**Return of Organization Exempt From Income Tax** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

Inspection

Department of the Treasury Internal Revenue Service

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

9 Program service revenue (Part VIII, line 2g)  10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)  348,33074,	X   No   No   No   No   No   No   No
Address change   Ch	X   No   No   No   No   No   No   No
Name change ch	X   No   No   No   No   No   No   No
Number and street (or P.0. box if mail is not delivered to street address)   620 Green Valley Road, Suite 210   City or town, state or province, country, and ZIP or foreign postal code   Greensboro, NC 27408-7725   H(a) Is this a group return	X   No   No   No   No   No   No   No
City or town, state or province, country, and ZIP or foreign postal code   Greensboro, NC 27408-7725   H(a) Is this a group return	X   No   No   No   No   No   No   No
City or town, state or province, country, and ZIP or foreign postal code Greensboro, NC 27408-7725    Annended February   Annended February   Formal and address of principal officer:Rhonda Anderson   Formal as C above   Form of organization: X 501(c)(3)	X   No   No   No   No   No   No   No
Anemoded return   Anemoded return   For subordinates of principal officer:Rhonda Anderson   For subordinates of the subordinates of principal officer:Rhonda Anderson   For subordinates of the subordinates of the subordinates of the function   For subordinates of the function   For subordinates of the five subordinates of the function   For s	X   No   No   No   No   No   No   No
Application   F Name and address of principal officer:Rhonda Anderson   Same as C above   H(b) Are all subordinates included?   Yes   H(b) Are all subordinates included?   Yes   H(c) Group exemption number   H(c) Group exemption number   H(c) Group exemption number   L Year of formation: 1993   M State of legal domi   Name   H(c) Group exemption number   L Year of formation: 1993   M State of legal domi   Part   Summary	No   No   Cile: NC   r
Same as C above   H(b) Are all subordinates included?   Yes	Cile: NC   P   P   P   P   P   P   P   P   P
High Group exemption number   K Form of organization:   X   Corporation   Trust   Association   Other   L Year of formation:   1993   M State of legal domi   Part   Summary	8 8 0 0 0. ar
Part   Summary   1   Briefly describe the organization's mission or most significant activities: To support the functions of, or to carry out the purposes of The Young Men's Christian Association   2   Check this box   If the organization discontinued its operations or disposed of more than 25% of its net assets.   3   Number of voting members of the governing body (Part VI, line 1a)   3     4   Number of independent voting members of the governing body (Part VI, line 1b)   5   Total number of individuals employed in calendar year 2022 (Part V, line 2a)   5     6   Total number of volunteers (estimate if necessary)   6     7   Total unrelated business revenue from Part VIII, column (C), line 12   Total number of volunteers (estimate if necessary)   6   Total number of volunteers (estimate if necessary)   7   Total number of volunteers (estimate if necessary)   6   Total number of volunteers (estimate if necessary)   7   Total number of volunteers	8 8 0 0 0. 0. ar
Part I Summary  1 Briefly describe the organization's mission or most significant activities: To support the functions of, o to carry out the purposes of The Young Men's Christian Association  2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.  3 Number of voting members of the governing body (Part VI, line 1a)  4 Number of independent voting members of the governing body (Part VI, line 1b)  5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)  6 Total number of volunteers (estimate if necessary)  7 a Total unrelated business revenue from Part VIII, column (C), line 12  b Net unrelated business taxable income from Form 990-T, Part I, line 11  Prior Year Current Year  8 Contributions and grants (Part VIII, line 1h)  9 Program service revenue (Part VIII, line 2g)  10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)  3 Support the functions of, o to support the functions of the functions of the support of the functions of the functions of the functions of the sevens.  9 Program service revenue (Part VIII, line 1h)  9 Program service revenue (Part VIII, line 2g)  10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	8 8 0 0 0. 0. ar
Briefly describe the organization's mission or most significant activities: To support the functions of, one to carry out the purposes of The Young Men's Christian Association  Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.  Number of voting members of the governing body (Part VI, line 1a)  Number of independent voting members of the governing body (Part VI, line 1b)  Total number of individuals employed in calendar year 2022 (Part V, line 2a)  Total unrelated business revenue from Part VIII, column (C), line 12  Net unrelated business taxable income from Form 990-T, Part I, line 11  Prior Year Current Year Current Year Service revenue (Part VIII, line 1b)  Program service revenue (Part VIII, line 2g)  Net unvestment income (Part VIII, column (A), lines 3, 4, and 7d)  Total number of individuals employed in calendar year 2022 (Part V, line 2a)  Frior Year Current Y	8 0 0 0. 0. ar
to carry out the purposes of The Young Men's Christian Association  Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.  Number of voting members of the governing body (Part VI, line 1a)  Number of independent voting members of the governing body (Part VI, line 1b)  Total number of individuals employed in calendar year 2022 (Part V, line 2a)  Total number of volunteers (estimate if necessary)  Net unrelated business revenue from Part VIII, column (C), line 12  Net unrelated business taxable income from Form 990-T, Part I, line 11  Prior Year Current Year  Current Year  Current Year  Current Year  Net Young Men's Christian Association  Association  Program 25% of its net assets.  A Progr	8 0 0 0. 0. ar
Total number of individuals employed in calendar year 2022 (Part V, line 2a)  Total number of volunteers (estimate if necessary)  Ta Total unrelated business revenue from Part VIII, column (C), line 12  Total number of volunteers (estimate if necessary)  Ta Total unrelated business revenue from Part VIII, column (C), line 12  Total number of individuals employed in calendar year 2022 (Part V, line 2a)  Total number of individuals employed in calendar year 2022 (Part V, line 2a)  Total number of individuals employed in calendar year 2022 (Part V, line 2a)  Total number of individuals employed in calendar year 2022 (Part V, line 2a)  Ta Total number of individuals employed in calendar year 2022 (Part V, line 2a)  Ta Total number of individuals employed in calendar year 2022 (Part V, line 2a)  Ta Total number of individuals employed in calendar year 2022 (Part V, line 2a)  Ta Total number of individuals employed in calendar year 2022 (Part V, line 2a)  Ta Total number of individuals employed in calendar year 2022 (Part V, line 2a)  Ta Total number of individuals employed in calendar year 2022 (Part V, line 2a)  Ta Total number of individuals employed in calendar year 2022 (Part V, line 2a)  Ta Total number of individuals employed in calendar year 2022 (Part V, line 2a)  Ta Total number of individuals employed in calendar year 2022 (Part V, line 2a)  To Total number of individuals employed in calendar year 2022 (Part V, line 2a)  Ta Total number of individuals employed in calendar year 2022 (Part V, line 2a)  Ta Total number of individuals employed in calendar year 2022 (Part V, line 2a)  Ta Total number of individuals employed in calendar year 2022 (Part V, line 2a)  Ta Total number of volunteers (estimate if necessary)  Ta Total number of volu	8 8 0 0 0. 0. ar
Total number of individuals employed in calendar year 2022 (Part V, line 2a)  Total number of volunteers (estimate if necessary)  Ta Total unrelated business revenue from Part VIII, column (C), line 12  Total number of volunteers (estimate if necessary)  Ta Total unrelated business revenue from Part VIII, column (C), line 12  Total number of individuals employed in calendar year 2022 (Part V, line 2a)  Total number of individuals employed in calendar year 2022 (Part V, line 2a)  Total number of individuals employed in calendar year 2022 (Part V, line 2a)  Total number of individuals employed in calendar year 2022 (Part V, line 2a)  Ta Total number of individuals employed in calendar year 2022 (Part V, line 2a)  Ta Total number of individuals employed in calendar year 2022 (Part V, line 2a)  Ta Total number of individuals employed in calendar year 2022 (Part V, line 2a)  Ta Total number of individuals employed in calendar year 2022 (Part V, line 2a)  Ta Total number of individuals employed in calendar year 2022 (Part V, line 2a)  Ta Total number of individuals employed in calendar year 2022 (Part V, line 2a)  Ta Total number of individuals employed in calendar year 2022 (Part V, line 2a)  Ta Total number of individuals employed in calendar year 2022 (Part V, line 2a)  Ta Total number of individuals employed in calendar year 2022 (Part V, line 2a)  To Total number of individuals employed in calendar year 2022 (Part V, line 2a)  Ta Total number of individuals employed in calendar year 2022 (Part V, line 2a)  Ta Total number of individuals employed in calendar year 2022 (Part V, line 2a)  Ta Total number of individuals employed in calendar year 2022 (Part V, line 2a)  Ta Total number of volunteers (estimate if necessary)  Ta Total number of volu	8 0 0 0. 0. ar
Total number of individuals employed in calendar year 2022 (Part V, line 2a)  Total number of volunteers (estimate if necessary)  Ta Total unrelated business revenue from Part VIII, column (C), line 12  Total number of volunteers (estimate if necessary)  Ta Total unrelated business revenue from Part VIII, column (C), line 12  Total number of individuals employed in calendar year 2022 (Part V, line 2a)  Total number of individuals employed in calendar year 2022 (Part V, line 2a)  Total number of individuals employed in calendar year 2022 (Part V, line 2a)  Total number of individuals employed in calendar year 2022 (Part V, line 2a)  Ta Total number of individuals employed in calendar year 2022 (Part V, line 2a)  Ta Total number of individuals employed in calendar year 2022 (Part V, line 2a)  Ta Total number of individuals employed in calendar year 2022 (Part V, line 2a)  Ta Total number of individuals employed in calendar year 2022 (Part V, line 2a)  Ta Total number of individuals employed in calendar year 2022 (Part V, line 2a)  Ta Total number of individuals employed in calendar year 2022 (Part V, line 2a)  Ta Total number of individuals employed in calendar year 2022 (Part V, line 2a)  Ta Total number of individuals employed in calendar year 2022 (Part V, line 2a)  Ta Total number of individuals employed in calendar year 2022 (Part V, line 2a)  To Total number of individuals employed in calendar year 2022 (Part V, line 2a)  Ta Total number of individuals employed in calendar year 2022 (Part V, line 2a)  Ta Total number of individuals employed in calendar year 2022 (Part V, line 2a)  Ta Total number of individuals employed in calendar year 2022 (Part V, line 2a)  Ta Total number of volunteers (estimate if necessary)  Ta Total number of volu	8 0 0 0. 0. ar
Total number of individuals employed in calendar year 2022 (Part V, line 2a)  Total number of volunteers (estimate if necessary)  Ta Total unrelated business revenue from Part VIII, column (C), line 12  Total number of volunteers (estimate if necessary)  Ta Total unrelated business revenue from Part VIII, column (C), line 12  Total number of individuals employed in calendar year 2022 (Part V, line 2a)  Total number of individuals employed in calendar year 2022 (Part V, line 2a)  Total number of individuals employed in calendar year 2022 (Part V, line 2a)  Total number of individuals employed in calendar year 2022 (Part V, line 2a)  Ta Total number of individuals employed in calendar year 2022 (Part V, line 2a)  Ta Total number of individuals employed in calendar year 2022 (Part V, line 2a)  Ta Total number of individuals employed in calendar year 2022 (Part V, line 2a)  Ta Total number of individuals employed in calendar year 2022 (Part V, line 2a)  Ta Total number of individuals employed in calendar year 2022 (Part V, line 2a)  Ta Total number of individuals employed in calendar year 2022 (Part V, line 2a)  Ta Total number of individuals employed in calendar year 2022 (Part V, line 2a)  Ta Total number of individuals employed in calendar year 2022 (Part V, line 2a)  Ta Total number of individuals employed in calendar year 2022 (Part V, line 2a)  To Total number of individuals employed in calendar year 2022 (Part V, line 2a)  Ta Total number of individuals employed in calendar year 2022 (Part V, line 2a)  Ta Total number of individuals employed in calendar year 2022 (Part V, line 2a)  Ta Total number of individuals employed in calendar year 2022 (Part V, line 2a)  Ta Total number of volunteers (estimate if necessary)  Ta Total number of volu	0 0 0. 0. ar
b Net unrelated business taxable income from Form 990-T, Part I, line 11  Prior Year  Current Year  8 Contributions and grants (Part VIII, line 1h)  9 Program service revenue (Part VIII, line 2g)  10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)  348,330 • -74,	0 0. 0. ar
b Net unrelated business taxable income from Form 990-T, Part I, line 11  Prior Year  Current Year  8 Contributions and grants (Part VIII, line 1h)  9 Program service revenue (Part VIII, line 2g)  10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)  348,330 • -74,	0. 0. ar
b Net unrelated business taxable income from Form 990-T, Part I, line 11  Prior Year  Current Year  8 Contributions and grants (Part VIII, line 1h)  9 Program service revenue (Part VIII, line 2g)  10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)  348,330 • -74,	0. ar 050.
b Net unrelated business taxable income from Form 990-T, Part I, line 11  Prior Year  Current Year  8 Contributions and grants (Part VIII, line 1h)  9 Program service revenue (Part VIII, line 2g)  10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)  348,330 • -74,	050.
8 Contributions and grants (Part VIII, line 1h) 22,834. 4, 9 Program service revenue (Part VIII, line 2g) 0 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 348,33074,	050.
9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 348,33074,	
9 Program service revenue (Part VIII, line 2g)  10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)  348,33074,	0.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 348,33074,	• •
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 371, 16470,	
	443.
14 Benefits paid to or for members (Part IX, column (A), line 4)	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.
b Total fundraising expenses (Part IX, column (D), line 25)	100
17 Other expenses (Part IX, Column (A), lines 11a-11d, 11f-24e)	109.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       342,866.       106,         19 Revenue less expenses. Subtract line 18 from line 12       28,298.       -176,	
19 Revenue less expenses. Subtract line 18 from line 12 28,298. −176,	
2 070 270 2 405	
20 Total assets (Part X, line 16) 3,079,270. 2,495, 1,270,204. 682,	
21 Total liabilities (Part X, line 26) 1,270,204. 682, 22 Net assets or fund balances. Subtract line 21 from line 20 1,813,	
22 Net assets or fund balances. Subtract line 21 from line 20   1,809,066.   1,813,   Part II   Signature Block	<u> </u>
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 beli	iof it is
true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	.ci, it is
Contest, and complete. Declaration of preparer (other than officer) is based on an information of which preparer has any knowledge.	
Sign Signature of officer Date	
Here Rhonda Anderson, Chief Executive Officer  Type or print name and title	
Print/Type preparer's name Preparer's signature Date Check PTIN	
Paid Olga Oganesov Olga Oganesov 05/05/23 self-employed P012796	
Preparer Firm's name Bernard Robinson & Company, LLP Firm's EIN 56-0571159	 68
Use Only   Firm's address PO Box 19608	
Use Only   Firm's address   PO   Box   19608   Greensboro,   NC   27419-9608   Phone no. 336-294-449	

Form 990 (2022) of Greensboro Endowment, Inc.

| Part III | Statement of Program Service Accomplishments 56-1849170 Page 2

Briefly describe the organization's mission: To support the functions of, or to carry out the purposes of The Young Men's Christian Association of Greensboro, Inc.  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 X] 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 X] 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.	Га	Statement of Program Service Accomplishments
Men's Christian Association of Greensboro, Inc.    Did the organization undertake any significant program services during the year which were not listed on the prior Form 980 or 990-E27		Check if Schedule O contains a response or note to any line in this Part III
Men's Christian Association of Greensboro, Inc.  2 Did the organization undertake any significant program services during the year which were not listed on the prior form 990 or 990-027	1	
2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 900 or 900 E27		
prior Form 990 or 990-E27  If Yes, 'Scientification cease conducting, or make significant changes in how it conducts, any program services?		Men's Christian Association of Greensboro, Inc.
prior Form 990 or 990-E27  If Yes, 'Scientification cease conducting, or make significant changes in how it conducts, any program services?		
prior Form 990 or 990-EZ?  If Yes, 'Science the these inverses on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program services?		
1	2	
If "Yes," describe these new services on Schedule O.  If "Yes," describe these changes on Schedule O.  Describe the organization case conducting, or make significant changes in how it conducts, any program services?		prior Form 990 or 990-EZ?
3 Dit the organization cease conducting, or make significant changes in how it conducts, any program services?		
If Yes," describe the espansation's program service accomplishments for each of its three largest program services, as measured by expenses.    Section SOI(c)(s) and SOI(c)(d) 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.   Cook	3	
40   Code:	•	0, 0 0
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 \$ 93,443 + including grants of \$ 93,443 + ) (Revenue \$		
revenue, if any, for each program service reported.  40 (code:) (Expenses S	4	
46 (Code:) (Expenses \$ 93,443. Including grants of \$ 93,443.) (Revenue \$		
4b (Code:) (Expenses \$		revenue, if any, for each program service reported.
4b (Code:) (Expenses \$	4a	(Code:) (Expenses \$ 93,443. including grants of \$ 93,443. ) (Revenue \$)
4c (Code:) (Expenses \$		To support the functions of YMCA of Greensboro, Inc.
4c (Code:) (Expenses \$		
4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )	4b	(Code:) (Expenses \$
4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )		
4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )		
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4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )	4-	16.
(Expenses \$\frac{\text{including grants of \$}}{\text{0.2}}\frac{\text{4.4.2}}{\text{4.2}}	4C	(Code:) (Expenses \$) (Hevenue \$)
(Expenses \$\frac{\text{including grants of \$}}{\text{0.2}}\frac{\text{4.4.2}}{\text{4.2}}		
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(Expenses \$\frac{\text{including grants of \$}}{\text{0.2}}\frac{\text{4.4.2}}{\text{4.2}}	4d	Other program services (Describe on Schedule O.)
02.442	-	
	40	02.442

Form 990 (2022) Part IV | Checklist of Required Schedules

of Greensboro Endowment, Inc. 56-1849170 Page 3

Yes No 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? Х If "Yes," complete Schedule A 1 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions X 2 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for Х public office? If "Yes," complete Schedule C, Part I 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect X during the tax year? If "Yes," complete Schedule C, Part II 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or Х similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to X provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space. X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete X 8 Schedule D, Part III 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? If "Yes," complete Schedule D, Part IV Х 9 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V 10 Х If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D. Х Part VI 11a b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total X assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total Х assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 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? If "Yes," complete Schedule D, Part IX Х X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses Х the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X Schedule D, Parts XI and XII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? Х If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 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 X 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any X foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 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 Х 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 X column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions 17 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines Х 1c and 8a? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," Х complete Schedule G, Part III X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

Form 990 (2022) of Greensboro Endowment, Inc.

Part IV Checklist of Required Schedules (continued)

56-1849170

Page **4** 

			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 current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
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? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			\ <sub>3,7</sub>
	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% controlled			x
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
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? If	00-		х
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
C	"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	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	23		<del></del> -
00	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		х
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		Х
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	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		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	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		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?		7.7	
Da:	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V		Yes	Na.
1.	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		res	No
Id h	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
2	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
J	(gambling) winnings to prize winners?	1c		
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of Greensboro Endowment, Inc.

Statements Regarding Other IRS Filings and Tax Compliance (continued) Form 990 (2022) Part V

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			.,
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			х
	any contributions that were not tax deductible as charitable contributions?	6a		Α.
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
7	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
		7b		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?  Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	10		
·	to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	10		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f		7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/	A
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/	A
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year? N/A	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966? N/A	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a	-		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	4		
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders N/A 11a	-		
D	Gross income from other sources. (Do not net amounts due or paid to other sources against			
122	amounts due or received from them.)  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
	Is the organization licensed to issue qualified health plans in more than one state?  N/A	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
_	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?  N/A	17		
	If "Yes." complete Form 6069.			

of Greensboro Endowment, Inc. Form 990 (2022)

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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 on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X					
Sec	tion 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 1a	3							
	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									
2									
	officer, director, trustee, or key employee?	2		X					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			7.7					
	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							
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	l _		х					
	more members of the governing body?	7a							
р	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			х					
•	persons other than the governing body?  Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7b		Λ					
8		0-	Х						
a	The governing body?	8a	X						
	Each committee with authority to act on behalf of the governing body?	8b	21						
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 on Schedule O	9		x					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	<u> </u>		-22					
000	tion D. Follows (This occitor Broquests information about policies not required by the internal revenue code.)		Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?	10a	103	X					
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100							
-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х						
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe								
	on Schedule O how this was done	12c	Х						
13	Did the organization have a written whistleblower policy?	13	X						
14	Did the organization have a written document retention and destruction policy?	14	X						
15	Did the process for determining compensation of the following persons include a review and approval by independent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official	15a		X					
b	Other officers or key employees of the organization	15b		X					
	If "Yes" to line 15a or 15b, describe the process 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								
<del></del>	exempt status with respect to such arrangements?	16b							
	List the states with which a copy of this Form 990 is required to be filed None								
17		\o e=!:	\ 0\:=!!						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	ys only	) avalla	aule					
	for public inspection. Indicate how you made these available. Check all that apply.  Own website  Another's website  X Upon request Other (explain on Schedule O)								
10	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	nd fina	ncial						
19	statements available to the public during the tax year.	iu iiiidl	icial						
20	State the name, address, and telephone number of the person who possesses the organization's books and records								
20	Brenda Willis - 336-854-8410								
	620 Green Valley Road, Suite 210, Greensboro, NC 27408-7725								

Young Men's Christian Association

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Form 990 (2022) 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEĆ) 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.

(A) Check this box if neither the organization	(B)	Γ			C)			(D)	(E)	(F)
Name and title	Average	١		Pos	ition	١		Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	than is bot	h an	compensation	compensation	amount of
	week	$\vdash$	cer ar	nd a d	lirecto	or/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	يو			ated		organization	(W-2/1099-MISC/	from the
	related	ustee	truste		9	suadi		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tr	tional		ploye	st con	L	1099-NEC)		and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	orme			organizations
(1) Dennis Stearns	1.00	+=	_	0		工业	ш.			
Chairman		X		Х				0.	0.	0.
(2) Lynn Harvey-Akan	1.00									
Director		X						0.	0.	0.
(3) Rick Lusk	1.00									
Director		X						0.	0.	0.
(4) Dupont Kirven	1.00									
Director		Х						0.	0.	0.
(5) Ford Bowers	1.00									
Director		Х						0.	0.	0.
(6) Candace Cummings	1.00							_	_	_
Director		X						0.	0.	0.
(7) Todd Rangel	1.00	┨								
Director	1 00	X						0.	0.	0.
(8) Jim Lurz	1.00	<b>↓</b>								
Director		X						0.	0.	0.
		4								
		-								
		-								
		-								
		-								
		-								
		-								
		+								
		-								
		1								
		1								
		1								
							$\vdash$			
		1			1					

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of Greensboro Endowment, Inc. Form 990 (2022)

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Part VIII Section A. Officers, Directors, Trus	stees, Key Em	ploy	/ees	, an	d Hi	ighe	st C	compensated Employe	es (continued)				
(A)	(B)				C)			(D)	(E)			(F)	
Name and title	Average	(do		Pos heck		1 than	one	Reportable	Reportable	<i>;</i>	Esti	mated	
	hours per week					is bot		compensation	compensation			ount of	
	(list any	-					Ĺ	from the	from related organization		comp	ther encati	on
	hours for	direct				D.		organization	(W-2/1099-MIS		•	m the	J11
	related	tee or	ıstee			ensate		(W-2/1099-MISC/	1099-NEC)	)	orgar	nizatio	n
	organizations	al trus	nal tri		loyee	o mb		1099-NEC)				relate	
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				organ	iizatior	าร
	iii ioj	Ĭ	Ĕ	₽	ē.	主声	요						
		$\vdash$											
		┖											
1b Subtotal						1		0.		0.			0.
c Total from continuation sheets to Part V	II, Section A							0.		0.			0.
d Total (add lines 1b and 1c)								0.		0.			0.
2 Total number of individuals (including but r	not limited to th	nose	liste	ed a	bov	e) wl	no r	eceived more than \$100	0,000 of reportab	le			
compensation from the organization												res	O No
3 Did the organization list any former officer	, director, trust	ee, I	key (	emp	loye	e, o	r hig	hest compensated emp	oloyee on	-			
line 1a? If "Yes," complete Schedule J for s	such individual										3		X
4 For any individual listed on line 1a, is the s	um of reportab	le co	omp	ensa	atior	n and	d otl	her compensation from					v
<ul><li>and related organizations greater than \$15</li><li>Did any person listed on line 1a receive or</li></ul>			•						idual for convices		4		X
rendered to the organization? If "Yes," con	· · · · · · · · · · · · · · · · · · ·				-			-		<b>'</b>	5		Х
Section B. Independent Contractors	ipiete Geriedai	<del></del>	0, 0,	4011	perc	3011							
1 Complete this table for your five highest co										npens	ation fro	om	
the organization. Report compensation for	the calendar y	ear	endi	ing v	vith	or w	rithir I		year.		(0)		
(A) Name and business	address	NO	INC	E				<b>(B)</b> Description of s	services	С	(C) ompens		
										1			
										L			
Total number of independent contractors (     \$100,000 of compensation from the organ		ıot li	mite	d to	tho	se li	stec	d above) who received n	nore than				
+ ,													_

of Greensboro Endowment, Inc.

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		of Greensboro Endo	owment, Inc.		56-1849	170 Page <b>9</b>
Pa	rt VI					
		Check if Schedule O contains a response or note to	o any line in this Part VIII	(B)	(C)	
			Total revenue	Related or exempt function revenue	Unrelated	Revenue excluded from tax under sections 512 - 514
ts	1 2	a Federated campaigns 1a				
Contributions, Gifts, Grants and Other Similar Amounts		b Membership dues 1b				
s, G		c Fundraising events 1c				
Sift: lar /	d Related organizations 1d					
imi		e Government grants (contributions) 1e				
tior sr S	f	f All other contributions, gifts, grants, and				
ibu		similar amounts not included above 1f 4	4,050.			
ontr Opt	ç	g Noncash contributions included in lines 1a-1f				
<u>ā č</u>	ŀ	h Total. Add lines 1a-1f	4,050.			
		Business	ss Code			
ice	2 8					
Program Service Revenue		b				
m S		C				
gra Re	,	d				
Pro	f	f All other program service revenue				
		g Total. Add lines 2a-2f				
	3	Investment income (including dividends, interest, and				
		other similar amounts)	85,563.			85,563.
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
		(i) Real (ii) Pers	rsonal			
	6 a	a Gross rents 6a				
	k	b Less: rental expenses 6b				
		c Rental income or (loss) 6c				
		d Net rental income or (loss)				
	7 8	a Gross amount from sales of (i) Securities (ii) Ot	rtner			
		assets other than inventory 7a 1,726,796.  b Less; cost or other basis				
e	, K	and sales expenses <b>7b</b> 1,886,737.				
evenue	,	c Gain or (loss) 7c -159,941.				
		d Net gain or (loss)	-159,941.			-159,941.
Other R		a Gross income from fundraising events (not				·
₹		including \$ of				
		contributions reported on line 1c). See				
		Part IV, line 18 8a				
		b Less: direct expenses 8b				
		c Net income or (loss) from fundraising events				
	9 a	a Gross income from gaming activities. See				
		Part IV, line 19 9a 9b Less: direct expenses 9b				
		b Less: direct expenses				
		a Gross sales of inventory, less returns				
	.0.	and allowances 10a				
	k	b Less: cost of goods sold 10b				
		c Net income or (loss) from sales of inventory				
s		Business				
Miscellaneous Revenue	11 a	а		-		
lan	k	b				
See!		c				
Σ		d All other revenue				
	12	e Total. Add lines 11a-11d	-70 328.	0.	0.	-74 378.
	~.,	LOCAL LEVENING SEE INCHINGUIG	- / U 1/8 I	. ()	. () (	- 14 118

56-1849170 Page **10** of Greensboro Endowment, Inc. Form 990 (2022) 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 (D) (C) Do not include amounts reported on lines 6b. Program service expenses Total expenses Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 93,443. 93,443. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members ..... Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages \_\_\_\_\_ 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 Payroll taxes 10 Fees for services (nonemployees): Management Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 13,109. 13,109. Investment management fees ..... Other, (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) Advertising and promotion 12 Office expenses 13 14 Information technology 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... Conferences, conventions, and meetings 19 Interest 20 Payments to affiliates \_\_\_\_\_ 21 Depreciation, depletion, and amortization ..... 22

23	Insurance		
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			
b			
С			
d			
е	All other expenses		

93,443.

13,109

106,552.

Total functional expenses. Add lines 1 through 24e

0.

25

Form 990 (2022)

Part X | Balance Sheet

of Greensboro Endowment, Inc.

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Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	143,790.	2	217,734.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	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	
ţ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities	2,935,480.	11	2,278,015.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	3,079,270.	16	2,495,749.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	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,			
≣		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X	1 050 004		600 633
		of Schedule D			682,633.
	26	Total liabilities. Add lines 17 through 25	1,270,204.	26	682,633.
S		Organizations that follow FASB ASC 958, check here			
20		and complete lines 27, 28, 32, and 33.			
ala	27	Net assets without donor restrictions		27	1,813,116.
β	28	Net assets with donor restrictions	1,809,000.	28	1,013,110.
필		Organizations that do not follow FASB ASC 958, check here			
ō		and complete lines 29 through 33.			
ets	29	Capital stock or trust principal, or current funds		29	
SS	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds	1 1 1 1 1 1 1	31	1,813,116.
ž	32	Total net assets or fund balances		32	
	33	Total liabilities and net assets/fund balances	3,0/9,4/0•	33	2,495,749.

Form **990** (2022)

of Greensboro Endowment, Inc. 56-1849170 Page **12** Form 990 (2022)

Part XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI				X			
			_					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		0,3				
2	Total expenses (must equal Part IX, column (A), line 25)	2	10 -17	6,5				
3								
4								
5	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 on Schedule O)	9	58	7,5	71.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	1,81	3,1	16.			
Pa	rt 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: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.							
2a	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	d 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	X				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,						
	consolidated basis, or both:							
	Separate basis X 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	e audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х				
	If the organization changed either its oversight process or selection process during the tax year, explain on Sci	nedule O.						
За	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?		За		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b					

Form **990** (2022)

#### **SCHEDULE A** (Form 990)

Department of the Treasury

**Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service Name of the organization

Total

Young Men's Christian Association

**Employer identification number** 56-1849170

					Endowment, 1			J	0-1049170	
Pa	rt I	Reason for	Public (	Charity Status.	All organizations must o	complete th	nis part.) S	See instructions.		
he	organ	ization is not a pr	vate found	lation because it is: (	For lines 1 through 12, o	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 <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E (Form 990).)								
3					anization described in <b>s</b> e		)(b)(1)(A)(i	ii).		
4		· ·	-					n 170(b)(1)(A)(iii). Enter	the hospital's name.	
		city, and state:	3		,				,	
5			nnerated fo	or the benefit of a co	llege or university owner	d or operat	ted by a n	overnmental unit describ	ned in	
Ŭ				Complete Part II.)	nogo or armyoromy owno	a or opera	.ou by u g	overmiental and accord	70 <b>4</b> II 1	
6					nental unit described in	caction 17	70/6\/4\/4\	(v)		
7	一		•	· ·				unit or from the general	public described in	
′		•		•	illiai part of its support	iioiii a gov	CITITICITIA	unit or norm the general	public described in	
		section 170(b)(1			4VAVvi) (Complete Der	<b>+</b> II \				
8	H	•			1)(A)(vi). (Complete Par	•				
9		-	7				-	inction with a land-grant	-	
			non-iana-ç	grant college of agric	ulture (see instructions)	. Enter the	name, cit	y, and state of the colleg	e or	
40		university:								—
10	ш							ons, membership fees, a		
					•			n 33 1/3% of its support	-	
					(less section 511 tax) fr	om busine	sses acqu	ired by the organization	after June 30, 1975.	
		See section 509								
11	\	-	-	•	vely to test for public sa	-				
12	X	•	•	•	•	•		ons of, or to carry out the		
								See <b>section 509(a)(3).</b> (	Check the box on	
	37	٦ - `		* *	f supporting organization		•	· · · · · · · · · · · · · · · · · · ·		
а	X			· · · · · · · · · · · · · · · · · · ·	•	•		ganization(s), typically by		
			-			a majority	of the dire	ctors or trustees of the s	supporting	
		7		complete Part IV, Se						
b			porting org	anization supervised	or controlled in connec	tion with it	s support	ed organization(s), by ha	iving	
		control or man	agement o	of the supporting orga	anization vested in the s	same perso	ons that co	ontrol or manage the sup	ported	
		organization(s)	. You mus	t complete Part IV,	Sections A and C.					
С			onally inte	egrated. A supporting	g organization operated	in connec	tion with,	and functionally integrate	ed with,	
		its supported	organizatio	n(s) (see instructions	). You must complete I	Part IV, Se	ections A,	D, and E.		
d		☐ Type III non-f	unctionally	<b>y integrated.</b> A supp	orting organization oper	rated in co	nnection v	vith its supported organi	zation(s)	
		that is not fund	ctionally int	tegrated. The organiz	ation generally must sa	tisfy a dist	ribution re	quirement and an attent	iveness	
		requirement (s	ee instruct	ions). <b>You must con</b>	plete Part IV, Sections	s A and D,	and Part	V.		
е			-					a Type I, Type II, Type III		
		functionally int	egrated, o	r Type III non-functio	nally integrated support	ing organiz	zation.			
		er the number of s		•					1	
g				about the supporte		(iv) le the orga	nization lieted			
	(1	<ul> <li>i) Name of supporte organization</li> </ul>	d	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi		(v) Amount of monetary support (see instructions)	(vi) Amount of othe support (see instruction	
					above (see instructions))	Yes	No	support (see instructions)	support (see instruction	113)
		Men's			4.0					
Ch:	rıs	tıan Asso	cıatı	56-0543243	10	Х		93,443.		
ota	ıl							93,443.		0.

Schedule A (Form 990) 2022

of Greensboro Endowment, Inc.

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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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</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						
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)						
	Public support. Subtract line 5 from line 4.						
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	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						
40	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.)						
	<b>Total support.</b> Add lines 7 through 10	ete (eee inetweeti				12	
	Gross receipts from related activities, First 5 years. If the Form 990 is for the	· ·		fourth or fifth toy			
13	organization, check this box and stor						
Sec	etion C. Computation of Publ						
	Public support percentage for 2022 (I			column (f))		14	%
	Public support percentage from 2021					15	
	33 1/3% support test - 2022. If the o						
	stop here. The organization qualifies	•		•		•	
b	33 1/3% support test - 2021. If the o						
_	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances tes						
-	and if the organization meets the fact	ŭ					,
	meets the facts-and-circumstances te						
b	10% -facts-and-circumstances tes	J		,	•		
	more, and if the organization meets the	-					
	organization meets the facts-and-circle						
18	<b>Private foundation.</b> If the organization						

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

of Greensboro Endowment, Inc.

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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.)

Sec	ction A. Public Support	elow, please com	piete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2010	(a) 2020	(4) 2021	(a) 2022	(f) Total
		(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
'	Gifts, grants, contributions, and						
	membership fees received. (Do not						
_	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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						
	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
t	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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	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						
	assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	e organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	tion,
							<u></u>
	ction C. Computation of Publi						
15	Public support percentage for 2022 (li	ne 8, column (f),	divided by line 13,	column (f))		15	%
	Public support percentage from 2021					16	%
Se	ction D. Computation of Inves	tment Incom	e Percentage	1			
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	<u>%</u>
19a	33 1/3% support tests - 2022. If the	organization did r	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box ar	nd <b>stop here.</b> The	organization qual	ifies as a publicly s	supported organiz	ation	
k	33 1/3% support tests - 2021. If the	organization did r	not check a box or	n line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che	ck this box and <b>s</b> t	<b>top here.</b> The orga	anization qualifies a	as a publicly supp	orted organization	
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see ir	structions	

#### Schedule A (Form 990) 2022

#### opy for Public Inspection Young Men's Christian Association

of Greensboro Endowment, Inc.

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#### Part IV Supporting Organizations

(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.)

		Yes	No
	1	Х	
		-2	
	2		X
			v
	3a		Х
	3b		
	3с		
			v
	4a		Х
	4b		
	4-		
	4c		
	5a		Х
	5b		
	5c		
	6		X
	7		Х
	8		Х
	0-		Х
	9a		
	9b		Х
	9с		Х
	40		Х
	10a		Λ
	10b		
ule	A (Forr	n 990)	2022

Schedule A (Form 990) 2022

### Copy for Public Inspection Young Men's Christian Association

of Greensboro Endowment, Inc.

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Par	t IV   Supporting Organizations (continued)			
			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		Х
b	A family member of a person described on line 11a above?	11b		Х
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		X
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 one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	X	
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		X
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			
<u> </u>	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 <b>Part VI</b> 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			
Ū	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 <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)			
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 (see in	structio	ns).	
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.	2a		
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.	2b		
	Manager of Companies of Companies bises - American lines De and Ob below			
а	Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b>			
u	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	2-		
		3a		

Schedule A (Form 990) 2022

Part V Type III Non

of Greensboro Endowment, Inc.

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Pa				Port VI\ Soo instructions
1	Check here if the organization satisfied the Integral Part Test as a qualify	•	, , ,	Part vi). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete	Sections A through E.	(5) 0 1)
Sect	ion 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	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
	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-function		ed Type III supporting org	anization (see
-	instructions).	,og.at	) P	

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022 of Greensboro Endowment, Inc. 56-1849170 Page 7

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Sect	ion D - Distributions		, , ,	,	Current Year	
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	S	3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in <b>Part VI</b> )		5		
6	Other distributions (describe in Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which to	he organization is responsive	)			
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2022 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	ns	(iii) 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					
a	From 2017					
b	From 2018					
c	From 2019					
d	From 2020					
е	From 2021					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2022 distributable amount					
<u>i</u>	Carryover from 2017 not applied (see instructions)					
<u>j</u>	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					
b	Applied to 2022 distributable amount					
с	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2022, if					

Schedule A (Form 990) 2022

any. Subtract lines 3g and 4a from line 2. For result greater

than zero, explain in Part VI. See instructions.
 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

7 Excess distributions carryover to 2023. Add lines 3j

Part VI. See instructions.

and 4c.

8 Breakdown of line 7:
 a Excess from 2018
 b Excess from 2019
 c Excess from 2020
 d Excess from 2021
 e Excess from 2022

Schedule A (Form 990) 2022 of Greensboro Endowment, Inc.

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

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service **Supplemental Financial Statements** 

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

Attach to Form 990.

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

2022
Open to Public Inspection

Name of the organization

Young Men's Christian Association of Greensboro Endowment, Inc.

 $\begin{array}{c} \text{Employer identification number} \\ 56-1849170 \end{array}$ 

Pai	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be	e used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	e conferring
	impermissible private benefit?		Yes No
Pai	rt II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
	Preservation of land for public use (for example, recrea	ation or education) Preservation o	f a historically important land area
	Protection of natural habitat	Preservation o	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired		
	historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	ne organization during the tax
	year		
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements i		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cor	nservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	ation easements during the year
_			0.0 \ (1.0 \ (2.0
8	Does each conservation easement reported on line 2(d) above		
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservati	•	
	balance sheet, and include, if applicable, the text of the footi	note to the organization's financial states	nents that describes the
Pai	organization's accounting for conservation easements.  rt III Organizations Maintaining Collections o	f Δrt Historical Treasures or 0	Other Similar Assets
ı uı	Complete if the organization answered "Yes" on Form		The Cirman Addets.
1a	If the organization elected, as permitted under FASB ASC 95		and balance sheet works
	of art, historical treasures, or other similar assets held for pul		
	service, provide in Part XIII the text of the footnote to its final		-
b	If the organization elected, as permitted under FASB ASC 95		
-	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items:	o oxination, cadadation, or recognition in tall	anoranos or pasino sorvico,
	(i) Revenue included on Form 990, Part VIII, line 1		\$
			_
2	If the organization received or held works of art, historical tre		
_	the following amounts required to be reported under FASB A		a. 3a, p. 61100
а	Revenue included on Form 990, Part VIII, line 1		\$
h	Assets included in Form 900 Part Y		Φ

Schedule D (Form 990) 2022 of Greensboro Endowment, Inc.

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Pai	rt III   Organizations Maintaining C	collections of Ar	t, Historical Tr	easures, or Oth	er Simil	ar Asset	<b>S</b> (continu	ued)
3	Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its							
	collection items (check all that apply):							
а	Public exhibition	d	Loan or excl	hange program				
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explain	n how they further th	ne organization's exe	empt purpo	ose in Part	XIII.	
5	During the year, did the organization solicit o							
	to be sold to raise funds rather than to be ma						Yes	☐ No
Pai	rt IV Escrow and Custodial Arran					), Part IV, I	ine 9, or	
	reported an amount on Form 990, Par		· ·					
1a	Is the organization an agent, trustee, custodi	ian or other intermed	iary for contribution	s or other assets no	t included			
	on Form 990, Part X?						Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII							
		•	· ·				Amount	
С	Beginning balance				1c			
	Additions during the year							
	Distributions during the year							
f	Ending balance				1f			
2a	Did the organization include an amount on Fo				ility?		Yes	□ No
	If "Yes," explain the arrangement in Part XIII.				•			
	rt V Endowment Funds. Complete it							
	'	(a) Current year	(b) Prior year	(c) Two years back	(d) Three y	ears back	(e) Four	years back
1a	Beginning of year balance	3,079,270.	2,837,627.	2,415,322.	2,1	16,729.	2,	327,853.
b	Contributions	4,050.	22,834.	104,267.	-	1,373.		18,903.
С	Net investment earnings, gains, and losses	-481,019.	342,866.	431,487.	4	04,612.	_	136,163.
d	Grants or scholarships			1,300.		1,500.		
	Other expenditures for facilities			,				
	and programs	93,443.	109,511.	99,958.		94,646.		77,600.
f	Administrative expenses	13,109.	14,546.			11,246.		16,264.
а	End of year balance	2,495,749.	3,079,270.			15,322.	2,	116,729.
2	Provide the estimated percentage of the curr				•			
a	Board designated or quasi-endowment		%	,,,				
b	Permanent endowment 72.6000	%	_^~					
c	Term endowment 27.4000							
_	The percentages on lines 2a, 2b, and 2c sho							
За	Are there endowment funds not in the posse	•	ation that are held a	nd administered for	the			
	organization by:	J					٦	Yes No
	(i) Unrelated organizations						3a(i)	X
	(ii) Related organizations						<del>''</del>	X
b	If "Yes" on line 3a(ii), are the related organiza							X
4	Describe in Part XIII the intended uses of the						<u> </u>	
Pai	rt VI Land, Buildings, and Equipm							
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. S	See Form 990, Part X	, line 10.			
	Description of property	(a) Cost or ot	her (b) Cost	or other (c) A	ccumulate	ed	(d) Book	value
	, , ,	basis (investm		, ,	preciation		` ,	
1a	Land							
	Buildings							
	Leasehold improvements						,	
	Equipment							
	Other							
	I. Add lines 1a through 1e. (Column (d) must e		X, column (B), line 1	0c.)			,	0.

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022

of Greensboro Endowment, Inc.

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Part VIII Investments - Other Securities.  Complete if the organization answered "Yes" o	n Form 990 Part IV line	a 11h 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	I-of-vear market value
(1) Financial derivatives	(2) 20011 14.10.0	(0)	. or your marries raise
(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" o	n Form 990, Part IV, line		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" o		e 11d. See Form 990, Part X, line 15.	(1) 5
	escription		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line	15)		
Part X Other Liabilities.	10.)		
Complete if the organization answered "Yes" o	n Form 990. Part IV. line	e 11e or 11f. See Form 990. Part X. line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) Due to YMCA of Greensboro,	Inc.		682,633.
(3)			, , , , , , , , , , , , , , , , , , , ,
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)		682,633.

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

Schedule D (Form 990) 2022 of Greensboro Endowment, Inc.

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Pai	Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.						
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.						
1	Total revenue, gains, and other support per audited financial statements		1				
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:						
а	Net unrealized gains (losses) on investments	2a					
b	Donated services and use of facilities	2b					
С	Recoveries of prior year grants						
d	Other (Describe in Part XIII.)	2d					
е	Add lines 2a through 2d		2e				
3	Subtract line 2e from line 1		3				
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	4a					
b	Other (Describe in Part XIII.)	4b					
С	Add lines 4a and 4b		4c				
_5_	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5				
Pai	rt XII Reconciliation of Expenses per Audited Financial Statem	ents With Expenses per	r Return.				
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.						
1	Total expenses and losses per audited financial statements		1				
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					
е	Add lines 2a through 2d		2e				
3	Subtract line 2e from line 1		3				
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1					
	Investment expenses not included on Form 990, Part VIII, line 7b						
b	Other (Describe in Part XIII.)	4b					
С	Add lines 4a and 4b		4c				
5			5				
	rt XIII Supplemental Information.						
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add	·	4; Part X, line 2	; Part XI,			
Pai	ct V, line 4:						
The	e Endowment Fund consists of various fixed	income funds, e	equity fo	ınds,			
and	d cash equivalents established for a varie	ty of purposes.	The end	owment			
cor	nsists of donor-restricted endowment funds	as well as boar	rd design	nated			
end	dowment funds. Net assets associated with	endowment funds	are clas	ssified			
and	d reported based on the existence or absen-	ce of donor-impo	osed				
res	strictions.						
The	e Endowment Fund has adopted investment and	d spending polic	cies for				
end	dowment assets that attempt to provide a p	redictable strea	am of fu	nding			
to	programs supported by its endowment while	seeking to mair	ntain the	9			

purchasing power of the endowment assets. Endowment assets include those

# Copy for Public Inspection Young Men's Christian Association of Greensboro Endowment, Inc.

Schedule D (Form 990) 2022

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Part XIII Supplemental Information (continued)
assets of donor-restricted funds that the Association must hold in
perpetuity. Under this policy, as approved by the Board of Directors, the
endowment assets are invested in a manner that is intended to produce
results that meet funding requirements while assuming a moderate level of
investment risk.
Part X, Line 2:
It is the Association's policy to evaluate all tax positions to identify
any that may be considered uncertain. All identified material tax
positions are assessed and measured by a more-likely-than-not threshold to
determine if the tax position is uncertain and what, if any, the effect of
the uncertain tax position may have on the consolidated financial
statements. No material uncertain tax positions were identified for 2022.
Currently, the statute of limitations remains open subsequent to and
including 2017; however, no examinations are in process or anticipated.
Any changes in the amount of a tax provision will be recognized in the
period the change occurs.

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Young Men of Greens		cian Associa owment, Inc.					Employer identification number $56-1849170$
Part I General Information on Grants a		,				I	
<ol> <li>Does the organization maintain records criteria used to award the grants or assi</li> <li>Describe in Part IV the organization's pro</li> </ol>	stance?						
Part II Grants and Other Assistance to recipient that received more than					anization answered "\	Yes" on Form 990, Part	: IV, line 21, for any
1 (a) Name and address of organization or government	<b>(b)</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 grant or assistance
Young Men's Christian Association of Greensboro, Inc 620 Green Valley Road, Suite 210 -							Grant to the supported
Greensboro, NC 27408	56-0543243	501(c)(3)	93,443.	0.			organization
<ul> <li>Enter total number of section 501(c)(3) a</li> <li>Enter total number of other organization</li> </ul>							1.

Young Men's Christian Association Inspection

of Greensboro Endowment, Inc. 56-1849170 Schedule I (Form 990) 2022 Page 2

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III Part III can be duplicated if additional space is needed. (e) Method of valuation (book, FMV, appraisal, other) (a) Type of grant or assistance (b) Number of (c) Amount of (d) Amount of non-(f) Description of noncash assistance cash assistance recipients cash grant Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Part IV

Schedule I (Form 990) 2022

SCHEDULE O (Form 990) 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.

Open to P

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Young Men's Christian Association of Greensboro Endowment, Inc.

Employer identification number 56-1849170

Form 990, Part I, Line 1, Description of Organization Mission: of Greensboro, Inc. Form 990, Part VI, Section B, line 11b: This Form 990 is reviewed by the Investment Committee/Board of Directors. Form 990, Part VI, Section B, Line 12c: The conflict of interest statement along with a detailed guestionnaire is sent to all board members and senior staff to complete. The CEO reviews the completed questionnaires and makes a report to the executive committee from her findings. For situations which arise in which the Board may wish to contract or enter into an arrangement for goods or services under circumstances that may present a conflict of interest affecting one or more of its members, the affected member(s) of the Board agree(s) to provide full information to the Board or its Executive Committee to allow the Board or its Executive Committee to approve by resolution (with the affected member abstaining) such contract or arrangement provided it is advantageous to do so. Form 990, Part VI, Section C, Line 19: All governing documents are made available to the public upon request. Form 990, Part XI, line 9, Changes in Net Assets:

Decrease in Amount Due to YMCA of Greensboro

587,571.

#### SCHEDULE R (Form 990)

#### **Related Organizations and Unrelated Partnerships**

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Young Men's Christian Association of Greensboro Endowment, Inc.

Employer identification number 56-1849170

Part I Identification of Disregarded Entities. Compl	ete if the organization answered "Ye	es" on Form 990, Part IV, line 3	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state of foreign country)	or Total inco	ome End-of-yea	ear assets Direct		( <b>f)</b> ontrolling ntity	)
Part II Identification of Related Tax-Exempt Organizations during the tax year.	zations. Complete if the organization	n answered "Yes" on Form 99	0, Part IV, line 34,	because it had on	e or more re	lated tax-exe	empt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity		contr	g) 512(b)(13) rolled ity?
				501(c)(3))			Yes	No
Young Men's Christian Association of Greensboro, Inc 56-0543243, 620 Green Valley Rd, Ste 210, Greensboro, NC 27408	Provide programs that  build a healthy spirit,  mind, and body for all.	North Carolina	501(c)(3)	Line 10	N/A			x
varies na, see 210, ereemssere, ne 2,100	and, and soay for all.	NOTON GUIDIINA	301(0)(3)					

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

Schedule R (Form 990) 2022 of Greensboro Endowment, Inc.

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ganizations Taxable artnership during the	as a Partn tax year.	ership. Complete i	f the organi	zation answe	ered "Ye	es" on Forn	n 990, F	art IV, line	34, b	ecause	e it had one o	or mor	e relat	ed	
(b)	(c)	(d)		(e)		(f)		(g)	(ł	1)	(i)		(j)	(	k)
Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Predomii (related excluded fi sections	nant income , unrelated, rom tax under s 512-514)	Share inc		end-	of-year			amount in the 20 of Scheo	oox dule	managin partner	owne	entage ership
ganizations Taxable orporation or trust dur	as a Corpo	<b>oration or Trust.</b> C year.	omplete if t	he organizat	ion ansv	wered "Yes	s" on Fo	rm 990, P	art IV,	line 34	1, because it	had o	ne or r	nore re	elated
EIN on	Prim	(b) ary activity	(c) Legal domicile (state or foreign			Type of (C corp, §	entity S corp,	Share o	of total	6		Perc	entag	512 cont	(i) ction (b)(13) trolled tity?
			country)			Or tro	151)				assets			Yes	No
	(b) Primary activity	(b) Primary activity Primary activity  (c) Legal domicile (state or foreign country)  ganizations Taxable as a Corpurporation or trust during the tax	Trinership during the tax year.  (b)  Primary activity  Cc)  Legal domicile (state or foreign country)  Direct controlling entity  ganizations Taxable as a Corporation or Trust. Corporation or trust during the tax year.  (b)  Primary activity	Primary activity  (b) Primary activity  (c) Legal domicile (state or foreign country)  Predoming (related, excluded fix sections)  ganizations Taxable as a Corporation or Trust. Complete if the proporation or trust during the tax year.  (b) Primary activity  (c) Legal domicile (excluded fix sections)  Predoming (related, excluded fix sections)  Proporation or Trust. Complete if the proporation or trust during the tax year.  (b) Primary activity Legal domicile (state or foreign)	(b) (c) Legal domicile (state or foreign country) Primary activity Primary	(b) (c) Legal domicile (state or foreign country) Direct controlling entity Sections 512-514)  Granizations Taxable as a Corporation or Trust. Complete if the organization answerporation or trust during the tax year.  (b) (c) (d) Predominant income (related, unrelated, excluded from tax under sections 512-514)  Share (related, unrelated, excluded from tax under sections 512-514)  Share (related, unrelated, excluded from tax under sections 512-514)  Share (related, unrelated, excluded from tax under sections 512-514)  Share (related, unrelated, excluded from tax under sections 512-514)  Share (related, unrelated, excluded from tax under sections 512-514)  Share (related, unrelated, excluded from tax under sections 512-514)  Share (related, unrelated, excluded from tax under sections 512-514)  Share (related, unrelated, excluded from tax under sections 512-514)	Thership during the tax year.  (b) (c) Legal domicile (state or foreign country)  Primary activity    Primary activity   Complete (state or foreign country)   Predominant income (related, unrelated, excluded from tax under sections 512-514)    Share of total income (sections 512-514)   Share of total income (sections 512-514)    Gamizations Taxable as a Corporation or Trust. Complete if the organization answered "Year proration or trust during the tax year.    Complete (state or foreign country)   Primary activity   Primary activity   Legal domicile (state or foreign country)   Primary activity   Legal domicile (state or foreign country)   Primary activity   Primary activity   Legal domicile (state or foreign country)   Primary activity   Prima	(b) (c) Legal domicile (state or foreign) country) Direct controlling entity (related, unrelated, unrelated, excluded from tax under sections 512-514)   (ganizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Foreporation or trust during the tax year.  (b) (c) Legal domicile (state or foreign) entity (related) unrelated, unrelated, excluded from tax under sections 512-514)  Share of total income as end-excluded from tax under sections 512-514)  Share of total income as end-excluded from tax under sections 512-514)  Share of total income as end-excluded from tax under sections 512-514)  Share of total income as end-excluded from tax under sections 512-514)  Share of total income as end-excluded from tax under sections 512-514)  Share of total income as end-excluded from tax under sections 512-514)  Share of total income as end-excluded from tax under sections 512-514)  Share of total income as end-excluded from tax under sections 512-514)	(b) (C) Legal domicile (state or foreign country) Predominant income (related, unrelated, excluded from tax under sections 512-514)  ganizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Proporation or trust during the tax year.  (b) (c) (d) (e) (f) (share of total income income entity sections 512-514)  ganizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Proporation or trust during the tax year.  (b) (c) (d) (e) (Type of entity (Corp., Scorp., Scorp., Incomplete in	Thership during the tax year.  (b) C Legal domicile (state or foreign country)  Primary activity  (related, unrelated, excluded from tax under sections 512-514)  Share of total income assets  (related, unrelated, excluded from tax under sections 512-514)  Pressure of total income assets  (related, unrelated, excluded from tax under sections 512-514)  Share of total income assets  (related, unrelated, excluded from tax under sections 512-514)  Pressure of total income assets  (related, unrelated, excluded from tax under sections 512-514)  Share of total income assets  (related, unrelated, excluded from tax under sections 512-514)  Share of total income assets  (related, unrelated, excluded from tax under sections 512-514)  Share of total income assets  (related, unrelated, excluded from tax under sections 512-514)  Share of total income assets  (related, unrelated, excluded from tax under sections 512-514)  Share of total income or trust during the tax year.	Trimership during the tax year.  (b) Ci. Legal comicile (state or foreign) Primary activity Predominant income (related, unrelated, excluded from tax under sections 512-514)  Share of total income end-of-year assets Primary activity Primary activity Predominant income (related, unrelated, excluded from tax under sections 512-514)  Share of total income end-of-year assets  Income Primary activity Primary activit	Code V-U amount in I assets   Code	the primary activity   Country   Legal domicile domicile of foreign country   Primary activity   Legal domicile or foreign country   Primary activity   Legal domicile or foreign country   Primary activity   Primary activity   Legal domicile or foreign country   Predominant income (related, unrelated, excluded from tax under sections 512-514)   Share of total income assets   Predominant income (related, unrelated, excluded from tax under sections 512-514)   Primary activity   Primary	(c) (d) (e) (f) (share of total domicile (state or foreign country) (related, unrelated, excluded from tax under sections 512-514)  ganizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or no proration or trust during the tax year.  (b) (c) (d) (e) (f) (g) (share of total income end-of-year assets (related, unrelated, excluded from tax under sections 512-514)  ganizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or no proporation or trust during the tax year.  (b) (c) (d) (e) (f) (g) (g) (h) (h) (f) (g) (g) (h) (h) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g	Primary activity   Primary act

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Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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Yes No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	y			1a		X				
<b>b</b> Gift, grant, or capital contribution to related organization(s)				1b	X					
c Gift, grant, or capital contribution from related organization(s)				1c		Х				
d Loans or loan guarantees to or for related organization(s)				1d		Х				
e Loans or loan guarantees by related organization(s)				1e		Х				
f Dividends from related organization(s)				1f		Х				
g Sale of assets to related organization(s)				1g		Х				
h Purchase of assets from related organization(s)				1h		Х				
i Exchange of assets with related organization(s)				1i		X				
j Lease of facilities, equipment, or other assets to related organization(s)										
k Lease of facilities, equipment, or other assets from related organization(s)				1k		Х				
I Performance of services or membership or fundraising solicitations for related orga	anization(s)			11		Х				
m Performance of services or membership or fundraising solicitations by related orga				1m		X				
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)										
Sharing of paid employees with related organization(s)										
p Reimbursement paid to related organization(s) for expenses										
q Reimbursement paid by related organization(s) for expenses				1q		Х				
r Other transfer of cash or property to related organization(s)				1r		X				
s Other transfer of cash or property from related organization(s)				1s		Х				
2 If the answer to any of the above is "Yes," see the instructions for information on v	vho must complete t	his line, including covered	relationships and transaction thresholds.							
(a)	(b)	(c)	(d)							
Name of related organization	Transaction	Amount involved	Method of determining amount inv	olved						
	type (a-s)									
Young Men's Christian Association of										
(1) Greensboro, Inc.	В	93,443.	FMV							
(2)										
(3)										
(4)										
<u>(5)</u>										
<u>(6)</u>										
232163 09-14-22			Schedule	R (Forr	n 990)	2022 (				

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Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d)	Are partne 501 ( org	e)	(f)	(g)	(1	h)	(i)	(	j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are partne	all rs sec.	Share of	Share of	Dispi	ropor-	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene	ral or	Percentage
of entity		(state or foreign	related, unrelated, lexcluded from tax under	501( ora	c)(3) s.?	total	end-of-year	alloca	nate ations?	amount in box 20 Lof Schedule K-1	mana	aging ner?	ownership
		country)	sections 512-514)	Yes	No	income	assets	Yes	No	(Form 1065)	Yes	NO	
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								+	-				
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5<u>6-184</u>9170 Page 5 of Greensboro Endowment, Inc. Schedule R (Form 990) 2022 Part VII | Supplemental Information Provide additional information for responses to questions on Schedule R. See instructions.