

Form **990**
 Department of the Treasury
 Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form.
 ▶ Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2013
Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 01-01-2013, 2013, and ending 12-31-2013

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER LEXINGTON KENTUCKY Doing Business As YMCA OF CENTRAL KENTUCKY Number and street (or P O box if mail is not delivered to street address) Room/suite 239 EAST HIGH STREET City or town, state or province, country, and ZIP or foreign postal code LEXINGTON, KY 40507 F Name and address of principal officer CHERYL GATZMER 239 EAST HIGH STREET LEXINGTON, KY 40507	D Employer identification number 61-0444842 E Telephone number (859) 255-9622 G Gross receipts \$ 11,267,952
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶
J Website: ▶ YMCAOFCENTRALKY.ORG		L Year of formation 1853 M State of legal domicile KY
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		

Part I Summary

1	Briefly describe the organization's mission or most significant activities TO PUT CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT BUILD HEALTHY SPIRIT, MIND AND BODY FOR ALL				
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net 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 individuals employed in calendar year 2013 (Part V, line 2a)	5		919	
6	Total number of volunteers (estimate if necessary)	6		3,068	
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a		0	
b	Net unrelated business taxable income from Form 990-T, line 34	7b		0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year		Current Year	
	9 Program service revenue (Part VIII, line 2g)	1,376,868		1,351,318	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	9,014,720		9,511,373	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	204,762		244,063	
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	136,970		109,156	
		10,733,320		11,215,910	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	38,675		33,199	
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0		0	
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	6,471,959		6,547,785	
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0		0	
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 312,981				
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	4,208,782		4,378,127	
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	10,719,416		10,959,111		
19 Revenue less expenses Subtract line 18 from line 12	13,904		256,799		
Net Assets or Fund Balances		Beginning of Current Year		End of Year	
	20 Total assets (Part X, line 16)	24,396,426		24,309,193	
	21 Total liabilities (Part X, line 26)	5,927,291		4,543,690	
22 Net assets or fund balances Subtract line 21 from line 20	18,469,135		19,765,503		

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	2014-08-06 Date			
	CHERYL GATZMER CFO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name RAYMOND G STROTHMAN	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P01354171
	Firm's name ▶ STROTHMAN & COMPANY PSC			Firm's EIN ▶ 61-1191655	
	Firm's address ▶ 325 W MAIN ST SUITE 1600 LOUISVILLE, KY 402024251			Phone no (502) 585-1600	

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission
 TO PUT CHRISTIAN PRINCIPLES IN PRACTICE THROUGH PROGRAMS THAT BUILD HEALTHY SPIRIT, MIND, AND BODY FOR ALL

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
 If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
 If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ 3,328,988 including grants of \$) (Revenue \$ 5,274,675)
 HEALTHY LIVING - SEE SCHEDULE O

4b (Code) (Expenses \$ 4,850,669 including grants of \$) (Revenue \$ 3,837,808)
 YOUTH DEVELOPMENT - SEE SCHEDULE O

4c (Code) (Expenses \$ 617,786 including grants of \$ 33,199) (Revenue \$ 398,890)
 SOCIAL RESPONSIBILITY - SEE SCHEDULE O

4d Other program services (Describe in Schedule O)
 (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 8,797,443

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

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
22	Did the organization report more than \$5,000 of grants or 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>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
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>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
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>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
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>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax 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?		No
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

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

Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed ►KY
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►CHERYL GATZMER CFO 239 EAST HIGH STREET LEXINGTON, KY 40507 (859) 367-7322

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns 1a	136,204				
	b	Membership dues 1b					
	c	Fundraising events 1c					
	d	Related organizations 1d					
	e	Government grants (contributions) 1e	419,023				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	796,091				
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f		1,351,318			
Program Service Revenue	2a	HEALTHY LIVING	713940	5,274,675	5,274,675		
	b	YOUTH DEVELOPMENT	713940	3,837,808	3,837,808		
	c	SOCIAL RESPONSIBILITY	713940	398,890	398,890		
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		9,511,373			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		-16,647		-16,647	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a	Gross rents	(i) Real	70,050			
			(ii) Personal				
			b Less rental expenses	0			
			c Rental income or (loss)	70,050			
	d	Net rental income or (loss)		70,050		70,050	
	7a	Gross amount from sales of assets other than inventory	(i) Securities	275,476			
			(ii) Other		37,276		
			b Less cost or other basis and sales expenses	52,042		0	
			c Gain or (loss)	223,434		37,276	
	d	Net gain or (loss)		260,710		260,710	
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a	39,106			
	b	Less direct expenses b		0			
c	Net income or (loss) from fundraising events		39,106		39,106		
9a	Gross income from gaming activities See Part IV, line 19	a					
b	Less direct expenses b						
c	Net income or (loss) from gaming activities						
10a	Gross sales of inventory, less returns and allowances	a					
		b Less cost of goods sold b					
		c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code					
11a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d						
12	Total revenue. See Instructions		11,215,910	9,511,373	0	353,219	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.				
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.	33,199	33,199		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members.				
5	Compensation of current officers, directors, trustees, and key employees.	666,318		666,318	
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.	4,892,604	4,271,494	417,074	204,036
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).				
9	Other employee benefits.	553,560	413,325	116,218	24,017
10	Payroll taxes.	435,303	347,467	72,441	15,395
11	Fees for services (non-employees)				
a	Management.				
b	Legal.	119		119	
c	Accounting.	38,681		38,681	
d	Lobbying.				
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	244,396	112,162	106,320	25,914
12	Advertising and promotion.	279,921	105,478	160,827	13,616
13	Office expenses.	298,033	219,768	75,203	3,062
14	Information technology.				
15	Royalties.				
16	Occupancy.	1,524,987	1,518,795	6,192	
17	Travel.				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	97,083	46,787	29,363	20,933
20	Interest.				
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	628,285	618,446	9,839	
23	Insurance.	66,669	65,702	967	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	PROGRAM SUPPLIES	483,786	467,910	15,729	147
b	EQUIPMENT SERVICES	354,559	282,032	70,328	2,199
c	MISCELLANEOUS	151,781	124,429	27,217	135
d	DUES AND MEMBERSHIPS	120,532	111,642	8,615	275
e	All other expenses	89,295	58,807	27,236	3,252
25	Total functional expenses. Add lines 1 through 24e.	10,959,111	8,797,443	1,848,687	312,981
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash-non-interest-bearing	205,103	1	102,161
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	251,292	3	274,504
	4 Accounts receivable, net	95,083	4	155,501
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6
	7 Notes and loans receivable, net			7
	8 Inventories for sale or use			8
	9 Prepaid expenses and deferred charges	73,552	9	134,933
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	26,679,270		
	b Less accumulated depreciation	9,143,074	17,868,529	10c
	11 Investments—publicly traded securities	5,902,867	11	6,105,898
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	24,396,426	16	24,309,193	
Liabilities	17 Accounts payable and accrued expenses	495,400	17	718,895
	18 Grants payable		18	
	19 Deferred revenue	264,005	19	188,122
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22
	23 Secured mortgages and notes payable to unrelated third parties	4,396,598	23	3,625,000
	24 Unsecured notes and loans payable to unrelated third parties	750,000	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	21,288	25	11,673
	26 Total liabilities. Add lines 17 through 25	5,927,291	26	4,543,690
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	15,263,565	27	15,566,944
	28 Temporarily restricted net assets	671,922	28	1,504,765
	29 Permanently restricted net assets	2,533,648	29	2,693,794
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	18,469,135	33	19,765,503	
34 Total liabilities and net assets/fund balances	24,396,426	34	24,309,193	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	11,215,910
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,959,111
3	Revenue less expenses Subtract line 2 from line 1	3	256,799
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	18,469,135
5	Net unrealized gains (losses) on investments	5	289,569
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	750,000
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	19,765,503

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

	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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
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?		No
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		

Additional Data

Software ID:

Software Version:

EIN: 61-0444842

Name: YOUNG MEN'S CHRISTIAN ASSOCIATION
OF GREATER LEXINGTON KENTUCKY

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BILL ALVERSON BOARD MEMBER	0 00	X						0	0	0
DAVID APPLE BOARD MEMBER	0 00	X						0	0	0
CHIEF RONNIE J BASTIN BOARD MEMBER	0 00	X						0	0	0
WILLIAM BERNARD BOARD MEMBER	0 00	X						0	0	0
ROGELIO ROGER CARBAJAL BOARD MEMBER	0 00	X						0	0	0
KEITH CARTIER BOARD MEMBER	0 00	X						0	0	0
MARILYN CLARK BOARD MEMBER	0 00	X						0	0	0
LESLIE FANNIN BOARD MEMBER	0 00	X						0	0	0
ANNISSA FRANKLIN BOARD MEMBER	0 00	X						0	0	0
JESSICA GREEN BOARD MEMBER	0 00	X						0	0	0
TOM HARRIS BOARD MEMBER	0 00	X						0	0	0
KEVIN HENRY BOARD MEMBER	0 00	X						0	0	0
RICK HESTERBERG BOARD MEMBER	0 00	X						0	0	0
CHRISTIE HOCKENSMITH BOARD MEMBER	0 00	X						0	0	0
AL ISSAC BOARD MEMBER	0 00	X						0	0	0
RODNEY JACKSON BOARD MEMBER	0 00	X						0	0	0
MARK MANUEL BOARD MEMBER	0 00	X						0	0	0
CHUCK MARTZ BOARD MEMBER	0 00	X						0	0	0
SHAMBRA MULDER BOARD MEMBER	0 00	X						0	0	0
STEPHANIE NELSON BOARD MEMBER	0 00	X						0	0	0
SETH POTEAT BOARD MEMBER	0 00	X						0	0	0
BOB QUICK BOARD MEMBER	0 00	X						0	0	0
THOMAS RAWLINGS BOARD MEMBER	0 00	X						0	0	0
STEPHANIE SARRANTONIO BOARD MEMBER	0 00	X						0	0	0
JAMES SMOAK BOARD MEMBER	0 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ALAN VANARSDALL BOARD MEMBER	0 00	X						0	0	0
SHELIA VOSE BOARD MEMBER	0 00	X						0	0	0
KENNAN WETHINGTON BOARD MEMBER	0 00	X						0	0	0
ELMER WHITAKER BOARD MEMBER	0 00	X						0	0	0
JON A WOODALL BOARD MEMBER	0 00	X						0	0	0
DAVID MARTORANO PRESIDENT/CEO	40 00			X				145,692	0	26,885
TOM BLACKMAN CEO/COO	40 00			X				66,558	0	9,714
CHERYL GATZMER CFO	40 00			X				82,586	0	16,920
J ALAN SISK VICE PRESIDENT OF HUMAN RE	40 00			X				64,870	0	15,053
TRISHA RAYNER COO	40 00			X				87,163	0	10,460
KIM SHELTON VICE PRESIDENT OF FINANCIAL DEVELOPMENT	40 00			X				69,750	0	5,468
JULIE BALOG VICE PRESIDENT OF MARKETING/COMMUNICATIONS	40 00			X				59,731	0	5,468

SCHEDULE A
(Form 990 or 990EZ)

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.
- ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER LEXINGTON KENTUCKY

Employer identification number

61-0444842

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

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

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

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2012 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
b 33 1/3% support test—2012. 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—2013. 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—2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶		

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	6,747,804	6,653,906	6,583,086	6,942,578	7,158,375	34,085,749
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	3,108,699	3,129,976	3,115,920	3,447,913	3,579,748	16,382,256
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	9,856,503	9,783,882	9,699,006	10,390,491	10,738,123	50,468,005
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	27,907	12,000	14,257	15,000	11,126	80,290
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b	27,907	12,000	14,257	15,000	11,126	80,290
8 Public support (Subtract line 7c from line 6)						50,387,715

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6	9,856,503	9,783,882	9,699,006	10,390,491	10,738,123	50,468,005
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	134,580	82,110	60,064	113,190	53,403	443,347
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	134,580	82,110	60,064	113,190	53,403	443,347
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.)	132,725	116,135	188,817	68,174	200,950	706,801
13 Total support. (Add lines 9, 10c, 11, and 12.)	10,123,808	9,982,127	9,947,887	10,571,855	10,992,476	51,618,153
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	97.620%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	97.440%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	0.860%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	1.200%

- 19a 33 1/3% support tests—2013.** 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—2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization.
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

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

Facts And Circumstances Test

Return Reference

Explanation

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2013

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. See separate instructions. Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Name of the organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER LEXINGTON KENTUCKY

Employer identification number

61-0444842

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: Line number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

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

Form for Part II Conservation Easements, including questions 1-9 and a table for 'Held at the End of the Year' with rows 2a, 2b, 2c, 2d.

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets, including questions 1a, 1b, 2, and 3.

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

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

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

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

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

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

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

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

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

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

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	4,178,427	3,845,363	3,856,815	3,619,447	3,161,708
b Contributions	131,699	62,141	76,383	1,300	37,254
c Net investment earnings, gains, and losses	411,505	299,530	-57,599	349,999	481,940
d Grants or scholarships					
e Other expenditures for facilities and programs				23,720	25,654
f Administrative expenses	72,960	28,607	30,236	40,905	35,801
g End of year balance	4,648,671	4,178,427	3,845,363	3,906,121	3,619,447

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

- a** Board designated or quasi-endowment ▶ 41 000 %
- b** Permanent endowment ▶ 59 000 %
- c** Temporarily restricted endowment ▶
The percentages in lines 2a, 2b, and 2c should equal 100%

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

	Yes	No
(i) unrelated organizations	3a(i)	No
(ii) related organizations	3a(ii)	No

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? **3b**

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

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		7,201,330		7,201,330
b Buildings		17,444,409	8,074,790	9,369,619
c Leasehold improvements		35,143	14,157	20,986
d Equipment		1,102,562	825,008	277,554
e Other		895,826	229,119	666,707
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				17,536,196

Part VII Investments—Other Securities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d. See Form 990, Part X, line 15

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

Part X Other Liabilities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	
OTHER LIABILITIES	11,673
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	11,673

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	11,505,479
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains on investments	2a	289,569	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	289,569
3	Subtract line 2e from line 1		3	11,215,910
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	0
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	11,215,910

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	10,959,111
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	10,959,111
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	0
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		5	10,959,111

Part XIII Supplemental Information

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

Return Reference	Explanation
PART X, LINE 2	IN ACCORDANCE WITH ACCOUNTING STANDARDS, THE ASSOCIATION MEASURES, RECOGNIZES, PRESENTS AND DISCLOSES IN ITS FINANCIAL STATEMENTS UNCERTAIN TAX POSITIONS THAT THEY HAVE TAKEN OR EXPECT TO TAKE ON A TAX RETURN MANAGEMENT BELIEVES THE ASSOCIATION HAS NOT TAKEN ANY UNCERTAIN TAX POSITIONS DURING THE YEARS ENDED DECEMBER 31, 2013 AND 2012, AND HAS NOT INCURRED OR ACCRUED ANY ASSOCIATED INTEREST OR PENALTIES RELATED TO THESE POSITIONS THE ORGANIZATION'S INCOME TAX RETURNS FOR THE YEARS ENDED DECEMBER 31, 2010 THROUGH 2012 ARE SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER LEXINGTON KENTUCKY

Employer identification number 61-0444842

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

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

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

2a Did the organization have a written or oral agreement with any individual... Yes No

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

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col (i), (vi) Amount paid to (or retained by) organization. Includes a Total row at the bottom.

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

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		SPECIAL EVENT (event type)	(event type)	(total number)	(add col (a) through col (c))	
Revenue	1	Gross receipts	39,106		39,106	
	2	Less Contributions				
	3	Gross income (line 1 minus line 2)	39,106		39,106	
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶				()
	11	Net income summary Subtract line 10 from line 3, column (d) ▶				39,106

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
		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	<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 Subtract line 7 from line 1, column (d) ▶				

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

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

b If "No," explain _____

.....

.....

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

b If "Yes," explain _____

.....

.....

Does the organization operate gaming activities with nonmembers? Yes No

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

13 Indicate the percentage of gaming activity operated in

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

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

Name ▶

Address ▶

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

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

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

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

Director/officer Employee Independent contractor

17 Mandatory distributions

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

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

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation
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Schedule I (Form 990)

OMB No 1545-0047

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

2013

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

Attach to Form 990

Open to Public Inspection

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Name of the organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER LEXINGTON KENTUCKY

Employer identification number 61-0444842

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC Code section if applicable, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of non-cash assistance, (h) Purpose of grant or assistance.

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

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) CASH AWARDS FOR BLACK ACHIEVERS COLLEGE SCHOLARSHIPS	27	33,125			

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
FORM 990, PART IV	AMOUNTS ARE AWARDED TO GRADUATING HIGH SCHOOL SENIORS THAT HAVE GONE THROUGH THE BLACK ACHIEVERS PROGRAM (DESCRIBED IN SCHEDULE O) WHO HAVE APPLIED TO COLLEGES AND UNIVERSITIES

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2013

Open to Public Inspection

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

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

▶ **Attach to Form 990. ▶ See separate instructions.**

▶ **Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.**

Department of the Treasury
Internal Revenue Service

Name of the organization
YOUNG MEN'S CHRISTIAN ASSOCIATION
OF GREATER LEXINGTON KENTUCKY

Employer identification number

61-0444842

Part I Questions Regarding Compensation

- 1a** 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"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax idemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes in 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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <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?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

Only 501(c)(3) and 501(c)(4) organizations only 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?
- b** Any related organization?
- 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?
- b** Any related organization?
- If "Yes," to line 6a or 6b, describe in Part III

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

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 Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a	Yes	
4b		No
4c		No
5a		No
5b		No
6a		No
6b		No
7		No
8		No
9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(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 as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) DAVID MARTORANO PRESIDENT/CEO	(i)	145,692	0	0	18,683	8,202	172,577	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
YOUNG MEN'S CHRISTIAN ASSOCIATION
OF GREATER LEXINGTON KENTUCKY

Employer identification number

61-0444842

Return Reference	Explanation
FORM 990, PART III, LINE 1	<p>THE Y IS A POWERFUL ASSOCIATION OF MEN, WOMEN AND CHILDREN COMMITTED TO STRENGTHENING COMMUNITIES THROUGH YOUTH DEVELOPMENT, HEALTHY LIVING AND SOCIAL RESPONSIBILITY OUR MISSION IS TO PUT CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT BUILD HEALTHY SPIRIT, MIND, AND BODY FOR ALL WE KNOW THAT LASTING PERSONAL AND SOCIAL CHANGE COMES ABOUT WHEN WE ALL WORK TOGETHER THAT'S WHY, AT THE Y, STRENGTHENING COMMUNITY IS OUR CAUSE EVERY DAY, WE WORK SIDE-BY-SIDE WITH OUR NEIGHBORS TO MAKE SURE THAT EVERYONE, REGARDLESS OF AGE, INCOME OR BACKGROUND, HAS THE OPPORTUNITY TO LEARN, GROW AND THRIVE FOR MORE THAN 160 YEARS IN SUPPORT OF OUR MISSION "TO PUT CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT BUILD HEALTHY SPIRIT, MIND AND BODY FOR ALL " THE YMCA OF CENTRAL KENTUCKY HAS MET THE MOST PRESSING CHALLENGES OF THE COMMUNITIES WE SERVE THROUGHOUT FAYETTE, JESSAMINE AND SCOTT COUNTIES THE CHALLENGES HAVE CHANGED OVER TIME, AND THE Y CONTINUALLY PROVIDES TIMELY, INNOVATIVE RESPONSES TODAY, A NEW SET OF ISSUES IS CALLING OUR Y TO ACT OUR REGION'S LIFESTYLE HEALTH CHOICES ARE CONTRIBUTING TO INCREASED RATES OF DISEASE AND REDUCED QUALITY OF LIFE FAMILIES ARE FINDING IT DIFFICULT TO BALANCE THEIR WORK, FAMILY AND CIVIC LIFE YOUTH, REGARDLESS OF FAMILY INCOME, ARE NOT RECEIVING THE SUPPORT THEY NEED TO DEVELOP POSITIVE SKILLS AND VALUES THAT WILL GUIDE THEM THROUGHOUT THEIR LIFE THE Y IS HERE TO ENSURE THAT EVERY CHILD AND YOUTH WILL DEEPEN POSITIVE VALUES, THEIR COMMITMENT TO SERVICE AND THEIR MOTIVATION TO LEARN THE Y DESIRES THAT EVERY FAMILY WILL BUILD STRONGER BONDS, ACHIEVE GREATER WORK/LIFE BALANCE AND BECOME MORE ENGAGED WITH THEIR COMMUNITIES THE Y WORKS WITH EVERY INDIVIDUAL TO STRENGTHEN HIS OR HER HOLISTIC WELL-BEING</p>

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>IN COMMUNITIES ACROSS THE NATION, THE Y IS A LEADING VOICE ON HEALTH AND WELL-BEING. WITH A MISSION CENTERED ON BALANCE, THE Y BRINGS FAMILIES CLOSER TOGETHER, ENCOURAGES GOOD HEALTH AND FOSTERS CONNECTIONS THROUGH FITNESS, SPORTS, FUN AND SHARED INTERESTS. AS A RESULT, MILLIONS OF YOUTH, ADULTS AND FAMILIES ARE RECEIVING THE SUPPORT, GUIDANCE AND RESOURCES NEEDED TO ACHIEVE GREATER HEALTH AND WELLBEING FOR THEIR SPIRIT, MIND AND BODY. IN 2013, WE PROVIDED \$570,714 IN FINANCIAL ASSISTANCE TO FAMILIES PARTICIPATING IN YMCA PROGRAMS FOR HEALTHY LIVING. THESE PROGRAMS ARE GROUPED INTO FOUR CATEGORIES: FAMILY TIME, HEALTH, WELL-BEING & FITNESS, SPORTS & RECREATION, AND GROUP INTERESTS.</p> <p>FAMILY TIME: THE Y BELIEVES IN BRINGING FAMILIES TOGETHER TO HAVE FUN AND GROW TOGETHER. SERVING FAMILIES HAS ALWAYS BEEN AT THE HEART OF THE Y. WE HAVE A FUNDAMENTAL DESIRE TO PROVIDE OPPORTUNITIES FOR EVERY FAMILY TO BUILD STRONGER BONDS, ACHIEVE GREATER WORK/LIFE BALANCE, AND BECOME MORE ENGAGED WITH THEIR COMMUNITIES.</p> <p>HEALTH, WELL-BEING & FITNESS: BECAUSE WE KNOW THAT HEALTHY LIFESTYLES ARE ACHIEVED THROUGH NURTURING MIND, BODY AND SPIRIT, WELL-BEING AND FITNESS AT THE Y IS SO MUCH MORE THAN JUST WORKING OUT. BEYOND FITNESS FACILITIES, WE PROVIDE EDUCATIONAL PROGRAMS TO PROMOTE HEALTHIER DECISIONS, AND OFFER A VARIETY OF PROGRAMS THAT SUPPORT PHYSICAL, INTELLECTUAL AND SPIRITUAL STRENGTH.</p> <p>SPORTS RECREATION: WE BELIEVE SPORTS, FUN AND EXPLORING NEW INTERESTS ARE NOT JUST FOR THE YOUNG. ALONG WITH IMPROVING HEALTH, WHENEVER TEAMWORK IS INVOLVED THERE IS AN ADDED BENEFIT OF BEING CONNECTED TO OTHERS. THAT IS WHY YOU WILL FIND A RANGE OF RECREATIONAL ACTIVITIES AT THE Y. WITH SOMETHING TO OFFER EVERYONE, THERE IS NO SUCH THING AS BEING TOO OLD TO GET IN THE GAME.</p> <p>GROUP INTEREST: WHETHER YOU ARE NEW TO THE COMMUNITY OR SIMPLY WANT TO PURSUE A NEW HOBBY, THE Y BRINGS TOGETHER PEOPLE WHO LOVE TO LEARN, WHETHER YOU WANT TO COOK NEW DISHES, JOIN A STUDY, CREATE POTTERY, OR SPEAK A NEW LANGUAGE, YOU WILL LEARN RIGHT ALONGSIDE OTHERS FROM YOUR COMMUNITY WHO SHARE YOUR INTERESTS.</p>

Return Reference	Explanation	
FORM 990, PART III, LINE 4B		<p>THE Y BELIEVES THAT ALL KIDS DESERVE THE OPPORTUNITY TO DISCOVER WHO THEY ARE AND WHAT THEY CAN ACHIEVE. THAT'S WHY, THROUGH THE Y, THOUSANDS OF LOCAL YOUTH TODAY ARE CULTIVATING THE VALUES, SKILLS AND RELATIONSHIPS THAT LEAD TO POSITIVE BEHAVIORS, BETTER HEALTH AND EDUCATIONAL ACHIEVEMENT. IN 2013, WE PROVIDED \$412,890 IN FINANCIAL ASSISTANCE TO FAMILIES PARTICIPATING IN YOUTH DEVELOPMENT. THESE PROGRAMS ARE GROUPED INTO FOUR CATEGORIES: CHILD CARE, SWIM, SPORTS & PLAY, CAMP, AND EDUCATION & LEADERSHIP. CHILD CARE THROUGH 20 YMCA CHILDCARE SITES, THE Y IS A CHAMPION IN THE HOLISTIC DEVELOPMENT OF CHILDREN AND YOUTH. WE FOCUS ON ASSET BUILDING AND OPERATE WITH INTENTIONAL PLANS FOR CHILD AND YOUTH DEVELOPMENT IN PARTNERSHIP WITH FAMILIES. THE Y MAINTAINS A REPUTATION IN THE COMMUNITY AS A LEADER IN THE INTEGRATION OF DEVELOPMENTAL ASSETS AND THE DEVELOPMENTAL STAGES OF CHILDREN AND YOUTH THROUGH COLLABORATION WITH OTHER YOUTH-SERVING ORGANIZATIONS. THE Y FOSTERS THE LEADERSHIP POTENTIAL AND CIVIC ENGAGEMENT OF YOUNG PEOPLE. THE Y IS A CHAMPION FOR INCLUSION AND RESPONDS TO THE COMPREHENSIVE NEEDS OF CHILDREN AND FAMILIES. THE Y SYSTEMATICALLY FOLLOWS NATIONALLY RECOGNIZED STANDARDS FOR QUALITY AND SAFETY. WE HAVE ACCREDITATION AND QUALITY STANDARDS WHICH GUIDE OUR FINANCIAL, STAFFING AND PROGRAMMATIC ACTIVITIES. OUR LICENSED Y CHILDCARE PROGRAMS FOSTER GROWTH AND DEVELOPMENT NOT ONLY IN CHILDREN BUT ALSO THEIR FAMILIES. SWIM, SPORTS & PLAY AQUATIC PROGRAMMING HAS LONG BEEN A Y MAINSTAY IN BUILDING HEALTHY SPIRIT, MIND AND BODY FOR CHILDREN AND ADULTS. THE Y'S AQUATIC PROGRAMS PROVIDE OPPORTUNITIES FOR HOLISTIC HEALTH AND WELL-BEING OFTEN WITH A FOCUS ON HEALTH SEEKERS AND THEIR FAMILIES. OUR AQUATICS PROGRAMS MEET NATIONALLY ESTABLISHED STANDARDS AND BEST PRACTICES. THE Y ACHIEVES CERTIFICATION OR ACCREDITATION BY NATIONAL PROFESSIONAL ORGANIZATIONS. THE Y FOCUSES PROGRAM AND OPERATIONAL IMPROVEMENTS ON STRENGTHENING INCLUSION, ENGAGEMENT AND RELATIONSHIPS. IN ADDITION TO THE OPERATION OF OUR OWN POOLS, THE YMCA OF CENTRAL KENTUCKY IS ENTRUSTED WITH THE OPERATION OF THE NICHOLASVILLE/JESSAMINE COUNTY WATER CENTER. THE Y SERVES AS A FREE OR HIGHLY REDUCED COST AQUATIC RESOURCE FOR OTHER AGENCIES POOL NEEDS. TO BE ESPECIALLY ACCESSIBLE FOR INCLUSION PROGRAMMING, OUR Y PROVIDES POOL TIME FOR FAYETTE COUNTY PARKS AND RECREATION ADAPTIVE AQUATICS PROGRAMS AND THE SPECIAL OLYMPICS SWIM TEAM. YOUTH SPORTS LEAGUES AT THE Y OPERATE BY THE FOLLOWING MOTTO: EVERYONE PLAYS, EVERYONE WINS. THE OBJECTIVE OF THESE SPORTS LEAGUES IS TO IMPROVE PHYSICAL HEALTH AND SELF-CONFIDENCE, FOSTER SKILL DEVELOPMENT, TEACH TEAMWORK, ENCOURAGE THE DEVELOPMENT OF THE CORE VALUES, AND ABOVE ALL, HAVE FUN. NURTURING THE POTENTIAL OF EVERY CHILD AND TEEN MEANS SUPPORTING AND EMPOWERING CHILDREN TO DEVELOP THE VALUES AND SKILLS THEY WILL CARRY WITH THEM THROUGHOUT LIFE. THOSE WHO ARE INGRAINED WITH STRONG VALUES BECOME LEADERS IN OUR COMMUNITIES. A VARIETY OF YOUTH AND TEEN PROGRAM ACTIVITIES (INCLUDING SPORT SKILLS, SPORTS LEAGUES, MARTIAL ARTS, MOVEMENT EDUCATION, YOUTH/TEEN EXERCISE PROGRAMS, LITERACY AND SOCIAL GATHERINGS) PROVIDE THE FRAMEWORK FOR INSTILLING OUR CORE VALUES OF HONESTY, CARING, RESPECT AND RESPONSIBILITY. CAMP CAMPS OFFER AN EXCITING, SAFE COMMUNITY FOR YOUNG PEOPLE TO EXPLORE THE OUTDOORS, BUILD SELF-ESTEEM, DEVELOP INTERPERSONAL SKILLS AND MAKE LASTING FRIENDSHIPS AND MEMORIES. YMCA OF CENTRAL KENTUCKY YOUTH CAMPS DEVELOP CHARACTER, PROMOTE OUR CORE VALUES OF HONESTY, CARING, RESPECT AND RESPONSIBILITY, AND ALLOW CHILDREN TO HAVE FUN ALL AT THE SAME TIME. THE CAMPING PROGRAM EXISTS TO PROVIDE EDUCATION, PROMOTE SPIRITUAL AWARENESS AND MENTAL DEVELOPMENT, PHYSICAL HEALTH AND WELL BEING, SOCIAL GROWTH AND RESPECT FOR THE ENVIRONMENT THROUGH A VARIETY OF ACTIVITIES, Y CAMPS SEEK TO HELP PARTICIPANTS ACHIEVE THEIR FULLEST POTENTIAL IN SPIRIT, MIND, AND BODY WHILE PROVIDING SAFE, HIGH-QUALITY CARE FOR CHILDREN DURING THE SUMMER MONTHS. THE Y SPECIALTY CAMPS INCLUDE EXPERIENCES IN AQUATICS, HORSEBACK RIDING, FENCING, SOCCER, AND FLAG FOOTBALL. FINANCIAL ASSISTANCE WAS AWARDED TO ENSURE THAT EVERY CHILD AND FAMILY COULD HAVE THE OPPORTUNITY TO BENEFIT FROM THIS ENRICHING SUMMER EXPERIENCE. EDUCATION & LEADERSHIP THE Y SUPPORTS PROGRAMS THAT ENHANCE KNOWLEDGE, CHARACTER DEVELOPMENT, GUIDANCE AND ENCOURAGEMENT TO HELP YOUTH DEVELOP AND REALIZE THEIR POTENTIAL. THE Y IS COMMITTED TO WORKING WITH LOCAL AND REGIONAL NONPROFIT AGENCIES IN SUPPORT OF STRONGER COMMUNITIES. PROGRAMS AND EVENTS SUCH AS ARTS AND HUMANITIES, WORK WITH REFUGEE FAMILIES, NEIGHBORHOOD EVENTS, LITERACY DAYS, BACK TO SCHOOL RALLIES THAT DISTRIBUTE FREE SCHOOL SUPPLIES, FREE BOOK GIVE-A-WAYS, NONPROFIT USE OF YMCA FACILITIES, CITY-WIDE EVENTS SUCH AS 2ND SUNDAY, BIKE LEXINGTON, ETC., TAX PREPARATION AND MORE EMPHASIZE OUR COMMITMENT TO COMMUNITY PARTNERS. THE YMCA OF CENTRAL KENTUCKY IS PROUD TO HAVE ONE OF LONGEST RUNNING YMCA BLACK ACHIEVERS PROGRAMS.</p>

Return Reference	Explanation	
	FORM 990, PART III, LINE 4B	N THE NATION SINCE 1985, THIS PROGRAM HAS CONTINUED TO PROVIDE STUDENTS IN GRADES 7 - 12 EXPOSURE TO PRESENT AND FUTURE EDUCATIONAL AND CAREER OPPORTUNITIES, INSTILL POSITIVE SOCI AL VALUES, ENCOURAGE A QUEST FOR KNOWLEDGE AND ENABLE STUDENTS TO REACH THEIR FULLEST POTE NTIAL

Return Reference	Explanation
FORM 990, PART III, LINE 4C	THE Y HAS BEEN LISTENING AND RESPONDING TO OUR COMMUNITY'S MOST CRITICAL SOCIAL NEEDS SINCE 1853 WHETHER DEVELOPING SKILLS OR EMOTIONAL WELL-BEING THROUGH EDUCATION AND TRAINING, WELCOMING AND CONNECTING DIVERSE DEMOGRAPHIC POPULATIONS THROUGH GLOBAL SERVICES, OR PREVENTING CHRONIC DISEASE AND BUILDING HEALTHIER COMMUNITIES THROUGH COLLABORATIONS WITH POLICY MAKERS, THE Y FOSTERS THE CARE AND RESPECT ALL PEOPLE NEED AND DESERVE THESE PROGRAMS ARE GROUPED INTO FOUR CATEGORIES SOCIAL SERVICES, GLOBAL SERVICES, VOLUNTEERISM & GIVING, AND ADVOCACY THROUGH THE Y, HUNDREDS OF VOLUNTEERS IN CENTRAL KENTUCKY, AND MORE THAN 500,000 VOLUNTEERS AND THOUSANDS OF DONORS, LEADERS AND PARTNERS ACROSS THE COUNTRY ARE EMPOWERING MILLIONS OF PEOPLE IN THE U S AND AROUND THE WORLD TO BE HEALTHY, CONFIDENT, CONNECTED AND SECURE ANNUALLY, MORE THAN 10,000 HOURS ARE INVESTED IN SERVICE TO THE COMMUNITY BY MORE THAN 3,000 YMCA VOLUNTEERS TOGETHER, WE MAKE SURE EVERY CHILD HAS A CHANCE AT A BRIGHTER FUTURE, PROVIDE OPPORTUNITIES FOR THE YOUNG AND YOUNG AT HEART TO ACHIEVE BETTER HEALTH AND WELL-BEING, AND GIVE EVERYONE A PLACE TO BELONG, REGARDLESS OF ANY FINANCIAL BARRIER THAT MAY EXIST

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	SINCE THE PRIOR FORM 990 WAS FILED, THE COMPANY MADE SIGNIFICANT CHANGES TO ITS GOVERNING DOCUMENTS. THE CHANGE WAS THE CREATION OF NEW COMMITTEE, "THE DIVERSITY, INCLUSION, AND GLOBAL COMMITTEE" AND THE SERVICES THEY PROVIDE.

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	UPON COMPLETION BY THE INDEPENDENT AUDITORS, THE FORM 990 AND ALL ATTACHMENTS ARE REVIEWED BY THE AUDIT COMMITTEE. AN ELECTRONIC COPY IS FORWARDED TO ALL METRO BOARD MEMBERS. THE AUDIT COMMITTEE CHAIRPERSON PRESENTS THE FORM 990 AT THE NEXT METRO BOARD OF DIRECTORS MEETING. AFTER COMMENTS AND/OR CORRECTIONS ARE NOTED, THE BOARD VOTES TO ACCEPT THE FORM FOR SUBMISSION TO THE IRS.

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	ANNUAL COMPLIANCE DESCRIPTION AND COMPLIANCE REQUEST ARE SENT TO EACH MEMBER OF THE METRO BOARD OF DIRECTORS REPLIES ARE MONITORED BY THE OFFICE OF THE CEO ANY NON-COMPLIANCE ISSUES, IF ANY, ARE SUBMITTED TO THE EXECUTIVE COMMITTEE FOR APPROVAL OR OTHER APPROPRIATE ACTION

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION OF THE CEO, COO AND CFO ARE REVIEWED ANNUALLY BY COMPENSATION COMMITTEE APPOINTED BY THE BOARD OF DIRECTORS THEIR RECOMMENDATIONS ARE THEN SUBMITTED TO THE FULL BOARD OF DIRECTORS FOR APPROVAL. BRANCH EXECUTIVE SALARIES ARE APPROVED BY THE COO, CEO AND VP OF HUMAN RESOURCES

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	A COPY OF FORM 990 IS AVAILABLE ON THE ASSOCIATION'S LOCAL AREA NETWORK SO THAT EACH BRANCH EXECUTIVE HAS THE ACCESS IN THE EVENT REQUEST ARE RECEIVED AT THE BRANCH SITE. FORM 990 IS ALSO AVAILABLE THE YMCA AND GUIDESTAR WEBSITES

Return Reference	Explanation
FORM 990, PART XI, LINE 2C	THE ORGANIZATION'S FINANCIAL STATEMENTS WERE AUDITED BY AN INDEPENDENT ACCOUNTANT AND THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR, THE ORGANIZATION HAS AN AUDIT COMMITTEE WHICH ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT

Return Reference	Explanation
FORM 990, PART VI, SECTION B LINE 10A AND 10B	THE YMCA OF CENTRAL KENTUCKY MAINTAINS THREE FULL-SERVICE FACILITIES AND TWO PROGRAM BRANCHES AS FOLLOWS 1 HIGH STREET YMCA, 239 EAST HIGH STREET, LEXINGTON KY 40507 2 BEAUMONT CENTRE FAMILY YMCA, 3251 BEAUMONT CENTRE CIRCLE, LEXINGTON KY 40513 3 NORTH LEXINGTON FAMILY YMCA, 381 LOUDON AVENUE, LEXINGTON KY 40508 4 JESSAMINE COUNTY YMCA, 220 EAST MAPLE STREET, NICHOLASVILLE KY 40356 (PROGRAM BRANCH) 5 SCOTT COUNTY YMCA, 160 EAST MAIN STREET, GEORGETOWN KY 40324 (PROGRAM BRANCH) EACH OF THE ABOVE BRANCHES HAS ITS OWN BOARD OF MANAGERS THAT ADVISES BRANCH STAFF ON PROGRAMS, COMMUNITY EVENTS, ANNUAL FUNDRAISING, AND REVIEW OF BUDGETS AND MONTHLY FINANCES ONE MEMBER OF EACH BRANCH'S BOARD OF MANAGERS IS SELECTED TO BE ON THE METROPOLITAN BOARD OF DIRECTORS EACH INDIVIDUAL BRANCH IS NOT A SEPARATE LEGAL ENTITY, BUT RATHER OPERATES AS A PART OF THE YMCA OF CENTRAL KENTUCKY, AND IS SUBJECT TO THE SUPERVISION, WRITTEN POLICIES AND PROCEDURES OF THE ENTIRE ASSOCIATION, AND IS ACCOUNTABLE TO THE BOARD OF DIRECTORS OF THE YMCA OF CENTRAL KENTUCKY