Private Business Use (Continued)**

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts with respect to the financed property which may result in private business use?		X								
<b>b</b> Are there any research agreements with respect to the financed property which may result in private business use?		X								
<b>c</b> Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?		X								
<b>4</b> 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		.00 %								%
<b>5</b> 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		.00 %								%
<b>6</b> Total of lines 4 and 5		.00 %								%
<b>7</b> Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X									

**Part IV Arbitrage**

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?	X									
<b>2</b> Is the bond issue a variable rate issue?										
<b>3a</b> Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?	X									
<b>b</b> Name of provider	WELLS FARGO									
<b>c</b> Term of hedge	10.0000000									
<b>4a</b> Were gross proceeds invested in a GIC?		X								
<b>b</b> Name of provider										
<b>c</b> Term of GIC										
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?		X								
<b>5</b> Were any gross proceeds invested beyond an available temporary period?		X								
<b>6</b> Did the bond issue qualify for an exception to rebate?		X								

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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

OMB No. 1545-0047

**2009**  
Open to Public  
Inspection

Name of the organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE PIKES PEAK REGION	Employer identification number 84-0404266
---	--

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

BY: PREPARING TEENS FOR THE ROLE THEY PLAY IN CREATING STRONG

COMMUNITIES FOR TOMORROW, IMPROVING THE HEALTH AND WELLNESS OF OUR

COMMUNITY, STRENGTHENING FAMILIES THROUGH HOLISTIC PROGRAMS AND

ACTIVITIES, AND DEVELOPING RELATIONSHIPS WITH MEMBERS THAT STRENGTHEN

THEIR COMMITMENT TO OUR MISSION BY PROVIDING NECESSARY RESOURCES

THROUGH THE LEADERSHIP OF VOLUNTEERS AND STAFF CREATING STRATEGIC

PARTNERSHIPS THAT ADDRESS CRITICAL COMMUNITY NEEDS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS

NEED IT. IN 2009 WE SERVED 119,758 INDIVIDUALS IN OUR COMMUNITY. WE

PROVIDED A TOTAL OF \$1,467,957 IN FINANCIAL SUPPORT AND UNDERWRITTEN

PROGRAMS TO 12,715 DIFFERENT PERSONS. IN THE AREA OF HEALTH AND

WELL-BEING WE PROVIDED \$1,184,936 IN FINANCIAL SUPPORT AND UNDERWRITTEN

PROGRAMS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS

2009 WE SERVED 10,041 CHILDREN IN LICENSED YMCA CHILD CARE. WE PROVIDED

\$318,000 IN FINANCIAL ASSISTANCE TO CHILDREN IN THESE PROGRAMS. YMCA

RESIDENT CAMP (CAMP SHADY BOOK) OFFERS AGE APPROPRIATE PROGRAMMING FOR

AGES 6-17 IN THE FIELDS OF ADVENTURE EDUCATION, OUTDOOR ENVIRONMENTAL

EDUCATION, EXPERIENTIAL LEARNING, LEADERSHIP DEVELOPMENT AND HANDS ON

TEACHING THAT ENCOMPASSES THE FOUR CORE VALUES OF THE YMCA, CARING,

HONESTY, RESPECT AND RESPONSIBILITY. WE FOCUS ON PERSONAL DEVELOPMENT

AND THE BUILDING OF RELATIONSHIPS THROUGH THE PROGRAMMING WE OFFER. WE

SERVE CHILDREN AND FAMILIES FROM A DIVERSE BACKGROUND AND OFFER

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

Schedule O (Form 990) 2009

932211  
02-03-10

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization	YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE PIKES PEAK REGION	Employer identification number	84-0404266
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PROGRAMMING FOR ALL REGARDLESS OF THEIR ABILITY TO PAY. WE PARTNER  
 WITH SCHOOL DISTRICTS, BOYS AND GIRLS CLUBS, SERVICE CLUBS AND OTHER  
 FRONT RANGE YMCAS. IN 2009 WE SERVED 1,431 YOUTH AND TEENS IN  
 EXPERIENCES AT CAMP SHADY BROOK. THROUGH A VARIETY OF GRANTS AND FUND  
 RAISING EFFORTS WE PROVIDED FINANCIAL ASSISTANCE TO 424 (30%) CAMPERS  
 IN THE AMOUNT OF \$176,745. IN 2009 THE YMCA OF THE PIKES PEAK REGION  
 SERVED 46,464 YOUTH AND TEENS IN YMCA MISSION DRIVEN PROGRAMS AND  
 SERVICES.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS  
 CULTURE AND SO MUCH MORE. MANY OF THESE OPPORTUNITIES ARE AVAILABLE IN  
 ENGLISH AND SPANISH AND IN COLLABORATION WITH SIERRA HIGH SCHOOL. THE  
 COLORADO DROPOUT PREVENTION PROGRAM HAS ENCOURAGED YOUTH TO INVEST IN  
 THEIR FUTURE AND STAY IN SCHOOL. BY HELPING THEM DISCOVER THEIR  
 INTERESTS THROUGH THE HIP HOP EDUCATIONAL LITERACY PROGRAM (HELP),  
 VIDEO-EDITING CLASSES, ART PROGRAMS AND COLLABORATIONS WITH THE PIKES  
 PEAK WORK FORCE.

THE TARGETED INTERVENTION MENTOR ENGAGEMENT (T.I.M.E.) PROGRAM PROVIDES  
 TEENS WITH EMOTIONAL AND ACADEMIC SUPPORT THAT THEY MAY NOT BE  
 RECEIVING IN THEIR HOME. IT EXPOSES THEM TO OPPORTUNITIES AND  
 EXPERIENCES THAT THEY MAY NOT OTHERWISE ENCOUNTER WITHOUT THIS PROGRAM  
 AND VOLUNTEERS. PROGRAMMING IN THE SOUTHEAST COMPUTER CLUBHOUSE  
 ENCOURAGES OPEN-ENDED EXPLORATION. MENTORS WORK WITH PARTICIPANTS TO  
 CREATE WEB PAGES, MAKE THEIR OWN ANIMATION, CREATE VIDEOS, HELP CONDUCT  
 A WEB SEARCH, COMPOSE MUSIC AND MORE. TEENS ARE ENCOURAGED TO EXPRESS  
 THEMSELVES CREATIVELY THROUGH THE LATEST COMPUTER TECHNOLOGY. OVER 40



**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on  
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OMB No. 1545-0047

**2009**  
Open to Public  
Inspection

Name of the organization	YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE PIKES PEAK REGION	Employer identification number	84-0404266
--------------------------	---	--------------------------------	------------

STUDENTS TAKE PART IN THE SIERRA HIGH SCHOOL DISTRICT 2 YMCA SUMMER PROGRAM. THIS PROGRAM SUPPORTS TEENS AS THEY STRIVE TO IMPROVE THEIR LANGUAGE ARTS AND MATHEMATICS SKILLS. AS THEY DO THIS THE TEENS ARE EXPOSED TO NEW TECHNOLOGY, SPORTS ACTIVITIES, NUTRITION AND COOKING, LEADERSHIP DEVELOPMENT, TEAM BUILDING ACTIVITIES, AS WELL AS LANGUAGE PROGRAMS. ALL OF THESE ACTIVITIES ARE INTENTIONAL AND HELP TO MAKE MATH AND LANGUAGE ARTS FUN.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

TEEN AND FAMILY PARTICIPATION: THE YMCA OF THE PIKES PEAK REGION TEEN EVENTS TAKE A VARIETY OF FORMS INCLUDING TEEN NIGHTS IN WHICH TEENS AND PRETEENS CAN PARTICIPATE IN A VARIETY OF ACTIVITIES. THESE EVENINGS ARE HELD AT ALL OF OUR BRANCHES AND ALLOW THE PARTICIPANTS TO SWIM, PLAY SPORTS, AND INTERACT WITH THEIR PEERS AND WITH STAFF IN A SAFE ENVIRONMENT. WE ALSO WORK WITH FAMILIES IN A VARIETY OF PROGRAMS THAT PROMOTE HEALTHY RELATIONSHIPS WITHIN THE FAMILY. THESE PROGRAMS INCLUDE PRESCHOOL GYM ACTIVITIES WITH THE PARENTS PARTICIPATING WITH THEIR YOUNG CHILDREN AND ALSO SWIM AND GYM PROGRAMS FOR THOSE CHILDREN THAT ARE NOT OFFERED SUCH PROGRAMS IN A TRADITIONAL SCHOOL ENVIRONMENT. THESE PROGRAMS ENCOURAGE PHYSICAL ACTIVITIES AS WELL AS PROMOTING CORE VALUES AND POSITIVE INTERACTION BETWEEN PARENTS AND THEIR CHILDREN. AS STATED PREVIOUSLY IN 2009 THE YMCA OF THE PIKES PEAK REGION SERVED 46,464 YOUTH AND TEENS IN MISSION DRIVEN PROGRAMS AND SERVICES. EXPENSES \$ 84875. INCLUDING GRANTS OF \$ 0. REVENUE \$ 57478.

SCHEDULE O  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2009

Open to Public  
Inspection

Name of the organization	YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE PIKES PEAK REGION	Employer identification number	84-0404266
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ACROSS THE COUNTRY BY PROVIDING RESEARCH, PROGRAM DEVELOPMENT AND

COUNSEL IN ORDER TO AID YMCA PROGRAMS TO FURTHER THEIR MISSIONS.

EXPENSES \$ 0. INCLUDING GRANTS OF \$ 0. REVENUE \$ 145358.

FORM 990, PART VI, SECTION B, LINE 11: A COPY OF THE FORM 990 IS PROVIDED

TO, REVIEWED, AND DISCUSSED BY THE FINANCE/AUDIT COMMITTEE OF THE

ASSOCIATION BOARD OF DIRECTORS PRIOR TO FILING. IN ADDITION, THE FORM 990

IS PROVIDED TO THE ASSOCIATION BOARD OF DIRECTORS AND DISCUSSED WITH THE

FINANCE/AUDIT COMMITTEE.

FORM 990, PART VI, SECTION B, LINE 12C: ALL ASSOCIATION BOARD OF DIRECTORS

ARE REQUIRED TO FILL OUT A CONFLICT OF INTEREST QUESTIONNAIRE ANNUALLY.

THE QUESTIONNAIRES ARE REVIEWED ANNUALLY BY THE EXECUTIVE COMMITTEE OF THE

ASSOCIATION BOARD OF DIRECTORS. WHEN AND WHERE CONFLICTS EXIST, THE BOARD

MEMBER IS REMOVED FROM THE DECISION MAKING PROCESS THAT RESULT IN THE

POTENTIAL OR PERCEIVED CONFLICT.

FORM 990, PART VI, SECTION B, LINE 15: THE CEO'S COMPENSATION IS BASED ON

LOCAL, STATE AND NATIONAL COMPARABILITY DATA, BOARD APPROVED SALARY RANGE

AND PERFORMANCE. THE CEO'S COMPENSATION IS REVIEWED ANNUALLY BY THE

EXECUTIVE COMMITTEE, WITH PERFORMANCE INPUT BY THE ENTIRE BOARD. FINAL

COMPENSATION IS RECOMMENDED TO THE ASSOCIATION BOARD OF DIRECTORS FOR

APPROVAL.

THE SALARY RANGES FOR ALL POSITIONS ARE REVIEWED ANNUALLY BY THE HUMAN

RESOURCE COMMITTEE OF THE ASSOCIATION BOARD OF DIRECTORS. RANGES ARE

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

Schedule O (Form 990) 2009

932211  
02-03-10

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization	YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE PIKES PEAK REGION	Employer identification number 84-0404266
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REVIEWED WITH COMPARABLE DATA FROM THE YMCA OF THE USA AND LOCAL EMPLOYERS.

THE HUMAN RESOURCES COMMITTEE RECOMMENDS THE SALARY RANGES AND ANNUAL

COMPENSATION GUIDELINES TO THE ASSOCIATION BOARD OF DIRECTORS FOR FINAL

APPROVAL.

FORM 990, PART VI, SECTION C, LINE 19: THE YMCA OF THE PIKES PEAK REGION

MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL

STATEMENTS AVAILABLE FOR THE PUBLIC TO REVIEW IN THE OFFICE OF THE

EXECUTIVE ASSISTANT TO THE PRESIDENT/CEO.

FORM 990 PART XI LINE 2C: PROCESS HAS NOT CHANGED





**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		X
<b>b</b> Gift, grant, or capital contribution to other organization(s)		X
<b>c</b> Gift, grant, or capital contribution from other organization(s)		X
<b>d</b> Loans or loan guarantees to or for other organization(s)		X
<b>e</b> Loans or loan guarantees by other organization(s)		X
<b>f</b> Sale of assets to other organization(s)		X
<b>g</b> Purchase of assets from other organization(s)		X
<b>h</b> Exchange of assets		X
<b>i</b> Lease of facilities, equipment, or other assets to other organization(s)		X
<b>j</b> Lease of facilities, equipment, or other assets from other organization(s)		X
<b>k</b> Performance of services or membership or fundraising solicitations for other organization(s)		X
<b>l</b> Performance of services or membership or fundraising solicitations by other organization(s)		X
<b>m</b> Sharing of facilities, equipment, mailing lists, or other assets		X
<b>n</b> Sharing of paid employees		X
<b>o</b> Reimbursement paid to other organization for expenses		X
<b>p</b> Reimbursement paid by other organization for expenses		X
<b>q</b> Other transfer of cash or property to other organization(s)		X
<b>r</b> Other transfer of cash or property from other organization(s)		X

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(1)	(a) Name of other organization(s)	(b) Transaction type (a-r)	(c) Amount involved
(1)	YMCA FOUNDATION		0.
(2)			
(3)			
(4)			
(5)			
(6)			



2009 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction in Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
3	BUILDINGS	VARIOUS	SL	.000			46594069.				46594069.	11113632.		1,330,419.	12444051.
	* 990 PAGE 10 TOTAL														
	BUILDINGS	VARIOUS	SL	.000			46594069.				46594069.	11113632.		1,330,419.	12444051.
	FURNITURE & FIXTURES	VARIOUS	SL	.000			4,089,778.				4,089,778.	3,008,868.		383,279.	3,392,147.
	* 990 PAGE 10 TOTAL														
	FURNITURE & FIXTURES	VARIOUS	SL	.000			4,089,778.				4,089,778.	3,008,868.		383,279.	3,392,147.
	TRANSPORTATION EQUIPMENT	VARIOUS	SL	.000			146,056.				146,056.	123,833.		5,938.	129,771.
	* 990 PAGE 10 TOTAL														
	VEHICLES	VARIOUS	SL	.000			146,056.				146,056.	123,833.		5,938.	129,771.
	* 990 PAGE 10 TOTAL														
	TRANSPORTATION EQUIPMENT	VARIOUS	SL	.000			7,675,026.				7,675,026.	0.		0.	0.
	LAND	VARIOUS	SL	.000			7,675,026.				7,675,026.	0.		0.	0.
	* 990 PAGE 10 TOTAL LAND														
	OTHER	VARIOUS	SL	.000			656,573.				656,573.	0.		0.	0.
	* 990 PAGE 10 TOTAL OTHER														
	* GRAND TOTAL 990 PAGE 10 DEPR						59161502.				59161502.	14246333.		1,719,636.	15965969.

928111 04-24-09

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone





# Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box  **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form). **Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

## Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

<b>Type or print</b>  File by the due date for filing your return. See instructions.	Name of Exempt Organization <b>YMCA OF THE PIKES PEAK REGION</b>	Employer identification number <b>84-04266</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>207 N. NEVADA AVE.</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>COLORADO SPRINGS, CO 80903</b>	

### Check type of return to be filed (file a separate application for each return):

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

• The books are in the care of ► THE ORGANIZATION

Telephone No. ► 719-329-7203 FAX No. ► \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the whole group, check this box  . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until AUG. 15, 2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- calendar year 2009 or
- tax year beginning \_\_\_\_\_, \_\_\_\_\_, and ending \_\_\_\_\_, \_\_\_\_\_.

2 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0
<b>b</b> If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0
<b>c Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	NONE

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

**For Privacy Act and Paperwork Reduction Act Notice, see Instructions.**