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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2017

Open to Public Inspection

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

Information about Form 990 and its instructions is at [www.irs.gov/form990](#)

Department of the Treasury
Internal Revenue Service

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 01-01-2017 , and ending 12-31-2017

B Check if applicable

☒ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ 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)

381 W LOUDON

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

LEXINGTON, KY 40507

F Name and address of principal officer

DAVID MARTORANO
381 W LOUDON
LEXINGTON, KY 40507

H(a) Is this a group return for subordinates?

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

D Employer identification number

61-0444842

E Telephone number

(859) 255-9622

G Gross receipts \$ 15,042,019

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ◀(insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW YMCAKY ORG

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1853

M State of legal domicile KY

Part I Summary

Activities & Governance

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 ☐ 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 32

4 Number of independent voting members of the governing body (Part VI, line 1b)

4 32

5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)

5 1,143

6 Total number of volunteers (estimate if necessary)

6 615

7a Total unrelated business revenue from Part VIII, column (C), line 12

7a 0

7b Net unrelated business taxable income from Form 990-T, line 34

7b 0

Revenue

8 Contributions and grants (Part VIII, line 1h)

8 2,969,156

9 Program service revenue (Part VIII, line 2g)

9 9,941,178

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

10 -229,630

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

11 216,133

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

12 12,896,837

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

13 32,424

14 Benefits paid to or for members (Part IX, column (A), line 4)

14 0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

15 6,793,886

16a Professional fundraising fees (Part IX, column (A), line 11e)

16a 0

16b Total fundraising expenses (Part IX, column (D), line 25) ▶389,421

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

17 4,618,064

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

18 11,444,374

19 Revenue less expenses Subtract line 18 from line 12

19 1,452,463

Expenses

20 Total assets (Part X, line 16)

20 44,970,562

21 Total liabilities (Part X, line 26)

21 20,716,986

22 Net assets or fund balances Subtract line 21 from line 20

22 24,253,576

Net Assets or Fund Balances

Beginning of Current Year

End of Year

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

2018-06-25

Date

DAVID MARTORANO CEO & PRESIDENT

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

BOB MORELAND CPA

Preparer's signature

BOB MORELAND CPA

Date

Check ☐ if self-employed

PTIN P00418596

Firm's name ▶ MCM CPAS & ADVISORS LLP

Firm's EIN ▶ 27-1235638

Firm's address ▶ 333 WEST VINE STREET

LEXINGTON, KY 405071368

Phone no (859) 514-7800

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2017)

Part III Statement of Program Service AccomplishmentsCheck 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 \$	5,967,335	including grants of \$	(Revenue \$	9,886,972)
See Additional Data						

4b	(Code)	(Expenses \$	5,004,598	including grants of \$	(Revenue \$	2,969,883)
See Additional Data						

4c	(Code)	(Expenses \$	375,776	including grants of \$	41,425)	(Revenue \$	68,538)
See Additional Data							

(Code)	(Expenses \$		including grants of \$	(Revenue \$	306,006)
OTHER PROGRAMS					

4d	Other program services (Describe in Schedule O)				
(Expenses \$		including grants of \$		(Revenue \$	306,006)

4e	Total program service expenses ▶	11,347,709
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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>	1 Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	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>	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	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>	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9	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>	10 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d	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>	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f 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>	12a 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>	12b	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b	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>	15	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>	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18 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>	19	No

Part IV Checklist of Required Schedules (continued)

	Yes	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?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	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>	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>	Yes	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		No
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		No
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		No
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) 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>		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>		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 "Yes," complete Schedule L, Part II</i>		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>		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>		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>		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>		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	Yes	
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>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		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>		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>		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>		No
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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>		
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>		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>		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	Yes	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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	21	
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	1,143	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
b	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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
c	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
b	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
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
d	If "Yes," indicate the number of Forms 8282 filed during the year		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	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. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders		
b	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?		
b	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.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
b	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	32	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent	32	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed: 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.
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records.
 ▶CLINTON COLLIVER 381 W LOUDON LEXINGTON, KY 40507 (859) 367-7322

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

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

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[illegible]

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

Section B. Independent Contractors

(A) Name and business address	(B) Description of services	(C) Compensation
WOODFORD PROPERTY MANAGEMENT INC NO 9 MILL CREEK PARK COMPLEX FRANKFORT, KY 40601	CLEANING SERVICES	497,697
DW WILBURN INC 153 BLUE SKY PARKWAY LEXINGTON, KY 40509	GENERAL CONTRACTOR	297,674
HAYDEN COMPANY INC 208 SOUTH MAIN ST NICHOLASVILLE, KY 40356	GENERAL CONTRACTOR	187,124
OMNI COMMERCIAL LLC PO BOX 34065 LEXINGTON, KY 40588	GENERAL CONTRACTOR	144,598

Form 990 (2017)

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .	1a	94,684			
	b Membership dues . . .	1b				
	c Fundraising events . . .	1c	44,395			
	d Related organizations	1d				
	e Government grants (contributions)	1e	136,020			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,350,184			
	g Noncash contributions included in lines 1a-1f \$ _____		42,316			
	h Total. Add lines 1a-1f		1,625,283			
Program Service Revenue		Business Code				
	2a HEALTHY LIVING	713940	9,886,972	9,886,972		
	b YOUTH DEVELOPMENT	713940	2,969,883	2,969,883		
	c SOCIAL RESPONSIBILITY	713940	68,538	68,538		
	d _____					
	e _____					
	f All other program service revenue					
	g Total. Add lines 2a-2f		12,925,393			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		14,297			14,297
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real (ii) Personal				
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other	141,253 4,031			
	b Less cost or other basis and sales expenses	59,857 10,109				
	c Gain or (loss)	81,396 -6,078				
	d Net gain or (loss)		75,318			75,318
	8a Gross income from fundraising events (not including \$ 44,395 of contributions reported on line 1c) See Part IV, line 18	a	25,756			
	b Less direct expenses	b	32,051			
	c Net income or (loss) from fundraising events		-6,295			-6,295
	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 MISCELLANEOUS REVENUE	900099	306,006	306,006			
b _____						
c _____						
d All other revenue						
e Total. Add lines 11a-11d		306,006				
12 Total revenue. See Instructions		14,940,002	13,231,399	0	83,320	

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 ☐

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.				
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	41,425	41,425		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	400,590		400,590	
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.	6,130,221	5,141,421	701,532	287,268
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).				
9 Other employee benefits.	643,481	416,956	181,665	44,860
10 Payroll taxes.	565,102	455,214	85,691	24,197
11 Fees for services (non-employees):				
a Management.				
b Legal.	13,825		13,825	
c Accounting.	25,010		25,010	
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	38,953		38,953	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	303,221	247,075	54,949	1,197
12 Advertising and promotion.	276,662	258,513	2,870	15,279
13 Office expenses.	62,025	36,483	25,542	
14 Information technology.				
15 Royalties.				
16 Occupancy.	2,384,184	2,252,837	124,103	7,244
17 Travel.				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	70,223	37,198	26,965	6,060
20 Interest.	600,703	65	600,638	
21 Payments to affiliates.	207,370	200,157	6,928	285
22 Depreciation, depletion, and amortization.	1,531,092	1,499,726	31,366	
23 Insurance.	138,985	137,951	1,034	
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 SUPPLIES/ OTHER PROGRAM	438,725	424,034	14,691	0
b MISCELLANEOUS EXPENSE	150,968	140,861	9,880	227
c EMPLOYEE EXPENSE	65,148	38,338	24,034	2,776
d DUES AND MEMBERSHIP	20,156	19,455	673	28
e All other expenses.				
25 Total functional expenses. Add lines 1 through 24e.	14,108,069	11,347,709	2,370,939	389,421
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		947,873	1	2,107,643
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		1,272,036	3	1,016,678
	4	Accounts receivable, net		374,763	4	288,364
	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		189,593	9	193,605
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a	48,941,298		
	b	Less: accumulated depreciation	10b	12,621,277		
				36,540,208	10c	36,320,021
	11	Investments—publicly traded securities		5,646,089	11	6,158,398
	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)		44,970,562	16	46,084,709	
Liabilities	17	Accounts payable and accrued expenses		1,313,421	17	762,263
	18	Grants payable			18	
	19	Deferred revenue		370,327	19	402,112
	20	Tax-exempt bond liabilities		18,301,990	20	18,391,810
	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			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		731,248	25	946,837
	26	Total liabilities. Add lines 17 through 25		20,716,986	26	20,503,022
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		20,046,804	27	21,169,445
	28	Temporarily restricted net assets		1,452,705	28	1,444,881
	29	Permanently restricted net assets		2,754,067	29	2,967,361
	Organizations that do not follow SFAS 117 (ASC 958), check here ☐ and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		24,253,576	33	25,581,687
	34	Total liabilities and net assets/fund balances		44,970,562	34	46,084,709

Part XI Reconciliation of Net AssetsCheck 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	14,940,002
2	Total expenses (must equal Part IX, column (A), line 25)	2	14,108,069
3	Revenue less expenses Subtract line 2 from line 1	3	831,933
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	24,253,576
5	Net unrealized gains (losses) on investments	5	496,178
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	25,581,687

Part XII Financial Statements and ReportingCheck 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 ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		No
b 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 ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	Yes	
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	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
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Additional Data

Software ID:
Software Version:
EIN: 61-0444842
Name: YOUNG MEN'S CHRISTIAN ASSOCIATION
OF GREATER LEXINGTON KENTUCKY

Form 990 (2017)

Form 990, Part III, Line 4a:

HEALTHY LIVING- SEE SCHEDULE OIN 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 WELL-BEING FOR THEIR SPIRIT, MIND AND BODY IN 2017, WE PROVIDED \$444,702 IN FINANCIAL ASSISTANCE TO FAMILIES PARTICIPATING IN YMCA PROGRAMS FOCUSED ON HEALTHY LIVING THESE PROGRAMS ARE GROUPED INTO FOUR CATEGORIES FAMILY TIME, HEALTH, WELL-BEING & FITNESS, SPORTS & RECREATION, AND GROUP INTERESTS FAMILY TIME THE Y BELIEVES IN BRINGING FAMILIES TOGETHER TO HAVE FUN AND GROW 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 HEALTH, WELL-BEING & FITNESS BECAUSE WE KNOW THAT HEALTHY LIFESTYLES ARE ACHIEVED THROUGH NURTURING SPIRIT, MIND, AND BODY, 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 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 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 SIMILAR INTERESTS

Form 990, Part III, Line 4b:

YOUTH DEVELOPMENT- SEE SCHEDULE OTHE YMCA BELIEVES THAT ALL KIDS DESERVE THE OPPORTUNITY TO DISCOVER WHO THEY ARE AND WHAT THEY CAN ACHIEVE THAT'S WHY, THROUGH THE YMCA, THOUSANDS OF LOCAL YOUTH TODAY ARE CULTIVATING THE VALUES, SKILLS AND RELATIONSHIPS THAT LEAD TO POSITIVE BEHAVIORS, BETTER HEALTH AND EDUCATIONAL ACHIEVEMENT IN 2017, WE PROVIDED \$518,114 IN FINANCIAL ASSISTANCE TO FAMILIES INVOLVED IN OUR YOUTH PROGRAMS THESE PROGRAMS ARE GROUPED INTO FOUR CATEGORIES CHILD CARE, SWIM, SPORTS & PLAY, CAMP, AND EDUCATION & LEADERSHIP CHILD CARE THE YMCA HELPS ALL CHILDREN REACH THEIR FULL POTENTIAL BY SUPPORTING THEIR UNIQUE YOUTH DEVELOPMENT JOURNEYS THROUGH BEFORE AND AFTER SCHOOL CARE AND CHILD WATCH PROGRAMS, THE Y ENABLES PARENTS AND FAMILY MEMBERS TO GO TO WORK OR MAKE USE OF THE Y KNOWING THEIR CHILDREN ARE IN A SAFE, STIMULATING ENVIRONMENT THE Y MAINTAINS A REPUTATION IN THE COMMUNITY AS A LEADER IN THE INTEGRATION OF DEVELOPMENTAL ASSETS AND THE DEVELOPMENTAL STAGES OF CHILDREN 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 ALL 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 CHILD CARE PROGRAMS FOSTER GROWTH AND DEVELOPMENT NOT ONLY IN CHILDREN BUT ALSO THEIR FAMILIES SWIM, SPORTS & PLAY SWIMMING HAS LONG BEEN A Y MAINSTAY IN BUILDING HEALTHY SPIRIT, MIND AND BODY THROUGH SWIM LESSONS AND WATER SAFETY FOR ALL AGES, FAMILY SWIMMING, COMPETITIVE SWIMMING TEAMS, LIFEGUARDING TRAINING AND CERTIFICATIONS AND MANY KINDS OF ADAPTIVE SWIM PROGRAMS FOR INDIVIDUALS WITH SPECIAL NEEDS THE CENTRAL KENTUCKY SWIMS SAFETY AROUND WATER PROGRAM AIMS TO DECREASE THE NUMBER OF SWIM-RELATED FATALITIES BY GIVING OVER 500 CHILDREN FROM FAYETTE AND JESSAMINE COUNTY PUBLIC SCHOOLS THE SKILLS AND CONFIDENCE THEY NEED TO SAFELY ENJOY WATER BY LEARNING CRITICAL WATER SAFETY AND SWIMMING SKILLS, WHICH RESULTS IN A DISPROPORTIONATE AMOUNT OF DEATHS AND INJURIES EACH YEAR IN ADDITION TO THE OPERATION OF OUR OWN POOLS, THE YMCA OF CENTRAL KENTUCKY IS ENTRUSTED WITH THE OPERATION OF THE NICHOLASVILLE/JESSAMINE COUNTY AQUATIC 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 Y'S 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, YOUTH/TEEN EXERCISE PROGRAMS, LITERACY AND SOCIAL GATHERINGS) PROVIDE THE FRAMEWORK FOR INSTILLING OUR CORE VALUES OF CARING, HONESTY, RESPECT AND RESPONSIBILITY THE TOYOTA BLUEGRASS MIRACLE LEAGUE, FOUNDED IN 2006, IS THE RESULT OF THE HARD WORK AND DEDICATION FROM A LEGION OF COMMUNITY LEADERS AND VOLUNTEERS WHO WANTED TO CREATE A "LEAGUE OF THEIR OWN" FOR KIDS WITH DISABILITIES INSPIRED BY SIMILAR PROGRAMS AROUND THE COUNTRY, A SPECIALLY DESIGNED FIELD AND FACILITIES ALLOWS ALL CHILDREN TO ENJOY THE GREAT AMERICAN PASTIME OF BASEBALL THE YMCA OF CENTRAL KENTUCKY HAS BEEN RUNNING THIS PROGRAM SINCE ITS INCEPTION CAMP THROUGH A VARIETY OF ACTIVITIES, Y CAMPS SEEK TO HELP YOUTH ACHIEVE THEIR FULLEST POTENTIAL IN SPIRIT, MIND, AND BODY WHILE PROVIDING FAMILIES WITH SAFE, HIGH-QUALITY CARE DURING THE SUMMER MONTHS FEW ENVIRONMENTS ARE AS SPECIAL AS CAMP, WHERE KIDS BECOME A COMMUNITY AS THEY LEARN BOTH HOW TO BE MORE INDEPENDENT AND HOW TO CONTRIBUTE TO A GROUP AS THEY ENGAGE IN PHYSICAL, SOCIAL AND EDUCATIONAL ACTIVITIES FINANCIAL ASSISTANCE IS AWARDED TO ENSURE THAT EVERY CHILD AND FAMILY HAS 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 AND HOMELESS FAMILIES, NEIGHBORHOOD EVENTS, BACK TO SCHOOL RALLIES THAT DISTRIBUTE FREE SCHOOL SUPPLIES, NONPROFIT USE OF YMCA FACILITIES, CITY-WIDE EVENTS, HEALTHY KIDS DAY , KID'S TRIATHLON, AND MORE EMPHASIZE OUR COMMITMENT TO COMMUNITY PARTNERS THE POWER SCHOLARS ACADEMY , A SIX-WEEK PROGRAM DESIGNED TO HELP YOUTH SCHOLARS AT THE MOST RISK OF SUMMER LEARNING LOSS ACHIEVE GRADE-LEVEL UNDERSTANDING IN ENGLISH AND MATHEMATICS THROUGH A PARTNERSHIP WITH BELL (BUILDING EDUCATED LEADERS FOR LIFE) AND FAYETTE COUNTY PUBLIC SCHOOLS, THIS PROGRAM WAS PROVIDED IN 2017 AT THREE ELEMENTARY SCHOOLS THE YMCA OF CENTRAL KENTUCKY IS ALSO PROUD TO HAVE ONE OF LONGEST RUNNING YMCA BLACK ACHIEVERS PROGRAMS IN THE NATION SINCE 1985, THIS PROGRAM HAS CONTINUED TO PROVIDE STUDENTS IN GRADES 6-12 EXPOSURE TO PRESENT AND FUTURE EDUCATIONAL AND CAREER OPPORTUNITIES, INSTILL POSITIVE SOCIAL VALUES, ENCOURAGE A QUEST FOR KNOWLEDGE AND ENABLE STUDENTS TO REACH THEIR FULLEST POTENTIAL

Form 990, Part III, Line 4c:

SOCIAL RESPONSIBILITY- SEE SCHEDULE O 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 POLICYMAKERS, 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, 500+ YMCA VOLUNTEERS ARE INVESTED IN SERVICE TO THE COMMUNITY 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

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			
THOMAS RAWLINGS CHAIR	1 50	X		X				0	0	0
LESLIE FANNIN SECRETARY	1 50	X		X				0	0	0
JESSICA GREEN TREASURER	1 50	X		X				0	0	0
AL ISAAC CHAIR ELECT	1 50	X		X				0	0	0
JEREMY BATES BOARD MEMBER	1 50	X						0	0	0
JOHN BLACK BOARD MEMBER	1 50	X						0	0	0
MOLLY CALDWELL BOARD MEMBER	1 50	X						0	0	0
BILL ALVERSON BOARD MEMBER	1 50	X						0	0	0
ANNISSA FRANKLIN BOARD MEMBER	1 50	X						0	0	0
ERIC GILLIAM BOARD MEMBER	1 50	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			
JAY BLANTON BOARD MEMBER	1 50	X						0	0	0
PATRICK JOHNSON BOARD MEMBER	1 50	X						0	0	0
STEVE HUPMAN BOARD MEMBER	1 50	X						0	0	0
MARK MANUEL BOARD MEMBER	1 50	X						0	0	0
CHRIS MOSSMAN BOARD MEMBER	1 50	X						0	0	0
SHAMBRA MULDER BOARD MEMBER	1 50	X						0	0	0
BRANDY OSBORNE BOARD MEMBER	1 50	X						0	0	0
GREG MULLINS BOARD MEMBER	1 50	X						0	0	0
BRYAN RAISOR BOARD MEMBER	1 50	X						0	0	0
ISA MASHNI BOARD MEMBER	1 50	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			
KEVIN ROGERS BOARD MEMBER	1 50	X						0	0	0
SHANNON SMITH BOARD MEMBER	1 50	X						0	0	0
BARBARA SLEDD BOARD MEMBER	1 50	X						0	0	0
DARYL SMITH BOARD MEMBER	1 50	X						0	0	0
JOHN SPIRES BOARD MEMBER	1 50	X						0	0	0
SHEILA VOSE BOARD MEMBER	1 50	X						0	0	0
ALLEN WAUGERMAN BOARD MEMBER	1 50	X						0	0	0
STEVE BYARS BOARD MEMBER	1 50	X						0	0	0
OZLEM EVA DAVIS BOARD MEMBER	1 50	X						0	0	0
KENNAN WETHINGTON BOARD MEMBER	1 50	X						0	0	0

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. ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 .	OMB No 1545-0047 2017 Open to Public Inspection
	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 12, 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 (Form 990 or 990-EZ))
- 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10

☒

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)
- 11

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12

☐

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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- a

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f

Enter the number of supported organizations _____
- g

Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)
(Complete only if you checked the box on line 5, 7, 8, or 9 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")						
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)2013	(b)2014	(c)2015	(d)2016	(e)2017	(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 VI)						
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 2017 (line 6, column (f) divided by line 11, column (f))	14
15	Public support percentage for 2016 Schedule A, Part II, line 14	15
16a	33 1/3% support test—2017. 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—2016. 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—2017. 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ► ☐	
b	10%-facts-and-circumstances test—2016. 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 VI 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 10 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	7,158,375	8,751,552	2,077,313	2,969,156	1,625,283	22,581,679
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	3,579,748	3,404,636	9,425,599	9,967,196	12,951,149	39,328,328
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	10,738,123	12,156,188	11,502,912	12,936,352	14,576,432	61,910,007
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	38,711	61,478	73,815	1,582,834	60,472	1,817,310
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	38,711	61,478	73,815	1,582,834	60,472	1,817,310
8	Public support. (Subtract line 7c from line 6.)						60,092,697

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	10,738,123	12,156,188	11,502,912	12,936,352	14,576,432	61,910,007
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	53,403	124,700			14,297	192,400
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b	53,403	124,700			14,297	192,400
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 VI.)	200,950	215,530	371,293	284,484	306,006	1,378,263
13	Total support. (Add lines 9, 10c, 11, and 12.)	10,992,476	12,496,418	11,874,205	13,220,836	14,896,735	63,480,670
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 2017 (line 8, column (f) divided by line 13, column (f))	15	94.660 %
16	Public support percentage from 2016 Schedule A, Part III, line 15	16	94.560 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	0.300 %
18	Investment income percentage from 2016 Schedule A, Part III, line 17	18	0.490 %

19a 33 1/3% support tests—2017. 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—2016. 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 Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>	5a	
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>	9a	
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>	9b	
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>	9c	
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>	10a	
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	10b	

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		
	11a	
	11b	
	11c	

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
	1	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		
	2	

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
	1	

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
	1	
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
	2	
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
	3	

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a ☐ The organization satisfied the Activities Test. Complete line 2 below.		
b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.		
c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
	2a	
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
	2b	
3 Parent of Supported Organizations Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
	3a	
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
	3b	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)			

Part V

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions)

Facts And Circumstances Test

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SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.

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

OMB No 1545-0047

2017

Open to Public Inspection

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" on Form 990, Part IV, line 6.

1

Total number at end of year

2

Aggregate value of contributions to (during year)

3

Aggregate value of grants from (during year)

4

Aggregate value at end of year

(a) Donor advised funds

(b) Funds and other accounts

5

Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

Yes

No

6

Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Yes

No

Part II

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

1

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

☐

Preservation of land for public use (e g , recreation or education)

☐

Protection of natural habitat

☐

Preservation of open space

☐

Preservation of an historically important land area

☐

Preservation of a certified historic structure

2

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

2a

Total number of conservation easements

2b

Total acreage restricted by conservation easements

2c

Number of conservation easements on a certified historic structure included in (a)

2d

Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

Held at the End of the Year

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

4

Number of states where property subject to conservation easement is located ►

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes

No

6

Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►

7

Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes

No

9

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

Part III

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

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

1a

If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

1b

If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i)

Revenue included on Form 990, Part VIII, line 1

(ii)

Assets included in Form 990, Part X

► \$

► \$

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a

Revenue included on Form 990, Part VIII, line 1

b

Assets included in Form 990, Part X

► \$

► \$

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

Cat No 52283D

Schedule D (Form 990) 2017

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" on 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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ 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" on 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	4,903,821	4,542,890	4,740,425	4,648,671	4,178,427
b Contributions	23,646	429,521	80,165	12,176	131,699
c Net investment earnings, gains, and losses	590,402	276,046	-277,700	79,578	411,505
d Grants or scholarships					
e Other expenditures for facilities and programs	166,020	344,636			
f Administrative expenses					72,960
g End of year balance	5,351,849	4,903,821	4,542,890	4,740,425	4,648,671

2

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

a

Board designated or quasi-endowment

44 550 %

b

Permanent endowment

55 450 %

c

Temporarily restricted endowment

0 %

The percentages on 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

(i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

No

No

b

If "Yes" on 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" on 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		8,740,850		8,740,850
b Buildings		36,842,035	11,087,411	25,754,624
c Leasehold improvements		318,613	35,762	282,851
d Equipment		2,874,884	1,493,675	1,381,209
e Other		164,916	4,429	160,487
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				36,320,021

Schedule D (Form 990) 2017

Part VII

Investments—Other Securities. Complete if the organization answered "Yes" on 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		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶		

Part VIII

Investments—Program Related.
Complete if the organization answered 'Yes' on 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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶		

Part IX

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	

Part X

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
CAPITAL LEASES	946,837	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	946,837	

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' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	15,429,278
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	496,178
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	32,051
e	Add lines 2a through 2d	2e	528,229
3	Subtract line 2e from line 1	3	14,901,049
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	38,953
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	38,953
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	14,940,002

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	14,101,167
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	32,051
e	Add lines 2a through 2d	2e	32,051
3	Subtract line 2e from line 1	3	14,069,116
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	38,953
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	38,953
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	14,108,069

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
See Additional Data Table	

Part XIII **Supplemental Information** *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 61-0444842
Name: YOUNG MEN'S CHRISTIAN ASSOCIATION
OF GREATER LEXINGTON KENTUCKY

Supplemental Information

Return Reference	Explanation
PART V, LINE 4	THE ENDOWMENT FUND PROVIDES CONSISTENT INCOME TO SUPPORT THE PROGRAMS OF THE YMCA OF CENTRAL KENTUCKY AS WE CONTINUE TO GROW ALONG WITH OUR COMMUNITY, THE EARNINGS FROM THE PRINCIPAL OF THE ENDOWMENT WILL BECOME MORE IMPORTANT TO THE LONG-TERM FINANCIAL SECURITY OF THE YMCA ENDOWMENT FUND EARNINGS PROVIDE CRITICAL SUPPORT AND CREATE OPPORTUNITIES FOR GREATER AND MORE DIVERSE PARTICIPATION

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	THE ASSOCIATION IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS CLASSIFIED BY THE INTERNAL REVENUE SERVICE AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION THE ASSOCIATION RECOGNIZES UNCERTAIN INCOME TAX POSITIONS USING THE "MORE-LIKELY-THAN-NOT" APPROACH AS DEFINED IN THE ACCOUNTING STANDARDS CODIFICATION ("ASC") NO LIABILITY FOR UNCERTAIN TAX POSITIONS HAS BEEN RECORDED IN THE ACCOMPANYING FINANCIAL STATEMENTS

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	FUNDRAISING EXPENSES NETTED WITH REVENUE ON PART VIII 32,051

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	FUNDRAISING EXPENSES NETTED WITH REVENUE ON PART VIII 32,051

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding

Fundraising or Gaming Activities

Complete if the organization answered "Yes" on 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.

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

OMB No 1545-0047

2017

Open to Public
Inspection

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" on 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
- e** ☐ Solicitation of non-government grants
- b** ☐ Internet and email solicitations
- f** ☐ Solicitation of government grants
- c** ☐ Phone solicitations
- g** ☐ Special fundraising events
- d** ☐ In-person solicitations

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(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
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total ▶						

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" on 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)
		<u>REINDEER RAMBLE</u> (event type)	<u>BLACK ACHIEVERS</u> (event type)	(total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts	41,356	28,795		70,151
	2 Less Contributions	25,025	19,370		44,395
	3 Gross income (line 1 minus line 2)	16,331	9,425		25,756
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs		2,040		2,040
	7 Food and beverages		10,671		10,671
	8 Entertainment		150		150
	9 Other direct expenses	16,659	2,531		19,190
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				32,051
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-6,295

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

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

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

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

b If "No," explain _____

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

b If "Yes," explain _____

11 Does the organization conduct 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 conducted in:							
a The organization's facility	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 10%;">13a</td> <td style="width: 80%;"></td> <td style="width: 10%; text-align: right;">%</td> </tr> <tr> <td>13b</td> <td></td> <td style="text-align: right;">%</td> </tr> </table>	13a		%	13b		%
13a		%					
13b		%					
b An outside facility							
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 provide any additional information (see instructions).

Return Reference	Explanation
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Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

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?

☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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 noncash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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 Domestic Individuals.** Complete if the organization answered "Yes" on 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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) CASH AWARDS FOR BLACK ACHIEVER SCHOLARSHIPS	28	41,425			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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
PART I, LINE 2	THE SCHOLARSHIP PROCESS FOR THE YMCA OF CENTRAL KENTUCKY BLACK ACHIEVERS IS INCLUSIVE OF A PORTFOLIO (COVER LETTER, RESUME, HONORS AND AWARDS RECEIVED, 2 WRITING ENTRIES, TEACHER AND COUNSELOR RECOMMENDATIONS, ETC), INTERVIEWS, PARENT COMMITMENT, AND PROGRAM DEDICATION EVERY SENIOR WHO FULLY COMPLETES THE SCHOLARSHIP PROCESS AND ABIDES BY ALL THE GUIDELINES SET FORTH BY THE YMCA BLACK ACHIEVERS SCHOLARSHIP COMMITTEE (A COMMITTEE RAN BY VOLUNTEERS) DURING THE CURRENT ACADEMIC YEAR RECEIVES A SCHOLARSHIP AND/OR CASH AWARD SCHOLARSHIPS ARE GIVEN THROUGH UNIVERSITIES, COLLEGES, CHURCHES AND PRIVATE DONORS, AND CASH AWARDS ARE GIVEN FROM FUNDS RAISED FOR SCHOLARSHIPS THROUGH INDIVIDUAL DONORS A STRONG PREFERENCE IS GIVEN TO SENIORS WITH SEVERAL YEARS OF PARTICIPATION IN THE BLACK ACHIEVERS PROGRAM

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**
- ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
- ▶ **Information about Schedule J (Form 990) 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 Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| ☐ First-class or charter travel | ☐ Housing allowance or residence for personal use |
| ☐ Travel for companions | ☐ Payments for business use of personal residence |
| ☐ Tax indemnification and gross-up payments | ☐ Health or social club dues or initiation fees |
| ☐ Discretionary spending account | ☐ 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.

- | | |
|--|---|
| ☐ Compensation committee | ☐ Written employment contract |
| ☐ Independent compensation consultant | ☐ Compensation survey or study |
| ☐ Form 990 of other organizations | ☒ Approval by the board or compensation committee |

4 During the year, did any person listed on 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), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on 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," on line 5a or 5b, describe in Part III.

6 For persons listed on 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," on line 6a or 6b, describe in Part III.

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

8 Were any amounts reported on 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" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b

2

1b

2

4a

No

4b

No

4c

No

5a

No

5b

No

6a

No

6b

No

7

No

8

No

9

For each individual whose compensation must be reported on 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.

[illegible]

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
------------------	-------------

Schedule K
(Form 990)

Supplemental Information on Tax-Exempt Bonds

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
► Attach to Form 990.
► Information about Schedule K (Form 990) 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 Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A COUNTY OF SCOTT KENTUCKY	61-6000775	NONEAVAIL	08-31-2015	19,000,000	SEE PART VI		X		X		X

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired	423,476							
2	Amount of bonds legally defeased								
3	Total proceeds of issue	19,000,000							
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	191,665							
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	15,808,335							
11	Other spent proceeds	3,000,000							
12	Other unspent proceeds								
13	Year of substantial completion	2016							
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X							
15	Were the bonds issued as part of an advance refunding issue?		X						
16	Has the final allocation of proceeds been made?		X						
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

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

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
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 Does the bond issue meet the private security or payment test? . . .		X						
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . .								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?		X						

Part IV Arbitrage

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

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

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

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
PART I, LINE A, COLUMN F	1) TO FINANCE THE COSTS OF THE CONSTRUCTION AND EQUIPPING OF A NEW FACILITY TO BE LOCATED AT 2681 OLD ROSEBUD ROAD IN LEXINGTON, FAYETTE COUNTY, KENTUCKY AND THE EXPANSION AND RENOVATION OF THE EXISTING FACILITY LOCATED AT 381 WEST LOUDON AVENUE, IN LEXINGTON, FAYETTE COUNTY, KENTUCKY 2) TO FINANCE THE REFUND OF THE LEXINGTON-FAYETTE URBAN COUNTY GOVERNMENT VARIABLE RATE DEMAND INDUSTRIAL BUILDING REVENUE BONDS (YMCA OF CENTRAL KENTUCKY, INC PROJECT) SERIES 1999, THE PROCEEDS OF WHICH WERE USED TO FINANCE A PORTION OF THE COSTS OF ACQUISITION, CONSTRUCTION, AND EQUIPPING FOR THE RENOVATION OF THE EXISTING YMCA FACILITY LOCATED AT 239 E HIGH STREET IN LEXINGTON, KENTUCKY, AND THE ACQUISITION AND CONSTRUCTION OF THE "YMCA NORTH" FACILITY LOCATED AT 381 WEST LOUDON AVENUE IN LEXINGTON, KENTUCKY AND THE "YMCA BEAUMONT" FACILITY LOCATED AT 3251 BEAUMONT CENTRE CIRCLE IN LEXINGTON, KENTUCKY AND OTHER CAPITAL PROJECTS OF THE YMCA

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

►Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
►Attach to Form 990.
►Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2017

Open to Public Inspection

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

Employer identification number
61-0444842

Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	6	35,449	MARKET VALUE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (<u>FLAGPOLE INSTALLATION</u>)	X	1	6,867	COST
26 Other ► (_____)				
27 Other ► (_____)				
28 Other ► (_____)				

29

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

29

30a

During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

30a

Yes

No

b

If "Yes," describe the arrangement in Part II

31

Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

31

Yes

No

32a

Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a

Yes

No

b

If "Yes," describe in Part II

33

If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

Part II**Supplemental Information.**

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference

Explanation

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ 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

2017

**Open to Public
Inspection**

Employer identification number

61-0444842

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	ANNUAL COMPLIANCE DESCRIPTION AND COMPLIANCE REQUEST ARE SENT TO EACH MEMBER OF THE ASSOCIATION 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 SITUATIONS MAY ARISE IN WHICH THE YMCA MAY WISH TO CONTRACT OR ENTER INTO AN ARRANGEMENT FOR GOODS OR SERVICES WITH INDIVIDUAL DIRECTORS OR TRUSTEES WITH FIRMS OR CORPORATIONS OF WHICH A DIRECTOR OR A TRUSTEE MAY BE A MEMBER, OFFICER, OR EMPLOYEE, IN WHICH EVENT BEFORE ENTERING INTO ANY SUCH CONTRACT OR ARRANGEMENT (I) THE TERMS OF THE CONTRACT OR ARRANGEMENT SHALL BE DISCLOSED TO THE BOARD OF DIRECTORS OR THE EXECUTIVE COMMITTEE, (II) THE BOARD OF DIRECTORS OR EXECUTIVE COMMITTEE SHALL DETERMINE THAT SUCH CONTRACT OR ARRANGEMENT IS ON TERMS AND CONDITIONS AS ADVANTAGEOUS TO THE YMCA AS CAN BE OBTAINED FROM ANY OTHER SOURCE FOR EQUIVALENT GOODS OR SERVICES, AND (III) THE BOARD OF DIRECTORS (WITH THE DIRECTOR ABSTAINING) OR THE EXECUTIVE COMMITTEE SHALL BY RESOLUTION APPROVE SUCH CONTRACT OR ARRANGEMENT THE PRESIDENT WILL ADMINISTER THE CONFLICT OF INTEREST POLICY AND ANY DISPUTED ACTION OF THE PRESIDENT, WITH RESPECT TO CONFLICT OF INTEREST MATTERS, SHALL BE RESOLVED BY THE EXECUTIVE COMMITTEE OR THE BOARD OF DIRECTORS WHICHEVER NEXT MEETS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	YUSA PERFORMS AN ANNUAL NATIONWIDE COMPENSATION STUDY AND PROVIDES COMPENSATION AND COST OF LIVING INCREASE RECOMMENDATIONS TO LOCAL YMCA'S CENTRAL KENTUCKY YMCA'S HUMAN RESOURCE COMMITTEE REVIEWS THE YUSA'S RECOMMENDATIONS ANNUALLY AGAINST LOCAL MARKET CONDITIONS AND MAKES A RECOMMENDATION TO THE BOARD OF DIRECTORS FOR FINAL APPROVAL COMPENSATION OF THE CEO IS REVIEWED ANNUALLY BY THE EXECUTIVE COMPENSATION COMMITTEE APPOINTED BY THE BOARD OF DIRECTORS THEIR RECOMMENDATION IS THEN SUBMITTED TO THE FULL BOARD OF DIRECTORS FOR APPROVAL THE COO, CFO, AND BRANCH EXECUTIVES' SALARIES ARE APPROVED BY THE CEO AND VP OF HUMAN RESOURCES

990 Schedule O, Supplemental Information

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 ACCESS IN THE EVENT REQUESTS ARE RECEIVED AT THE BRANCH SITE THE FORM 990 IS ALSO AVAILABLE VIA THE YMCA AND GUIDESTAR WEBSITES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 10A AND 10B	THE YMCA OF CENTRAL KENTUCKY MAINTAINS FOUR 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 WHITAKER FAMILY YMCA, 2681 OLD ROSEBUD ROAD, LEXINGTON, KY 40509 5 JESSAMINE COUNTY YMCA, 220 EAST MAPLE STREET, NICHOLASVILLE, KY 40356 (PROGRAM BRANCH) 6 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 ASSOCIATION 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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, 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