

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2013 calendar year, or tax year beginning **2013**, and ending **20**

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization **YOUNG MENS CHRISTIAN ASSOCIATION OF PARIS BOURBON COUNTY INC**
 Doing Business As
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
917 MAIN ST
 City or town, state or province, country, and ZIP or foreign postal code
PARIS, KY 40361-1707

D Employer identification number
61-0676727

E Telephone number
(859)987-1395

F Name and address of principal officer: **CATHERINE BOONE**
917 MAIN STREET, PARIS, KY 40361-1707

G Gross receipts \$ **1,934,881**

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ **WWW.PARISBOURBONMCA.ORG**

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: **1968**

M State of legal domicile: **KY**

H(c) Group exemption number ▶

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: TO PUT CHRISTIAN PRINCIPLES INTO PROGRAMS THAT BUILD HEALTH SPIRIT, MIND AND BODY FOR ALL.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	19
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	19
	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	106
	6	Total number of volunteers (estimate if necessary)	6	153
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	35,337
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 356,752	Current Year 523,025
	9	Program service revenue (Part VIII, line 2g)	979,832	1,109,353
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	129,541	233,662
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	46,082	52,094
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,512,207	1,918,134
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	787,879	858,098
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 39,744		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	580,978	675,102
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,368,857	1,533,200
19	Revenue less expenses. Subtract line 18 from line 12	143,350	384,934	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 4,635,371	End of Year 4,782,129
	21	Total liabilities (Part X, line 26)	1,110,209	872,033
	22	Net assets or fund balances. Subtract line 21 from line 20	3,525,162	3,910,096

Part II Signature Block

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

Sign Here

Signature of officer: **CATHY BOONE, PRESIDENT/CEO** Date: _____
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: _____ Preparer's signature: _____ Date: _____ Check if self-employed PTIN: _____
 Firm's name ▶: _____ Firm's EIN ▶: _____
 Firm's address ▶: _____ Phone no.: _____

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form **990** (2013)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III Yes No

1 Briefly describe the organization's mission:
SEE SCHEDULE O

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

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

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

4a (Code: _____) (Expenses \$ 655,415 including grants of \$ _____) (Revenue \$ 540,726)
MEMBER SERVICES

4b (Code: _____) (Expenses \$ 563,899 including grants of \$ _____) (Revenue \$ 464,910)
CHILD CARE

4c (Code: _____) (Expenses \$ 60,562 including grants of \$ _____) (Revenue \$ 50,168)
YOUTH & FAMILY

4d Other program services (Describe in Schedule O.)
(Expenses \$ 65,945 including grants of \$ 0) (Revenue \$ 53,549)

4e Total program service expenses **▶** 1,345,821

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12 a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14 a Did the organization maintain an office, employees, or agents outside of the United States?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20 a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for line numbers (1a-14b), descriptions, and Yes/No checkboxes. Includes sub-questions for Form 1096, W-2G, backup withholding, Form W-3, unrelated business income, foreign accounts, prohibited transactions, and 501(c)(7), (12), (19), and (29) organizations.

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► KY
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► RON PARKER, 917 MAIN STREET, PARIS, KY 40361, (859)987-1395

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BRIAN WASHINGTON DIRECTOR	1	✓					0	0	0	
(2) DAVID SMITH PAST PRESIDENT	1	✓					0	0	0	
(3) SHACK PARRISH DIRECTOR	1	✓					0	0	0	
(4) BRUCE ALLISON TREASURER	2	✓					0	0	0	
(5) MORGAN JUDY DIRECTOR	1	✓					0	0	0	
(6) JOE KOCH DIRECTOR	1	✓					0	0	0	
(7) LISA HINKLE SECRETARY	1	✓					0	0	0	
(8) LANA FRYMAN DIRECTOR	1	✓					0	0	0	
(9) STAN GALBRIATH DIRECTOR	1	✓					0	0	0	
(10) LOUIS PRICHARD PRESIDENT	1	✓					0	0	0	
(11) GARY WISEMAN DIRECTOR	1	✓					0	0	0	
(12) DONNIE FOLEY DIRECTOR	1	✓					0	0	0	
(13) DAVID POPE DIRECTOR	1	✓					0	0	0	
(14) ANNE ROGERS DIRECTOR	1	✓					0	0	0	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) JAMES MILLER DIRECTOR	1	<input checked="" type="checkbox"/>						0	0	0
(16) PAUL CLIFT DIRECTOR	1	<input checked="" type="checkbox"/>						0	0	0
(17) MATT KOCH DIRECTOR	1	<input checked="" type="checkbox"/>						0	0	0
(18) SARA BRANCH DIRECTOR	1	<input checked="" type="checkbox"/>						0	0	0
(19) CATHERINE BOONE EXECUTIVE DIRECTOR	60			<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		90,851	0	0
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Sub-total								90,851	0	0
c Total from continuation sheets to Part VII, Section A								0	0	0
d Total (add lines 1b and 1c)								90,851	0	0

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ **0**

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a 33,343					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e 21,099					
	f All other contributions, gifts, grants, and similar amounts not included above	1f 468,583					
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f		523,025				
Program Service Revenue		Business Code					
	2a MEMBER SERVICES	624100	540,726	540,726			
	b CHILD CARE	624100	464,910	464,910			
	c YOUTH & FAMILY	624100	50,168	50,168			
	d AQUATICS	624100	35,859	35,859			
	e HEALTH & WELLNESS	624100	17,690	17,690			
	f All other program service revenue .		0	0	0	0	
g Total. Add lines 2a-2f		1,109,353					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		233,662	233,662			
	4 Income from investment of tax-exempt bond proceeds		0				
	5 Royalties		0				
	6a Gross rents	(i) Real					
		(ii) Personal					
		b Less: rental expenses					
	c Rental income or (loss)	0	0				
	d Net rental income or (loss)		0	0			
	7a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		b Less: cost or other basis and sales expenses					
	c Gain or (loss)	0	0				
	d Net gain or (loss)		0	0			
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a 52,084					
	b Less: direct expenses	b 16,747					
	c Net income or (loss) from fundraising events		35,337		35,337		
	9a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses	b						
c Net income or (loss) from gaming activities		0	0				
10a Gross sales of inventory, less returns and allowances	a						
b Less: cost of goods sold	b						
c Net income or (loss) from sales of inventory		0	0				
Miscellaneous Revenue		Business Code					
11a -----		0	0				
b -----		0	0				
c -----		0	0				
d All other revenue		16,757	16,757	0	0		
e Total. Add lines 11a-11d		16,757					
12 Total revenue. See instructions.		1,918,134	1,359,772	35,337	0		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	0			
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	0			
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	92,377	32,332	26,745	33,300
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	624,707	579,056	44,008	1,643
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	38,354	32,160	4,955	1,239
9 Other employee benefits	35,063	31,272	3,034	757
10 Payroll taxes	67,597	61,265	5,066	1,266
11 Fees for services (non-employees):				
a Management	0			
b Legal	0			
c Accounting	6,500		6,500	
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	9,559	7,169	2,390	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	25,353	24,929	424	0
12 Advertising and promotion	7,881	7,106	25	750
13 Office expenses	29,903	25,383	4,343	177
14 Information technology	32,078	24,058	8,020	
15 Royalties	0			
16 Occupancy	149,724	142,238	7,486	
17 Travel	13,030	11,190	1,840	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	8,478	7,449	1,029	
20 Interest	38,164	38,164		
21 Payments to affiliates	29,293	21,386	7,907	
22 Depreciation, depletion, and amortization	169,954	159,757	10,197	
23 Insurance	4,505		4,505	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MAINTENANCE SUPPLIES & REPAIRS	91,450	86,266	4,572	612
b EQUIP/PROPERTY MAINT	52,818	48,397	4,421	
c	0			
d	0			
e All other expenses	6,412	6,244	168	0
25 Total functional expenses. Add lines 1 through 24e	1,533,200	1,345,821	147,635	39,744
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0			

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	262,259	1	265,375
	2 Savings and temporary cash investments	256,367	2	258,520
	3 Pledges and grants receivable, net	14,872	3	13,539
	4 Accounts receivable, net	31,754	4	26,175
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	11,574	9	11,563
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 5,842,025		
	b Less: accumulated depreciation	10b 3,208,358	2,651,560	10c 2,633,667
	11 Investments—publicly traded securities	958,976	11	1,075,699
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	448,009	15	497,591
16 Total assets. Add lines 1 through 15 (must equal line 34)	4,635,371	16	4,782,129	
Liabilities	17 Accounts payable and accrued expenses	72,904	17	93,363
	18 Grants payable		18	
	19 Deferred revenue	61,019	19	44,716
	20 Tax-exempt bond liabilities	976,286	20	733,954
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0	25	0
	26 Total liabilities. Add lines 17 through 25	1,110,209	26	872,033
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	3,099,866	27	3,427,666
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets	425,296	29	482,430
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	3,525,162	33	3,910,096
	34 Total liabilities and net assets/fund balances	4,635,371	34	4,782,129

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,918,134
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,533,200
3	Revenue less expenses. Subtract line 2 from line 1	3	384,934
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,525,162
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	3,910,096

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	✓	
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	✓	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	✓	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		✓
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2013

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

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

Name of the organization YOUNG MENS CHRISTIAN ASSOCIATION OF PARIS BOURBON COUNTY INC	Employer identification number 61-0676727
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

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

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									0

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

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

Section A. Public Support

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

Section B. Total Support

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

Section C. Computation of Public Support Percentage

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	369,726	437,015	268,916	356,752	523,025	1,955,434
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	813,339	861,938	929,665	1,028,874	1,161,437	4,795,253
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 Total. Add lines 1 through 5	1,183,065	1,298,953	1,198,581	1,385,626	1,684,462	6,750,687
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	0	0	0	0	0	0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	0	0	0	0	0	0
c Add lines 7a and 7b	0	0	0	0	0	0
8 Public support (Subtract line 7c from line 6.)						6,750,687

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6	1,183,065	1,298,953	1,198,581	1,385,626	1,684,462	6,750,687
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	167,595	134,738	50,143	127,956	233,662	714,094
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	167,595	134,738	50,143	127,956	233,662	714,094
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	2,441	167,137	397,660	12,696	16,757	596,691
13 Total support. (Add lines 9, 10c, 11, and 12.)	1,353,101	1,600,828	1,646,384	1,526,278	1,934,881	8,061,472
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	83.74 %
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	86.86 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	8.86 %
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	5 %
19a 33 1/3% support tests—2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support tests—2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	<input type="checkbox"/>	

Part IV

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

Return Reference	Identifier	Explanation							
	OTHER INCOME	MISCELLANEOUS SUCH AS SMALL INCOME ITEMS NOT CLASSIFIED ELSEWHERE, WRITEOFFS FOR UNCASHED CHECKS, ETC.							
SCHEDULE A, PART III, LINE 12	OTHER INCOME	Description	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total	
			2,441	9,664				12,105	
					397,660				397,660
				157,473					157,473
						12,696			12,696
								16,757	16,757
		Total	2,441	167,137	397,660	12,696	16,757	596,691	

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2013

Name of the organization

YOUNG MENS CHRISTIAN ASSOCIATION OF PARIS BOURBON COUNTY INC

Employer identification number

61-0676727

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33¹/₃ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ _____

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

Name of organization YOUNG MENS CHRISTIAN ASSOCIATION OF PARIS BOURBON COUNTY INC	Employer identification number 61-0676727
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 15,319	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 29,210	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 26,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 8,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization YOUNG MENS CHRISTIAN ASSOCIATION OF PARIS BOURBON COUNTY INC	Employer identification number 61-0676727
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	----- ----- -----	\$ ----- 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	----- ----- -----	\$ ----- 6,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	----- ----- -----	\$ ----- 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	----- ----- -----	\$ ----- 165,591	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization YOUNG MENS CHRISTIAN ASSOCIATION OF PARIS BOURBON COUNTY INC	Employer identification number 61-0676727
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Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----

Name of organization YOUNG MENS CHRISTIAN ASSOCIATION OF PARIS BOURBON COUNTY INC	Employer identification number 61-0676727
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Part III **Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed.

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

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

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

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

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

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

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

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

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

Name of the organization

Employer identification number

YOUNG MENS CHRISTIAN ASSOCIATION OF PARIS BOURBON COUNTY INC

61-0676727

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors... Yes No, 6 Did the organization inform all grantees... Yes No.

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution, 3 Number of conservation easements modified, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, 6 Staff and volunteer hours devoted to monitoring, 7 Amount of expenses incurred in monitoring, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B), 9 In Part XIII, describe how the organization reports conservation easements.

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

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

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

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

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

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,384,272	1,324,257	1,461,467	1,312,124	1,164,319
b Contributions					
c Net investment earnings, gains, and losses	181,406	105,698	-83,915	204,474	206,618
d Grants or scholarships					
e Other expenditures for facilities and programs	7,549	45,683	53,295	55,131	58,813
f Administrative expenses					
g End of year balance	1,558,129	1,384,272	1,324,257	1,461,467	1,312,124

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

- a** Board designated or quasi-endowment ▶ 69.1 %
- b** Permanent endowment ▶ 30.9 %
- c** Temporarily restricted endowment ▶ 0 %

The percentages in lines 2a, 2b, and 2c should equal 100%.

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

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
3a(i)	✓	
3a(ii)		✓
3b		

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	152,000			152,000
b Buildings	4,597,112		2,508,778	2,088,334
c Leasehold improvements				0
d Equipment	1,091,030		699,580	391,450
e Other	1,883			1,883
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				2,633,667

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) _____		
(2) _____		
(3) _____		
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ►		

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) OTHER ASSETS	497,591
(2) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ►	497,591

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) _____		
(3) _____		
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	0	

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

Part XIII

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

Return Reference	Identifier	Explanation
SCHEDULE D, PART V, LINE 4	INTENDED USES OF ENDOWMENT FUNDS	ENDOWMENT FUNDS ARE WITHDRAWN ON AN ANNUAL BASIS AS 5% OF A THREE YEAR AVERAGE OF THE FUND VALUE AND ARE USED TO SUPPORT AND ENHANCE THE VARIOUS PROGRAMS OFFERED BY THE Y.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>DINNER/AUCTION</u> (event type)	<u>CONCESSIONS</u> (event type)	<u>1</u> (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	46,410	5,674	0	52,084
	2 Less: Contributions				0
	3 Gross income (line 1 minus line 2)	46,410	5,674	0	52,084
Direct Expenses	4 Cash prizes				0
	5 Noncash prizes	5,600	45		5,645
	6 Rent/facility costs	2,963			2,963
	7 Food and beverages	1,192	960	322	2,474
	8 Entertainment	400			400
	9 Other direct expenses	1,321	3,439	505	5,265
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				16,747
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				35,337	

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

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.

2013

Open to Public Inspection

Name of the Organization
YOUNG MENS CHRISTIAN ASSOCIATION OF PARIS BOURBON COUNTY INC

Employer Identification Number
61-0676727

Return Reference	Identifier	Explanation
FORM 990, PART III, LINE 1	MISSION STATEMENT	<p>THE MISSION OF THE YMCA IS TO PUT CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT BUILD HEALTHY SPIRIT, MIND AND BODY FOR ALL. OUR YMCA CONTINUES TO MEET THE NEEDS AND CHALLENGES OF OUR COMMUNITY BY LISTENING TO OUR CONSTITUENTS. TODAY FAMILIES ARE FACING FINANCIAL STRAINS AND BOTH PARENTS WORK LEAVING LESS TIME FOR FAMILY TIME. OUR YOUTH ARE STRUGGLING TO GET THE FAMILY SUPPORT THEY NEED TO DEVELOP POSITIVE SKILLS AND VALUES THAT WILL HELP THEM THROUGHOUT THEIR LIVES. THE YMCA IS HERE TO ENSURE THAT EVERY CHILD AND YOUTH CAN DEEPEN THEIR POSITIVE VALUES. THAT EVERY FAMILY HAS A PLACE TO COME TO BUILD STRONGER BONDS AND ACHIEVE GREATER WORK/LIFE BALANCE. THE YMCA WORKS WITH EVERY INDIVIDUAL TO STRENGTHEN THEIR WELL-BEING BY DEVELOPING HEALTHY SPIRIT, MIND AND BODY. THE Y'S FOCUS AREAS OF YOUTH DEVELOPMENT, NURTURING THE POTENTIAL OF EVERY CHILD AND TEEN; HEALTHY LIVING, LEADING THE VOICE ON HEALTH AND WELL-BEING; AND SOCIAL RESPONSIBILITY, GIVING BACK AND SUPPORTING OUR NEIGHBORS, IS PRESENT IN EVERY PROGRAM AND SERVICE WE PROVIDE.</p>
FORM 990, PART III, LINE 4A	MEMBER SERVICES	<p>MEMBER SERVICES: THE PARIS-BOURBON COUNTY YMCA'S MOST EFFECTIVE WAY TO STRENGTHEN RELATIONSHIPS AND MEMBER INVOLVEMENT IS BY ENGAGING MEMBERS AT ALL LEVELS AND ALL AGES. WE BRING FAMILIES CLOSER TOGETHER, ENCOURAGE GOOD HEALTH AND FOSTER CONNECTIONS THROUGH HEALTHY LIVING, YOUTH DEVELOPMENT AND SOCIAL RESPONSIBILITY. AS A RESULT, 4,000 PEOPLE IN OUR COMMUNITY ARE RECEIVING SUPPORT, GUIDANCE AND RESOURCES THEY NEED TO ACHIEVE GREATER HEALTH IN SPIRIT, MIND AND BODY.</p> <p>THE YMCA PROVIDES OPPORTUNITIES BEYOND INDIVIDUAL AND FAMILY ACTIVITIES FOR MEMBERS TO BECOME INVOLVED, VOLUNTEER AND LEAD THE YMCA. THE YMCA ENGAGES MEMBERS TO MOVE FROM A CASUAL MEMBER, TO A VOLUNTEER AND TO A SUPPORTER FOR THE Y. WE DO THIS BY ENGAGING THEM WITH OTHER MEMBERS AND PROGRAMS AND THROUGH STAFF INVOLVEMENT.</p> <p>MEMBERSHIP DEVELOPMENT IS RELATIONSHIP BASED AND FOCUSED ON ENGAGING MEMBERS AS WHOLE PERSONS AND PROVIDING PERSONALIZED MEMBER EXPERIENCES IN A SUPPORTIVE, UPLIFTING ENVIRONMENT. THE TOTAL EXPERIENCE OF A MEMBER'S INVOLVEMENT WITH THE YMCA, STARTING WITH THE INITIAL ENGAGEMENT AND INCLUDING PARTICIPATION IN PROGRAMS AND ACTIVITIES THAT ADDRESS INDIVIDUAL WANTS, NEEDS AND INTERESTS HAS ONGOING SUPPORT THROUGH RELATIONSHIPS WITH STAFF AND OTHER MEMBERS IN AN ENVIRONMENT THAT IS CARING, HONEST, RESPECTFUL AND SUPPORTIVE OF HEALTHY CHOICES.</p> <p>THROUGH DECEMBER 31, 2013 THE PARIS-BOURBON COUNTY YMCA SERVED 4,210 MEMBERS. OUR YMCA BELIEVES IN GIVING BACK AND SUPPORTING OUR NEIGHBORS. OUR NATION STRUGGLES WITH AN OBESITY CRISIS, FAMILIES STRUGGLE WITH WORK/LIFE BALANCE AND INDIVIDUALS SEARCH FOR PERSONAL FULFILLMENT. OUR SERVICES ARE ACCESSIBLE, AFFORDABLE AND OPEN TO ALL FAITHS, BACKGROUNDS, ABILITIES AND INCOME LEVELS. IN 2013, WE PROVIDED \$95,955 IN FINANCIAL ASSISTANCE TO PEOPLE WHO OTHERWISE WOULD HAVE FACED ECONOMIC BARRIERS TO PARTICIPATION.</p>
FORM 990, PART III, LINE 4B	CHILD CARE	<p>WE BELIEVE THAT ALL KIDS DESERVE THE OPPORTUNITY TO DISCOVER WHO THEY ARE AND WHAT THEY CAN ACHIEVE. THAT'S WHY WE HELP YOUNG PEOPLE CULTIVATE THE VALUES, SKILLS AND RELATIONSHIPS THAT LEAD TO POSITIVE BEHAVIORS, BETTER HEALTH, AND EDUCATIONAL ACHIEVEMENT. OUR YMCA CHILD CARE PROGRAMS OFFER A RANGE OF EXPERIENCES THAT ENRICH COGNITIVE, SOCIAL, PHYSICAL AND EMOTIONAL GROWTH.</p> <p>THROUGH OUR LICENSED PRE-SCHOOL AND AFTER-SCHOOL CENTERS, THE YMCA IS A CHAMPION IN THE HOLISTIC DEVELOPMENT OF CHILDREN AND YOUTH. IN 2013 WE SERVED 96 CHILDREN IN OUR INFANT, TODDLER AND PRESCHOOL PROGRAMS AND 101 CHILDREN IN OUR AFTER SCHOOL PROGRAM.</p> <p>OUR PRE-SCHOOL OPERATES FOR 12 HOURS PER DAY IN A SAFE, NURTURING ENVIRONMENT WHERE CHILDREN ARE PREPARED FOR LATER SCHOOL SUCCESS. THE YMCA COLLABORATES WITH THE UNITED WAY AND THE CHILD CARE COUNCIL TO ENSURE OUR STAFF ARE TRAINED AND CERTIFIED. OUR COMMITMENT TO QUALITY INCLUDES PARTICIPATION IN THE GOVERNOR'S "STARS FOR KIDS NOW" INITIATIVE. CHILDREN ARE TAUGHT VALUES FOR A LIFE LONG SUCCESS.</p> <p>OUR AFTER-SCHOOL PROGRAM PROVIDES CARE THROUGHOUT THE SCHOOL YEAR AND ALL DAY CARE FOR CHILDREN DURING SNOW DAYS, HOLIDAY BREAKS AND EARLY SCHOOL DISMISSALS. OUR CHARACTER-DRIVEN PROGRAM HELPS CHILDREN DEVELOP MORAL AND ETHICAL BEHAVIOR AND BUILDS SELF-ESTEEM.</p> <p>THE YMCA SUMMER CAMP PROGRAM OFFERS ADVENTURE AND LEARNING ACTIVITIES THAT PROVIDE CHALLENGE, EDUCATION, AND PROMOTE SPIRITUAL AWARENESS, MENTAL DEVELOPMENT, PHYSICAL WELL BEING, SOCIAL GROWTH AND SELF-RESPECT. OUR CAMP IS OPEN TO ALL REGARDLESS OF ABILITY TO PAY. OVER 56% OF THE 62 CHILDREN WHO ATTENDED CAMP IN 2013 RECEIVED FINANCIAL ASSISTANCE FOR PROGRAM FEES.</p>

Return Reference	Identifier	Explanation
FORM 990, PART III, LINE 4C	YOUTH & FAMILY	<p>YOUTH AND TEEN PROGRAMS: BUILDING STRONG KIDS MEANS SUPPORTING AND EMPOWERING CHILDREN TO DEVELOP THE VALUES AND SKILLS THEY WILL CARRY WITH THEM THROUGHOUT LIFE. THOSE THAT ARE INGRAINED WITH STRONG VALUES BECOME LEADERS IN OUR COMMUNITIES.</p> <p>OUR YOUTH SPORTS PROGRAMS INCLUDE SOCCER, GYMNASTICS, BASKETBALL AND RUNNING CLUB SERVED OVER 670 YOUTH IN 2013. THE CHILDREN LEARNED THAT EVERYONE PLAYS AND EVERYONE DEVELOPS TEAM SKILLS THEY WILL BE ABLE TO USE THROUGHOUT THEIR LIVES. VOLUNTEER DEVELOPMENT IS KEY IN OUR TEAM SPORTS. OUR RUNNING CLUB AND OUR LEAGUES RELY SOLELY ON VOLUNTEERS WHO MOW AND LINE THE SOCCER FIELDS, COACH AND ORGANIZE THE TEAMS, AND IN 2013. OVER 1,250 VOLUNTEER HOURS WERE RECORDED. ALL OF OUR VOLUNTEER COACHES AND PARENTS SIGN A CODE OF CONDUCT AGREEING TO BE RESPECTFUL OF ALL AND FOLLOW THE PROGRAM'S CODE OF ETHICS.</p> <p>THE YMCA OFFERS A VARIETY OF FREE COMMUNITY-WIDE ACTIVITIES. AT OUR HEALTHY KIDS DAY, OVER 75 CHILDREN AND THEIR FAMILIES ENJOYED GAMES, ACTIVITIES AND HEALTHY SNACKS. THIS EVENT WAS ANOTHER EXAMPLE OF HEALTHY LIVING WHILE BRINGING FAMILIES CLOSER TOGETHER.</p>
FORM 990, PART III, LINE 4D	OTHER PROGRAM SERVICES	<p>AQUATICS: AQUATIC PROGRAMMING HAS LONG BEEN A MAINSTAY IN BUILDING HEALTHY SPIRIT, MIND AND BODY FOR CHILDREN AND ADULTS. THE YMCA'S AQUATIC PROGRAMS PROVIDE OPPORTUNITIES FOR HOLISTIC HEALTH AND WELL-BEING OFTEN WITH A FOCUS ON HEALTH SEEKER'S AND THEIR FAMILIES. AQUATIC PROGRAMS MIRROR OUR FOCUS OF HEALTHY LIVING, YOUTH DEVELOPMENT AND SOCIAL RESPONSIBILITY.</p> <p>IN 2013, MORE THAN 752 PEOPLE CAME TO THE YMCA FOR OUR AQUATIC PROGRAMS RECOGNIZING THE VALUE IN OUR RELATIONSHIP-BASED APPROACH. OUR YMCA GAVE BACK TO OUR COMMUNITY AND NURTURED THE POTENTIAL OF OUR CHILDREN BY PROVIDING FREE SWIM LESSONS TO EVERY SECOND GRADER IN OUR COMMUNITY. 325 CHILDREN GAINED SKILLS NEEDED TO BE SAFER AROUND THE WATER. IN ADDITION TO SWIMMING INSTRUCTION, OUR YMCA PROVIDES COMPETITIVE AQUATICS, LIFEGUARD TRAINING, RECREATIONAL SWIM (INDOOR AND OUT) AND WATER THERAPY.</p> <p>IN 2013, OVER 51 CHILDREN AND THEIR FAMILIES PARTICIPATED IN OUR SWIM TEAMS. PARENT AND COMMUNITY VOLUNTEERS PROVIDED MORE THAN 600 HOURS OF VOLUNTEER SUPPORT TO THE SWIM TEAM PROGRAMS MAKING THEM SOME OF OUR MOST LOYAL VOLUNTEERS. 40 TEENS RECEIVED LIFEGUARD TRAINING AT OUR YMCA THAT WILL ENSURE QUALIFIED GUARDS FOR AREA POOLS.</p> <p>OUR YMCA HAS THE ONLY POOL IN OUR COMMUNITY AND WE OPEN OUR OUTDOOR POOL TO ANYONE WHO WANTS TO PARTICIPATE. WE ALSO ALLOW THE HIGH SCHOOL SWIM TEAMS AND THE SPECIAL OLYMPIC SWIM TEAM TO USE OUR POOLS AT NO COST. IN ADDITION, WE MAKE OUR POOL AVAILABLE, AT NO CHARGE, FOR BOY SCOUTS WORKING ON MERIT BADGES AS WELL AS THE LOCAL MILITARY INSTITUTE THAT DO WATER SURVIVAL TRAINING IN OUR POOL.</p> <p>HEALTH AND FITNESS – THE PARIS-BOURBON COUNTY YMCA ADDRESSES THE MOST PRESSING CHALLENGES OF THE DIVERSE POPULATION WE SERVE. WE DO THIS BY PROVIDING A BROAD RANGE OF ACCESSIBLE, EFFECTIVE AND QUALITY PROGRAMS TO ADDRESS A VARIETY OF ONGOING AND EMERGING INDIVIDUAL AND COMMUNITY NEEDS. ALL OF THESE PROGRAMS ARE ANCHORED IN THE YMCA'S PHILOSOPHY OF PERSONAL GROWTH IN SPIRIT, MIND AND BODY. BUILDING UPON OUR CHARITABLE HERITAGE, FINANCIAL ASSISTANCE ENSURED THOSE WHO NEED THE YMCA MOST- FROM ALL BACKGROUNDS AND INCOME LEVELS-WERE ABLE TO BENEFIT.</p> <p>THE MAJORITY OF ADULTS WHO JOIN THE YMCA DO SO BECAUSE THEY WISH TO PARTICIPATE IN SOME FORM OF EXERCISE, WHETHER AN ORGANIZED CLASS OR AN INDIVIDUAL WORKOUT. THE YMCA MAKES FITNESS ACCESSIBLE TO THE ENTIRE COMMUNITY BY PROVIDING MANY WEEKLY CLASSES. THE YMCA IS ADDRESSING THE OBESITY EPIDEMIC THROUGH ALL HEALTH AND FITNESS PROGRAMMING.</p> <p>BY LISTENING AND RESPONDING TO OUR COMMUNITY'S MOST CRITICAL SOCIAL NEEDS, OUR PIONEERING HEALTHIER COMMUNITIES INITIATIVE CONTINUES TO WORK ON MAKING OUR COMMUNITY A HEALTHIER PLACE TO LIVE. THROUGH OUR COMMUNITY WIDE ASSESSMENT, WE RESPONDED TO THE UNMET NEEDS OF SAFER SIDEWALKS TO FRESH FRUITS AND VEGETABLES IN OUR SCHOOLS. OUR WORK CONTINUES IN REDUCING THE OBESITY EPIDEMIC.</p>
FORM 990, PART III, LINE 4D	DESCRIPTION OF OTHER PROGRAM SERVICES	<p>(EXPENSES \$ 65,945 INCLUDING GRANTS OF \$(REVENUE \$ 53,549)</p> <p>OTHER PROGRAM SERVICES: AQUATICS, HEALTH & WELLNESS</p>
FORM 990, PART VI, SEC B, LINE 11B	REVIEW OF FORM 990 BY GOVERNING BODY	THE YMCA'S EXECUTIVE COMMITTEE IS GIVEN A COPY OF THE 990 FOR REVIEW AND APPROVAL.
FORM 990, PART VI, SEC B, LINE 12C	CONFLICT OF INTEREST POLICY	ANNUALLY BOARD MEMBERS FILL OUT A NEW CONFLICT OF INTEREST POLICY. THESE ARE REVIEWED BY THE EXECUTIVE DIRECTOR AND ANY CONFLICTS ARE BROUGHT TO THE ATTENTION OF THE EXECUTIVE COMMITTEE.
FORM 990, PART VI, SEC B, LINE 15A	PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	PROCESS FOR DETERMINING COMPENSATION OF THE EXECUTIVE DIRECTOR/CEO INCLUDE AN ANNUAL REVIEW BY ALL MEMBERS OF THE EXECUTIVE COMMITTEE. RECOMMENDATION FOR COMPENSATION IS VOTED UPON IN THE EXECUTIVE COMMITTEE AND APPROVED BY THE FULL BOARD DURING THE BUDGET PRESENTATION.
FORM 990, PART	REQUIRED DOCUMENTS	CEO/EXECUTIVE DIRECTOR MAKES AVAILABLE FINANCIAL STATEMENTS, CONFLICT OF

Return Reference	Identifier	Explanation
VI, SEC C, LINE 19	AVAILABLE TO THE PUBLIC	INTEREST POLICY AND 990 TO ANY REQUESTS THAT COME IN. A COPY OF OUR 990 IS ALSO AVAILABLE ON OUR WEBSITE AND THE GUIDESTAR WEBSITE.