

Return of Organization Exempt From Income Tax

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

2009

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See specific instructions.	C Name of organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF DELAWARE Number and street (or P.O. box if mail is not delivered to street addr) Room/suite 100 WEST 10TH STREET SUITE 1100 City, town or country State ZIP code + 4 WILMINGTON DE 19801	D Employer Identification Number 51-0065748 E Telephone number (302) 571-6908 G Gross receipts \$ 32,387,261.
F Name and address of principal officer: LOUIS COXE, V 100 WEST 10TH ST WILMINGTON DE 19801		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'No,' attach a list. (see instructions)	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶	
J Website: ▶ www.ymcade.org		K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	
L Year of Formation: 1891		M State of legal domicile: DE	

Part I Summary

1	Briefly describe the organization's mission or most significant activities: <u>REFER TO ADDITIONAL INFORMATION FORM 990: PART I, LINE 1 FOR DESCRIPTION.</u>		
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	30
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	30
5	Total number of employees (Part V, line 2a)	5	2,507
6	Total number of volunteers (estimate if necessary)	6	1,892
7a	Total gross unrelated business revenue from Part VIII, Icolumn (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	
8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
9	Program service revenue (Part VIII, line 2g)	19,908,948.	20,913,200.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10,851,436.	9,843,282.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	502,475.	360,136.
12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	223,506.	196,256.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	31,486,365.	31,312,874.
14	Benefits paid to or for members (Part IX, column (A), line 4)		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	18,280,902.	17,958,615.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	698.	756.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 276,528.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	13,110,542.	12,899,214.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	31,392,142.	30,858,585.
19	Revenue less expenses. Subtract line 18 from line 12	94,223.	454,289.
20	Total assets (Part X, line 16)	Beginning of Year	End of Year
21	Total liabilities (Part X, line 26)	63,369,840.	63,596,663.
22	Net assets or fund balances. Subtract line 21 from line 20	27,005,215.	26,374,579.
		36,364,625.	37,222,084.

Part II Signature Block

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

Sign Here	Signature of officer _____ LOUIS COXE, V Type or print name and title.	Date 11/12/10	Preparer's identifying number (see instructions)
Paid Preparer's Use Only	Preparer's signature _____ Firm's name (or yours if self-employed), address, and ZIP + 4 HAGGERTY & HAGGERTY P.A. 510 PHILADELPHIA PIKE WILMINGTON DE 19809-2169	Date Check if self-employed <input type="checkbox"/> EIN ▶ Phone no. ▶	Preparer's identifying number (see instructions)

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:

REFER TO ADDITIONAL INFORMATION
FORM 990: PART I, LINE 1 FOR DESCRIPTION.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

If 'Yes,' describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

If 'Yes,' describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 11,077,722. including grants of \$ 0.) (Revenue \$ 4,636,000.)

CHILD CARE:

THE YMCA IS A LEADER IN NURTURING THE POTENTIAL OF EVERY CHILD AND TEEN IN CHILD CARE PROGRAMS. EVERY DAY, THE YMCA HELPS YOUNG PEOPLE DEEPEN POSITIVE VALUES, THEIR COMMITMENT TO SERVICE, AND THEIR MOTIVATION TO LEARN. OUR YMCA CHILD CARE PROGRAMS OFFER A RANGE OF EXPERIENCES THAT ENRICH COGNITIVE, SOCIAL, PHYSICAL AND EMOTIONAL GROWTH. EXPENSES INCLUDE SUBSIDIES AND DIRECT FINANCIAL ASSISTANCE THAT HELP YOUNG PEOPLE TO PARTICIPATE WHO WOULD NOT OTHERWISE BE ABLE TO AFFORD MARKET RATES. FOR ADDITIONAL DETAILS REGARDING THESE CRITICAL PROGRAMS AND THEIR IMPACT, SEE LINE 4D SUPPORT.

4b (Code:) (Expenses \$ 8,840,346. including grants of \$ 0.) (Revenue \$ 1,776,000.)

HEALTH AND WELLNESS OF YOUTH AND ADULTS:

YMCAS FOCUS ON HEALTHY LIVING BY ADVOCATING HEALTH AND WELL-BEING FROM THE INSIDE OUT - THE SPIRIT MIND AND BODY. THE YMCA PROVIDES THOUSANDS OF PEOPLE WITH THE SUPPORTIVE RELATIONSHIPS AND ENVIRONMENTS THEY NEED FOR THEIR SUCCESSFUL PURSUIT OF HEALTH AND WELL-BEING. THIS IS PARTICULARLY IMPORTANT AS OUR NATION STRUGGLES WITH AN OBESITY CRISIS, FAMILIES STRUGGLE WITH WORK/LIFE BALANCE AND INDIVIDUALS SEARCH FOR PERSONAL FULFILLMENT. WE BRING FAMILIES TOGETHER, AND OFFER SPORT, RECREATIONAL AND SOCIAL NETWORKS THAT BUILD RELATIONSHIPS AND STRENGTHEN BONDS. OUR PROGRAMS ARE ACCESSIBLE, AFFORDABLE AND OPEN TO See Form 990, Page 2, Part III, Line 4b (continued)

4c (Code:) (Expenses \$ 2,565,223. including grants of \$ 0.) (Revenue \$ 80,000.)

YOUTH DEVELOPMENT:

OUR YMCA PROVIDES A VARIETY OF PROGRAMS TO DEVELOP PERSONAL EDUCATIONAL/VOCATIONAL/LEADERSHIP SKILLS, AND WE PARTNER WITH OTHER COMMUNITY ORGANIZATIONS TO IDENTIFY AND RESPOND TO COMMUNITY NEEDS. YMCA PROGRAMS, SUCH AS TEEN JOB CORP, BACK ON TRACK, JOB READINESS, YOUTH AND GOVERNMENT, HOUSING, YOUTH MENTORING YOUTH, PEER COUNSELING, TEEN COURT, MENTAL HEALTH COURT, 2ND CHANCE MENTORING, BLAST, YELL, BRANDYWINE SOCIAL CLUB, CONFLICT RESOLUTION, BULLY PREVENTION, SUBSTANCE ABUSE PREVENTION, EMERGENCY SERVICE CORPS ARE EXAMPLES OF HOW OUR YMCA DEVELOPS SOCIAL RESPONSIBILITY THAT STRENGTHENS OUR See Form 990, Page 2, Part III, Line 4c (continued)

4d Other program services. (Describe in Schedule O.)

(Expenses \$ 5,224,701. including grants of \$ 0.) (Revenue \$ 3,451,000.)

4e Total program service expenses 27,707,992.

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	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If 'Yes,' complete Schedule C, Part II</i>		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <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	
	• 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>		
	• 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>		
	• 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>		
	• 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>		
	• Did the organization report an amount for other liabilities in Part X, line 25? <i>If 'Yes,' complete Schedule D, Part X</i>		
	• 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>		
12	Did the organization obtain separate, independent audited financial statement 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 statement for the tax year? <i>If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional</i>	X	
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, and 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 Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I</i>		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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>		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? Note. All Form 990 filers are required to complete Schedule O	X	

BAA

Form 990 (2009)

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1 a	Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	1 a 62		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1 b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2 a	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		
	2 a 2,507		
2 b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O		
4 a	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	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.		
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6 a	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	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If 'Yes,' indicate the number of Forms 8282 filed during the year		
	7 d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		X
b	Did the organization make any distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12		
	10 a		
b	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
	10 b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from other members or shareholders		
	11 a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
	11 b		
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year		
	12 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
1 a Enter the number of voting members of the governing body	1 a 30		
b Enter the number of voting members that are independent	1 b 30		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?	2		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6 Does the organization have members or stockholders?	6		X
7 a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7 a		X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7 b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8 a	X	
b Each committee with authority to act on behalf of the governing body?	8 b	X	
9 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	9		X

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

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

Section C. Disclosures

- 17** List the states with which a copy of this Form 990 is required to be filed ► _____
- 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:
 ► LOUIS COXE, VP OF FINANCE/IS 100 WEST 10TH ST, STE 1100 WILMINGTON DE 19801 (302) 571-6908

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

1 a 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 employees.'
- 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			
LYNN C. JONES CHAIR	0.50	X						0.	0.	0.
JOSEPH E. JOHNSON VICE CHAIR	0.50	X						0.	0.	0.
BRUCE H. COLBOURN VICE CHAIR	0.50	X						0.	0.	0.
WILLIE F. HENRY, JR. VICE CHAIR	0.50	X						0.	0.	0.
LINDA WEST TREASURER	0.50	X						0.	0.	0.
ARKAN SAY SECRETARY	0.50	X						0.	0.	0.
ROBERT E. BUCCINI BOARD MEMBER	0.50	X						0.	0.	0.
JOHN C. CARNEY BOARD MEMBER	0.50	X						0.	0.	0.
WILLIAM C. CARPENTER, JR. BOARD MEMBER	0.50	X						0.	0.	0.
TONY CUCUZZELLA BOARD MEMBER	0.50	X						0.	0.	0.
BILL COMBS BOARD MEMBER	0.50	X						0.	0.	0.
TIMOTHY CRAWL-BEY BOARD MEMBER	0.50	X						0.	0.	0.
JAMES H. ERSKINE, III BOARD MEMBER	0.50	X						0.	0.	0.
WILLIAM J. FARRELL, II BOARD MEMBER	0.50	X						0.	0.	0.
JAMES McC. GEDDES BOARD MEMBER	0.50	X						0.	0.	0.
ROBERT L. HAWKINS, SR. BOARD MEMBER	0.50	X						0.	0.	0.
JAMES A. HUTCHISON, III BOARD MEMBER	0.50	X						0.	0.	0.

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

(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			
DAVID A. JULIANO BOARD MEMBER	0.50	X					0.	0.	0.	
RUTH LAWSON KIRK BOARD MEMBER	0.50	X					0.	0.	0.	
GLENN L. KOCHER BOARD MEMBER	0.50	X					0.	0.	0.	
ELIZABETH M. MCGREEVER BOARD MEMBER	0.50	X					0.	0.	0.	
C.W. MITCHELL BOARD MEMBER	0.50	X					0.	0.	0.	
MOIRA OWENS BOARD MEMBER	0.50	X					0.	0.	0.	
ROY ROPER BOARD MEMBER	0.50	X					0.	0.	0.	
DEBRA SHEARS BOARD MEMBER	0.50	X					0.	0.	0.	
LEE SPARKS, IV BOARD MEMBER	0.50	X					0.	0.	0.	
DAVID W. SPARTIN BOARD MEMBER	0.50	X					0.	0.	0.	
JOHN P. STRAFFORD BOARD MEMBER	0.50	X					0.	0.	0.	
JOHN THOMPSON BOARD MEMBER	0.50	X					0.	0.	0.	
ENID WALLACE-SIMMS BOARD MEMBER	0.50	X					0.	0.	0.	
1 b Total							820,148.	0.	140,852.	

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 ▶ 6

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If 'Yes,' complete Schedule J for such individual</i>		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? <i>If 'Yes' complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If 'Yes,' complete Schedule J for such person</i>		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
MODERN CONTROLS, INC. 7 BELLECOR DRIVE NEW CASTLE DE 19720	A/C CONTRACTOR	400,741.
EAST COAST PLUMBING, IN 26A BROOKHILL DR. NEWARK DE 19702	PLUMBING CONTRACTOR	240,000.
LANKFORD SYSCO FOOD SVC P.O. BOX 477 POCOMIKE CITY MD 21851	FOOD SERVICES	203,582.
A LASTING IMPRESSION 504 PHILADELPHIA PIKE WILMINGTON DE 19809	SPORTS APPAREL	178,237.
C RAYMOND DAVIS & SONS, P.O. BOX 157 KIMBERTON PA 19442	MECHANICAL CONTRACTORS	138,524.

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 ▶ 5

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	1 a 324,999.					
	b Membership dues	1 b 17,543,418.					
	c Fundraising events	1 c 24,633.					
	d Related organizations	1 d					
	e Government grants (contributions)	1 e 1,850,089.					
	f All other contributions, gifts, grants, and similar amounts not included above	1 f 1,170,061.					
	g Noncash contribns included in lns 1a-1f:	\$					
	h Total. Add lines 1a-1f		20,913,200.				
PROGRAM SERVICE REVENUE	2 a <u>VARIOUS PROGRAMS</u>	Business Code 900099	9,843,282.	9,843,282.	0.	0.	
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f		9,843,282.				
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)		356,559.	0.	0.	356,559.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross Rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		899,343.					
		b Less: cost or other basis and sales expenses	895,766.				
		c Gain or (loss)	3,577.				
	d Net gain or (loss)			3,577.	0.	0.	3,577.
	8 a Gross income from fundraising events (not including \$ 24,633. of contributions reported on line 1c). See Part IV, line 18	a 238,960.					
		b Less: direct expenses	b 178,621.				
		c Net income or (loss) from fundraising events		60,339.	0.	0.	60,339.
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a 133,356.						
	b Less: cost of goods sold	b 0.					
	c Net income or (loss) from sales of inventory		133,356.	0.	0.	133,356.	
Miscellaneous Revenue		Business Code					
11 a <u>MISCELLANEOUS</u>	900099		2,561.	0.	0.	2,561.	
b							
c							
d All other revenue							
e Total. Add lines 11a-11d			2,561.				
12 Total revenue. See instructions			31,312,874.	9,843,282.	0.	556,392.	

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).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(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	961,000.	96,606.	735,623.	128,771.
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	13,799,086.	12,798,008.	909,329.	91,749.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	760,493.	753,718.	6,775.	0.
9 Other employee benefits	777,870.	661,645.	106,870.	9,355.
10 Payroll taxes	1,660,166.	1,475,729.	163,253.	21,184.
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	34,800.	0.	34,800.	0.
d Lobbying				
e Prof fundraising svcs. See Part IV, ln 17	756.			756.
f Investment management fees	20,678.	0.	20,678.	0.
g Other	1,213,258.	1,061,138.	152,120.	0.
12 Advertising and promotion	360,205.	294,046.	52,455.	13,704.
13 Office expenses				
14 Information technology	68,789.	58,489.	10,300.	0.
15 Royalties				
16 Occupancy	2,824,775.	2,722,367.	102,408.	0.
17 Travel	318,678.	268,709.	47,779.	2,190.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	256,471.	159,077.	93,743.	3,651.
20 Interest	794,859.	766,043.	28,816.	0.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3,282,932.	3,282,932.	0.	0.
23 Insurance	413,167.	363,898.	49,269.	0.
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 <u>SUPPLIES</u>	1,806,985.	1,753,594.	52,455.	936.
b <u>RENTAL/MAINTENANCE OF EQUIPMENT</u>	315,054.	247,159.	64,324.	3,571.
c <u>MEMBERSHIP DUES</u>	333,189.	273,028.	59,614.	547.
d <u>PRINTING AND PUBLICATIONS</u>	369,948.	316,075.	53,873.	0.
e <u>TELEPHONE</u>	254,848.	197,909.	56,939.	0.
f All other expenses	230,578.	157,822.	72,642.	114.
25 Total functional expenses. Add lines 1 through 24f	30,858,585.	27,707,992.	2,874,065.	276,528.
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)		(B)	
		Beginning of year		End of year	
ASSETS	1	Cash — non-interest-bearing	121,579.	1	70,458.
	2	Savings and temporary cash investments	5,458,715.	2	6,376,231.
	3	Pledges and grants receivable, net	421,338.	3	314,124.
	4	Accounts receivable, net	717,882.	4	521,339.
	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		8	
	9	Prepaid expenses and deferred charges	511,054.	9	525,704.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 75,924,592.		
	b	Less: accumulated depreciation	10b 28,754,949.	47,961,736.	10c 47,169,643.
	11	Investments — publicly-traded securities	2,978,532.	11	3,438,416.
	12	Investments — other securities. See Part IV, line 11		12	
	13	Investments — program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	5,199,004.	15	5,180,748.
16	Total assets. Add lines 1 through 15 (must equal line 34)	63,369,840.	16	63,596,663.	
LIABILITIES	17	Accounts payable and accrued expenses	2,156,129.	17	2,088,637.
	18	Grants payable		18	
	19	Deferred revenue	92,824.	19	223,342.
	20	Tax-exempt bond liabilities	22,190,000.	20	21,775,000.
	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	2,566,262.	23	2,287,600.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	27,005,215.	26	26,374,579.
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	35,540,882.	27	36,398,341.
	28	Temporarily restricted net assets	314,420.	28	314,420.
	29	Permanently restricted net assets	509,323.	29	509,323.
	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, and equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances.	36,364,625.	33	37,222,084.	
34	Total liabilities and net assets/fund balances.	63,369,840.	34	63,596,663.	

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	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?	X	
	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:		
	<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> 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?		X
3b	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.		

BAA

Form 990 (2009)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF DELAWARE	Employer identification number 51-0065748
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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 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 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 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?		
(ii) a family member of a person described in (i) above?		
(iii) a 35% controlled entity of a person described in (i) or (ii) above?		

	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?		
(ii) a family member of a person described in (i) above?		
(iii) a 35% controlled entity of a person described in (i) or (ii) above?		

h Provide the following information about the supported organizations.

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')						
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						
4 Total. Add lines 1-through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%

16a **33-1/3 support test – 2009.** If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization.

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

17a **10%-facts-and-circumstances test – 2009** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.

b **10%-facts-and-circumstances test – 2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.

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

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal yr 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 "unusual grants.")	14,098,672.	17,807,030.	16,432,767.	20,162,929.	21,152,160.	89,653,558.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose	9,794,337.	10,126,379.	10,296,546.	11,028,710.	9,976,638.	51,222,610.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	23,893,009.	27,933,409.	26,729,313.	31,191,639.	31,128,798.	140,876,168.
7a Amounts included on lines 1, 2, 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year	0.	0.	0.	0.	0.	0.
c Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
8 Public support (Subtract line 7c from line 6.)						140,876,168.

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	23,893,009.	27,933,409.	26,729,313.	31,191,639.	31,128,798.	140,876,168.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	399,746.	613,542.	869,634.	502,475.	360,136.	2,745,533.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	399,746.	613,542.	869,634.	502,475.	360,136.	2,745,533.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	158,180.	218,413.	169,555.	7,413.	2,561.	556,122.
13 Total support. (add lns 9, 10c, 11, and 12.)						144,177,823.

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	97.71%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	97.33%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	1.90%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	2.01%

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 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 D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 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

Employer identification number

YOUNG MEN'S CHRISTIAN ASSOCIATION OF DELAWARE

51-0065748

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and two questions about donor advisement.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, number of easements, modified easements, monitoring policy, staff hours, expenses, and requirements of section 170(h)(4)(B)(i) and (ii).

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art and historical treasures, revenues, and assets.

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.

- 1 a 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 | 1 c |
| d Additions during the year | 1 d |
| e Distributions during the year | 1 e |
| f Ending balance | 1 f |
- 2 a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If 'Yes,' explain the arrangement in Part XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance	2,978,532.	3,579,929.			
b Contributions	85,175.	210,366.			
c Net Investment earnings, gains, and losses	533,766.	-643,360.			
d Grants or scholarships	138,201.	145,886.			
e Other expenditures for facilities and programs	0.	0.			
f Administrative expenses	20,856.	22,417.			
g End of year balance	3,438,416.	2,978,632.			

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment ▶ 85.19%
 - b Permanent endowment ▶ 14.81%
 - c Term endowment ▶ 0.00%
- 3 a 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
1 a Land		3,511,401.		3,511,401.
b Buildings		64,083,509.	23,836,350.	40,247,159.
c Leasehold improvements				
d Equipment		5,766,728.	3,963,135.	1,803,593.
e Other		2,562,954.	955,464.	1,607,490.
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				47,169,643.

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)		31,312,874.
2	Total expenses (Form 990, Part IX, column (A), line 25)		30,858,585.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		454,289.
4	Net unrealized gains (losses) on investments		
5	Donated services and use of facilities		
6	Investment expenses		
7	Prior period adjustments		
8	Other (Describe in Part XIV)		
9	Total adjustments (net). Add lines 4 through 8		
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		454,289.

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	31,873,988.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	403,171.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	178,621.
e	Add lines 2a through 2d	2e	581,792.
3	Subtract line 2e from line 1	3	31,292,196.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a	20,678.
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	20,678.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	31,312,874.

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

1	Total expenses and losses per audited financial statements	1	31,016,528.
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	178,621.
e	Add lines 2a through 2d	2e	178,621.
3	Subtract line 2e from line 1	3	30,837,907.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a	20,678.
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	20,678.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	30,858,585.

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.

Pt V Line 4 ENDOWMENT FUNDS ARE USED TO GENERATE EARNINGS FOR THE PURPOSE OF PROVIDING SCHOLARSHIPS TO YOUTHS AND FAMILIES REQUIRING ASSISTANCE.

Pt XII Line 2d SPECIAL EVENTS EXPENSE

Pt XIII Line 2d SPECIAL EVENTS EXPENSE

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.

REVENUE	(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events	
	GOLF TOURNAMENT (event type)	GOLF TOURNAMENT (event type)	25 (total number)	(Add col. (a) through col. (c))	
1	Gross receipts	19,023.	20,310.	224,260.	263,593.
2	Less: Charitable contributions	13,673.	10,960.	0.	24,633.
3	Gross income (line 1 minus line 2)	5,350.	9,350.	224,260.	238,960.
DIRECT EXPENSES	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	5,350.	9,350.	163,921.
10	Direct expense summary. Add lines 4- through 9 in column (d)				178,621.
11	Net income summary. Combine lines 3, column (d) and line 10				60,339.

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.

REVENUE	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
				(Add col. (a) through col. (c))
1	Gross revenue			
DIRECT EXPENSES	2	Cash prizes		
	3	Non-cash 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
7	Direct expense summary. Add lines 2 through 5 in column (d)			
8	Net gaming income summary. Combine lines 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 contact with a third party from whom the organization receives gaming revenue? **15a**

b If 'Yes,' enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____.

c If 'Yes,' enter name and address of the third party:

Name: ▶ -----

Address: ▶ -----

16 Gaming manager information

Name: ▶ -----

Gaming manager compensation ▶ \$ _____

Description of services provided: ▶ -----

Director/officer Employee Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? **17a**

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

	YES	NO
13		
14		
15a		
16		
17a		

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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

2009

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered 'Yes' to Form 990, Part IV, line 23.
▶ Attach to Form 990. ▶ See separate instructions.**

Open to Public Inspection

Name of the organization

Employer identification number

YOUNG MEN'S CHRISTIAN ASSOCIATION OF DELAWARE

51-0065748

Part I Questions Regarding Compensation

	Yes	No
1 a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
<input type="checkbox"/> First-class or charter travel		
<input type="checkbox"/> 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 type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
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	1 b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	
3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.		
<input checked="" type="checkbox"/> Compensation committee		
<input type="checkbox"/> Independent compensation consultant		
<input checked="" type="checkbox"/> Form 990 of other organizations		
<input type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Compensation survey or study		
<input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?	4 a	X
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4 b	X
c Participate in, or receive payment from, an equity-based compensation arrangement?	4 c	X
If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.		
5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5 a	X
b Any related organization?	5 b	X
If 'Yes' to line 5a or 5b, describe in Part III.		
6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6 a	X
b Any related organization?	6 b	X
If 'Yes' to line 6a or 6b, describe in Part III.		
7 For person 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	7	X
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If 'Yes,' describe in Part III	8	X
If 'Yes' to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) 2009

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus and incentive compensation	(iii) Other reportable compensation				
MICHAEL GRAVES	(i)	216,062.	0.	0.	25,999.	8,937.	250,998.	250,049.
	(ii)	0.	0.	0.	0.	0.	0.	0.
JAMES KELLY	(i)	145,401.	0.	0.	18,882.	11,845.	176,128.	175,063.
	(ii)	0.	0.	0.	0.	0.	0.	0.
LOUIS H. COXE, V	(i)	136,451.	0.	0.	17,796.	5,760.	160,007.	159,608.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE K
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information on Tax Exempt Bonds

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

OMB No. 1545-0047

2009

**Open to Public
Inspection**

YOUNG MEN'S CHRISTIAN ASSOCIATION OF DELAWARE

Employer identification number

51-0065748

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer	
							Yes	No	Yes	No
A	DELAWARE ECONOMIC DEVELOPMENT AUTHORITY	51-0269736	999994306	05/01/07	22,585,000.	CAPITAL IMPROVEMENT PROGRAM		X		X
B										
C										
D										
E										

Part II Proceeds

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

Part III Private Business Use

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

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

Schedule K (Form 990) 2009

Part III Private Business Use (Continued)

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts with respect to the financed property which may result in private business use?										
3b Are there any research agreements with respect to the financed property which may result in private business use?										
3c 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?										
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		%		%		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		%		%		%		%		%
6 Total of lines 4 and 5		%		%		%		%		%
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										

Part IV Arbitrage

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

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF DELAWARE	Employer identification number 51-0065748
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Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).
Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

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

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

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

Part II Loans to and/or From Interested Persons.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 26 or Form 990-EZ, Part V, line 38a.

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

Part III Grants or Assistance Benefitting Interested Persons.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 27.

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

Part IV Business Transactions Involving Interested Persons.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction \$	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
BRUCE H. COLBOURN	BOARD MEMBER	691,409.	REFER TO SCHEDULE O, PART IV		X

SCHEDULE O
(Form 990)

Supplemental Information to Form 990

OMB No. 1545-0047

2009

**Open to Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

YOUNG MEN'S CHRISTIAN ASSOCIATION OF DELAWARE

51-0065748

Pt VI-B, Line 11A THE VP OF FINANCE REVIEWS FEDERAL FORM 990 WITH THE AUDIT COMMITTEE AND THE AUDITOR PRIOR TO FILING.

Pt VI-B, Line 12c THE CONFLICT OF INTEREST POLICY IS MONITORED BY THE EXECUTIVE COMMITTEE.

Pt VI-B, Line 15 THE EXECUTIVE COMMITTEE REVIEWS AND APPROVES EXECUTIVE COMPENSATION.

Pt VI-C, Line 19 THE DOCUMENTS ARE AVAILABLE AT THE YMCA CORPORATE OFFICES, WEBSITE, & GUIDESTAR.

REFER TO SCHEDULE L, PART IV, COLUMN D:

BRUCE H. COLBURN IS AN EMPLOYEE OF PNC BANK AND A BOARD MEMBER OF THE YMCA OF DELAWARE. THE YMCA HAS A BANKING RELATIONSHIP WITH PNC BANK, NA AND THIS RELATIONSHIP WAS DISCLOSED UNDER THE YMCA'S CONFLICT OF INTEREST POLICY.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Related Organizations and Unrelated Partnerships

▶ **Complete if the organization answered 'Yes' to Form 990, Part IV, lines 33, 34, 35, 36, or 37.**
▶ **Attach to Form 990. ▶ See separate instructions.**

Name of the organization

YOUNG MEN'S CHRISTIAN ASSOCIATION OF DELAWARE

Employer identification number

51-0065748

Part I Identification of Disregarded Entities (Complete if the organization answered 'Yes' to Form 990, Part IV, line 33.)

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproportionate allocations?		(I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner?	
							Yes	No		Yes	No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
YMCA CENTRAL BRANCH MEMBER, LLC 48-1286829 100 WEST 10TH STREET WILMINGTON, DE 19801	LOW INCOME HOUSING HISTORIC PRESERVATI	DE	N/A	C	0.	4,700,000.	100.00
YMCA CENTRAL BRANCH, LLC 48-1286826 100 WEST 10TH STREET WILMINGTON, DE 19801	LOW INCOME HOUSING HISTORIC PRESERVATI	DE	YMCA C.B.M., LLC	C	35.	4,699,676.	0.01

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.

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

(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved
(1) YMCA CENTRAL BRANCH	J	83,700.
(2)		
(3)		
(4)		
(5)		
(6)		

Additional Information

990 Part I Line 1

MISSION STATEMENT:

"THE YMCA OF DELAWARE IS AN ASSOCIATION OF PEOPLE OF ALL AGES, ETHNIC GROUPS AND RELIGIOUS AFFILIATIONS THAT STRIVES TO CULTIVATE THE HUMAN POTENTIAL, SELF-ESTEEM, AND DIGNITY OF ALL PEOPLE. OUR ORGANIZATION EXISTS TO DEVELOP AND PRACTICE THE CHRISTIAN PRINCIPLES OF LOVE, CARING, INCLUSIVENESS, JUSTICE AND PEACE...AND TO ENRICH THE EMOTIONAL, PHYSICAL AND SOCIAL LIFE OF ALL INDIVIDUALS, FAMILIES AND OUR COMMUNITY."

SUPPLEMENTARY INFORMATION:

THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF DELAWARE IS A REGISTERED NOT-FOR-PROFIT, CHARITABLE, TAX-EXEMPT DELAWARE CORPORATION. THE CORPORATION WAS GRANTED TAX EXEMPTION IN OCTOBER 1933 FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) AND 509(A)(2) OF THE INTERNAL REVENUE CODE BY THE INTERNAL REVENUE SERVICE, DEPARTMENT OF THE TREASURY. AS A NOT-FOR-PROFIT, CHARITABLE AND TAX-EXEMPT ORGANIZATION THE YMCA CAN RECEIVE TAX DEDUCTIBLE CONTRIBUTIONS. THERE ARE NO INDIVIDUAL OWNERS OR SHAREHOLDERS. THE YMCA EXISTS ONLY TO SERVE THE COMMUNITY. ALL OPERATIONAL SURPLUSES ARE RETURNED TO SERVING THE COMMUNITY.

YMCA ROOTS CAN BE TRACED TO 1875 IN DELAWARE. THE YMCA OF DELAWARE HAS BEEN IN CONTINUOUS OPERATION SINCE 1889 AND WAS INCORPORATED AND RECEIVED A CHARTER FROM THE STATE OF DELAWARE IN 1891.

THE YMCA IS GOVERNED BY A BOARD OF DIRECTORS OF APPROXIMATELY 30 VOLUNTEERS. NO STAFF ARE VOTING MEMBERS OF ANY BOARD OR COMMITTEE OF THE YMCA. IN ADDITION, EACH OF THE YMCA'S BRANCHES HAVE A BRANCH BOARD OF GOVERNORS OF ABOUT 20 COMMUNITY VOLUNTEERS WHO ARE DELEGATED AUTHORITY BY THE CORPORATE BOARD FOR POLICY MATTERS SPECIFIC TO THE LOCAL COMMUNITY. THE CHAIRPERSON OF EACH BRANCH BOARD IS A MEMBER OF THE BOARD OF DIRECTORS. THIS INSURES LOCAL COMMUNITY RESPONSIVENESS. THE AUDIT COMMITTEE, MADE-UP ENTIRELY OF OUTSIDE DIRECTORS MEETS WITH THE AUDITOR WITHOUT MANAGEMENT. THE COMPENSATION COMMITTEE, MADE-UP ENTIRELY OF OUTSIDE DIRECTORS MEETS TO CERTIFY COMPLIANCE WITH INTERMEDIATE SANCTION AND EXCESSIVE COMPENSATION REGULATIONS OF THE IRS, AND RECOMMENDS SALARY ADMINISTRATION POLICIES TO THE BOARD OF DIRECTORS.

THE YMCA OF DELAWARE USES ETHICSPPOINT AS AN ANONYMOUS HOTLINE SYSTEM FOR EMPLOYEES, VOLUNTEERS, PARTICIPANTS AND THE COMMUNITY TO REPORT ETHICAL CONCERNS. REPORTS ARE AUTOMATICALLY SENT TO THE CHAIR OF THE AUDIT AND ENTERPRISE RISK MANAGEMENT COMMITTEE.

AS ONE OF THE LARGEST VOLUNTEER LED, HUMAN SERVICE ORGANIZATIONS IN DELAWARE, THE YMCA HAS AN OPPORTUNITY TO MAKE AN IMPACT ON A GREAT NUMBER OF FAMILIES AND INDIVIDUALS THROUGHOUT THE YEAR. THROUGH OUR NINE BRANCHES AND OVER 150 PROGRAM SITES, WE TOUCHED THE LIVES OF PEOPLE IN APPROXIMATELY ONE OUT OF EVERY FOUR HOUSEHOLDS IN DELAWARE. IN 2009 THE YMCA OF DELAWARE HAD 76,914 MEMBERS AND MORE THAN 100,000 PROGRAM PARTICIPANTS. THE YMCA SEEKS TO PROMOTE YOUTH DEVELOPMENT, HEALTHY LIVING, AND SOCIAL RESPONSIBILITY.

Continued

Additional Information

990 Part I Line 1

SUPPLEMENTARY INFORMATION: (CONTINUED)

OVER 175 COMMUNITY LEADERS SERVED ON OUR VARIOUS BOARDS AND COMMITTEES AND 1,210 PEOPLE VOLUNTEERED IN PROGRAM LEADERSHIP. OVER 1,500 STAFF JOINED THESE VOLUNTEERS IN SERVING THE COMMUNITY WITH A LOW ADMINISTRATIVE OVERHEAD OF LESS THAN 10%. THIS LOW ADMINISTRATIVE OVERHEAD IS ACHIEVED BY INDEXING THE ADMINISTRATIVE BUDGET TO PROGRAM EXPENSES OF THE PREVIOUS YEAR. THIS METHOD FORCES OVERHEAD TO NOT GROW FASTER THAN THE REST OF THE ORGANIZATION. OUR STEWARDSHIP SEES THAT ALL CONTRIBUTED SUPPORT GOES DIRECTLY TO PROGRAM DELIVERY.

AT THE HEART OF ALL YMCA PROGRAMS AND SERVICES IS THE DEDICATION TO THE MISSION OF THE YMCA, WHICH IS DETERMINED BY OUR VOLUNTEER LEADERSHIP IN RESPONSE TO THE CONTEMPORARY NEEDS OF THE COMMUNITY.

THIS MISSION STATEMENT IS THE GUIDE IN DEVELOPING THE DIRECTION THAT OUR COMMUNITY YMCA WILL PURSUE. FOR OVER 120 YEARS IN DELAWARE, GENERATIONS OF VOLUNTEERS FROM OUR DELAWARE COMMUNITIES HAVE "OWNED", MANAGED, AND GUIDED OUR YMCA THROUGH ITS EVOLUTION. THEIR COMMITMENT INVOLVES DEVOTING THOUSANDS OF HOURS IN VOLUNTEER ACTIVITIES RANGING FROM BOARD LEADERSHIP AND MAKING CONTRIBUTIONS, TO LEADING CLASSES AND PROGRAMS IN THE YMCA.

THE YMCA BOARD OF DIRECTORS HAS ESTABLISHED THREE PRIORITIES THROUGH A COMPREHENSIVE PLANNING PROCESS SEEKING INPUT FROM COMMUNITY LEADERS AND YMCA VOLUNTEERS. THE PRIORITIES ARE YOUTH DEVELOPMENT, HEALTHY LIVING, AND SOCIAL RESPONSIBILITY. THE Y IS A POWERFUL ASSOCIATION OF MEN, WOMEN, AND CHILDREN COMMITTED TO BRINGING ABOUT LASTING PERSONAL AND SOCIAL CHANGE. WITH A FOCUS ON NURTURING THE POTENTIAL OF EVERY CHILD AND TEEN, IMPROVING THE NATION'S HEALTH AND WELL-BEING AND PROVIDING OPPORTUNITIES TO GIVE BACK AND SUPPORT NEIGHBORS, THE Y ENABLES YOUTH, ADULTS, FAMILIES AND COMMUNITIES TO BE HEALTHY, CONFIDENT, CONNECTED AND SECURE.

OUR VOLUNTEERS HAVE COMMITTED THEMSELVES TO ENSURE THAT THE YMCA DOOR IS OPEN TO ANY FAMILY OR INDIVIDUAL THAT WOULD LIKE TO PARTICIPATE IN A PROGRAM, THROUGH THEIR COMMITMENT IN RAISING CONTRIBUTED FINANCIAL SUPPORT. THE YMCA CONSTANTLY STRESSES THE INVITATION TO FAMILIES AND INDIVIDUALS TO GROW IN THE YMCA WITH OUR COMMITMENT TO REMOVING ANY FINANCIAL BARRIERS IN OUR COMMUNITY TO YMCA SERVICES THROUGH OUR OPEN DOOR PROGRAM. IN 2009 THE YMCA AWARDED \$3,050,000 IN DIRECT FINANCIAL ASSISTANCE FOR Y MEMBERSHIPS AND PROGRAM SERVICES. THIS REPRESENTS A 21% INCREASE OVER 2008. SIGNAGE, BROCHURES, WEB AND SPECIAL MAILINGS PROMOTE THIS FINANCIAL ASSISTANCE. 4,231 PEOPLE GAVE \$767,296 TO OUR STRONG KIDS CAMPAIGN. 117 PEOPLE DESIGNATED GIFTS THROUGH THE UNITED WAY AND 37 PEOPLE MADE GIFTS TO THE ENDOWMENT.

DIVERSITY AT THE YMCA OF DELAWARE GOES WELL BEYOND JUST RACE AND GENDER. THE YMCA IS A MAJORITY FEMALE ORGANIZATION. WE SERVE ALL AGES, FROM INFANTS TO SENIOR CITIZENS. THE RACIAL, RELIGIOUS AND

Continued

Additional Information

990 Part I Line 1

GEOGRAPHIC DIVERSITY OF THE Y MIRRORS THE STATE. PEOPLE FROM THE EXTREMES OF ECONOMIC CAPACITY, PHYSICAL ABILITY AND MENTAL COMPETENCE AND EVERYONE IN BETWEEN ARE ALL BLENDED AT THE YMCA. OUR DIVERSITY IS ONE OF OUR GREATEST ASSETS. THE Y MAY JUST BE SUPPLEMENTARY INFORMATION: (CONTINUED)
THE MOST DIVERSE DOOR IN THE ENTIRE COMMUNITY.

THE YMCA OF DELAWARE IS A MEMBER ASSOCIATION OF THE YMCA OF THE USA. THE NATIONAL YMCA RECOGNIZES THE YMCA OF DELAWARE AS AN INDEPENDENT ORGANIZATION, HAVING ITS OWN CORPORATE CHARTER, BYLAWS, GOVERNING BOARD, BRANCHES, EXECUTIVE STAFF, BUILDINGS, ASSETS AND OTHER RESOURCES. IT IS AN INDEPENDENT, AUTONOMOUS ORGANIZATION, RECOGNIZED BY BUT SEPARATE FROM THE YMCA OF THE USA.

THE YMCA OF DELAWARE IS PART OF THE NETWORK OF OVER 2,600 YMCA UNITS ACROSS THE COUNTRY AND Y'S IN 124 COUNTRIES WHICH TOGETHER ARE AMERICA'S LARGEST CHARITABLE COMMUNITY SERVICE ORGANIZATION. NATIONALLY THE Y SERVES 67.7 MILLION HOUSEHOLDS, SERVING 9 MILLION YOUTHS, AND 12 MILLION ADULTS WITH 563,282 VOLUNTEERS.

Additional Information

990 Part III Line 4d

PROGRAM AREAS OF FOCUS:

YOUTH DEVELOPMENT [NURTURING THE POTENTIAL OF EVERY CHILD AND TEEN]:

CHILD CARE:

AFTERSCHOOL CARE

CHILD WATCH

EXTENDED CHILD CARE

EDUCATION AND LEADERSHIP:

AFTERSCHOOL ACADEMIC ENRICHMENT

EARLY LEARNING

HOME SCHOOL ENRICHMENT

PRE-SCHOOL GIANT STEP

TUTORING

LEADERS CLUBS

LIFE SKILLS

YOUTH AND GOVERNMENT

SWIM, SPORTS:

COMPETITIVE SWIMMING

RECREATION

YOUTH SPORTS

YOUTH SWIM LESSONS

HEALTHY LIVING [IMPROVING THE COMMUNITIES' HEALTH AND WELL-BEING]:

FAMILY TIME:

ADVENTURE GUIDES

FAMILY CAMP

FAMILY FITNESS

FAMILY NIGHTS

PARENT/CHILD PROGRAMS

HEALTH, WELL-BEING AND FITNESS:

GROUP CLASSES:

ACTIVE OLDER ADULTS

AEROBICS/DANCE

CIRCUIT TRAINING

INDOOR CYCLING

MARTIAL ARTS

STRENGTH TRAINING

YOGA

HEALTHY LIFESTYLES:

DIABETES PREVENTION PROGRAM

CPR/FIRST AID

HEALTH SCREENINGS

LIFEGUARD TRAINING

OBESITY PROGRAMS

CATCH

HEALTHY KIDS DAY

CHARTER SCHOOL PHYSICAL EDUCATION

PERSONAL FITNESS:

PERSONAL TRAINING

SMART START

WATER ACTIVITIES:

ADULT SWIM LESSONS

LAP SWIMMING

Continued

Additional Information

990 Part III Line 4d

CLASSES FOR ADULTS WITH DISABILITIES

PROGRAM AREAS OF FOCUS: (CONTINUED)

HEALTHY LIVING: (CONTINUED)

SPORTS AND RECREATION:

ADULT TEAM SPORTS

RECREATION

GROUP INTERESTS:

LIFE-LONG LEARNING

ADULT ARTS AND HUMANITIES

HEALTHY COOKING

SIGN LANGUAGE CLASSES

ESL

SOCIAL GROUPS

GROUP TRIPS

SOCIAL RESPONSIBILITY [GIVING BACK & PROVIDING SUPPORT TO OUR COMMUNITY]:

SOCIAL SERVICES:

CHILD WELFARE:

HOUSING

HOUSING SOCIAL SERVICES:

SUPPORT OF FOSTER CARE

SUPPORT FOR SUSPENDED AND DROPOUT YOUTH

ALTERNATIVE JUVENILE JUSTICE:

BACK ON TRACK

PEER COUNSELING

TEEN COURT

MENTAL HEALTH COURT

2ND CHANCE MENTORING

COMMUNITY HEALTH:

MILITARY OUTREACH INITIATIVE

WATER WISE URBAN SWIM INSTRUCTION

EMPLOYMENT AND VOCATIONAL TRAINING:

GED

TEEN JOB CORPS

QUALITY OF LIFE:

SUBSTANCE ABUSE PREVENTION

YOUTH TO ELIMINATE LOSS OF LIFE [Y.E.L.L.]

BRANDYWINE SOCIAL CLUB

CONFLICT RESOLUTION

BULLY PREVENTION

EMERGENCY SERVICES CORPS

GLOBAL SERVICES:

GLOBAL EDUCATION:

EXCHANGES

GLOBAL NETWORK:

HOSTING INTERNATIONAL VISITORS

INTERNATIONAL Y TO Y RELATIONSHIPS

INTERNATIONAL CAMP COUNSELORS

NEWCOMER/IMMIGRANTS:

ESL

WORLD SERVICE:

Continued

Additional Information

990 Part III Line 4d

DISASTER RESPONSE

GLOBAL PROGRAMMING

WORLD SERVICE CAMPAIGN

PROGRAM AREAS OF FOCUS: (CONTINUED)

SOCIAL RESPONSIBILITY: (CONTINUED)

VOLUNTEERISM AND GIVING:

FINANCIAL SUPPORT:

STRONG KIDS CAMPAIGN

VOLUNTEERS:

MANAGERIAL VOLUNTEERS

POLICY VOLUNTEERS

PROGRAM VOLUNTEERS

ADVOCACY:

GRASSROOTS/COMMUNITY ORGANIZING:

HEALTHIER COMMUNITIES

PUBLIC POLICY

**IRS e-file Signature Authorization
for an Exempt Organization**

For calendar year 2009, or fiscal year beginning _____, 2009, and ending _____.

▶ **Do not send to the IRS. Keep for your records.**
▶ **See instructions.**

2009

Department of the Treasury
Internal Revenue Service

Name of exempt organization

YOUNG MEN'S CHRISTIAN ASSOCIATION OF DELAWARE

Employer identification number

51-0065748

Name and title of officer

LOUIS COXE, V

VP OF FINANCE & IS

Part I Tax Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, or 5a**, below, and the amount on that line for the return for which you are filing this form was blank, then leave line **1b, 2b, 3b, 4b, or 5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1 a Form 990 check here <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1 b <u>31,312,874.</u>
2 a Form 990-EZ check here <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2 b _____
3 a Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3 b _____
4 a Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4 b _____
5 a Form 8868 check here <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5 b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2009 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize **HAGGERTY & HAGGERTY P.A.** to enter my PIN **15665** as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2009 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2009 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature _____ Date ▶ **11/12/2010**

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN **51084815665**
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2009 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature _____ Date _____

**ERO Must Retain This Form – See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So**

Schedule O (Form 990), Supplemental Information to Form 990

Form 990, Page 2, Part III, Line 4b (continued)

ALL FAITHS, BACKGROUNDS, ABILITIES AND INCOME LEVELS. IN 2009, WE PROVIDED \$3,050,000 IN FINANCIAL ASSISTANCE TO OVERCOME ECONOMIC BARRIERS TO PARTICIPATION. FOR ADDITIONAL DETAILS REGARDING THESE CRITICAL PROGRAMS AND THEIR IMPACT, SEE LINE 4D SUPPORT.

Schedule O (Form 990), Supplemental Information to Form 990

Form 990, Page 2, Part III, Line 4c (continued)

COMMUNITY AND BUILDS THE FOUNDATION FOR FUTURE GENERATIONS TO THRIVE. WE HAVE ENGAGED 1,210 YMCA VOLUNTEERS IN ACTIVITIES THAT BUILD SOCIAL RESPONSIBILITY. FOR ADDITIONAL DETAILS REGARDING THESE CRITICAL PROGRAMS AND THEIR IMPACT, SEE LINE 4D SUPPORT.

Schedule O (Form 990), Supplemental Information to Form 990

Form 990, Page 2, Part III, Line 4d (continued)

4d Describe the exempt purpose achievements for each of the organization's other program services. Section 501(c)(3) and (4) organizations and 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.

Code: _____ Description: CAMPING PROGRAMS:
Expenses 2,446,520. REFER TO ADDITIONAL INFORMATION-FORM 990 PART III, LINE 4D.
Grants Of 0.
Revenue.. 2,429,000.

Code: _____ Description: SPORTS AND ATHLETICS PROGRAMS:
Expenses 1,950,318. REFER TO ADDITIONAL INFORMATION-FORM 990 PART III, LINE 4D.
Grants Of 0.
Revenue.. 594,000.

Code: _____ Description: SUBSTANCE ABUSE PREVENTION PROGRAMS:
Expenses 316,574. REFER TO ADDITIONAL INFORMATION-FORM 990 PART III, LINE 4D.
Grants Of 0.
Revenue.. 0.

Code: _____ Description: FAMILY LIFE EDUCATION PROGRAMS:
Expenses 502,786. REFER TO ADDITIONAL INFORMATION-FORM 990 PART III, LINE 4D.
Grants Of 0.
Revenue.. 427,000.

Schedule O (Form 990), Supplemental Information to Form 990
Form 990, Page 2, Part III, Line 4d (continued)

Continued

4d Describe the exempt purpose achievements for each of the organization's other program services. Section 501(c)(3) and (4) organizations and 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.

Code: _____	Description: <u>RECREATION & SOCIALIZATION DISABLED PROGRAMS:</u>
Expenses _____	<u>8,503. REFER TO ADDITIONAL INFORMATION-FORM 990 PART III, LINE 4D.</u>
Grants Of _____	<u>0.</u>
Revenue .. _____	<u>1,000.</u>

