

IMPORTANT NOTICE

THANK YOU FOR ENGAGING US TO ASSIST YOU WITH PREPARING YOUR TAX RETURNS. THIS NOTICE CONFIRMS THE TERMS OF OUR TAX RETURN PREPARATION ENGAGEMENT WITH YOU AND THE EXTENT OF THE SERVICES WE HAVE PROVIDED.

WE PREPARED YOUR TAX RETURNS FROM INFORMATION YOU FURNISHED US. WE DID NOT AUDIT YOUR INFORMATION FOR TAX PURPOSES OR OTHERWISE VERIFY THE DATA YOU SUBMITTED, ALTHOUGH WE MAY HAVE ASKED YOU TO CLARIFY SOME OF THE INFORMATION. THE ONLY ACCOUNTING OR ANALYSIS WORK WE DID WAS THAT WHICH WAS NECESSARY FOR PREPARING YOUR TAX RETURNS.

IT IS YOUR RESPONSIBILITY TO MAINTAIN IN YOUR RECORDS THE DOCUMENTATION NECESSARY TO SUPPORT THE DATA USED IN PREPARING YOUR TAX RETURNS. IF YOU HAVE ANY QUESTIONS AS TO THE TYPE OF RECORDS REQUIRED, PLEASE ASK US FOR ADVICE IN THAT REGARD. IT IS ALSO YOUR RESPONSIBILITY TO CAREFULLY EXAMINE AND APPROVE YOUR TAX RETURNS BEFORE SIGNING AND FILING THEM WITH THE TAX AUTHORITIES.

APPLICATION OF EVER-CHANGING TAX LAWS IS UNCERTAIN IN SOME SITUATIONS. OUR TREATMENT OF INCOME, DEDUCTIONS, AND OTHER ITEMS FOR TAX PURPOSES WAS BASED ON OUR UNDERSTANDING AND INTERPRETATIONS OF APPLICABLE INCOME TAX LAWS. WE USED OUR JUDGMENT IN RESOLVING QUESTIONS WHERE THE TAX LAW WAS UNCLEAR, OR WHERE THERE WERE CONFLICTS BETWEEN TAXING AUTHORITIES' INTERPRETATIONS OF THE LAW AND OTHER SUPPORTABLE POSITIONS. WE CANNOT ASSURE YOU THAT SUCH INTERPRETATIONS WOULD BE UPHELD IF CHALLENGED BY TAX AUTHORITIES.

UNLESS YOU HAVE ADVISED US OF YOUR SIGNATURE AUTHORITY OR FINANCIAL INTEREST IN A FOREIGN BANK OR OTHER FINANCIAL ACCOUNT OR OWNERSHIP IN A FOREIGN ENTITY, WE HAVE PREPARED YOUR FEDERAL INCOME TAX RETURN STATING THAT YOU HAVE NO SUCH ACCOUNT OR OWNERSHIP INTEREST. IF YOU HAVE OR BELIEVE YOU MAY HAVE SUCH AN ACCOUNT OR OWNERSHIP INTEREST, PLEASE CONTACT US IMMEDIATELY (AND PRIOR TO FILING YOUR FEDERAL INCOME TAX RETURN).

WE ARE PLEASED TO HAVE YOU AS A CLIENT AND LOOK FORWARD TO A LONG AND MUTUALLY SATISFYING RELATIONSHIP.

Dean Dotton allen Ford, PLLC

DEAN DORTON ALLEN FORD, PLLC

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

DECEMBER 31, 2022

PREPARED FOR:

YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER LEXINGTON KENTUCKY 381 W LOUDON LEXINGTON, KY 40508

PREPARED BY:

DEAN DORTON ALLEN FORD, PLLC 250 W. MAIN STREET STE. 1400 LEXINGTON, KY 40507

AMOUNT DUE OR REFUND:

NOT APPLICABLE

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

NOT APPLICABLE

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

THIS COPY OF THE RETURN IS PROVIDED ONLY FOR PUBLIC DISCLOSURE PURPOSES. ANY CONFIDENTIAL INFORMATION REGARDING LARGE DONORS HAS BEEN REMOVED.

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8879-TE TO OUR OFFICE. WE WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED. RETURN FORM 8879-TE TO US BY NOVEMBER 15, 2023

Form 8879-TE			IRS e-file Signature Autl for a Tax Exempt E	horization Intity	-	OMB No. 1545-0047
	For calendar y		2, or fiscal year beginning , 2022, an	-	0	0000
Department of the Treasury	-		Do not send to the IRS. Keep for yo			2022
Internal Revenue Service			Go to www.irs.gov/Form8879TE for the la			
Name of filer YOUN	G MEN'S C	CHRI	ISTIAN ASSOCIATION		EIN or SSN	
OF G	REATER LE	EXIN	IGTON KENTUCKY		61-044	4842
Name and title of officer of	r person subject to	o tax	PAULA ANDERSON			
			PRESIDENT & CEO			
			turn Information			
Form 5330 filers may e or 10a below, and the	enter dollars and amount on that li	cents. ine for enter -C	e using this Form 8879-TE and enter the app For all other forms, enter whole dollars only. the return being filed with this form was blar b). But, if you entered -0- on the return, then	If you check the box on line nk, then leave line 1b, 2b, 3 enter -0- on the applicable li	e 1a, 2a, 3a 3 b, 4b, 5b, 6 ine below. [n, 4a, 5a, 6a, 7a, 8a, 9a, b, 7b, 8b, 9b, or 10b, Do not complete more
1a Form 990 che	ck here	X	b Total revenue, if any (Form 990, Part V			
2a Form 990-EZ	check here		b Total revenue, if any (Form 990-EZ, lin			
3a Form 1120-P0	DL check here		b Total tax (Form 1120-POL, line 22)			b
4a Form 990-PF			b Tax based on investment income (Fo		4	b
5a Form 8868 ch			b Balance due (Form 8868, line 3c)			b
6a Form 990-T c			b Total tax (Form 990-T, Part III, line 4)			b
7a Form 4720 ch			b Total tax (Form 4720, Part III, line 1)		7	b
8a Form 5227 ch			b FMV of assets at end of tax year (For	m 5227, Item D)		b
9a Form 5330 ch			b Tax due (Form 5330, Part II, line 19)		9	b
10a Form 8038-CI			b Amount of credit payment requested		ne 22) 1	0b
		-	ture Authorization of Officer or Pe			
complete. I further dec intermediate service pr acknowledgement of r of any refund. If applic entry to the financial in financial institution to of later than 2 business payment of taxes to re personal identification PIN: check one box o X I authorize as my signat with a state on the returr As an officer return. If I ha IRS Fed/Stat	lare that the amo ovider, transmitt acceipt or reason able, I authorize t stitution account debit the entry to ays prior to the p ceive confidentia number (PIN) as nly DEAN DOR ure on the tax ye agency(ies) regul 's disclosure cor or person subject ve indicated with te program, I will ubject to tax	EVENT IN CONTRACT OF CONTRACT	ax with respect to the entity, I will enter my P s return that a copy of the return is being filed my PIN on the return's disclosure consent so	pý of the electronic return. I return to the IRS and to red r any delay in processing the rany delay in processing the net to initiate an electronic fu- nent of the federal taxes ow t the U.S. Treasury Financia ncial institutions involved in solve issues related to the p sable, the consent to electron to end to end within this return that a c m, I also authorize the afore PIN as my signature on the t d with a state agency(ies) re	I consent to ceive from the e return or the ed on this re al Agent at 1- the procession payment. I ha onic funds with enter my PIN opy of the re mentioned E ax year 2022	allow my le IRS (a) an efund, and (c) the date wal (direct debit) turn, and the 888-353-4537 no ing of the electronic we selected a thdrawal. 44842 Enter five numbers, but do not enter all zeros eturn is being filed IRO to enter my PIN 2 electronically filed
Part III Certif	ication and A	Authe	entication			
ERO's EFIN/PIN. Enternumber (EFIN) followed	d by your five-dig	it self-	selected PIN.	61529700100 Do not enter all zeros		nfirm that I am
submitting this return i Business Returns.	n accordance wit	th the	N, which is my signature on the 2022 electro requirements of Pub. 4163, Modernized e-F	-		
ERO's signature	EAN DORTO	ON A	ALLEN FORD, PLLC	Date		
	Do N		ERO Must Retain This Form - See ubmit This Form to the IRS Unless		0	
LHA For Privacy Act	and Paperwork	Redu	ction Act Notice, see instructions.			Form 8879-TE (2022)

(Rev. January 2022)

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

Department of the Treasury Internal Revenue Service

Eilo a	conarato	application	for oach	roturn
File a	separate	application	tor eacr	n return.

► Go to www.irs.gov/Form8868 for the latest information.

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/e-file-providers/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.

Type o print	Name of exempt organization or other filer, see instru YOUNG MEN'S CHRISTIAN ASSOC OF GREATER LEXINGTON KENTUC	CIATIO	N	Taxpayer	identificatio	n number (TIN)	
File by the due date f filing your return. See	e date for Number, street, and room or suite no. If a P.O. box, see instructions.						
	instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. LEXINGTON , KY 40508						
Enter th	e Return Code for the return that this application is for (file	e a separat	e application for each return)			0 1	
Applica	ition	Return	Application			Return	
ls For		Code	Is For			Code	
Form 9	90 or Form 990-EZ	01	Form 1041-A			08	
Form 4	720 (individual)	03	Form 4720 (other than individual)			09	
Form 99	90-PF	04	Form 5227			10	
Form 99	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 99	90-T (trust other than above)	06	Form 8870			12	
Form 9	90-T (corporation)	07					
 If the If thi box 1 the the<	phone No. ▶ 859-367-7323 e organization does not have an office or place of business s is for a Group Return, enter the organization's four digit (. If it is for part of the group, check this box ▶ request an automatic 6-month extension of time until ne organization named above. The extension is for the organization is for the organization named above. The extension is for the organization the stary ear beginning the tax year entered in line 1 is for less than 12 months, clip Change in accounting period	Group Exe and atta NOVEN anization's , an	mption Number (GEN) I ch a list with the names and TINs of <u>IBER 15, 2023</u> , to file return for: d ending	f this is fo all memb	r the whole g ers the exten npt organizat 	roup, check this	
<u>a</u>	this application is for Forms 990-PF, 990-T, 4720, or 6069 ny nonrefundable credits. See instructions. this application is for Forms 990-PF, 990-T, 4720, or 6069	-		3a	\$	0.	
	stimated tax payments made. Include any prior year overp			3b	\$	0.	
	alance due. Subtract line 3b from line 3a. Include your pa				Ψ		
	sing EFTPS (Electronic Federal Tax Payment System). See			3c	\$	0.	
	If you are going to make an electronic funds withdrawal				d Form 8879		

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)

** PUBLIC DISCLOSURE COPY **	
Return of Organization Exempt From Income Tax	OMB No.
	00
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)	20

Department of the Treasury Internal Revenue Service

Form **990**

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. 2022 Open to Public Inspection

1545-0047

<u>A</u> F	A For the 2022 calendar year, or tax year beginning and ending								
B c a	heck if pplicable	TOONG MEN S CHRISTIAN ASSOCIATION		D Employer identific	ation number				
	Addres	OF GREATER LEXINGTON KENTUCKY							
	Name Change	Doing business as YMCA OF CENTRAL KENTUCKY		61-044484	42				
	Initial	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number					
	Final return/ termin-	381 W LOUDON		859-367-'					
_	ated Amend	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	21,628,657.				
	return Applica	LEAINGION, KI 40508		H(a) Is this a group re					
	tion pending	F Name and address of principal officer: FAULA ANDERSON		for subordinates					
		SAME AS C ABOVE		H(b) Are all subordinates in					
		mpt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 527	1 '	list. See instructions				
	Vebsite			H(c) Group exemption					
		organization: X Corporation Trust Association Other	L Year	of formation: 1853 N	State of legal domicile: KY				
Pa		Summary		TONTAN DETNO					
ø		Briefly describe the organization's mission or most significant activities: \underline{TOPP}							
Governance		PRACTICE THROUGH PROGRAMS THAT BUILD HEAL							
ern		Check this box if the organization discontinued its operations or disposed							
Š				<u> </u>					
		Number of independent voting members of the governing body (Part VI, line 1b)							
Activities &		Total number of individuals employed in calendar year 2022 (Part V, line 2a)			500				
ivit		Total number of volunteers (estimate if necessary)							
Act					0.				
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	e income from Form 990-T, Part I, line 11						
				Prior Year 6,648,480.	Current Year 2,916,214.				
ne		Contributions and grants (Part VIII, line 1h)		10,349,935.	13,423,045.				
/en		Program service revenue (Part VIII, line 2g)		876,134.	133,262.				
Revenue		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		127,672.	108,523.				
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		18,002,221.	16,581,044.				
				27,903.	30,731.				
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	<u> </u>				
		Benefits paid to or for members (Part IX, column (A), line 4)		7,539,679.	9,081,857.				
ses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.				
Expenses		Professional fundraising fees (Part IX, column (A), line 11e) 244 , 0	61	••	• 0				
Ä		Total fundraising expenses (Part IX, column (D), line 25) 244, U Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		6,934,533.	8,046,166.				
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		14,502,115.	17,158,754.				
		Revenue less expenses. Subtract line 18 from line 12		3,500,106.	-577,710.				
or				ginning of Current Year	End of Year				
sts o ance	20 1	Total assets (Part X, line 16)		49,423,693.	47,015,008.				
Assets d Balanc	20			17,189,694.	16,861,435.				
Net A		· · · · · · · · · · · · · · · · · · ·		32,233,999.	30,153,573.				
		Net assets or fund balances. Subtract line 21 from line 20		54,455,339.	JU, TJJ, J, J. J.				
		tion of particular deglars that I have examined this raturn including assembly ing schedule	and atatama	nto and to the heat of my	knowledge and halief it is				

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	Signature of officer			Date				
Here	PAULA ANDERSON, PRESIDENT							
	Type or print name and title							
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN				
Paid	ALLISON C. CARTER			self-employed P01242412				
Preparer	Firm's name DEAN DORTON ALLEN	FORD, PLLC		Firm's EIN 27-3858252				
Use Only	Firm's address 250 W. MAIN STREE	T STE. 1400						
	LEXINGTON, KY 405	07		Phone no. 859 - 255 - 2341				
May the I	RS discuss this return with the preparer shown abo	ve? See instructions		X Yes No				
232001 12-1	LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2022)							

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	YOUNG MEN'S CHRISTIAN ASSOCIATION
	990 (2022) OF GREATER LEXINGTON KENTUCKY 61-0444842 Page 2
Pa	rt 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 INTO PRACTICE THROUGH PROGRAMS THAT BUILD
	HEALTHY SPIRIT, MIND, AND BODY FOR ALL.
	IEADINI DIIKII, MIND, AND DODI FOR ADD:
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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?
	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	
	HEALTHY LIVING: IN COMMUNITIES ACROSS THE NATION, THE Y IS A LEADING
	VOICE ON HEALTH AND WELLNESS. WITH A MISSION CENTERED ON BALANCE, THE
	Y BRINGS FAMILIES CLOSER TOGETHER, ENCOURAGES GOOD HEALTH AND FOSTERS CONNECTIONS THROUGH FITNESS, SPORTS, 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 2022, WE PROVIDED
	\$232,903 IN FINANCIAL ASSISTANCE TO FAMILIES PARTICIPATING IN PROGRAMS
	FOCUSED ON HEALTHY LIVING. THESE PROGRAMS ARE GROUPED INTO FOUR
	CATEGORIES: FAMILY TIME, HEALTH, WELL-BEING & FITNESS, AND SPORTS,
	RECREATION, AND GROUP INTERESTS.
4b	(Code:) (Expenses \$ 10,465,591. including grants of \$ 30,731.) (Revenue \$ 5,046,481.)
	YOUTH DEVELOPMENT: THE YMCA BELIEVES THAT ALL CHILDREN 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 2022, WE PROVIDED
	\$277,286 IN FINANCIAL ASSISTANCE TO FAMILIES INVOLVED IN OUR YOUTH PROGRAMS. THESE PROGRAMS ARE GROUPED INTO FOUR CATEGORIES: CHILDCARE;
	SWIM, SPORTS AND PLAY; CAMP AND AFTERSCHOOL; EDUCATION AND LEADERSHIP.
	SWIM, STOKID AND TEAT, CAMI AND AFTENDENOOD, EDUCATION AND DEADENDITI.
	THE Y MAINTAINS A REPUTATION IN THE COMMUNITY AS A LEADER IN THE
	INTEGRATION OF DEVELOPMENT ASSETS AND THE DEVELOPMENT STAGES OF
4c	(Code:) (Expenses \$675,835. including grants of \$) (Revenue \$34,612.)
	SOCIAL RESPONSIBILITY - THE Y HAS BEEN LISTENING AND RESPONDING TO OUR
	COMMUNITY'S MOST CRITICAL SOCIAL NEEDS SINCE 1853. WHETHER DEVELOPING
	SKILLS OR EMOTIONAL WELL-BEING THROUGH EDUCATION AND TRAINING,
	WELCOMING AND CONNECTING DIVERSE DEMOGRAPHIC POPULATIONS THROUGH GLOBAL
	SERVICES, OR PREVENTING CHRONIC DISEASE AND BUILDING HEALTHIER
	COMMUNITIES THROUGH COLLABORATIONS WITH POLICY MAKERS, THE Y FOSTERS
	THE CARE AND RESPECT ALL PEOPLE NEED AND DESERVE. THESE PROGRAMS ARE
	GROUPED INTO FOUR CATEGORIES: SOCIAL SERVICES, GLOBAL SERVICES, VOLUNTEERISM & GIVING, AND ADVOCACY. THROUGH THE Y, HUNDREDS OF
	VOLUNTEERS IN CENTRAL KENTUCKY AND THOUSANDS OF DONORS, LEADERS AND
	PARTNERS ACROSS THE COUNTRY ARE EMPOWERING MILLIONS OF PEOPLE IN THE US
	AND AROUND THE WORLD TO BE HEALTHY, CONFIDENT, CONNECTED, AND SECURE.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 14,801,860.
	Form 990 (2022)

YOUNG MEN'S CHRISTIAN ASSOCIATION Form 990 (2022) OF GREATER LEXINGTON KENTUCKY Part IV Checklist of Required Schedules

OI OI Pageo	61-0	444842	Page 3
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
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? If "Yes," complete Schedule C, Part II	4		<u> </u>
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
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? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			37
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			37
	Schedule D, Part III	8		<u> </u>
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?	•		v
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40	х	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	<u> </u>	
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	11.	х	
h	Part VI	11a	<u></u>	
U		11b		х
~	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			- 21
Ū	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
Ь	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	110		
ŭ	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		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)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a		14a		Х
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? If "Yes," complete Schedule F, Parts I and IV	14b		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? If "Yes," complete Schedule F, Parts II and IV	15		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? If "Yes," complete Schedule F, Parts III and IV	16		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? If "Yes," complete Schedule G, Part I. See instructions	17		_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? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		Х

YOUNG MEN'S CHRISTIAN ASSOCIATION

	990 (2022) OF GREATER LEXINGTON KENTUCKY 61-	0444842	F	age 4
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's curren	ıt		
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	ie		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete		v	
	Schedule K. If "No," go to line 25a		X	x
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	<u>24b</u>		<u> </u> ▲
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		x
-1	any tax-exempt bonds?	<u>24c</u> 24d		X
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?			
258	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		x
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I			
D	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</i> "Yes," <i>complete</i>			
		25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			<u> </u>
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% control			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III			x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV			X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I			X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II			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? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	_	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<u>35a</u>	_	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)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization	tion?		
	If "Yes," complete Schedule R, Part V, line 2			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? If "Yes," complete Schedule R, Part VI	37	_	X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
D -	Note: All Form 990 filers are required to complete Schedule O		Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
-		27	Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a	37		
L	Enter the number of Forma W2C included on line 1a. Enter 0, if not applicable			

b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

1c

OF GREATER LEXINGTON KENTUCKY

YOUNG MEN'S CHRISTIAN ASSOCIATION

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) Visite Visite 2a Enter the number of employees reported on Form W-3. Transmitta of Wage and Tax Statements. 2a 77.4 b If a least one is reported on line 2a, did the organization file all required federal employment tax returns? 2a X b M Yes, 'has if field a Form 80-T for this year? 3a X b M Yes, 'has if field a Form 80-T for this year? 4a X b M Yes, 'has if field a Form 80-T for this year? 4a X b M Yes, 'has if field a Form 80-T for this year? 5a X b M Yes, 'has if field a physical tax sheller transaction at any time during the tax year? 5a X b M Yes, 'as if the organization that year during that sheller transaction at any time during the tax year? 5a X b D Ka yeak and gravitation any express statement that such contributions? 5a X b M Yes, 'as if the organization that yeak and that sheller transaction? 5a X c H Yes, 'and b e organization that yeak or a phy to a prohibite tax sheller transaction? 5a X b D Ka yeak and tax deductable a charitable contributions? 5a X b M Yes, 'and the organization and yeak as contribution and party to a ponthat shell and yeak org	Form	990 (2022) OF GREATER LEXINGTON KENTUCKY 61-0444	842	P	_{age} 5
29 Enter the number of employees reported on Form W-3, Transmital of Wage and Tax Statements, 2a 774 bit at east one is reported on line 2a, did the organization file all required tedrat employment tax numms? 2a X a bit the cagnization have unclude business gross income of \$1,000 or more during the year? 3a X a bit 1 **es, 'the at filed a Form 990-Tro the year? If **No' to line 3b, periode an explanator on Schedule 0 3b X a A at yo time during the calendar year, ido the organization have an intravel in, or a signature or them authority over, a financial account is of trend requirements for FinACCIN Form 114, Report of Foreign Bank and Financial Accounts (FEAF). 4a X b If Yes, 'note the name of the toreign country 5a X X X b Did any taxabition for film requirements for FinACCIN Form 114, Report of Foreign Bank and Financial Accounts (FEAF). 5a X c If Yes, 'note the name of the toreign country is an at a prolimed tax sheller transaction? 5b X c If Yes' to line 3a of 5b, did the organization have an enders statement that such contributions or gifts were not tax deductible? 6a X 0 If Yes, 'idd the organization have and the value of the good or services provided? 7a X 0 If Yes, 'idd the organization nease anyt state an onnnnigh greater than \$100,000, and di	Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
tied for the calendar year ending with or within the year covered by this return [2a] 77.4 3b Did the organization have unrelated business gross income of \$1,000 or more during the year? 3B. B X 3b Did the organization have unrelated business gross income of \$1,000 or more during the year? 3B. X 3b Did the organization have unrelated business gross income of \$1,000 or more during the year? 3B. X 3b Did the organization have unrelated business gross income of \$1,000 or more during the year? 3B. X 3b If "Ves," in at find a Form 900.5 for this the shall account, or other intancial account? 4a 3b Was the organization in party to prohibit the shell her transaction at any time during the tary gent? 5b. X 3c Was the organization in bave annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that wene to canitable contributions? 3c Did any taxable party notify the organization in clude with weavy solicitation an express statement that such contributions or gifts 3c T************************************				Yes	No
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b If "Yes", "hait I field a Form 90-T for this year? JI "No't foil no 3b, provide an explanation on Schedule D 9b 4A At any time during the calendar year, did the organization have an interest in, or a signature or other authomity over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a X b I' Yes," enter the name of the foreign country (such as a bank account, securities account, or other financial accounts (FEAR). 5a X 5e Did any taxable party notify the organization have so in sharp to a prohibited tax shefter transaction? 5a X 6 Dod any taxable party notify the organization have so in sharp to a prohibited tax shefter transaction? 5c 5c 6 Dod any taxable party notify the organization have so is a bank and Financial Accounts (FEAR). 5a X 10 I' Yes", to lie 5a or 5b, did the organization have so is that senorthoutions or gifts 5c 5c 5c 7 Organizations that may receive deductible contributions under section 170(c). 6b 7a X 7 Ves," did the organization neice with donor of the value of the gods or services provided to the payor? 7a X 7 Ves," did the organization neice with any time during the year Td Zd Td 7 Ves	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
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4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly country (such as a bank account, securities account, or other functial account)? 4a X b If 'Yea,'' enter the name of the foreign country securities account, or other functial accounts (FBAR). 5a X 5a Was the organization apprint to a prohibited tax shelter transaction at any time during the tax year? 5a X 5b If 'Yea,'' on the Ga or 5b, did the organization from 388-67. 5a X 6b Did any taxable party notity the organization from 388-67. 5a X 6c Did any taxable party notity the organization from 388-67. 5a X 6c Did any taxable party notity the organization baxe annual gross receipts that are normally greater than \$100,000, and did the organization solid any contributions that were as a bantable contributions? 5a X 7b Tyes,'' did the organization netixe deuctibles contribution and excluse provided? 7a X 7b Tyes,'' did the organization netixe deuctible as a handale contribution and partly to goods and services provided? 7a X 7c X Tyes,'' did the organization netixe may transformed the part of a part			3b		
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	17		47		

YOUNG MEN'S CHRISTIAN ASSOCIATION OF G

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Pa	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and	nd for a "l	Vo" re	espon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.				
	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>			X
Sec	tion A. Governing Body and Management				
		<u>م م</u> [Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	30			
	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 on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	30			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other				
	officer, director, trustee, or key employee?	L	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision				
	of officers, directors, 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				37
	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:			37	
а	The governing body?		8a	X	<u> </u>
b	Each committee with authority to act on behalf of the governing body?	······ -	8b	X	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the		•		v
800	organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i>	<u></u>	9		X
000	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			Vee	
100	Did the expenization have lead chapters, branches, or effiliates?	Γ.	10a	Yes X	No
	Did the organization have local chapters, branches, or affiliates?	······ –	IUa	- 23	<u> </u>
D	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b	х	
110	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the fo		11a	X	<u> </u>
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		11a		
	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		12b	X	<u> </u>
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	······ -'	120		<u> </u>
U			12c	х	
13	on Schedule O how this was done Did the organization have a written whistleblower policy?	······ ⊢	13	X	<u> </u>
14	Did the organization have a written whistleblower policy?		14	X	<u> </u>
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?				
а	The organization's CEO, Executive Director, or top management official		15a	Х	
	Other officers or key employees of the organization		15b	х	
	If "Yes" to line 15a or 15b, describe the process on 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		
Sec	tion 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 (1024 or 1024-A, if applicable), 990, and 990-T (section 50)1(c)(3)s o	only) a	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.				
	X Own website Another's website X Upon request Other (explain on Schedule O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest pol	icy, and fi	inanc	ial	
	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 KELLY NOSSOKOFF - 859-367-7323				

381 W LOUDON, LEXINGTON, KY 40508 61-0444842 Page **6**

REATER	LEXINGTON	KENTUCKY

61-0444842 Page 8

Form 990 (2022) OF GREATER LEXINGTON KENTUCKY 61-0444842 Page 8										
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
(A)	(B)			(C				(D)	(E)	(F)
Name and title	Average	(10		Posi				Reportable	Reportable	Estimated
	hours per	box	, unles	heck n	son is	s both	an	compensation	compensation	amount of
	week		cer an	d a dir	rector	r/trust	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	e.			ated		organization	(W-2/1099-MISC/	from the
	related organizations	Istee	truste			pensi		(W-2/1099-MISC/	1099-NEC)	organization
	below	ual tri	ional		ploye	t com ee		1099-NEC)		and related
	line)	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(18) MIKE HEATH	1.50	-	-	0	ž	Ξ	Œ			
BOARD MEMBER	1.50	х						0.	0.	0.
(19) JERRY STURDIVANT	1.50									
BOARD MEMBER		х						0.	0.	0.
(20) JAY INGLE	1.50									
BOARD MEMBER		х						0.	0.	0.
(21) AL ISAAC	1.50									
BOARD MEMBER		Х						0.	0.	0.
(22) JOHNNIE JOHNSON	1.50									
BOARD MEMBER		Х						0.	0.	0.
(23) KERI LEE	1.50									
BOARD MEMBER		Х						0.	0.	0.
(24) DAVID MAHONEY	1.50								•	
BOARD MEMBER	1 50	Х			_			0.	0.	0.
(25) KATY PRATHER	1.50	37							0	
BOARD MEMBER	1.50	Х			_			0.	0.	0.
(26) BRIAN QUEEN BOARD MEMBER	1.50	x						0.	0.	0.
dh. Quhtatal								870,619.	0.	132,003.
1b Subtotal c Total from continuation sheets to Part VII								0.	0.	0.
d Total (add lines 1b and 1c)								870,619.	0.	132,003.
2 Total number of individuals (including but no								,		102/0030
compensation from the organization		000	notes	u ub	0.00	,	010			7
										Yes No
3 Did the organization list any former officer,	director, trust	ee, k	kev e	mplo	ovee	e, or	hiq	hest compensated empl	lovee on	
line 1a? If "Yes," complete Schedule J for si	uch individual			•			Ū			з Х
4 For any individual listed on line 1a, is the su										
and related organizations greater than \$150	,000? If "Yes,	" со	mple	ete S	che	dule	Jf	for such individual	-	4 X
5 Did any person listed on line 1a receive or a										
rendered to the organization? If "Yes," com	plete Schedule	e J fo	or su	ich p	berso	on.				5 X
Section B. Independent Contractors										
1 Complete this table for your five highest con	npensated inc	lepe	nder	nt co	ntra	actor	's th	hat received more than \$	100,000 of compensa	tion from
the organization. Report compensation for t	he calendar ye	ear e	endin	ig wi	th o	or wit	thin	the organization's tax y	ear.	
(A)	addraaa							(B) Description of s		(C) Compensation
							_	Description of s	ervices C	ompensation
WOODFORD PROPERTY MANAGEM MILL CREEK PARK COMPLEX,					• 2	9,		CLEANING SER	UTCEC	519,986.
NEXT LEVEL CLEANING	<u>r kankr o</u>	K I	, .	ΠI			-	CITERNING SEV	VICED	519,900.
									259,928.	
LAWN MASTERS, LLC LAWNCARE AND SNOW										
4101 TATES CREEK DRIVE, LEXINGTON, KY 40517 REMOVAL 176,051.										
COMFORT AND PROCESS SOLUTIONS, 100 MERCER										
COURT, SUITE 100, LEXINGT								REPAIRS		153,884.
FAYETTE HEATING AND AIR										
817 NANDINO BLVD, LEXINGT	ON, KY	40	51	1				HVAC REPAIRS		115,961.
2 Total number of independent contractors (ir	ncluding but no	ot lin	nited	to t			ted	above) who received mo	ore than	
\$100,000 of componention from the organized	ration				5					

Form 990OF GREATE									61-044	4842
Part VII Section A. Officers, Directors, Tru										
(A) Name and title	(B) Average hours	(cł		Pos	C) ition that	app	ly)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(27) MARK KLEE BOARD MEMBER	1.50	x						0.	0.	0.
(28) BRYAN RAISOR	1.50									
BOARD MEMBER	1.50	х						0.	0.	0.
(29) ROBERT MCGOODWIN	1.50									
BOARD MEMBER		x						0.	0.	Ο.
(30) MIRANDA SCULLY BOARD MEMBER	1.50	x						0.	0.	0.
(31) JOHN SHASKY	1.50	Δ						0.	0.	0.
BOARD MEMBER	1.30	х						0.	0.	0.
(32) ANDREW SMITH	1.50									
BOARD MEMBER		Х						0.	0.	0.
(33) BILLY SPEARS	1.50	v						0	0	0
BOARD MEMBER	1 50	Х						0.	0.	0.
(34) DELAINE THIEL BOARD MEMBER	1.50	x						0.	0.	0.
(35) ALEX LYTTLE	1.50							Ŭ •		
BOARD MEMBER		х						0.	0.	0.
(36) MARTY KEITH	1.50							_		_
BOARD MEMBER		Х						0.	0.	0.
(37) LATARIKA YOUNG	1.50								0	0
BOARD MEMBER		X						0.	0.	0.
		-		-	-					
Total to Part VII Section A line 10										
Total to Part VII, Section A, line 1c								l	l	

Part VIII	Statement	of Re	evenue
Form 990 (20			GREAT
		100	JIG HI

			Check if Schedule O	contains a	a response (or note to any line		(5)	(<u>)</u>	
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
s v	1	а	Federated campaigns		1a	66,000.				
nn i		b			1b					
, E		с	Fundraising events		1c	30,686.				
ar		d	Related organizations		1d					
is, inil		е	Government grants (contr	ibutions)	1e	1,570,060.				
contributions, Girts, Grants and Other Similar Amounts		f	All other contributions, gifts,	grants, and	d					
			similar amounts not included	l above 📖	1f	1,249,468.				
		g	Noncash contributions included in	lines 1a-1f	1g \$	52,078.				
ש כ		h	Total. Add lines 1a-1f				2,916,214.			
						Business Code	E 500 310	F 500 010		
Ce	2	а	MEMBERSHIP DUES			713940	7,582,318.	7,582,318.		
er <		b	CHILDCARE REVENUE -		TODDLE	713940	2,013,995.	2,013,995.		
v n /en		с	OTHER PROGRAM REVENU CHILDCARE REVENE - S			713940 713940	1,707,419.	1,707,419.		
Be Me		d	DAY CAMP REVENUE	SCHOOL A	AGE	713940	1,433,991. 685,322.	1,433,991. 685,322.		
Program Service Revenue		e				713940	005,322.	005,322.		
-			All other program service				13,423,045.			
	3	g	Total. Add lines 2a-2f Investment income (includ			st and	13,423,043.			
	3			•		si, anu	190,577.			190,577
	4		Income from investment of				,			, ,
	5		Royalties		• •	1				
	-				(i) Real	(ii) Personal				
	6	а	Gross rents	6a	3,165.					
		b	Less: rental expenses	6b	0.					
		с	Rental income or (loss)	6c	3,165.					
		d	Net rental income or (loss)			3,165.			3,165
	7	а	Gross amount from sales of	(i) \$	Securities	(ii) Other				
			assets other than inventory	7a 4,	962,098.	3,286.				
		b	Less: cost or other basis							
Iue			and sales expenses		022,699.	0.				
Revenue			Gain or (loss)		-60,601.	3,286.				
			Net gain or (loss)				-57,315.			-57,315
ther	8	а	Gross income from fundraisi	-	· I					
Ğ			including \$		-					
			contributions reported on			41 010				
			Part IV, line 18			41,212.				
						24,914.	16,298.			16,298
			Net income or (loss) from		-		10,290.			10,290
	9	а	Gross income from gamin							
		h	Part IV, line 19 Less: direct expenses							
			Net income or (loss) from	amina a	·····	· · · · · ·				
			Gross sales of inventory, I							
	10	u	and allowances							
		b	Less: cost of goods sold							
			Net income or (loss) from							
		~				Business Code				
snc	11	а	OTHER			900099	89,060.			89,060
scellarieo <u>Revenue</u>		b								
eve		с								
Miscellaneous Revenue		d	All other revenue							
2			Total. Add lines 11a-11d				89,060.			
	12		Total revenue. See instruction	ons	<u></u>		16,581,044.	13423045.	0.	241,785

Part IX	Statement of Functional Expense	es							
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									

	Check if Schedule O contains a respon			(a)	
	not include amounts reported on lines 6b, 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	30,731.	30,731.		
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	346,033.		346,033.	
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	7,274,023.	6,538,106.	558,359.	177,558.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	257,122.	220,260.	27,628.	9,234. 17,435.
9	Other employee benefits	519,651.	415,903.	86,313.	17,435.
10	Payroll taxes	685,028.	594,558.	74,459.	16,011.
11	Fees for services (nonemployees):				
а	Management				
b	Legal	3,636.		3,636.	
с	Accounting	28,000.		28,000.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	56,313.		56,313.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	367,683.	186,019.	181,599.	65. 4,443.
12	Advertising and promotion	265,265.	260,407.	415.	4,443.
13	Office expenses	54,172.	47,679.	5,056.	1,437.
14	Information technology	270,505.	270,505.		
15	Royalties				
16	Occupancy	3,148,912.	2,934,443.	213,080.	1,389.
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials		~ ~ ~ ~ ~ ~	4 400	
19	Conferences, conventions, and meetings	38,027.	30,877.	4,400.	2,750.
20	Interest	461,266.	4,374.	456,892.	
21	Payments to affiliates	201,313.	201,313.	20.040	
22	Depreciation, depletion, and amortization	1,544,103.	1,516,061.	28,042.	
23	Insurance	230,926.	235,584.	-4,658.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а		675,590.	669,827.	5,763.	
b	LOSS ON ABANDONMENT OF	339,654.	339,654.		
c	CREDIT CARD FEES	159,680.	152,585.	6,300.	795.
d		104,528.	73,089.	23,256.	8,183.
	All other expenses	96,593.	79,885.	11,944.	4,764.
25	Total functional expenses. Add lines 1 through 24e	17,158,754.	14,801,860.	2,112,830.	244,064.
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)				

Form 990 (2022)

YOU	JNG MEN'	S CHRISTIAN	ASSOCIATION
OF	GREATER	LEXINGTON	KENTUCKY

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		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	3,650,662.	1	3,447,004.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	287,690.	3	324,134.
	4	Accounts receivable, net	159,606.	4	205,166.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
Ś	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges	213,303.	9	157,167.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 56,258,164.			
	b	Less: accumulated depreciation 10b 20,653,277.	36,526,738.	10c	35,604,887.
	11	Investments - publicly traded securities	8,580,694.	11	7,244,998.
	12	Investments - other securities. See Part IV, line 11	5,000.	12	5,000.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	0.	15	26,652.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	49,423,693.	16	47,015,008.
	17	Accounts payable and accrued expenses	919,166.	17	1,120,954.
	18	Grants payable		18	
	19	Deferred revenue	417,690.	19	543,562.
	20	Tax-exempt bond liabilities	15,587,613.	20	14,638,546.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
iliti		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons	0	22	
_	23	Secured mortgages and notes payable to unrelated third parties	0.	23	558,373.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X	265,225.	05	0.
	06	of Schedule D	17,189,694.	25	16,861,435.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here X	17,105,054.	26	10,001,433.
Se		and complete lines 27, 28, 32, and 33.			
nce	27	Net assets without donor restrictions	27,146,295.	27	25,504,126.
3ala	28	Net assets with donor restrictions	5,087,704.	28	4,649,447.
ΒP	20	Organizations that do not follow FASB ASC 958, check here	• / • • · / · • • •	20	
Fur		and complete lines 29 through 33.			
ç	29	Capital stock or trust principal, or current funds		29	
iets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ass	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	32,233,999.	32	30,153,573.
2	33	Total liabilities and net assets/fund balances	49,423,693.	33	47,015,008.
					Form 990 (2022)

Form 990 (2022)

VOII	NG	MEN'	S	CHRISTIAN	ASSOCIATION
100	110	TITTLA	D	CHICEDITH	ADDOCTATION
$\cap \nabla$	CDT	סססתגי) Т	EVINCHON 1	VENIMIAV

Form	990 (2022) OF GREATER LEXINGTON KENTUCKY	6T-()444842	Pag	ge 12
Pa	t 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	16,583		
2	Total expenses (must equal Part IX, column (A), line 25)	2	17,158	3 , 7	54.
3	Revenue less expenses. Subtract line 2 from line 1	3	-57	7,7:	10.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	32,233		
5	Net unrealized gains (losses) on investments	5	-1,502	2 , 7:	16.
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 on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	30,153	3,5	73.
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	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:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			000	L

Form **990** (2022)

(Form 9	DULE A 190) of the Treasury enue Service	Co	OMB No. 1545-0047							
Name of	the organizati		-	Form990 for instruction RISTIAN ASSO				Employer	identification number	
				INGTON KENTUC				6	1-0444842	
Part I	Reason	for Public C	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructior	IS.		
The orga				For lines 1 through 12, ch						
1	A church, cor	nvention of chu	urches, or associatio	n of churches described	in sectio	n 170(b)(1	I)(A)(i).			
2	1			Attach Schedule E (Form						
3	3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
4	A medical res	earch organiza	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,	
	city, and state	e:								
5	An organizati	on operated fo	or the benefit of a col	lege or university owned	or operate	ed by a go	vernmental u	nit describe	ed in	
	section 170	(b)(1)(A)(iv). (C	Complete Part II.)							
6	A federal, sta	te, or local gov	ernment or governm	nental unit described in	section 17	′0(b)(1)(A)	(v).			
7	An organizati	on that norma	lly receives a substar	ntial part of its support fr	om a gove	ernmental	unit or from th	ne general p	oublic described in	
	section 170(b)(1)(A)(vi). (C	omplete Part II.)							
8				(1)(A)(vi). (Complete Part	-					
9	U U			in section 170(b)(1)(A)(i	· ·			· ·	U U	
		or a non-land-g	rant college of agric	ulture (see instructions).	Enter the r	name, city	, and state of	the college	or	
	university:									
10 X	U U		• • • •	than 33 1/3% of its supp				-	•	
				t to certain exceptions; a					-	
				(less section 511 tax) fro	m busines	ses acqui	rea by the org	janization a	πer June 30, 1975.	
11	1		mplete Part III.)	voluto toot for public oof	atu Saa	nantian El	O(a)(4)			
12	-	-	-	vely to test for public saf	•			rn out tho	nurneses of one or	
	-	-	-	vely for the benefit of, to d in section 509(a)(1) o				•		
			-	f supporting organization					Sheek the box on	
a	_	-		upervised, or controlled I	-			-	nivina	
u _				gularly appoint or elect a	• • • •	-				
		-	complete Part IV, Se	• • • •						
b 🗌	·			or controlled in connect	ion with its	s supporte	ed organizatio	n(s), by hav	ing	
			-	anization vested in the sa			-		-	
			t complete Part IV,							
с 🗌	Type III fur	nctionally inte	grated. A supporting	g organization operated i	n connect	ion with, a	and functional	lly integrate	d with,	
	its supporte	ed organizatior	n(s) (see instructions)). You must complete F	Part IV, Se	ctions A,	D, and E.			
d 🗌	🗌 Type III no	n-functionally	integrated. A supp	orting organization opera	ated in cor	nnection w	ith its suppo	rted organiz	ation(s)	
	that is not f	unctionally int	egrated. The organiz	ation generally must sati	sfy a distri	ibution rec	quirement and	an attentiv	veness	
_	requiremen	t (see instructi	ons). You must con	nplete Part IV, Sections	A and D,	and Part	V .			
e	Check this	box if the orga	anization received a v	written determination fror	n the IRS	that it is a	Туре I, Туре	II, Type III		
	functionally	integrated, or	Type III non-function	nally integrated supportir	ng organiza	ation.				
	ter the number		•							
g Pro	ovide the followi (i) Name of supp		about the supporte (ii) EIN	d organization(s). (iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount o	fmonetany	(vi) Amount of other	
	organization			(described on lines 1-10	in your governi	ng document?	support (see in		support (see instructions)	
				above (see instructions))	Yes	No		,		
Total										

61-0444842	Page 2
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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.)

Schedule A (Form 990) 2022

Part II

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization'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						
	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.						
	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	(1) = 0 + 0		(0) = 0 = 0	(4) = 0 = 1	(0/ = 0 = = =	(1) 1010
8	Gross income from interest,						
•	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
3	activities, whether or not the						
10	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
44	assets (Explain in Part VI.) Total support. Add lines 7 through 10						
	· · · ·					12	
	Gross receipts from related activities, First 5 years. If the Form 990 is for the	,	,	fourth or fifth toy			
13		e e					
Sec	organization, check this box and stor ction C. Computation of Publi						
	Public support percentage for 2022 (I		-	column (f))		14	%
	Public support percentage from 2021	, (),		()/		15	%
	33 1/3% support test - 2022. If the o						
100	stop here. The organization qualifies						
h	33 1/3% support test - 2021. If the o				h line 15 is 33 1/30		
~	and stop here. The organization qual			- 11			
17-	10% -facts-and-circumstances test						
110	and if the organization meets the fact						
	meets the facts-and-circumstances te			-	-	-	
L		-				17a and line 15 i	
D	10% -facts-and-circumstances test	-	-				
	more, and if the organization meets the						
10	organization meets the facts-and-circle		•				
ΙÖ	Private foundation. If the organization	in did not check a	box on line 13, 16	a, 100, 17a, or 17	D, CHECK THIS DOX 8	and see instructio	IIS

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022 OF GREATER LEXINGTON KENTUCKY
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 <u>(b)</u>2019 Calendar year (or fiscal year beginning in) (c) 2020 (d) 2021 (a) 2018 (e) 2022 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 2916214.16762003. 1720668. 1957715. 3518926. 6648480. include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 12852248.15065662. 8241594.10350218.13423045.59932767. organization's tax-exempt purpose 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 4572916.17023377.11760520.16998698.16339259.76694770. 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 35,450. 48,535. 54,900. 61,124. 70,178. 270,187. 3 received from disqualified persons 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 Ο. c Add lines 7a and 7b 70,178. 35,450. 48,535. 54,900. 61,124. 270 187 76424583 Public support. (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) (d) 2021 (a) 2018 (b) 2019 (c) 2020 (e) 2022 (f) Total 9 Amounts from line 6 14572916. 17023377.11760520.16998698.16339259.76694770. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, 21,269. 38,862. 57,741. 67,913. 193,742. 379,527. and income from similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 21,269. 38,862. 57,741. 67,913. 193,742. 379,527. c Add lines 10a and 10b 11 Net income from unrelated business activities not included on 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 187,281. 687,812. 131,353. 177,963. 102,155. 89,060. assets (Explain in Part VI.) 14725538.17240202.12005542.17168766.16622061.77762109. **13** Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 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 98.28 % Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) 15 15 98.19 Public support percentage from 2021 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage .49 17 17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) % .26 18 Investment income percentage from 2021 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is notX 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 - 2021. 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 gualifies 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

232023 12-09-22

Schedule A (Form 990) 2022

Yes

No

Schedule A (Form 990) 2022 OF C

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **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)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *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.*
- **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)? *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.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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).
- **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? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If* "Yes." *complete Part I of Schedule L (Form 990).*
- **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))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- **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)? *If* "Yes," *answer line 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

YOUNG MEN'S CHRISTIAN ASSOCIATION

Sche	dule A (Form 990) 2022 OF GREATER LEXINGTON KENTUCKY	51-044484	2 Pa	age 5
_	TIV Supporting Organizations (continued)			0
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's off directors, or trustees at all times during the tax year? <i>If</i> "No," <i>describe in</i> Part VI <i>how the supported organization(s)</i> effectively operated, supervised, or controlled the organization's activities. If the organization had more than one suppor organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among	icers,		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? 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.	2		
Sec	tion 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			
0	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, 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			
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see inst	uctions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity	ty (see instructio	n <u>s).</u>	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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 on line 2a, above, 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 lines 3a and 3b 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? If "Yes" or "No" 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

YOUNG MEN'S CHRISTIAN ASSOCIATION ZATER LEXINGTON KENTICKY סד מסי

Sche	edule A (Form 990) 2022 OF GREATER LEXINGTON KE	7	61-0444842 Page 6	
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	ng trust on N	lov. 20, 1970 (<i>explain i</i>	n Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t complete	Sections A through E.	
Sect	tion 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		
Sect	tion 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		
е	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 0.015 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 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
_2	Enter 0.85 of line 1.	2		
_3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
_4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2022

YOUNG MEN'S CHRISTIAN ASSOCIATION TYTNOMONI I

	t V Type III Non-Functionally Integrated 509(AINGTON KENTUCH			L-0444842 Page 7
		allo Supporting Orga	nizations (continu	ued)	Current Veer
	on D - Distributions	matauraaaa			Current Year
1 2	Amounts paid to supported organizations to accomplish exer			1	
2	Amounts paid to perform activity that directly furthers exemp organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	e of supported organizations	、 、	3	
4	Amounts paid to acquire exempt-use assets	es of supported organizations	>	4	
5	Qualified set-aside amounts (prior IRS approval required - pro	avida dataila in Part VI)		5	
6	Other distributions (<i>describe in</i> Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	e organization is responsive			
-	(provide details in Part VI). See instructions.	ie elgameater le resperierte		8	
9	Distributable amount for 2022 from Section C, line 6			9	
	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2022	ns	Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
c	From 2019				
d	From 2020				
e	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j and 4c.				
8	Breakdown of line 7:				
а	Excess from 2018				
b	Excess from 2019				
С	Excess from 2020				
	Excess from 2021				
е	Excess from 2022				

Schedule A (Form 990) 2022

		YOUNG	MEN'S	CHRIST	IAN ASS	SOCIATION	
Schedule A	(Form 990) 2022			LEXINGT			61-0444842 Page 8
Part VI	Supplemental Inform Part IV, Section A, lines 1,	nation. P 2, 3b, 3c, 4 ines 2 and 3	rovide the e b, 4c, 5a, 6 3; Part IV, Se	explanations re , 9a, 9b, 9c, 1 ⁻ ection E, lines	equired by Pa 1a, 11b, and 1c, 2a, 2b, 3a	rt II, line 10; Part II, li 11c; Part IV, Section a, and 3b; Part V, line	ne 17a or 17b; Part III, line 12; B, lines 1 and 2; Part IV, Section C, e 1; Part V, Section B, line 1e; Part V,

223451 11-15-22

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

61 - 0444842

0 91 (
Filers of:	Section:
Form 990 or 990-EZ	X 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

YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER LEXINGTON KENTUCKY

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

X 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), 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 (entering "N/A" in column (b) instead of the contributor name and address), 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 for an *exclusively* set.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

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

Schedule B (Form 990) (2022)

Name of organization

Page **2** Employer identification number

YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER LEXINGTON KENTUCKY

61 - 0444842

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		\$ <u>1,281,351.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>116,500.</u>	PersonXPayrollImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>100,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ <u>72,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>55,396.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$50,022.	Person Payroll Noncash X (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER LEXINGTON KENTUCKY

61-0444842

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		\$35,040.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$ <u>26,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ <u>25,629.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ <u>25,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$25,000 .	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER LEXINGTON KENTUCKY Employer identification number

61 - 0444842

Part I	Contributors (see instructions). Use duplicate copies of Part I if additionation	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$21,504.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14_		\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16		\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ <u>15,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18		\$14,855.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER LEXINGTON KENTUCKY Employer identification number

61 - 0444842

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
<u> 19</u>		\$13,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20		\$12,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ <u> 11,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ <u>10,100.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$10,100.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24		\$ <u>10,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER LEXINGTON KENTUCKY Employer identification number

61 - 0444842

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 X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26		\$ <u>9,259.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27		\$8,809.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28		\$8,464.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29		\$8,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30		\$8,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER LEXINGTON KENTUCKY Employer identification number

61 - 0444842

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		
		\$8,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
32		\$6,400.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
33		\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
34		\$ <u>5,615.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
35		\$5,025.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
36		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		

Name of organization

YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER LEXINGTON KENTUCKY Employer identification number

61 - 0444842

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		\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
38		\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
39		\$ <u>5,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
40		\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$ <u>5,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
42		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		

Name of organization

YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER LEXINGTON KENTUCKY Employer identification number

61 - 0444842

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 X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
44_		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
<u>45</u>		\$323,848.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		

223452 11-15-22

Page **2**

Part II	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		
	54 SHS ABBVIE, 49 SHS CHEVRON, 500 SHS TARGA RESP CORP				
6					
		\$50,022.	10/31/22		
(a) No.	(b)	(c)	(d)		
from	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received		
Part I					
		\$			
(a)		(c)			
No. from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received		
Part I	pppppppp.	(See instructions.)			
		\$			
(a)					
No.	(b)	(c) FMV (or estimate)	(d)		
from Part I	Description of noncash property given	(See instructions.)	Date received		
		\$			
(-)					
(a) No.	(b)	(c)	(d)		
from	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received		
Part I					
		\$			
	·	Ψ			
(a) No.	(b)	(c)	(4)		
from	(b) Description of noncash property given	FMV (or estimate) (See instructions.)	(d) Date received		
Part I					
		\$			

YOUNG MEN'S CHRISTIAN ASSOCIATION

OF GREATER LEXINGTON KENTUCKY

Employer identification number

61 - 0444842

Schedule B (Form 990) (2022)

Page **3**

Schedule	B (Form 990) (2022)			Page 4		
	organization			Employer identification number		
	MEN'S CHRISTIAN ASSOCIA	FION				
OF GR	EATER LEXINGTON KENTUCKY Exclusively religious, charitable, etc., contribution	a to organizations described in so	ation 501(a)(7) (8) or (10)	61-0444842		
Fartin	from any one contributor. Complete columns (a) th	prough (e) and the following line ent	ry. For organizations			
	completing Part III, enter the total of exclusively religious, cha Use duplicate copies of Part III if additional sp	ritable, etc., contributions of \$1,000 or I	ess for the year. (Enter this info	. once.) \$		
(a) No.						
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held		
<u> </u>				+		
		(e) Transfer of gif	t			
	Transferee's name, address, and	I ZIP + 4	Relationship of tr	ansferor to transferee		
		[
(a) No.		() 11	() =			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held		
		(a) Transfer of sif	I			
		(e) Transfer of gif	t			
	Transferee's name, address, and	I ZI P + 4	Relationship of tr	Relationship of transferor to transferee		
	, autore, autore					
(a) No.						
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) De:	scription of how gift is held		
Part I						
	(e) Transfer of gift					
	Transferee's name, address, and	I ZIP + 4	Relationship of tr	ansferor to transferee		
(a) No. from		(c) Use of gift		equiption of how with in hold		
Part I	(b) Purpose of gift	(c) Use of gift		scription of how gift is held		
	(e) Transfer of gift					
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee			
			•			

SUNCTEDUCE Complete if the organization answered (vers) on Form 900, the first of a form 900 in the basis information. Page 100 basis Name of the organization Cold to wark the organization in the set information. Imployed formation models in the set information. Imployed formation information information. Imployed formation information informatin information informatio	SCHEDULE D		Supplementa	al Financial Statements		OMB No. 1545-0047		
Description Part N, line 6, 7, 6, 9, 10, 115, 115, 116, 116, 117, 112, 117, 120, 120, 120, 120, 120, 120, 120, 120						2022		
Construction Go to www.irs.gov/form@00 for instructions and the latest information. Inspection Name of the organization YOUND MEN'S CERNSTIAN ASSOCTATION Employer identification number of O GREATER LEXINGTON KENTUCKY Enclosed and the organization association number of constructions of Advised Funds or Other Similar Funds or Accounts. Complete it the organization answered 'Yes' on form 980, Part V, line 6. (a) Donor advised funds or Other Similar Funds or Accounts. Complete it the organization association in the diving year) (a) Qargade value of ortributors to (during year) (b) Funds and of year 1 Aggregate value of ord year (a) Donor advised funds (b) Funds and of year (c) Donor advised funds (b) Funds and of year 2 Aggregate value of ord year (c) and ord advised funds (c) Funds and of year (c) The donor advised funds (c) The donor advised funds (c) The donor advised funds 2 Aggregate value of ord year (c) and ord advised funds (c) and the public wall by and the donor advised funds (c) The donor advised funds (c) The donor advised funds (c) The donor advised funds 3 Date the organization form and grantse, fonders all that apply. (c) and the public wall by and the donor advised funds (c) and the public wall by and fonder advised funds (c) and the fact of the fact of a confide donor advised funds (c) a confide don	•					Open to Public		
OP GREATER LEXINGTON KENTUCKY				n.				
Productations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization network 'ves' on Form 990, Part IV, line 6. 1 Total number at end of year. (a) Donor advised funds (b) Funds and other accounts 2 Aggregate value of ornibutions to (during year) (a) Signification and other accounts (b) Funds and other accounts 3 Aggregate value of ornibutions to (during year) (a) Other advised funds (b) Funds and other accounts 4 Aggregate value of ornibutions to (during year) (c) Other advised funds (c) Funds and other accounts 5 Do the organization's property subject to the organization's exclusive legal control? (c) Ne (No 6 Do the organization's property subject to the organization's exclusive legal control? (c) No (c) No 7 Propose(s) of conservation casements held by the organization advisor, of on a fund accountient of a historical lymportant land area (c) Preservation of a historical lymportant land area 1 Protocolin of antural habitation propero (c) Complete if the organization's exclusive legal control of a historical lymportant land area 2 Complete lines 2 at through 2 at the organization's exclusive included in (a) (c) Advisor of a land accountient of a land acc	Nam	e of the organization			Emp			
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I Total number at end of year (a) Denor advised funds (b) Funds and other accounts I Total number at end of year (a) Aggregate value of contributions to (during year) (b) Funds and other accounts 3 Aggregate value of contributions to (during year) (c) Aggregate value of any strom (during year) (c) Aggregate value of any strom (during year) (c) Aggregate value of any strom (during year) 4 Aggregate value of any strom (during year) (c) Aggregate value of any strom value of a conservation assemerts in Aggregate value of a conservatio	Pa		-		Accoun	Its. Complete if the		
1 Total number at end of year		organization			(b) Fun	ids and other accounts		
Aggregate value of contributions to (during year) Aggregate value of contributions to (during year) Aggregate value of and the model of the organization inform all donors and donor advisors in writing that the assets held in donor advisors functions Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only tor charatistic purposes and to for the benefit of the donor advisor in any other purpose conferring impermissible purposes and to for the benefit of the donor of a advisor, or or any other purpose conferring impermissible purposes and to for the benefit of the donor of advisor, or for any other purpose conferring impermissible purposes and to for the benefit of the organization answered "Yes" on Form 990, Part IV, line 7. Purposely of conservation assements held by the organization (cleack all that apply). Preservation of a purposely of conservation easements held by the organization (cleack all that apply). Preservation of open space Complete inse 2 at through 2 of the organization held a qualified conservation contribution in the form of a conservation assements on a cortice Autor of open space Complete inse 2 at through 2 of the organization easements Ze advisor Preservation assements in contribution in the form of a conservation assements on a cortice Number of conservation easements in cortice Autor of conservation easements in cortice Autor of conservation easements in cortice Number of states where property subject to conservation easements in located Number of states where property subject to conservation easements in discrete Number of attase where property subject to conservation easements in discrete Number of attase where property subject to conservation easemen	1	Total number at en	nd of vear		(2): 0			
Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization is property, subject to the organization's exclusive legal control? Did the organization inform all 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? Persenvation all and tor public use (for example, recreation or aducation) Preservation of a late for public use (for example, recreation or education) Preservation of a late for public use (for example, recreation or education) Preservation of a certified historic structure Preservation of a certified historic structure Preservation of a certified historic structure Preservation essements a total number of conservation essements to reganization inform aducing and the advised of the advise	-							
Aggregate value at end of year Del the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are 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 organization are writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or organization are writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or organization are writing that grant funds can be used only for donariable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Perservation of land for public use (for example, recreation or education) Preservation of a certified historic structure Preservation of conservation easements 2a Complete lines 2 at twoigh 2 of the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Total number of conservation easements 2a Number of conservation easements in klock of (c) cocuried after July 25:2006, and not on a historic structure indefied, transferred, released, extinguished, or terminated by the organization during the tax year Yea No Staff and volunteer hours devices to unotoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservatine easements during the year Amount of expenses incurred in								
5 Did the organization inform all donor advisors in writing that the assets held in donor advised funds	4							
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 burnefit? Part II Conservation Easements Net by the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purposely of conservation easements held by the organization check all that apply). Protection of natural habitat Protection of an easements in a certified historic structure included in (a) 2a 2a 3 Number of conservation easements included in (b) zocurrent of the organization assement is located 4 Number of conservation easements held biologitations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements in tolorate to t	5				funds			
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Impermissible private benefit? Yes No Part II Conservation easements. Complete if the organization newered 'Yes' on Form 990, Part IV, line 7. Imposed of conservation easements held by the organization (check all that apply). Preservation of a historically important land area Imposed of conservation easements held by the organization incheck all that apply). Preservation of a historic structure Imposed of conservation easements Preservation of a conservation easement included in (a) aquified conservation conservation easement on the last 22 22 22 a Total number of conservation easements 22 b Total accegor restricted by conservation easements 22 c Number of conservation easements included in (e) aquired atter duly 25,2006, and not on a historic structure listed in the National Register 22 3 Number of states where property subject to conservation easement is located 22 24 4 Number of states where property subject to conservation easement is located 28 28 29 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements tholds? 28 29 20 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred	6	Did the organizatio	on inform all grantees, donors, and donor a	dvisors in writing that grant funds can be use	d only			
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 and tor public use (for example, recreation or education) Preservation of a historically important land area Proservation of open space Preservation of a centified historic structure Preservation of open space Important and the last Total number of conservation easements Preservation of a centified historic structure Total number of conservation easements Preservation easements C Number of conservation easements Preservation and the last D Number of conservation easements Preservation asements A Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easements it holds? Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements it holds? Does each conservation easement reported on line 2(d) above satisfy the requirements of saction 170(h)(A)(B)(h)		for charitable purp	oses and not for the benefit of the donor o	r donor advisor, or for any other purpose con	ferring			
1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of a historically important land area Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Preservation of land torpublic use (for example, recreation or education) Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easements in the last. 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easements. 2a 2 Total arcage restricted by conservation easements. 2a 2 Aumber of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 3 Number of conservation easements imodified, transferred, released, extinguished, or terminated by the organization during the tax 4 Number of states where property subject to conservation easements is located 5 Does the organization have a written policy regarding the periodic monitoring, inspection, 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 and salance sheet, and include, if applicable, the text of the footnote to the orga								
Preservation of land for public use (for example, recreation or education) Preservation of a certified historic structure Complete lines 2 a 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. Total anome of conservation easements Total acreage restricted by conservation easements Total acreage restructure acreage exiting the service included in (a) Total acreage restructure acreage A number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year To acreage restructure included in (b) So be the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements in total? Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements Total acreage estatement and balance sheet, and include, it applicable, the text of the footnote to the organization isterments that					t IV, line 7.			
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. a Total number of conservation easements b Total accessoration easements on a certified historic structure included in (a) 2b 2c d Number of conservation easements included in (c) acquired after July 25,2006, and not on a historic structure listed in the National Register 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 easements 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? 6 Statf 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 easements. 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. 9 In Part XIII, describe how the organization reports conservation easements that describes theores orep	1		, ,	· · · · ·				
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. a Total number of conservation easements Total acreage restricted by conservation easements						•		
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day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a b Total acceage restricted by conservation easements 2a c Number of conservation easements in cluded in (c) acquired atter July 25,2006, and not on a historic structure listed Register 2a 3 Number of conservation easements included in (c) acquired atter July 25,2006, and not on a historic structure listed methods the Register 2d 4 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 2d 4 Number of states where property subject to conservation easement is located	•							
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 (i) Revenue included on Form 990, Part VIII, line 1\$								
 (ii) Assets included in Form 990, Part X						•		
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a Revenue included on Form 990, Part VIII, line 1 \$	2							
b Assets included in Form 990, Part X \$	-	• • • •						
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						• Schedule D (Form 990) 2022		

232051 09-01-22

	YOUNG M	EN'S CHRIST	TIAN ASSOC	IATION				
Sche		TER LEXING					0444843	
Par	t III Organizations Maintaining C	ollections of Art	t, Historical Tre	asures, or C	Other Si	milar Ass	ets (contin	nued)
3	Using the organization's acquisition, accession							
	collection items (check all that apply):			C C	U U			
а	Public exhibition	d	Loan or exc	hange program				
b	Scholarly research	е		0 1 0				
c	Preservation for future generations	-						
4	Provide a description of the organization's co	lections and explain	how they further th	e organization's	sexempt	ouroose in F	Part XIII	
5	During the year, did the organization solicit o							
Ŭ	to be sold to raise funds rather than to be ma		•				Yes	No No
Par	t IV Escrow and Custodial Arrang							
	reported an amount on Form 990, Par		te in the organizatio		.5 011 01	in 550, i art	10, 1110 0, 01	
10	Is the organization an agent, trustee, custodi		any for contribution	s or other assets	s not inclu	Ided		
Ia							Yes	No
	on Form 990, Part X?							
a	If "Yes," explain the arrangement in Part XIII	and complete the foll	lowing table:		ſ		Amoun	+
					ŀ		Amoun	ι <u> </u>
	Beginning balance					1c		
	Additions during the year					1d		
е	Distributions during the year					1e		
f	Ending balance					1f		
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for escrow or cu	istodial account	t liability?		Yes	No No
	If "Yes," explain the arrangement in Part XIII.							
Par	t V Endowment Funds. Complete i							
		(a) Current year	(b) Prior year	(c) Two years b	back (d)	Three years ba	ack (e) Four	years back
1a	Beginning of year balance	7,110,750.	6,325,654.		299.	4,848,80)1. 5	,351,849.
b	Contributions	٥.	5,000.	258,7	766.	50,00	0.	156.
с	Net investment earnings, gains, and losses	-1,060,214.	879,855.	566,6	558.	883,64	LO.	-384,651.
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs	87,995.	99,759.	98,0	069.	184,14	12.	118,553.
f	Administrative expenses							
	End of year balance	5,962,541.	7,110,750.	6,325,6	554.	5,598,29	9. 4	,848,801.
2	Provide the estimated percentage of the curr		e (line 1g. column (a)) held as:				<u> </u>
	Board designated or quasi-endowment	51.7875	%					
	Permanent endowment 48.2125	%						
		<u></u> %%						
C	The percentages on lines 2a, 2b, and 2c sho							
20	Are there endowment funds not in the posse		tion that are hold ar	d administered	for the			
Ja	•	SSION OF THE OFGATIZA	lion that are new ar		IOI LITE		1	Yes No
	organization by:						2=(1)	X
	(i) Unrelated organizations							
	(ii) Related organizations							<u> </u>
b	If "Yes" on line 3a(ii), are the related organiza						3b	
	Describe in Part XIII the intended uses of the		wment funds.					
Par	t VI Land, Buildings, and Equipm			- 000 B		4.0		
	Complete if the organization answered	d "Yes" on Form 990				I		
	Description of property	(a) Cost or of	. ,	or other	(c) Accu		(d) Boo	k value
		basis (investr	,	(other)	deprec	iation		
1a	Land			6,688.				6,688.
b	Buildings					9,449.		6,035.
с	Leasehold improvements			1,009.		1,799.		9,210.
d	Equipment		4,55	5,562.	3,72	5,042.		0,520.
	Other		15	9,421.		5,987.		2,434.
	I. Add lines 1a through 1e. (Column (d) must e		X. column (B). line 1	0c.)	<u></u>	<u></u>		4,887.
_								

Schedule D (Form 990) 2022

	LEXINGTON KENT	TUCKY	61-0444842 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1b. 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 1	1c. See Form 990. Part X. line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost	
(1)		(0)	
(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 000 Part IV line 1	1d Soo Form 990 Part X line 15	
	Description	110. See 1 offit 330, 1 art X, inte 13.	(b) Book value
	Description		
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, I	
1.(a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(9)			

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

X

	YOUNG MEN'S CHRISTIAN AS			C 1	0444040
	dule D (Form 990) 2022 OF GREATER LEXINGTON KEN t XI Reconciliation of Revenue per Audited Financial State		0444842 Page 4		
Pa	·		n Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			14 707 075
1				1	14,707,275.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1.1	1 500 716		
а	3 (, , , , , , , , , , , , , , , , , ,		-1,502,716.	-	
b	Donated services and use of facilities			-	
С	Recoveries of prior year grants			-	
d	Other (Describe in Part XIII.)	2d	-314,740.		1 015 456
е	Add lines 2a through 2d			2e	-1,817,456.
3	Subtract line 2e from line 1			3	16,524,731.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b		56,313.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	56,313.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	16,581,044.
Pa	t XII Reconciliation of Expenses per Audited Financial State		th Expenses per H	letur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line				
1	Total expenses and losses per audited financial statements			1	16,787,701.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	24,914.		
е	Add lines 2a through 2d			2e	24,914.
3	Subtract line 2e from line 1			3	16,762,787.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	56,313.		
b	Other (Describe in Part XIII.)	4b	339,654.		
с	Add lines 4a and 4b			4c	395,967.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	17,158,754.
Pa	t XIII Supplemental Information.				

AUDTONTANT AGGOGTANTON

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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 501(C)(3) OF THE

INTERNAL REVENUE CODE AND SIMILAR KENTUCKY PROVISIONS AND IS CLASSIFIED BY

THE INTERNAL REVENUE SERVICE AS AN ORGANIZATION THAT IS NOT A PRIVATE

YOUNG MEN'S CHRISTIAN ASSOCIATION Schedule D (Form 990) 2022 OF GREATER LEXINGTON KENTUCKY 61-0444842 Page 5 Part XIII Supplemental Information (continued) 61-0444842 Page 5
FOUNDATION. IT HAS BEEN CLASSIFIED AS A PUBLICLY SUPPORTED CHARITABLE
ORGANIZATION UNDER SECTION 509(A)(1) OF THE IRC AND QUALIFIES FOR THE
MAXIMUM CHARITABLE CONTRIBUTION DEDUCTION BY DONORS. THE ASSOCIATION
RECOGNIZES UNCERTAIN INCOME TAX POSITIONS USING THE "MORE-LIKELY-THAN NOT"
APPROACH AS DEFINED IN THE ASC. NO LIABILITY FOR UNCERTAIN TAX POSITIONS
HAVE BEEN RECORDED IN THE ACCOMPANYING FINANCIAL STATEMENTS.
PART XI, LINE 2D - OTHER ADJUSTMENTS:
FUNDRAISING EVENT EXPENSES 24,914.
LOSS ON ABANDONMENT OF PROPERTY -339,654.
TOTAL TO SCHEDULE D, PART XI, LINE 2D -314,740.
PART XII, LINE 2D - OTHER ADJUSTMENTS:
FUNDRAISING EVENT EXPENSES 24,914.
PART XII, LINE 4B - OTHER ADJUSTMENTS:
LOSS ON ABANDONMENT OF PROPERTY 339,654.

Department of the Treasury Internal Revenue Service Name of the organization YOU OF Part I Fundraising Act required to complete 1 Indicate whether the organizations b Internet and email sol c Phone solicitations d In-person solicitations 2 a Did the organization have a	Go to JNG ME GREAT tivities. e this part. ation raise licitations written or m 990, Pa paid individ 00 by the c	ed funds through any of the foll e So f So g Sp r oral agreement with any indivi rt VII) or entity in connection w duals or entities (fundraisers) p	n \$15,000 90 or For structions SSOCI. NTUCK nswered "\ owing acti icitation of icitation of	on For m 990 and th ATIC Y 'es" or 'ities. (' non-g gover aising of ional fu	rm 990-EZ, line 6a. -EZ. he latest information DN h Form 990, Part IV, I Check all that apply. overnment grants nment grants events ficers, directors, trus undraising services?	n. Employer 61-044 ine 17. Form 990	EZ filers are not
Internal Revenue Service Name of the organization YOU OF Part I Fundraising Act required to complete 1 Indicate whether the organizations a Mail solicitations b Internet and email sol c Phone solicitations d In-person solicitations 2 a Did the organization have a key employees listed in Forr b If "Yes," list the 10 highest p compensated at least \$5,000 (i) Name and address of indivi	JNG ME GREAT tivities. e this part. ation raise licitations s written or m 990, Pa paid individ 00 by the c	www.irs.gov/Form990 for in EN'S CHRISTIAN A CER LEXINGTON KE Complete if the organization a d funds through any of the foll e So f So g Sp oral agreement with any indivi rt VII) or entity in connection w duals or entities (fundraisers) p	structions SSOCI. NTUCK hswered "\ owing acti icitation of icitation of icitation of ecial fundr dual (includith profess	and ti ATIC Y (es" or vities. (f non-g f gover aising of ding of ional fu	he latest information DN n Form 990, Part IV, I Check all that apply. overnment grants nment grants events ficers, directors, trus undraising services?	Employer 61-044 ine 17. Form 990 tees, or	Inspection identification number 14842 EZ filers are not
Vame of the organization YOU OF Part I Fundraising Act required to complete 1 Indicate whether the organizations b Internet and email sol c Phone solicitations d In-person solicitations 2 a Did the organization have a key employees listed in Forr b If "Yes," list the 10 highest p compensated at least \$5,000 (i) Name and address of indivi	JNG ME GREAT tivities. e this part. ation raise licitations s written or m 990, Pa paid individ 00 by the c	EN'S CHRISTIAN A TER LEXINGTON KE Complete if the organization a ed funds through any of the foll e So f So g Sp r oral agreement with any indivi rt VII) or entity in connection w duals or entities (fundraisers) p	SSOCI NTUCK nswered "\ owing acti icitation of icitation of ecial fundr dual (includith profess	ATI Y Yes" or vities. (i non-g gover aising of ional fu	DN n Form 990, Part IV, I Check all that apply. overnment grants nment grants events ficers, directors, trus undraising services?	Employer 61-044 ine 17. Form 990 tees, or	identification number 14842 EZ filers are not fes No
OF Part I Fundraising Act required to complete I Indicate whether the organize a Mail solicitations b Internet and email sol c Phone solicitations d In-person solicitations 2 a Did the organization have a key employees listed in Forr b If "Yes," list the 10 highest p compensated at least \$5,00 (i) Name and address of indivi	GREAT tivities. e this part. ation raise licitations s written or m 990, Pa paid indivio 00 by the c	TER LEXINGTON KE Complete if the organization a ed funds through any of the foll e So f So g Sp r oral agreement with any indivi art VII) or entity in connection w duals or entities (fundraisers) p	NTUCK nswered "\ owing acti icitation of icitation of icitation of ecial fundr dual (includent th profess	Y vities. (non-g gover aising (ding of ional fu	n Form 990, Part IV, I Check all that apply. overnment grants nment grants events ficers, directors, trus undraising services?	61-044 ine 17. Form 990 tees, or	14842 EZ filers are not (es
Part I Fundraising Act required to complete 1 Indicate whether the organizations a Mail solicitations b Internet and email sol c Phone solicitations d In-person solicitations z Did the organization have a key employees listed in Forr b If "Yes," list the 10 highest p compensated at least \$5,000 (i) Name and address of indivi	tivities. e this part. ation raise licitations s written or m 990, Pa paid individ 00 by the c	Complete if the organization a ed funds through any of the foll e So f So g Sp r oral agreement with any indivi rt VII) or entity in connection w duals or entities (fundraisers) p	nswered "\ owing acti icitation of icitation of ecial fundr dual (inclu-	Yes" or vities. (non-g gover aising ding of ional fu	Check all that apply. overnment grants nment grants events ficers, directors, trus undraising services?	tees, or	EZ filers are not
required to complete 1 Indicate whether the organiza a Mail solicitations b Internet and email sol c Phone solicitations d In-person solicitations 2 a Did the organization have a key employees listed in Forr b If "Yes," list the 10 highest p compensated at least \$5,00 (i) Name and address of indivi	e this part. ation raise licitations s written or m 990, Pa paid indivio 00 by the c	ed funds through any of the foll e So f So g Sp r oral agreement with any indivi rt VII) or entity in connection w duals or entities (fundraisers) p	owing acti icitation of icitation of ecial fundr dual (includith profess	vities. (non-g gover aising ding of	Check all that apply. overnment grants nment grants events ficers, directors, trus undraising services?	tees, or	Yes 🗌 No
 Indicate whether the organizations Mail solicitations Internet and email solicitations Internet and email solicitations In-person solicitations In-person solicitations a Did the organization have a key employees listed in Forr If "Yes," list the 10 highest propensated at least \$5,00 (i) Name and address of indivision 	iation raise licitations s written or m 990, Pa paid individ 00 by the c	ed funds through any of the foll e So f So g Sp r oral agreement with any indivi rt VII) or entity in connection w duals or entities (fundraisers) p	icitation of icitation of ecial fundr dual (inclue ith profess	[:] non-g gover aising ding of ional fu	overnment grants nment grants events ficers, directors, trus undraising services?		
(i) Name and address of indivi		organization.					
.,	idual						
		(ii) Activity	have or co	Did raiser custody ntrol of outions?	(iv) Gross receipts from activity	(v) Amount pair to (or retained b fundraiser listed in col. (i)	y) to (or retained by)
			Yes	No	-		
Fotal							
3 List all states in which the orgon licensing.	ganization	n is registered or licensed to so	icit contrib	outions	or has been notified	it is exempt from	registration

YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER LEXINGTON KENTUCKY

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 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

			(a) Event #1 BLACK CAT	(b) Event #2 REINDEER RAMBLE	(c) Other events NONE	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	- col. (c))
Revenue						
Rev	1	Gross receipts	46,619.	25,279.		71,898.
	2	Less: Contributions	18,431.	12,255.		30,686
	3	Gross income (line 1 minus line 2)	28,188.	13,024.		41,212
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs		1,000.		1,000
rect Ex	7	Food and beverages				
ā	8	Entertainment				
	9	Other direct expenses	16,286.	7,628.		23,914
	10	Direct expense summary. Add lines 4 throug				24,914
	10					
	11	Net income summary. Subtract line 10 from	line 3, column (d)			16,298
		II Gaming. Complete if the organization	line 3, column (d)			16,298
Pa	11		line 3, column (d)	n 990, Part IV, line 19, or r	reported more than	
)ai	11	II Gaming. Complete if the organization	line 3, column (d)			(d) Total gaming (add
Pai	11	II Gaming. Complete if the organization	line 3, column (d)	n 990, Part IV, line 19, or r (b) Pull tabs/instant	reported more than	(d) Total gaming (add
Pa	11	II Gaming. Complete if the organization	line 3, column (d) a answered "Yes" on Forn (a) Bingo	n 990, Part IV, line 19, or r (b) Pull tabs/instant	reported more than	(d) Total gaming (add
Pal	<u>11</u> rt I	II Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	line 3, column (d) n answered "Yes" on Form (a) Bingo	n 990, Part IV, line 19, or r (b) Pull tabs/instant	reported more than	(d) Total gaming (add
Pal	11 rt I 1 2	Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	line 3, column (d) answered "Yes" on Form (a) Bingo	n 990, Part IV, line 19, or r (b) Pull tabs/instant	reported more than	16,298 (d) Total gaming (add col. (a) through col. (c)
Pai	<u>11</u> rt I 2 3	Gross revenue	line 3, column (d) answered "Yes" on Form (a) Bingo	n 990, Part IV, line 19, or r (b) Pull tabs/instant	reported more than	(d) Total gaming (add
Pal	<u>11</u> rt I 1 2 3 4	II Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue	line 3, column (d) answered "Yes" on Form (a) Bingo	n 990, Part IV, line 19, or r (b) Pull tabs/instant	reported more than	(d) Total gaming (add
Pal	<u>11</u> rt I 1 2 3 4	Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs	line 3, column (d) answered "Yes" on Form (a) Bingo	n 990, Part IV, line 19, or r (b) Pull tabs/instant	reported more than	(d) Total gaming (add
Panene	11 rt I 2 3 4 5	Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs	line 3, column (d) answered "Yes" on Form (a) Bingo	n 990, Part IV, line 19, or n (b) Pull tabs/instant bingo/progressive bingo	reported more than (c) Other gaming	(d) Total gaming (add
Pal	11 rt I 2 3 4 5 6	Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses	line 3, column (d) answered "Yes" on Form (a) Bingo (a) Bingo (a) Bingo (a) Bingo (b) Provide the second secon	(b) Pull tabs/instant bingo/progressive bingo	reported more than (c) Other gaming	(d) Total gaming (add
Pal	11 rt I 2 3 4 5 6	II Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue	line 3, column (d) n answered "Yes" on Form (a) Bingo (a) Bingo (a) Bingo (a) Bingo (b) Bingo (a) Bingo (b) Bingo (c) Bingo </td <td>(b) Pull tabs/instant bingo/progressive bingo</td> <td>reported more than (c) Other gaming</td> <td>(d) Total gaming (add</td>	(b) Pull tabs/instant bingo/progressive bingo	reported more than (c) Other gaming	(d) Total gaming (add

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?	 Y	′es	
b If "No," explain:			

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

 b If "Yes," explain:

232082 10-27-22

Yes

No

No

YOUNG MEN'S CHRISTIAN ASSOCIATION			
	-044	-	Page 3
11 Does the organization conduct gaming activities with nonmembers?	L	Yes	No No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		7	
to administer charitable gaming?	L	Yes	└── No
13 Indicate the percentage of gaming activity conducted in:	1	I.	
a The organization's facility			%
b An outside facility	13 k)	%
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
Nama			
Name			
Address			
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	🗌 No
b If V_{22} is a starting an equat of soming variance received by the exception Φ			
b If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount			
of gaming revenue retained by the third party \$ c If "Yes," enter name and address of the third party:			
c in res, enter name and address of the third party.			
Name			
Address			
16 Gaming manager information:			
Name			
Gaming manager compensation \$			
Description of services provided			
Director/officer Employee Independent contractor			
47 Manalakan distributiona			
17 Mandatory distributions:a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
		Yes	No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	····· —		
organization's own exempt activities during the tax year \$:		
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	Part III, I	ines 9,	9b, 10b,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	-		

YOUI	NG MEN'S	5 CHRISTIAN	ASSOCIATION
OF (GREATER	LEXINGTON	KENTUCKY

Schedule G	G (Form 990)	OF GRE	ATER	LEXINGTON	KENTUCKY	61-0444842	Page 4
Part IV	(Form 990) Supplemental Inf	ormation _{(cor}	ntinued)				

SCHEDULE I Grants and Other Assistance to Organizations, (Form 990) Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.							1545-0047)22				
Department of the Treasury Attach to Form 990. Internal Revenue Service Go to www.irs.gov/Form990 for the latest information.									o Public ection		
Name of the organization YOUNG MEN'S CHRISTIAN ASSOCIATION Employer idea											
OF GREATER LEXINGTON KENTUCKY 61											
	e organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection										
	award the grants or assis								No		
2 Describe in Pa	rt IV the organization's pro	ocedures for monit	oring the use of grant	funds in the United	l States.						
Part II Grants a	and Other Assistance to that received more than	Domestic Organiz	ations and Domestic	Governments.	Complete if the org	anization answered "Y	es" on Form 990, Part	t IV, line 21, for any			
1 (a) Name and a	address of organization overnment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of or assistan			
		I	1	1		1	1	1			

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) 2022

CASH AWARDS FOR BLACK ACHIEVER SCHOLARSHIPS

Part III

OF GREATER LEXINGTON KENTUCKY 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. (e) Method of valuation (f) Description of noncash assistance (a) Type of grant or assistance (b) Number of (c) Amount of (d) Amount of non-(book, FMV, appraisal, other) recipients cash grant cash assistance

30,731.

0.

8

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

61 - 0444842

YOUNG MEN'S CHRISTIAN ASSOCIATION Schedule I (Form 990) OF GREATER LEXINGTON KENTUCKY 61-0444842 Page 2 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.

SCHEDULE J	Compensation Information	OMB No. 1545	-0047			
(Form 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest	ົ້ວບວ	^			
	Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.	202	2			
Department of the Treasury	Attach to Form 990.	Open to Pe Inspecti				
Internal Revenue Service	ernal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.					
Name of the organizati		dentification	number			
		444842				
Part I Question	ns Regarding Compensation					
		Y	es No			
1a Check the approp	riate box(es) if the organization provided any of the following to or for a person listed on Form 990,					
Part VII, Section A	A, line 1a. Complete Part III to provide any relevant information regarding these items.					
First-class or	charter travel Housing allowance or residence for personal use					
Travel for co	mpanions Payments for business use of personal residence					
Tax indemni	ication and gross-up payments Health or social club dues or initiation fees					
Discretionary	/ spending account Personal services (such as maid, chauffeur, chef)					
•	s on line 1a are checked, did the organization follow a written policy regarding payment or					
	provision of all of the expenses described above? If "No," complete Part III to explain	1b				
2 Did the organizati	on require substantiation prior to reimbursing or allowing expenses incurred by all directors,	_				
trustees, and offic	ers, including the CEO/Executive Director, regarding the items checked on line 1a?	2 Σ				
	any, of the following the organization used to establish the compensation of the organization's					
	rector. Check all that apply. Do not check any boxes for methods used by a related organization to					
· · ·	sation of the CEO/Executive Director, but explain in Part III.					
X Compensatio						
Independent	compensation consultant					
Form 990 of	other organizations					
	id any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing					
•	related organization:		37			
	nce payment or change-of-control payment?		X			
	eceive payment from a supplemental nonqualified retirement plan?		X			
	eceive payment from an equity-based compensation arrangement?	4c	X			
If "Yes" to any of	lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.					
-	(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation					
contingent on the		_	v			
a The organization?		<u>5a</u>	X X			
	ization?	5b				
	or 5b, describe in Part III.					
	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation					
contingent on the			v			
			X X			
	ization?	<u>6b</u>				
	or 6b, describe in Part III.					
	l on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	_	x			
	lines 5 and 6? If "Yes," describe in Part III	7				
	s reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the		v			
	ception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X			
	did the organization also follow the rebuttable presumption procedure described in					
Regulations section	on 53.4958-6(c)?	9				

Schedule J (Form 990) 2022

OF GREATER LEXINGTON KENTUCKY

61-0444842

Page 2

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.

		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) PAULA ANDERSON	(i)	197,047.	0.	1,177.	15,873.	6,320.	220,417.	0.
PRESIDENT/CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2022

Part III Supplemental Information

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

Schedule J (Form 990) 2022

CHEDULE K Form 990) epartment of the Treasury ternal Revenue Service Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.								C	2(Dpen t	0 22 to Pub				
						Employer identification number $61 - 0444842$				ber				
	LEMINGION I									<u> </u>		042		
	(b) Issuer FIN		(d) Date issued		e price	(f)	Descripti	on of purpose	(a) De	feased	(h) On	hehalf	(i) Po	
			(u) Date looded				Besshipti		(9) 00	100000	r			
									Yes	No	Yes	No	Yes	No
UNTY OF SCOTT,														
NTUCKY	61-6000775	NONE	08/31/15	1900	0000.	SEE	PART	VI		x		х		х
														i
Proceeds														
			A			В		С				D		
			4,229	9,017.										
mount of bonds legally defeased														
•				0,000.										
apitalized interest from proceeds														
roceeds in refunding escrows														
suance costs from proceeds			191	1,665.										
				2 2 2 5										
		<u></u>												
			3,000	J,000.										
				116										
ear of substantial completion														
		. ,	Yes	No	Yes		No	Yes	No		Yes		No	
	•		v											
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al all a sting of any second 0		•	x											
	90) Call tot the Treasury YOUNG MEN'S OF GREATER Bond Issues (a) Issuer name (a) Issuer name UNTY OF SCOTT, NTUCKY NTUCKY Proceeds nount of bonds retired mount of bonds legally defeased nount of bonds retired mount of bonds legally defeased tal proceeds in reserve funds mount of bonds legally defeased tal proceeds in reserve funds mount of bonds legally defeased tal proceeds in reserve funds mount of bonds legally defeased tal proceeds in reserve funds mount of bonds legally defeased tal proceeds in refunding escrows mount of proceeds suance costs from proceeds mount of proceeds orking capital expenditures from proceeds mount of proceeds ther unspent proceeds mount of substantial completion ther unspent proceeds mount of substantial completion ther unspent proceeds mount of a refunding issued prior to 2018, an advance refunding issued prior to 2018, an a	90) Complete if the organization of the Treasury renue Service it the organization of POCENTIAN Attach to Form 990. it the organization of POCENTIAN OF GREATER LEXINGTON F Bond Issues (b) Issuer EIN (a) Issuer name (b) Issuer EIN UNTY OF SCOTT , 61-6000775 NTUCKY 61-6000775 Proceeds 61-60000775	Complete if the organization answered explanations, and Attach to Form 990. 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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule K (Form 990) 2022

OF GREATER LEXINGTON KENTUCKY

61 - 0444842

Page **2**

Part III Private Business Use		_						
		A		B		C N	-	
1 Was the organization a partner in a partnership, or a member of an LLC,	Yes	No X	Yes	No	Yes	No	Yes	No
which owned property financed by tax-exempt bonds?		A						
2 Are there any lease arrangements that may result in private business use of		v						
bond-financed property?		X						
3a Are there any management or service contracts that may result in private		v						
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				1		1 1		<u> </u>
		Δ		в		с		D
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	No
Penalty in Lieu of Arbitrage Rebate?		X						
2 If "No" to line 1, did the following apply?						-		1
	X			r l		1		
a Rebate not due yet? b Exception to rebate?		X						<u> </u>
·		X						<u> </u>
c No rebate due?				L		1		1
If "Yes" to line 2c, provide in Part VI the date the rebate computation was								
performed	v	1		,		1		T
3 Is the bond issue a variable rate issue?	Х							

Schedule K (Form 990) 2022

OF GREATER LEXINGTON KENTUCKY

61-0444842

Page 3

Part IV Arbitrage (continued)	-				_		-	
		4	В	}		<u>ç</u>		D
4a Has the organization or the governmental issuer entered into a qualified	Yes	No	Yes	No	Yes	No	Yes	No
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?								
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?		Х						
Part V Procedures To Undertake Corrective Action	_				_		-	
		4	В	}		<u>ç</u>		D
Has the organization established written procedures to ensure that violations	Yes	No	Yes	No	Yes	No	Yes	No
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	s on Schedule	e K. See instru	uctions.					
PART I, LINE A, COLUMN F:								
1) TO FINANCE THE COSTS OF THE CONSTRUCTION AND E								
FACILITY TO BE LOCATED AT 2681 OLD ROSEBUD ROAD I				1				
COUNTY, KENTUCKY AND THE EXPANSION AND RENOVATION								
FACILITY LOCATED AT 381 WEST LOUDON AVENUE, IN LE	EXINGTO	N, FAYE	TTE					
COUNTY, KENTUCKY.								
2) TO FINANCE THE REFUND OF THE LEXINGTON-FAYETTE								
GOVERNMENT VARIABLE RATE DEMAND INDUSTRIAL BUILDI								
OF CENTRAL KENTUCKY, INC. PROJECT) SERIES 1999, 7	THE PRO	CEEDS O	F WHICH					
WERE USED TO FINANCE A PORTION OF THE COSTS OF AC	CQUISIT	ION,						
CONSTRUCTION, AND EQUIPPING FOR THE RENOVATION OF	THE E	XISTING	YMCA					
FACILITY LOCATED AT 239 E. HIGH STREET IN LEXINGT	CON, KEI	NTUCKY,	AND TH	Έ				
ACQUISITION AND CONSTRUCTION OF THE "YMCA NORTH"	FACILI	FY LOCA	TED AT					
381 WEST LOUDON AVENUE IN LEXINGTON, KENTUCKY AND	D THE "	YMCA BE	AUMONT"					
FACILITY LOCATED AT 3251 BEAUMONT CENTRE CIRCLE I	IN LEXI	NGTON,	KENTUCK	Y				
AND OTHER CAPITAL PROJECTS OF THE YMCA.								

Schedule K (Form 990) 2022

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

2022
Open to Public
Inspection

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 instructions and the latest information.

Name of the organization

YOUNG MEN'S CHRISTIAN ASSOCIATION

Employer identification number 61 - 0444842

OF GREATER LEXINGTON KENTUCKY
Part I Types of Property

		(a) Check if	(b) Number of	(c) Noncash contribution	(d) Method of de	terminin	g	
		applicable	contributions or	amounts reported on Form 990, Part VIII, line 1g	noncash contribu		•	;
1	Art - Works of art		Items contributed	Form 990, Fait vill, line rg				
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7								
8	Boats and planes							
9	Intellectual property	x	2	52,078.	FM \7			
	Securities - Publicly traded		<u> </u>	52,070	1 11 1			
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 ()							
26	Other ()							
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organized							
	for which the organization completed Form 82	83, Part V, D	onee Acknowledg	ement 29			_0_	
						Y	′es	No
30a	During the year, did the organization receive by							
	must hold for at least 3 years from the date of	the initial co	ntribution, and whi	ch isn't required to be used t	for			
	exempt purposes for the entire holding period?	?				30a		<u> </u>
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance	policy that re	equires the review o	of any nonstandard contribut	ions?	31		Х
32a	Does the organization hire or use third parties	or related or	ganizations to solid	cit, process, or sell noncash				
	contributions?					32a		X
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of property	r for which column (a) is cheo	ked,			
	describe in Part II.			· ·				
LHA	For Paperwork Reduction Act Notice, see	the Instruct	tions for Form 990).	Schedule M	l (Form 9	990)	2022

	YOUNG MEN'S CHRISTIAN ASSOCIATION	
Schedule M	1 (Form 990) 2022 OF GREATER LEXINGTON KENTUCKY	61-0444842 Page 2
Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, a is reporting in Part I, column (b), the number of contributions, the number of items received, or a combin this part for any additional information.	

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization 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 Form 990-EZ. Go to www.irs.gov/Form990 for the latest information. YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER LEXINGTON KENTUCKY



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

FOR ALL.

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

THE Y BELIEVES IN BRINGING FAMILIES TOGETHER TO HAVE FUN FAMILY TIME:

SERVING FAMILIES AND COMMUNITIES HAS ALWAYS BEEN AT THE AND GROW.

WE HAVE A FUNDAMENTAL DESIRE TO PROVIDE OPPORTUNITY HEART OF THE Y.

FOR EVERYONE TO BUILD STRONGER BONDS, ACHIEVE GREATER WORK/LIFE BALANCE

AND BECOME MORE ENGAGED WITH THEIR COMMUNITIES.

HEALTH, WELL-BEING AND FITNESS: WE KNOW THAT HEALTHY LIFESTYLES ARE

ACHIEVED THROUGH NURTURING SPIRIT, MIND AND BODY. WELL-BEING AND

FITNESS AT THE Y ARE 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 AND 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.

YOUTH DEVELOPMENT: WE BELIEVE PROVIDING OPPORTUNITIES FOR EVERYONE

INCLUDES AFTER SCHOOL EDUCATIONAL PROGRAMS AND DEVELOPMENT INITIATIVES

Schedule O (Form 990) 202	2	Page 2				
Name of the organization	Employer identification number $61-0444842$					
FOR ALL AGES.	YOUTH DEVELOPMENT IS THE SOCIAL-EMOTIONAL, CO	OGNITIVE AND				
PHYSICAL PROCESSES THAT ALL YOUTH UNIQUELY EXPERIENCE FROM BIRTH TO						
CAREER. A SUC	CESSFUL DEVELOPMENT JOURNEY LEADS TO HAPPY,	HEALTHY AND				
PRODUCTIVE ADU	LTS.					

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: CHILDREN. THEY 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. FAMILY MEMBERS CAN RELY ON THE Y KNOWING THEIR CHILDREN ARE IN A SAFE, HEALTHY, NURTURING AND PRODUCTIVE ENVIRONMENT.

SWIM, SPORTS AND PLAY: SWIMMING HAS LONG BEEN A Y MAINSTAY IN BUILDING HEALTHY SPIRT, MIND AND BODY THROUGH SWIM LESSONS AND WATER SAFETY FOR ALL AGES, FAMILY SWIMMING, COMPETITIVE SWIMMING TEAMS, LIFEGUARD TRAINING AND CERTIFICATIONS. THE Y SYSTEMATICALLY FOLLOWS NATIONALLY RECOGNIZED STANDARDS FOR QUALITY AND SAFETY.

THE CENTRAL KENTUCKY SWIMS SAFETY AROUND WATER PROGRAM AIMS TO DECREASE THE NUMBER OF SWIM-RELATED FATALITIES BY GIVING CHILDREN FROM FAYETTE COUNTY PUBLIC SCHOOLS THE SKILLS AND CONFIDENCE THEY NEED TO SAFELY ENJOY WATER BY LEARNING CRITICAL WATER SAFETY AND SWIMMING SKILLS. THIS PROGRAM WAS TEMPORARILY SUSPENDED DUE TO COVID BUT RETURNED ON A SMALLER SCALE IN 2022. THE PROGRAM IS EXPECTED TO EXPAND TO INCLUDE MORE CHILDREN IN 2023.

YOUTH SPORTS LEAGUES AT THE Y OPERATE BY THE FOLLOWING MOTTO: EVERYONE

PLAYS; EVERYONE WINS. THE OBJECTIVE OF THESE SPORTS LEAGUES IS TO
232212 10-28-22
Schedule O (F

Schedule O (Form 990) 2022 Page 2 YOUNG MEN'S CHRISTIAN ASSOCIATION Name of the organization Employer identification number 61 - 0444842OF GREATER LEXINGTON KENTUCKY 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 DEVELOP STRONG VALUES BECOME LEADERS IN OUR COMMUNITIES. A VARIETY OF YOUTH AND TEEN PROGRAM ACTIVITIES (INCLUDING SPORTS SKILLS, SPORTS LEAGUES, MARTIAL ARTS, YOUTH/TEEN EXERCISE PROGRAMS, LITERACY AND SOCIAL GATHERINGS) PROVIDE THE FRAMEWORK FOR INSTILLING OUR CORE VALUE 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 AND ADULTS WITH DISABILITIES. INSPIRED BY SIMILAR PROGRAMS AROUND THE COUNTRY, A SPECIALLY DESIGNED FIELD AND FACILITIES ALLOWS ALL PARTICIPANTS TO ENJOY THE GREAT AMERICAN PAST-TIME OF BASEBALL. THE YMCA OF CENTRAL KENTUCKY HAS BEEN RUNNING THE PROGRAM SINCE ITS INCEPTION.

CAMP AND AFTERSCHOOL: WE HAVE ACCREDITATION AND QUALITY STANDARDS WHICH GUIDE OUR FINANCIAL, STAFFING AND PROGRAMMATIC ACTIVITIES DURING OUT OF SCHOOL TIME. OUR LICENSED CHILD CARE PROGRAMS FOSTER GROWTH AND DEVELOPMENT IN CHILDREN AND THEIR FAMILIES. THROUGH A VARIETY OF ACTIVITIES, Y CAMPS SEEK TO HELP YOUTH ACHIEVE THEIR FULLEST POTENTIAL IN SPRIT, MIND AND BODY WHILE PROVIDING FAMILIES WITH SAFE, HIGH QUALITY CARE WHILE SCHOOL IS NOT IN SESSION. FEW ENVIRONMENTS ARE AS SPECIAL AS CAMP AND AFTERSCHOOL, WHERE KIDS BECOME A COMMUNITY AS THEY 202212 10-28-22 Schedule O (Form 990) 2022 LEARN BOTH HOW TO BE MORE INDEPENDENT AND HOW TO CONTRIBUTE TO A GROUP

AS THEY ENGAGE IN PHYSICAL, SOCIAL AND EDUCATIONAL ACTIVITIES.

OF GREATER LEXINGTON KENTUCKY

FINANCIAL ASSISTANCE IS AWARDED TO ENSURE THAT EVERY CHILD AND FAMILY

HAS THE OPPORTUNITY TO BENEFIT FROM ENRICHING SUMMER EXPERIENCES

THROUGH SPORTS, AFTERSCHOOL AND CAMP.

EDUCATION AND 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, BLACK ACHIEVERS, NEIGHBORHOOD EVENTS, BACK TO SCHOOL RALLIES THAT DISTRIBUTE FREE SCHOOL SUPPLIES, EDUCATIONAL EFFORTS THAT REDUCE SUMMER LEARNING LOSS, NONPROFIT USE OF YMCA FACILITIES, CITY WIDE EVENTS, HEALTHY KIDS' DAY, KIDS' TRIATHLON AND MORE EMPHASIZE OUR COMMITMENT TO COMMUNITY PARTNERS.

THE POWER SCHOLARS ACADEMY IS A SUMMER LEARNING LOSS PREVENTION PROGRAM DESIGNED TO HELP YOUTH SCHOLARS DISPROPORTIONATELY REPRESENTED IN THE ACHIEVEMENT GAP ACHIEVE GRADE LEVEL UNDERSTANDING IN LITERACY AND MATHEMATICS.

THE YMCA OF CENTRAL KENTUCKY IS ALSO PROUD TO HAVE ONE OF THE LONGEST RUNNING YMCA BLACK ACHIEVERS PROGRAMS IN THE NATION. SINCE 1985, BLACK ACHIEVERS HAS CONTINUED TO PROVIDE STUDENTS IN GRADES 6 - 12 EXPOSURE TO PRESENT AND FUTURE EDUCATION AND CAREER OPPORTUNITIES, INSTILL POSITIVE SOCIAL VALUES, ENCOURAGE A QUEST FOR KNOWLEDGE AND ENABLE Name of the organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER LEXINGTON KENTUCKY

STUDENTS TO REACH THEIR FULLEST POTENTIAL.

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

ANNUALLY, 400+ YMCA VOLUNTEERS ARE INVESTED IN SERVICE TO OUR

COMMUNITY. TOGETHER, WE MAKE SURE EVERY CHILD HAS A CHANCE AT A BRIGHT

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 BARRIERS THAT MAY EXIST.

FORM 990, PART VI, SECTION A, LINE 1A:

AN EXECUTIVE COMMITTEE CONSISTING OF THE OFFICERS OF THE BOARD OF

DIRECTORS, THE IMMEDIATE PAST CHAIRPERSON, THE CHAIRPERSONS OF EACH BRANCH

BOARD, PLUS UP TO TWO MEMBERS APPOINTED BY THE CHAIRPERSON. THE EXECUTIVE

COMMITTEE SHALL HAVE THE FULL POWER AND AUTHORITY TO SUPERVISE AND ACT UPON

ALL BUSINESS REQUIRING IMMEDIATE ATTENTION DURING INTERVALS BETWEEN THE

REGULAR MEETINGS OF THE BOARD OF DIRECTORS. THE CHAIRPERSON OF THE

ASSOCIATION SHALL ALSO SERVE AS CHAIRPERSON OF THE EXECUTIVE COMMITTEE.

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 REQUESTS ARE SENT TO EACH

MEMBER OF THE ASSOCIATION BOARD OF DIRECTORS. REPLIES ARE MONITORED BY THE 232212 10-28-22 Schedule O (Form 990) 2022

Schedule O (Form 990) 20	Page 2	
Name of the organization	Employer identification number 61-0444842	
OFFICE OF THE	OF GREATER LEXINGTON KENTUCKY CEO. ANY NON-COMPLIANCE ISSUES, IF ANY, ARE	

EXECUTIVE COMMITTEE FOR APPROVAL OR OTHER APPROPRIATE ACTION.

SITUATIONS MAY ARISE IN WHICH THE YMCA MAY WISH TO CONTRACT OR ENTER INTO AN ARRANGEMENT FOR GOODS OR SERVICES WITH INDIVIDUAL DIRECTORS OR TRUSTEES WITH FIRMS OR CORPORATIONS OF WHICH A DIRECTOR OR A TRUSTEE MAY BE A MEMBER, OFFICER, OR EMPLOYEE, IN WHICH EVENT BEFORE ENTERING INTO ANY SUCH CONTRACT OR ARRANGEMENT: (I) THE TERMS OF THE CONTRACT OR ARRANGEMENT SHALL BE DISCLOSED TO THE BOARD OF DIRECTORS OR THE EXECUTIVE COMMITTEE, (II) THE BOARD OF DIRECTORS OR EXECUTIVE COMMITTEE SHALL DETERMINE THAT SUCH CONTRACT OR ARRANGEMENT IS ON TERMS AND CONDITIONS AS ADVANTAGEOUS TO THE YMCA AS CAN BE OBTAINED FROM ANY OTHER SOURCE FOR EQUIVALENT GOODS OR SERVICES; AND (III) THE BOARD OF DIRECTORS (WITH THE DIRECTOR ABSTAINING) OR THE EXECUTIVE COMMITTEE SHALL BY RESOLUTION APPROVE SUCH CONTRACT OR ARRANGEMENT. THE PRESIDENT WILL ADMINISTER THE CONFLICT OF INTEREST POLICY AND ANY DISPUTED ACTION OF THE PRESIDENT, WITH RESPECT TO CONFLICT OF INTEREST MATTERS, SHALL BE RESOLVED BY THE EXECUTIVE COMMITTEE OR THE BOARD OF DIRECTORS WHICHEVER NEXT MEETS.

FORM	990,	PART	VI,	SECTION	В,	LINE	15:
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YUSA PERFORMS AN ANNUAL NATIONWIDE COMPENSATION STUDY AND PROVIDES COMPENSATION AND COST OF LIVING INCREASE RECOMMENDATIONS TO LOCAL YMCAS. CENTRAL KENTUCKY YMCA'S CEO & CFO REVIEW SALARY TRENDS AND PROVIDES ADVICE. 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. ALL OTHER SALARIES ARE APPROVED BY THE CEO.

ame of the organization YOUNG MEN'S CHRISTIAN ASSOCIATION	Employer identification number
OF GREATER LEXINGTON KENTUCKY	61-0444842
FORM 990, PART VI, SECTION C, LINE 19:	
A COPY OF FORM 990 IS AVAILABLE ON THE ASSOCIATION'S LO	CAL AREA NETWORK SO
THAT EACH BRANCH EXECUTIVE HAS ACCESS IN THE EVENT REQU	ESTS ARE RECEIVED AT
THE BRANCH SITE. THE FORM 990 IS ALSO AVAILABLE VIA THE	YMCA AND GUIDESTAR
VEBSITES.	

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 A FINANCE/AUDIT COMMITTEE WHICH ASSUMES RESPONSIBILITY

FOR OVERSIGHT OF THE AUDIT.

PART VI, LINE 10B

THE YMCA OF CENTRAL KENTUCKY MAINTAINS FIVE FULL-SERVICE FACILITIES,

TWO PROGRAM BRANCHES, AND TWO FULL SERVICE CHILDCARE CENTERS AS

FOLLOWS:

1. HIGH STREET YMCA, 239 EAST HIGH STREET, LEXINGTON, KY 40507

2. BEAUMONT CENTRE FAMILY YMCA, 3251 BEAUMONT CENTRE CIRCLE, LEXINGTON,

KY 40513

3. NORTH LEXINGTON FAMILY YMCA, 381 LOUDON AVENUE, LEXINGTON, KY 40508

4. WHITAKER FAMILY YMCA, 2681 OLD ROSEBUD ROAD, LEXINGTON, KY 40509

5. FRANKFORT PREVENTION PARK, 77 C MICHAEL DAVENPORT BLVD., FRANKFORT,

KY 40601

6. JESSAMINE COUNTY YMCA, 220 EAST MAPLE STREET, NICHOLASVILLE, KY

40356 (PROGRAM BRANCH)

^{7.} CENTER FOR CHILDREN, 500 PARK PLACE, LEXINGTON, KY 40511

Name of the organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER LEXINGTON KENTUCKY	Employer identification number 61-0444842
8. CRAYON CLUB, 142 LANE VIEW DRIVE, FRANKFORT, KY 40601	
EACH FULL-SERVICE BRANCHE HAS ITS OWN BOARD OF MANAGERS TH	AT ADVISES
BRANCH STAFF ON PROGRAMS, COMMUNITY EVENTS, ANNUAL FUNDRAI	SING, AND
REVIEW OF BUDGETS AND MONTHLY FINANCES. ONE MEMBER OF EACH	BRANCH'S
BOARD OF MANAGERS IS SELECTED TO BE ON THE ASSOCIATION BOA	RD 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 PROCEDUR	ES OF THE
ENTIRE ASSOCIATION, AND IS ACCOUNTABLE TO THE BOARD OF DIR	ECTORS OF THE

YMCA OF CENTRAL KENTUCKY.