

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning and ending

B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER LEXINGTON KENTUCKY Doing business as YMCA OF CENTRAL KENTUCKY Number and street (or P.O. box if mail is not delivered to street address) Room/suite 381 W LOUDON City or town, state or province, country, and ZIP or foreign postal code LEXINGTON, KY 40507		D Employer identification number 61-0444842
	F Name and address of principal officer: DAVID MARTORANO SAME AS C ABOVE		E Telephone number (859) 255-9622
	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		G Gross receipts \$ 15,042,019.
	J Website: ▶ WWW.YMCAKY.ORG		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1853 M State of legal domicile: KY

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	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	1143
	6 Total number of volunteers (estimate if necessary)	6	615
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	2,969,156.	1,625,283.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	9,941,178.	12,925,393.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-229,630.	89,615.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	216,133.	299,711.
		12,896,837.	14,940,002.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	32,424.	41,425.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	6,793,886.	7,739,394.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 389,421.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,618,064.	6,327,250.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	11,444,374.	14,108,069.	
19 Revenue less expenses. Subtract line 18 from line 12	1,452,463.	831,933.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	44,970,562.	46,084,709.
	22 Net assets or fund balances. Subtract line 21 from line 20	20,716,986.	20,503,022.
		24,253,576.	25,581,687.

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		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	Date
	Firm's name ▶ MCM CPAS & ADVISORS LLP Firm's address ▶ 333 WEST VINE STREET LEXINGTON, KY 40507-1368	Check if self-employed <input type="checkbox"/>	PTIN P00418596 Firm's EIN ▶ 27-1235638 Phone no. 859-514-7800

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

YOUNG MEN'S CHRISTIAN ASSOCIATION
OF GREATER LEXINGTON KENTUCKY

Form 990 (2017)

61-0444842 Page 2

Part III Statement of Program Service Accomplishments

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

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

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

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

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

4a (Code:) (Expenses \$ 5,967,335. including grants of \$) (Revenue \$ 9,886,972.)
HEALTHY LIVING- SEE SCHEDULE O

IN COMMUNITIES ACROSS THE NATION, THE Y IS A LEADING VOICE ON HEALTH AND WELL-BEING. WITH A MISSION CENTERED ON BALANCE, THE Y BRINGS FAMILIES CLOSER TOGETHER, ENCOURAGES GOOD HEALTH AND FOSTERS CONNECTIONS THROUGH FITNESS, SPORTS, FUN AND SHARED INTERESTS. AS A RESULT, MILLIONS OF YOUTH, ADULTS AND FAMILIES ARE RECEIVING THE SUPPORT, GUIDANCE AND RESOURCES NEEDED TO ACHIEVE GREATER HEALTH AND 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 GROUPE INTO FOUR CATEGORIES: FAMILY TIME; HEALTH, WELL-BEING & FITNESS; SPORTS &

4b (Code:) (Expenses \$ 5,004,598. including grants of \$) (Revenue \$ 2,969,883.)
YOUTH DEVELOPMENT- SEE SCHEDULE O

THE 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 GROUPE INTO FOUR CATEGORIES: CHILD CARE; SWIM, SPORTS & PLAY; CAMP; AND EDUCATION & LEADERSHIP.

CHILD CARE: THE YMCA HELPS ALL CHILDREN REACH THEIR FULL POTENTIAL BY

4c (Code:) (Expenses \$ 375,776. including grants of \$ 41,425.) (Revenue \$ 68,538.)
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 GROUPE INTO FOUR CATEGORIES: SOCIAL SERVICES, GLOBAL SERVICES, VOLUNTEERISM & GIVING, AND ADVOCACY. THROUGH THE Y,

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

4e Total program service expenses **11,347,709.**

Form 990 (2017)

**YOUNG MEN'S CHRISTIAN ASSOCIATION
OF GREATER LEXINGTON KENTUCKY**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors?</i>	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
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>		X
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>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, 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>		X
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>	X	
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>	X	
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>		X
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>		X
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>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
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>	X	
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>	X	
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>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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>		X
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>		X
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>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X

**YOUNG MEN'S CHRISTIAN ASSOCIATION
OF GREATER LEXINGTON KENTUCKY**

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

**YOUNG MEN'S CHRISTIAN ASSOCIATION
OF GREATER LEXINGTON KENTUCKY**

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4b	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?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

**YOUNG MEN'S CHRISTIAN ASSOCIATION
OF GREATER LEXINGTON KENTUCKY**

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

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

Section A. Governing Body and Management

			Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1a	32		
b Enter the number of voting members included in line 1a, above, who are independent	1b	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			X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3			X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6 Did the organization have members or stockholders?	6			X
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			X
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			X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?	8a		X	
b Each committee with authority to act on behalf of the governing body?	8b		X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9			X

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		X	
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		X	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X	
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		X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		X	
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		X	
13 Did the organization have a written whistleblower policy?	13		X	
14 Did the organization have a written document retention and destruction policy?	14		X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
a The organization's CEO, Executive Director, or top management official	15a		X	
b Other officers or key employees of the organization	15b		X	
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			X
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 Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 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 - (859) 367-7322
381 W LOUDON, LEXINGTON, KY 40507

**YOUNG MEN'S CHRISTIAN ASSOCIATION
OF GREATER LEXINGTON KENTUCKY**

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) THOMAS RAWLINGS CHAIR	1.50	X		X				0.	0.	0.
(2) LESLIE FANNIN SECRETARY	1.50	X		X				0.	0.	0.
(3) JESSICA GREEN TREASURER	1.50	X		X				0.	0.	0.
(4) AL ISAAC CHAIR ELECT	1.50	X		X				0.	0.	0.
(5) JEREMY BATES BOARD MEMBER	1.50	X						0.	0.	0.
(6) JOHN BLACK BOARD MEMBER	1.50	X						0.	0.	0.
(7) MOLLY CALDWELL BOARD MEMBER	1.50	X						0.	0.	0.
(8) BILL ALVERSON BOARD MEMBER	1.50	X						0.	0.	0.
(9) ANNISSA FRANKLIN BOARD MEMBER	1.50	X						0.	0.	0.
(10) ERIC GILLIAM BOARD MEMBER	1.50	X						0.	0.	0.
(11) JAY BLANTON BOARD MEMBER	1.50	X						0.	0.	0.
(12) PATRICK JOHNSON BOARD MEMBER	1.50	X						0.	0.	0.
(13) STEVE HUPMAN BOARD MEMBER	1.50	X						0.	0.	0.
(14) MARK MANUEL BOARD MEMBER	1.50	X						0.	0.	0.
(15) CHRIS MOSSMAN BOARD MEMBER	1.50	X						0.	0.	0.
(16) SHAMBRA MULDER BOARD MEMBER	1.50	X						0.	0.	0.
(17) BRANDY OSBORNE BOARD MEMBER	1.50	X						0.	0.	0.

**YOUNG MEN'S CHRISTIAN ASSOCIATION
OF GREATER LEXINGTON KENTUCKY**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) GREG MULLINS BOARD MEMBER	1.50	X						0.	0.	0.
(19) BRYAN RAISOR BOARD MEMBER	1.50	X						0.	0.	0.
(20) ISA MASHNI BOARD MEMBER	1.50	X						0.	0.	0.
(21) KEVIN ROGERS BOARD MEMBER	1.50	X						0.	0.	0.
(22) SHANNON SMITH BOARD MEMBER	1.50	X						0.	0.	0.
(23) BARBARA SLEDD BOARD MEMBER	1.50	X						0.	0.	0.
(24) DARYL SMITH BOARD MEMBER	1.50	X						0.	0.	0.
(25) JOHN SPIRES BOARD MEMBER	1.50	X						0.	0.	0.
(26) SHEILA VOSE BOARD MEMBER	1.50	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								489,060.	0.	56,599.
d Total (add lines 1b and 1c)								489,060.	0.	56,599.

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**

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
WOODFORD PROPERTY MANAGEMENT, INC., NO. 9 MILL CREEK PARK COMPLEX, FRANKFORT, KY	CLEANING SERVICES	497,697.
D.W. 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.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **4**

SEE PART VII, SECTION A CONTINUATION SHEETS

**YOUNG MEN'S CHRISTIAN ASSOCIATION
OF GREATER LEXINGTON KENTUCKY**

Part VIII Statement of Revenue

Check 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	1 a 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	2 a HEALTHY LIVING	Business Code 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	▶					
	6 a Gross rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)	▶				
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		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.	
	8 a 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.
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities	▶					
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory	▶					
Miscellaneous Revenue		Business Code					
11 a 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.		

**YOUNG MEN'S CHRISTIAN ASSOCIATION
OF GREATER LEXINGTON KENTUCKY**

Form 990 (2017)

61-0444842 Page **10**

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to 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, lines 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 Sch. 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)

**YOUNG MEN'S CHRISTIAN ASSOCIATION
OF GREATER LEXINGTON KENTUCKY**

Form 990 (2017)

61-0444842 Page 11

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	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 instr). Complete Part II of Sch 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	48,941,298.			
	b Less: accumulated depreciation	12,621,277.			
	11 Investments - publicly traded securities	36,540,208.	10c	36,320,021.	
	12 Investments - other securities. See Part IV, line 11	5,646,089.	11	6,158,398.	
	13 Investments - program-related. See Part IV, line 11		12		
	14 Intangible assets		13		
	15 Other assets. See Part IV, line 11		14		
16 Total assets. Add lines 1 through 15 (must equal line 34)	44,970,562.	15	46,084,709.		
Liabilities	17 Accounts payable and accrued expenses	1,313,421.	16	46,084,709.	
	18 Grants payable		17	762,263.	
	19 Deferred revenue	370,327.	18	402,112.	
	20 Tax-exempt bond liabilities	18,301,990.	19	18,391,810.	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		20		
	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		21		
	23 Secured mortgages and notes payable to unrelated third parties		22		
	24 Unsecured notes and loans payable to unrelated third parties		23		
	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.	24	946,837.	
	26 Total liabilities. Add lines 17 through 25	20,716,986.	25	20,503,022.	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	20,046,804.	26	21,169,445.	
	28 Temporarily restricted net assets	1,452,705.	27	1,444,881.	
	29 Permanently restricted net assets	2,754,067.	28	2,967,361.	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		29		
	31 Paid-in or capital surplus, or land, building, or equipment fund		30		
	32 Retained earnings, endowment, accumulated income, or other funds		31		
	33 Total net assets or fund balances	24,253,576.	32	25,581,687.	
	34 Total liabilities and net assets/fund balances	44,970,562.	33	46,084,709.	

Form 990 (2017)

**YOUNG MEN'S CHRISTIAN ASSOCIATION
OF GREATER LEXINGTON KENTUCKY**

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	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 Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
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.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
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 _____		

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 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.")						
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						<input type="checkbox"/>

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 from 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		<input type="checkbox"/>
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		<input type="checkbox"/>
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		<input type="checkbox"/>
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		<input type="checkbox"/>
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		<input type="checkbox"/>

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	94.66 %
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	94.56 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	.30 %
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	.49 %

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 in line 12 on 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>		
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>		
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>		
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>		
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>		
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>		
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>		
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>		
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>		
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?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
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>		
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>		
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>		
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>		
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>		
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>		
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 10b below.</i>		
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>		

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? If "Yes" to a, b, or c, provide detail in Part VI .		
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? 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.		
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? 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.		
1		
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)? 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).		
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?		
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? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
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? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
1		
2		
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 <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> 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.		Yes	No
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? 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.			
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? 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.			
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? Provide details in Part VI .			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
2a			
2b			
3a			
3b			

YOUNG MEN'S CHRISTIAN ASSOCIATION

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):		
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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

YOUNG MEN'S CHRISTIAN ASSOCIATION

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. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result 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			

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

- ▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
- ▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Name of the organization

YOUNG MEN'S CHRISTIAN ASSOCIATION
OF GREATER LEXINGTON KENTUCKY

Employer identification number

61-0444842

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER LEXINGTON KENTUCKY	Employer identification number 61-0444842
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 96,020.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 85,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 77,873.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 56,650.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 55,294.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER LEXINGTON KENTUCKY	Employer identification number 61-0444842
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	_____ _____ _____	\$ <u>38,483.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	_____ _____ _____	\$ <u>38,400.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	_____ _____ _____	\$ <u>30,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	_____ _____ _____	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	_____ _____ _____	\$ <u>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	_____ _____ _____	\$ <u>17,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER LEXINGTON KENTUCKY	Employer identification number 61-0444842
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	_____ _____ _____	\$ <u>16,677.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
14	_____ _____ _____	\$ <u>15,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	_____ _____ _____	\$ <u>14,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	_____ _____ _____	\$ <u>13,231.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	_____ _____ _____	\$ <u>12,100.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	_____ _____ _____	\$ <u>11,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER LEXINGTON KENTUCKY	Employer identification number 61-0444842
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20		\$ 10,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER LEXINGTON KENTUCKY	Employer identification number 61-0444842
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26		\$ 9,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27		\$ 8,441.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28		\$ 8,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29		\$ 7,628.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30		\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER LEXINGTON KENTUCKY	Employer identification number 61-0444842
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31		\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32		\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33		\$ 6,868.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
34		\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35		\$ 5,832.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER LEXINGTON KENTUCKY	Employer identification number 61-0444842
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER LEXINGTON KENTUCKY	Employer identification number 61-0444842
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER LEXINGTON KENTUCKY	Employer identification number 61-0444842
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
12	STOCK, 62 SHARES OF APPLE <hr/> <hr/> <hr/>	\$ 10,049.	09/14/17
13	STOCK, 205 SHARES WALGREENS <hr/> <hr/> <hr/>	\$ 16,677.	09/13/17
33	FLAGPOLE INSTALLATION <hr/> <hr/> <hr/>	\$ 6,868.	11/27/17
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____

Name of organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER LEXINGTON KENTUCKY	Employer identification number 61-0444842
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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.

	(a) Donor advised funds	(b) Funds and other accounts
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		
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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

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

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, 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.

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

(i) 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

▶ \$ _____

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

Schedule D (Form 990) 2017

**YOUNG MEN'S CHRISTIAN ASSOCIATION
OF GREATER LEXINGTON KENTUCKY**

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. (Col. (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. (Col. (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	
(2) CAPITAL LEASES	946,837.
(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

**YOUNG MEN'S CHRISTIAN ASSOCIATION
OF GREATER LEXINGTON KENTUCKY**

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.

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.

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

Part XIII Supplemental Information (continued)

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.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES NETTED WITH REVENUE ON PART VIII 32,051.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES NETTED WITH REVENUE ON PART VIII 32,051.

YOUNG MEN'S CHRISTIAN ASSOCIATION

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) Total events (add col. (a) through col. (c))
		REINDEER RAMBLE	BLACK ACHIEVERS	NONE	
		(event type)	(event type)	(total number)	
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	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization 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: _____

**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.**
▶ **Go to www.irs.gov/Form990 for the latest information.**

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.

1 (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

- 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 ▶ _____

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

Schedule I (Form 990) (2017)

**YOUNG MEN'S CHRISTIAN ASSOCIATION
OF GREATER LEXINGTON KENTUCKY**

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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
CASH AWARDS FOR BLACK ACHIEVER SCHOLARSHIPS	28	41,425.	0.		

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

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,

Part IV Supplemental Information

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.

Lined area for supplemental information.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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 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.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

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

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

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed 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 section 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 on 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		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2017

**YOUNG MEN'S CHRISTIAN ASSOCIATION
OF GREATER LEXINGTON KENTUCKY**

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported 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 aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) DAVID MARTORANO CEO/PRESIDENT	(i)	214,861.	0.	0.	27,181.	10,570.	252,612.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Supplemental Information on Tax-Exempt Bonds

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**

▶ **Attach to Form 990.** ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

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) Pooled financing	
						Yes	No	Yes	No	Yes	No
COUNTY OF SCOTT, A KENTUCKY	61-6000775	NONEAVAIL	08/31/15	19,000,000.	SEE PART VI		X		X		X
B											
C											
D											

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							

**YOUNG MEN'S CHRISTIAN ASSOCIATION
OF GREATER LEXINGTON KENTUCKY**

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 non-governmental 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?								

**YOUNG MEN'S CHRISTIAN ASSOCIATION
OF GREATER LEXINGTON KENTUCKY**

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

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
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 isn't available under applicable regulations?		X						

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

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)**

Noncash Contributions

OMB No. 1545-0047

2017

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for the latest information.

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 ▶ (FLAGPOLE INST)	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**

	Yes	No
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 isn't required to be used for exempt purposes for the entire holding period?		X
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?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2017

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

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

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

TO PUT CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT BUILD
HEALTHY SPIRIT, MIND, AND BODY FOR ALL.

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

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.

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

Schedule O (Form 990 or 990-EZ) (2017)

Name of the organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER LEXINGTON KENTUCKY	Employer identification number 61-0444842
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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, PROGRAM SERVICE ACCOMPLISHMENTS:

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

Name of the organization	YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER LEXINGTON KENTUCKY	Employer identification number	61-0444842
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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

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

Employer identification number
61-0444842

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,

Name of the organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER LEXINGTON KENTUCKY	Employer identification number 61-0444842
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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, PROGRAM SERVICE ACCOMPLISHMENTS:

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 III, LINE 4D, OTHER PROGRAM SERVICES:

Name of the organization	YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER LEXINGTON KENTUCKY	Employer identification number	61-0444842
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OTHER PROGRAMS

EXPENSES \$ 0. INCLUDING GRANTS OF \$ 0. REVENUE \$ 306,006.

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.

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

Name of the organization	YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER LEXINGTON KENTUCKY	Employer identification number	61-0444842
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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.

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.

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.

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

Name of the organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER LEXINGTON KENTUCKY	Employer identification number 61-0444842
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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.

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.

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

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**

▶ **Information about Form 8868 and its instructions is at www.irs.gov/form8868 .**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

		Enter filer's identifying number
File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER LEXINGTON KENTUCKY	Employer identification number (EIN) or 61-0444842
	Number, street, and room or suite no. If a P.O. box, see instructions. 381 W LOUDON	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. LEXINGTON, KY 40507	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

CLINTON COLLIVER

• The books are in the care of ▶ **381 W LOUDON - LEXINGTON, KY 40507**
Telephone No. ▶ **(859) 367-7322** Fax No. ▶ _____

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

1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2018**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year **2017** or
- ▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

**MAIL TO: DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE CENTER
OGDEN, UT 84201-0045**