Copy for Public Inspection

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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.

Return of Organization Exempt From Income Tax

Department of the Treasury Internal Revenue Service

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



A	For the	e 2022 calendar year, or tax year beginning and	ending								
Β	Check if applicabl	^{e:} C Name of organization Young Men's Christian Association		D Employer identific	cation number						
	Addre chang										
	Name chang			56-05432	43						
Initial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number											
Final 620 Green Valley Road, Suite 210 336-854-8410											
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	17,344,279.						
	Amen	Greensbord, NC 27400 7725		H(a) Is this a group re							
	Applic tion pendi	F Name and address of principal officer: KIIOIIGa AIIGEI SOII		for subordinates	? Yes X No						
		same as C above		H(b) Are all subordinates in	cluded? Yes No						
<u> </u>	Tax-ex	empt status: 🔀 501(c)(3) 🚺 501(c) () (insert no.) 🛄 4947(a)(1) (or 🛄 527		list. See instructions						
-	Websi			H(c) Group exemption							
		organization: X Corporation Trust Association Other	L Year	of formation: 1942 N	State of legal domicile: NC						
P	art I	Summary		a obuintion	-						
e		Briefly describe the organization's mission or most significant activities: To pr									
Activities & Governance		principles into practice through programs									
/err		Check this box if the organization discontinued its operations or disposed			sets. 28						
ĝ					28						
<u>م</u>		Number of independent voting members of the governing body (Part VI, line 1b)		····· ·	872						
ties		Total number of individuals employed in calendar year 2022 (Part V, line 2a)			1626						
ži	6	Total number of volunteers (estimate if necessary)			0.						
¥		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.						
				Prior Year	Current Year						
~	8	Contributions and grants (Part VIII, line 1h)		6,734,696.	3,122,991.						
nu		Program service revenue (Part VIII, line 2g)		10,128,293.	12,582,612.						
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		702,905.	-353,803.						
č		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		250,877.	292,903.						
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		17,816,771.	15,644,703.						
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		342,675.	385,357.						
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.						
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		6,559,722.	7,744,081.						
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.						
- dx	b	Total fundraising expenses (Part IX, column (D), line 25) 199, 19	92.								
ш	1/	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		7,126,010.	7,968,176.						
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		14,028,407.	16,097,614.						
		Revenue less expenses. Subtract line 18 from line 12		3,788,364.	-452,911.						
ts or nces			Be	ginning of Current Year	End of Year						
Assets (d Balanc	20	Total assets (Part X, line 16)		52,743,738.	51,088,266.						
Net As Fund E		Total liabilities (Part X, line 26)		9,832,412.	9,249,658.						
		Net assets or fund balances. Subtract line 21 from line 20		42,911,326.	41,838,608.						

Part II Signature Block

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

Sign Here	Date						
Print/Type preparer's name Preparer's signature Date Check Paid Olga Oganesov Olga Oganesov 05/05/23							
Preparer	Firm's name Bernard Robinson & (Company, LLP	Firm's EIN 56-0571159				
Use Only	Firm's address PO Box 19608						
	Greensboro, NC 2741	9-9608	Phone no. 336 - 294 - 4494				
May the II	RS discuss this return with the preparer shown above?	See instructions	X Yes No				
232001 12-1	3-22 LHA For Paperwork Reduction Act Notice, s	see the separate instructions.	Form 990 (2022)				

See Schedule O for Organization Mission Statement Continuation

	Copy for Public Inspection Young Men's Christian Association
_	
	990 (2022) of Greensboro, Inc. 56-0543243 Page 2 t III Statement of Program Service Accomplishments
14	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
•	Our mission is to put Judeo-Christian principles into practice though
	programs that build a healthy spirit, mind and body for all. The YMCA
	of Greensboro is a volunteer-led public charity that includes men,
	women, and children of all ages, abilities, incomes, races and
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?
	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
40	revenue, if any, for each program service reported. (Code:) (Expenses \$ 6,069,284 · including grants of \$ 116,121 ·) (Revenue \$ 5,755,000 ·)
4a	(Code:) (Expenses \$6,069,284. including grants of \$16,121.) (Revenue \$5,755,000.) Healthy Living For Adults:
	We are committed to improving the health and well-being of our
	communities, and we believe that living a healthy lifestyle is
	essential in maintaining a balanced spirit, mind and body. At the Y,
	we bring families closer together, encourage good health, and foster
	meaningful connections through fitness, sports, fun and shared
	interests. Our goal is to provide opportunities and a positive
	environment for every family to build stronger bonds, attain greater
	work/life balance, become more involved in their communities and strive
	for personal fulfillment. Regardless of their starting point, our
	members can find a community of support to help them reach their
	personal healthy living goals. We offer a wide array of classes and
40	(Code:) (Expenses 3,586,881. including grants of \$ 102,935.) (Revenue \$ 3,002,849.) Youth and Teen Development Programs:
	Our YMCA is committed to nurturing the potential of every child and
	teen. We firmly believe working with youth and teens involves much more
	than developing specific skills for sports or individual activities.
	Those are merely the vehicles to develop something much more important
	- the whole child from the inside out. Our programs use the platform of
	a specific activity to teach skills necessary for life at any age. This
	includes enjoying an active lifestyle, being part of a team, making
	good choices, playing fair, persevering against obstacles, stretching
	yourself to meet your potential and perhaps most important of all,
	being confident in who you are. Depending on the age or interests of
4	our young participants, a variety of programs are available to teach (Code:) (Expenses \$ 4,383,547. including grants of \$ 166,301.) (Revenue \$ 3,824,763.)
4C	(Code:) (Expenses \$ 4,383,547. including grants of \$ 166,301.) (Revenue \$ 3,824,763.) Childcare:
	Strengthening families and meeting the needs of children is a
	commitment that is woven into the mission of the YMCA. The YMCA of
	Greensboro provides safe, affordable, quality supervision of children,
	allowing parents to remain gainfully employed knowing their children
	are flourishing in a supportive and developmentally sound environment,
	where the ultimate goal is to prepare children to succeed. Our
	programs instill confidence in children and emphasize developing
	self-esteem, teaching moral and ethical behavior and growing leadership
	skills through a three-pronged focus on spirit, mind and body. 94% of
	our participants experienced growth in at least one social emotional
	development area in 2022. Our programs include daycare for 1 to
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 173,658 · including grants of \$) (Revenue \$) Total program service expenses 14,213,370 ·
<u>4e</u>	Total program service expenses 14,213,370.

See Schedule O for Continuation(s)

Form **990** (2022)

Copy for Public Inspection Form 990 (2022) of Greensboro, Inc. Part IV Checklist of Required Schedules

			Vee	Na
4	Is the experimentian described in section $501(s)(2) \approx 4047(s)(1)$ (other then a private foundation)?		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 2	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect		v	
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	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	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
u		11a	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	114		
U	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	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			x
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	~	
f	5		v	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			37
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		77	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х

Form 990 (2022)

of Greensboro, Inc.

Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	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		X
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		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
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%			
	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			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		<u>-</u>	
	Part V, line 1	34	X	
	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		X
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?			
De	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa				_
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
		_		
b		-		
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		x	
	(gambling) winnings to prize winners?	1c		1

Copy for Public Inspection Young Men's Christian Association

Copy for Public InspectionYoung Men's Christian AssociationForm 990 (2022)of Greensboro, Inc.Part VStatements Regarding Other IRS Filings and Tax Compliance (continued)

JU-UJEJZEJ Paget	543243	Page 5
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					Yes	No
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	I			165	NU
za	filed for the calendar year ending with or within the year covered by this return	2a	872			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			2b	х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			20 3a		х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	~		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other			55		
τu	financial account in a foreign country (such as a bank account, securities account, or other financial			4a		х
b	If "Yes," enter the name of the foreign country	40000		ľ		
~	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	Accou	nts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			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 t					
	any contributions that were not tax deductible as charitable contributions?			6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contribu					
	were not tax deductible?		0	6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices	provided to the payor?	7a		Х
b				7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w					
	to file Form 8282?			7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	contra	ct?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont	ract?		7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file F	orm 8	899 as required?	7g	N/	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz	ation	ile a Form 1098-C?	7h	N/	A
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	d by th				
	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?		37/3	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:	1	1			
a	Initiation fees and capital contributions included on Part VIII, line 12 N/A	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter: 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	446				
10-	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	2	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year $\frac{N/A}{N}$	12b	<u>'</u>	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	12.0				
	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.			Iou		
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	13b				
с	Enter the amount of reserves on hand	13c				
14a		-	•	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remun					
	excess parachute payment(s) during the year?			15		Х
	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	nt inco	ome?	16		Х
	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 an	ctivitie				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		N/A	17		
	If "Yes." complete Form 6069.					

Form 990 (2022)

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

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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 2	8		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 2	8		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses 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>
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a	X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X X	<u> </u>
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		x	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	A X	<u> </u>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		<u> </u>
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	10-	x	
10	on Schedule O how this was done	12c	X	<u> </u>
13	Did the organization have a written whistleblower policy?	13	X	<u> </u>
14 45	Did the organization have a written document retention and destruction policy?	14		
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?	45-	x	
a b	The organization's CEO, Executive Director, or top management official	15a	X	<u> </u>
b	Other officers or key employees of the organization	15b		
16-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
10a		16a		x
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	10a		
b	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
		16b		
Sec	exempt status with respect to such arrangements?	100		
17	List the states with which a copy of this Form 990 is required to be filed None			
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)s only) avail	able
10	for public inspection. Indicate how you made these available. Check all that apply.		javall	
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	nd fina	ncial	
	statements available to the public during the tax year.	and inid		
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
_•	Brenda Willis - 336-854-8410			
	620 Green Valley Road, Suite 210, Greensboro, NC 27408-7725			

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-NEC) 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.

See the instructions for the order in which to list the persons above.

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

(A)	(B)	T		(0	C)			(D)	(E)	(F)
Name and title	Average hours per	box	Position (do not check more than one box, unless person is both an officer and a director/trustee)					Reportable compensation	Reportable compensation	Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) Rhonda Anderson	50.00								0	
President/CEO				X				216,622.	0.	25,063.
(2) Brenda Willis	50.00	-		v				151 610	0.	10 000
VP-Finance & Administrativ	50.00			X				151,610.	0.	19,880.
(3) Joseph Hennigan Group VP	50.00					x		123,240.	0.	17,324.
(4) Larry Burnett	50.00									
Executive Director		1				X		105,451.	0.	10,846.
(5) Lynn Harvey-Akan	7.00									
Chair		X		X				0.	0.	0.
(6) Michelle Ballard	2.00									
Vice Chair		X		X				0.	0.	0.
(7) Luanne Arrington	2.00									
Secretary		X		Х				0.	0.	0.
(8) Rick Lusk	1.00									
Treasurer		Х		Х				0.	0.	0.
(9) Matt Bailey	3.00									
Chair Elect		Х		Х				0.	0.	0.
(10) Todd Rangel	4.00									
Past Chair		Х		Х				0.	0.	0.
(11) Saskia Barnard	2.00									
Board Member		Х						0.	0.	0.
(12) Phil Barnhill	4.00									
Board Member		Х						0.	0.	0.
(13) John "Ben" Brown	0.50									
Board Member		Х						0.	0.	0.
(14) Nathan Brown	2.00									
Board Member		X						0.	0.	0.
(15) George Brumback	0.25								•	
Board Member		X					<u> </u>	0.	0.	0.
(16) Cecil Cottrell	1.00								•	<u>^</u>
Board Member	1 00	X					<u> </u>	0.	0.	0.
(17) Tony Edwards	1.00	₊ ,							~	<u>^</u>
Board Member		X						0.	0.	0.

X

56-0543243 Page 8

Form 990 (2022) of Greensboro, Inc. 56-0543243 Page 8											
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)		
(A)	(B)			(0	C)			(D)	(E)	((F)
Name and title	Average				itior			Reportable	Reportable		mated
	hours per					than is bot			compensation	amo	ount of
	week	offi	cer an	dad	lirecto	or/trus	tee)	from	from related	0	ther
	(list any	director						the	organizations	comp	ensation
	hours for	r dire				eq		organization	(W-2/1099-MISC/	fro	m the
	related	tee o	ustee			ensat		(W-2/1099-MISC/	1099-NEC)	orgar	nization
	organizations	l trus	nal tr		oyee	duo		1099-NEC)		and	related
	below	Individual trustee or	Institutional trustee	cer.	Key employee	Highest compensated employee	ner			organ	nizations
	line)	Indi	Inst	Officer	Key	Higlemp	Former				
(18) Kate Gibson	0.25								_		
Board Member		Х						0.	0.		0.
(19) Clinton Gravely	0.25										
Board Member		Х						0.	0.		0.
(20) Ricky Graves	2.00										
Board Member		X						0.	0.		Ο.
(21) Jim Hamrick	1.00										
Board Member		X						0.	0.		Ο.
(22) Angela Henry	0.25										
Board Member		x						0.	0.		Ο.
(23) Brent Holmes	2.00									1	
Board Member		x						0.	0.		0.
(24) Michael Humphrey	0.25										
Board Member		x						0.	0.		0.
(25) Joe Jackson	3.00									+	
Board Member		x						0.	0.		0.
(26) Catherine Johnson	0.50										
Board Member	0.50	x						0.	0.		0.
								596,923.	0.	73	,113.
1b Subtotal								0.	0.	<u> </u>	0.
c Total from continuation sheets to Part V								596,923.	0.	73	,113.
d Total (add lines 1b and 1c)										/ / /	,113.
2 Total number of individuals (including but n	iot limited to tr	iose	liste	ea a	DOV	e) wr	10 r	received more than \$100	1,000 of reportable		1
compensation from the organization											4 ///
											Yes No
3 Did the organization list any former officer,									•		37
line 1a? If "Yes," complete Schedule J for s	uch individual									3	X
4 For any individual listed on line 1a, is the su									the organization		
and related organizations greater than \$15	0,000? If "Yes,	" со	mple	ete S	Sche	edule	J	for such individual		4	X
5 Did any person listed on line 1a receive or a	-				-		elat	ted organization or indivi	dual for services		
rendered to the organization? If "Yes," com	plete Schedul	e J f	or su	ıch	pers	son .				5	X
Section B. Independent Contractors											
1 Complete this table for your five highest co	mpensated in	depe	ende	ent c	onti	racto	ors	that received more than	\$100,000 of compens	sation fro	m
the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	ithi	n the organization's tax	year.		
(A)								(B)		(C)	
Name and business	address							Description of s	ervices (Compens	sation
D and L Building Group											
2751 Patterson St, Greensboro, NC 27407 Janitorial Services								231	,838.		
Water & Earth, LLC Sand Volleyball											
									164	,953.	
City of Greensboro Aquatics Center											
P.O. Box 26120, Greensbo:	P.O. Box 26120, Greensboro, NC 27402 Pool Rental 125,724.										
Total Computer Solutions					rde	en			1		
Village Rd, Greensboro, 1								IT Support		106	,203.
*											
							_				

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

	nsboro, 1								56-054	3243
Part VII Section A. Officers, Directors, T				es, a	nd l	ligh	est	Compensated Employ	rees (continued)	
(A)	(D)	(E)	(F)							
Name and title	Average	(C) Position				1		Reportable	Reportable	Estimated
	hours	(c	(check all that apply)			app	ly)	compensation	compensation	amount of
	per					0		from	from related	other
	week (list anv	to				ploye		the organization	organizations (W-2/1099-MISC)	compensation from the
	hours for	· direc				ed em		(W-2/1099-MISC)		organization
	related	stee or	ustee			en sat				and related
	organizations	al trus	onal tr		loyee	comp				organizations
	(list any hours for related organizations below line)	dividu	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
	0.50	Ē	Ë	đ	λ	王	요			
(27) Dr. Love Jones Board Member	0.50	x						0.	0.	0.
(28) Paul Jones	1.00							0.	0.	0.
Board Member	1.00	x						0.	0.	0.
(29) Travis LeFever	1.00									
Board Member		x						0.	0.	0.
(30) Susan Letvak	0.25									
Board Member		x						0.	0.	0.
(31) Glen Long	0.25									
Board Member		X						0.	0.	0.
(32) James Lurz	1.00									
Board Member		Х						0.	0.	0.
(33) William D. Lusk	0.25									
Board Member		Х						0.	0.	0.
(34) Nathan Myers	2.00									0
Board Member		X						0.	0.	0.
(35) Aaron Peele	0.25							0.	0.	0
Board Member (36) Charles Reid	0.25	X						0.	0.	0.
Board Member	0.25	x						0.	0.	0.
(37) Melissa Riffe-Guyer	2.00	1								0.
Board Member	2000	x						0.	0.	0.
(38) MacArthur Sims	0.25								•••	
Board Member		x						0.	0.	0.
(39) Robert Smith	0.50									
Board Member		x						0.	0.	0.
(40) Anne Starr Denny	0.25									
Board Member		Х						0.	0.	0.
(41) Kelli Stennett	0.50									
Board Member		Х						0.	0.	0.
(42) Steve Swetoha	1.00									0
Board Member	2 00	X						0.	0.	0.
(43) Sheila Thrower	3.00	x						0.	0.	0
Board Member (44) Heavenly Walker	1.00							0.	0.	0.
Board Member	1.00	x						0.	0.	0.
								0.	0.	0.
		1								
		1								
		1								
	•	•		-	•	-				
Total to Part VII, Section A, line 1c	<u></u>	<u></u>	<u></u>	<u></u> .	<u></u> .	<u></u> .	<u></u>			

Copy for Public Inspection

			2022) of	Gr	eensbor		ASSOCIATI	011	56-0543	243 Page 9
Pa	rt \	VII								
			Check if Schedule O	conta	ains a respons	e or note to any lir	ne in this Part VIII	(B)	(C)	<u>(</u>)
							(A) Total revenue	Related or exempt		(D) Revenue excluded from tax under sections 512 - 514
ts t	1	а	Federated campaigns		1a	56,924.				
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns1ab Membership dues1b					,				
S, G	c Fundraising events 1c									
Sift: ar /			Related organizations			93,443.				
imil			Government grants (cont			1,828,415.				
tion S		f	All other contributions, gifts,	grant	s, and					
the			similar amounts not included	d abov	/e 1f	1,144,209.				
ud O		g	Noncash contributions included in	n lines	1a-1f 1g \$					
a Ö		h	Total. Add lines 1a-1f				3,122,991.			
						Business Code				
rice	2		Healthy Living for	Adul	lts	611710	5,755,000.	, ,		
viə ue						624410	3,824,763.	, ,		
s m ven		Č.	Youth & Teen Develo	pmer	it Programs	611710	3,002,849.	3,002,849.	<u> </u>	
Program Service Revenue		d							┨────┤	
Pro		e f	All other program service	rovo						
			Total. Add lines 2a-2f				12,582,612.			
	3		Investment income (inclu				, ,			
			other similar amounts)	-			131,397.			131,397.
	4	ŀ	Income from investment							
	5	5	Royalties	<u></u>						
					(i) Real	(ii) Personal				
	6	i a	Gross rents	6a	239,809					
			Less: rental expenses	6b	29,808					
			Rental income or (loss)	6c	210,001		210 001			210 001
	7		Net rental income or (loss Gross amount from sales of		(i) Securities		210,001.			210,001.
	'	a	assets other than inventory	7a	945,193					
		b	Less: cost or other basis	14	,100					
ne		~	and sales expenses	7b	1,038,137	614,506.				
venue		с	Gain or (loss)	7c	-92,944	-392,256.				
Re		d	Net gain or (loss)			•	-485,200.			-485,200.
Other Rev	8	a	Gross income from fundraisi	ing ev	ents (not					
đ			including \$		of					
			contributions reported on							
			Part IV, line 18							
			Less: direct expenses				24,372.			24,372.
	٥		Net income or (loss) from Gross income from gamir				24,572.			27,372.
	J	a	Part IV, line 19	-						
		b	Less: direct expenses							
			Net income or (loss) from							
	10		Gross sales of inventory,							
			and allowances 10a							
			Less: cost of goods sold							
		С	Net income or (loss) from	sales	s of inventory		51,034.			51,034.
sn			Wanding and P 3 -	1 - '	a	Business Code	B 0/5			P 0/25
neo	11		Vending and Food Re Miscellaneous	erate	eu	722210 611710	7,265. 231.		<u> </u>	7,265. 231.
slla		b	miscellaneous			011/10	231.		<u> </u>	231.
Miscellaneous Revenue		с И	All other revenue							
Σ			Total. Add lines 11a-11d				7,496.			
	12		Total revenue. See instruction				15,644,703.	12,582,612.	0.	-60,900.
23200				-			. , , ,	, , ,		Form 990 (2022)

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Part IX	Sta	tement of Functional Expenses		
Form 990 (Inc.	
		Young Men 's Chi	ristian	AS

	Check if Schedule O contains a resported on lines 6b, bot include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	385,357.	385,357.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	413,174.	215,099.	193,241.	4,834
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	6,132,793.	5,579,068.	437,449.	116,276
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	723,697.	655,779.	57,580.	10,338
10	Payroll taxes	474,417.	416,659.	46,295.	11,463
11	Fees for services (nonemployees):				
а	Management				
b	Legal	147,445.	132,261.	15,184.	
с	Accounting	41,500.		41,500.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	1,161,510.	1,028,930.	125,874.	6,706
12	Advertising and promotion	182,741.	162,822.	19,919.	
13	Office expenses	1,309,175.	1,147,296.	140,872.	21,007
14	Information technology	106,202.	94,520.	11,682.	
15	Royalties		1 100 000	101 050	
16	Occupancy	1,661,991.	1,480,939.	181,052.	
17	Travel	98,925.	88,142.	10,783.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials \dots	<u> </u>	(1) = 0		
19	Conferences, conventions, and meetings	95,647.	61,059.	7,470.	27,118
20	Interest	290,868.	259,163.	31,705.	
21	Payments to affiliates	173,658.	173,658.	010 050	
22	Depreciation, depletion, and amortization	1,947,449.	1,735,177.	212,272.	
23	Insurance	260,043.	231,698.	28,345.	
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	Food and Beverage	358,546.	320,755.	37,791.	
b	Bad Debt Expense	80,535.		80,535.	
с	Training	26,590.	23,692.	2,898.	
d	Dues	25,351.	21,296.	2,605.	1,450
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	16,097,614.	14,213,370.	1,685,052.	199,192
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2022)
Part X Balance Sheet

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

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Fai		Charle if Schedule O contains a reasonable or note to any line in th	ia Dart V			
		Check if Schedule O contains a response or note to any line in th				
				(A) Beginning of year		(B) End of year
	1	Cash popietaroat boaring		4,248,396.	1	4,341,032.
	2	Cash - non-interest-bearing		4,824,904.	2	5,722,826.
	2	Savings and temporary cash investments	208,530.	2	114,021.	
	4	Pledges and grants receivable, net		1,403,636.	4	1,062,790.
	4 5	Accounts receivable, netLoans and other receivables from any current or former officer, di		1,105,050.	4	1,002,790.
	5	trustee, key employee, creator or founder, substantial contributor				
					5	
	6	Loans and other receivables from other disqualified persons (as c	lefined		5	
	Ŭ	under section 4958(f)(1)), and persons described in section 4958			6	
s	7	Notes and loans receivable, net	F		7	
Assets	8	Inventories for sale or use			8	
As	9	Prepaid expenses and deferred charges		301,020.	9	181,581.
		Land, buildings, and equipment: cost or other		· · , · ·		· , · ·
	lou		419,087.			
	b		000,391.	36,636,524.	10c	35,418,696.
	11	Investments - publicly traded securities		5,120,728.	11	3,792,026.
	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		0.	15	455,294.
	16	Total assets. Add lines 1 through 15 (must equal line 33)		52,743,738.	16	51,088,266.
	17	Accounts payable and accrued expenses		409,575.	17	329,590.
	18	Grants payable		18		
	19	Deferred revenue		647,392.	19	1,047,208.
	20	Tax-exempt bond liabilities		8,467,201.	20	7,413,583.
	21	Escrow or custodial account liability. Complete Part IV of Schedu			21	
es	22	Loans and other payables to any current or former officer, director	or,			
Liabilities		trustee, key employee, creator or founder, substantial contributor	r, or 35%			
iab		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 \ldots			24	
	25	Other liabilities (including federal income tax, payables to related				
		parties, and other liabilities not included on lines 17-24). Complete	e Part X	200 044		
		of Schedule D		308,244.		459,277.
	26	Total liabilities. Add lines 17 through 25		9,832,412.	26	9,249,658.
ş		Organizations that follow FASB ASC 958, check here]			
nce		and complete lines 27, 28, 32, and 33.		20 701 700		37,408,332.
ala	27	Net assets without donor restrictions	F	38,794,788. 4,116,538.	27	4,430,276.
Id B	28	Net assets with donor restrictions	······	4,110,550.	28	4,430,270.
Fun		Organizations that do not follow FASB ASC 958, check here				
or	~	and complete lines 29 through 33.			00	
ets	29	Capital stock or trust principal, or current funds			29	
Ass	30	Paid-in or capital surplus, or land, building, or equipment fund	F		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other fu		42,911,326.	31 32	41,838,608.
z	32 33	Total net assets or fund balances Total liabilities and net assets/fund balances		52,743,738.	32 33	51,088,266.
	33			52112511500	33	Form 990 (2022)
						10111330 (2022)

	Copy for Public Inspection Young Men's Christian Association				
	990 (2022) of Greensboro, Inc.	56-05	543243	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u>.</u>			X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	15,644		
2	Total expenses (must equal Part IX, column (A), line 25)	2	16,097		
3	Revenue less expenses. Subtract line 2 from line 1	3	-452		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	42,911		
5	Net unrealized gains (losses) on investments	5	-466	5,3	96.
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	-153	3,4	11.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	41,838	3,6	08.
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 Schedul				
2a			2a		X
	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?		2 b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	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				1
	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 Scl	nedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits 3b

Form 990 (2022)

				Copy f	or Public	Ins	pect	ion		
SCHEDULE A										OMB No. 1545-0047
(Fo	orm 99	0)			rity Status an					2022
			G	•	nization is a section 50 [.] 47(a)(1) nonexempt cha			or a section		2022
		f the Treasury nue Service		A	ttach to Form 990 or Fo	rm 990-E	Ζ.			Open to Public Inspection
		he organizati			Form990 for instruction ristian Asso			formation.	Employor	identification number
inan		ne organizati		reensboro,		CIALI	011			6-0543243
Pa	irt I	Reason			(All organizations must c	omplete ti	nis part) S	See instruction		0 0545245
					(For lines 1 through 12, c				10.	
1					on of churches described					
2		-			Attach Schedule E (Forn			·//· ·//·		
3					anization described in s e		(b)(1)(A)(i	ii).		
4		•	•		njunction with a hospital)(iii). Enter	the hospital's name,
		city, and stat								
5		An organizati	on operated fo	or the benefit of a co	llege or university owned	d or opera	ted by a g	overnmental	unit describ	oed in
		section 170	(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, sta	te, or local gov	vernment or governr	nental unit described in	section 17	70(b)(1)(A)	(v).		
7		An organizati	on that norma	Ily receives a substa	intial part of its support f	rom a gov	ernmental	unit or from	the general	public described in
				omplete Part II.)						
8					(1)(A)(vi). (Complete Par					
9					in section 170(b)(1)(A)(
		-	or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, cit	y, and state o	f the colleg	e or
10	X	university:	on that narma	11	than 22 1/20/ of its own	nort from	oontributio	no momboro	hin face of	ad areas respire from
10	- 23	0		•	than 33 1/3% of its sup ct to certain exceptions;			-		•
					e (less section 511 tax) fr	. ,				•
				mplete Part III.)			3363 acqu		ganzation	
11					ively to test for public sa	fetv See	section 50)9(a)(4).		
12	\square	-	-		ively for the benefit of, to	-			arry out the	e purposes of one or
					ed in section 509(a)(1) o					
					of supporting organizatio					
а		7	-		supervised, or controlled				-	giving
					gularly appoint or elect a					
		organizatio	n. You must c	complete Part IV, Se	ections A and B.					
b] Type II. As	supporting org	anization supervised	d or controlled in connec	tion with it	s support	ed organizati	on(s), by ha	ving
		control or r	nanagement o	of the supporting org	anization vested in the s	ame perso	ons that co	ontrol or mana	age the sup	ported
		organizatio	n(s). You mus	t complete Part IV,	Sections A and C.					
С		Type III fur	nctionally inte	grated. A supportin	g organization operated	in connec	tion with,	and functiona	Illy integrate	ed with,
					s). You must complete I					
d		Type III no	n-functionally	y integrated. A supp	porting organization oper	ated in co	nnection v	with its suppo	rted organi	zation(s)
		that is not	unctionally int	egrated. The organiz	zation generally must sat	tisfy a dist	ribution re	quirement an	d an attent	iveness
		- ·	-	-	nplete Part IV, Sections					
е			-		written determination fro			а Туре I, Туре	e II, Type III	
	- .				nally integrated support					
T										
<u>g</u>		Name of supp		n about the supporte (ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed ng document?	(v) Amount o	f monetary	(vi) Amount of other
	,	organizatior		()	(described on lines 1-10	in your governi Yes	ng document? No	support (see i	-	support (see instructions)
					above (see instructions))					
						L	L			
Tota	al									

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Young Men's	Christian	Association
of Greensbor	o, Inc.	

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Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

	tion A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")								
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge								
4	Total. Add lines 1 through 3								
	The portion of total contributions								
-	by each person (other than a								
	governmental unit or publicly								
	supported organization) included								
	on line 1 that exceeds 2% of the								
	amount shown on line 11,								
	column (f)								
6	Public support. Subtract line 5 from line 4.								
_	tion B. Total Support								
-	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total		
	Amounts from line 4	(a) 2010	(b) 2013	(0) 2020	(0) 2021	(6) 2022	(1) 10(2)		
	Gross income from interest,								
0	,								
	dividends, payments received on								
	securities loans, rents, royalties,								
•	and income from similar sources								
9	Net income from unrelated business								
	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain								
	or loss from the sale of capital								
	assets (Explain in Part VI.)								
	Total support. Add lines 7 through 10								
	Gross receipts from related activities,		,			12			
13	First 5 years. If the Form 990 is for th	•	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3)			
	organization, check this box and stop								
	tion C. Computation of Publ					1 1			
	Public support percentage for 2022 (14	%		
	Public support percentage from 2021						%		
16a	33 1/3% support test - 2022. If the c								
	stop here. The organization qualifies as a publicly supported organization								
b	33 1/3% support test - 2021. If the o								
	and stop here. The organization qual								
17a	17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,								
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization								
	meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization								
b	10% -facts-and-circumstances tes	t - 2021. If the org	anization did not	check a box on lin	ne 13, 16a, 16b, or	17a, and line 15	is 10% or		
	more, and if the organization meets the	ne facts-and-circur	mstances test, ch	eck this box and s	top here. Explain	in Part VI how the	e		
	organization meets the facts-and-circ	umstances test. T	he organization qu	ualifies as a public	ly supported orga	nization			
18	Private foundation. If the organization	n did not check a	box on line 13, 16	6a, 16b, 17a, or 17	b, check this box	and see instruction	ons		

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

Part II

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Schedule A (Form 990) 2022

of Greensboro, 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.)

Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2,008,718. 2,647,696 3,084,351 6,734,696 3,122,991 17,598,452. 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 15,324,978, 15,903,768 8,958,789 10,128,293 12,582,649 62,898,477. 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 18,551,464 6 Total. Add lines 1 through 5 17,333,696. 12,043,140 16,862,989, 15,705,640 80,496,929. 7a Amounts included on lines 1, 2, and 49,875. 15,000. 394,800. 5,000. 34,750 499,425. 3 received from disqualified persons **b** Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year 0 49,875. 15,000. 394,800 5,000. 34,750 499 425 c Add lines 7a and 7b 8 Public support. (Subtract line 7c from line 6.) 79.997. 504 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 12,043,140 80,496,929. 9 Amounts from line 6 17,333,696 18,551,464 16,862,989 15,705,640 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, 728,951. 614,707 314,326. 367,167 371,206 2,396,357. and income from similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 728,951 614,707. 314,326. 367,167. 371,206 2,396,357. c Add lines 10a and 10b 11 Net income from unrelated business activities not included on line 10b. whether or not the business is 91,235. 91,235. regularly carried on **12** Other income. Do not include gain or loss from the sale of capital 150,769. 65,479. 79,442. 100,027 547,961. 152,244. assets (Explain in Part VI.) 83,532,482. 18,306,126. 19,316,940. 12,422,945. 17,309,598. 16,176,873. 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 95.77 **15** Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) 15 % 95.51 16 Public support percentage from 2021 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 2.87 17 17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) % 2.97 18 18 Investment income percentage from 2021 Schedule A, Part III, line 17 % 19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not Х more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990) 2022

of Greensboro, Inc. Part IV | Supporting Organizations

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(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.)

Copy for Public Inspection Young Men's Christian Association

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		
	2		
	3a		
	3b		
	0.0		
	3c		
	4a		
	4b		
	10		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	0-		
	9a		
	9b		
	9c		
	10-		
	10a		
	10b		

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Sche	dule A (Form 990) 2022 of Greensboro, Inc.	56-054	4324	3 Pa	age 5
	t IV Supporting Organizations (continued)				<u> </u>
				Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?				
	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and				
	11c below, the governing body of a supported organization?		11a		
b	A family member of a person described on line 11a above?	ľ	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide		11.0		
Ŭ	detail in Part VI.		11c		
Sec	tion B. Type I Supporting Organizations	I	110		L
				Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of more supported organizations have the power to regularly appoint or elect at least a majority of the organization's or directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one sup organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated amor	officers, oported		100	
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	ļ	1		
2	Did the organization operate for the benefit of any supported organization other than the supported				
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in				
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,				
	supervised, or controlled the supporting organization.		2		
Sec	tion C. Type II Supporting Organizations				
				Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors				
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control				
	or management of the supporting organization was vested in the same persons that controlled or managed				
	the supported organization(s).		1		
Sec	tion D. All Type III Supporting Organizations				
		_		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the				
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax				
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the				
	organization's governing documents in effect on the date of notification, to the extent not previously provided?		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported				
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how				
	the organization maintained a close and continuous working relationship with the supported organization(s).		2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a	1			
	significant voice in the organization's investment policies and in directing the use of the organization's				
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's				
	supported organizations played in this regard.		3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations	I	_		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see ins	tructions).			
a	The organization satisfied the Activities Test. Complete line 2 below.				
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below</i> .				
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity.	ititv (see in:	structio	ns).	
2	Activities Test. Answer lines 2a and 2b below.			Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	Г			
u	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,	T			
~	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in				

- these activities but for the organization's involvement.Parent of Supported Organizations. Answer lines 3a and 3b below.
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" provide details in **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

Part VI the reasons for the organization's position that its supported organization(s) would have engaged in

2b

3a

Schedule A (Form 990) 2022

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

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

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

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	1 a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	Illy integrate	ad Type III supporting or	anization (see

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

Schedule A (Form 990) 2022

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	dule A (Form 990) 2022 of Greensboro			5	6-0543243 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			1					
2	Amounts paid to perform activity that directly furthers exemp	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 Part VI)		5					
6	Other distributions (describe in Part VI). See instructions.			6					
	Total annual distributions. Add lines 1 through 6.			7					
8	Distributions to attentive supported organizations to which the	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) Underdistribution 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								
e	From 2021								
f	Total of lines 3a through 3e								
g	Applied to underdistributions of prior years								
h	Applied to 2022 distributable amount								
i	Carryover from 2017 not applied (see instructions)								
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.								
4	Distributions for 2022 from Section D,								
	line 7: \$								
a	Applied to underdistributions of prior years								
	Applied to 2022 distributable amount								
C	Remainder. Subtract lines 4a and 4b from line 4.								
5	Remaining underdistributions for years prior to 2022, if								
	any. Subtract lines 3g and 4a from line 2. For result greater								
	than zero, explain in Part VI. See instructions.								
6	Remaining underdistributions for 2022. Subtract lines 3h								
	and 4b from line 1. For result greater than zero, explain in								
	Part VI. See instructions.								
7	Excess distributions carryover to 2023. Add lines 3j								
	and 4c.								
8	Breakdown of line 7:								
	Excess from 2018								
	Excess from 2019								
	Excess from 2020								
	Excess from 2021								
e	Excess from 2022				hadula & (Earm 990) 2022				

Schedule A (Form 990) 2022

	Copy for Public Inspection Young Men's Christian Association
Part IV, Section A, I line 1; Part IV, Secti	of Greensboro, Inc. 56–0543243 Page 8 Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; ines 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, on 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, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
Schedule A, Part	III, Line 12, Explanation for Other Income:
Miscellaneous re	venue
2018 Amount: \$	39,213.
2019 Amount: \$	36,898.
2020 Amount: \$	9,947.
2021 Amount: \$	9,141.
2022 Amount: \$	231.
Vending and food	related revenue
2018 Amount: \$	31,892.
2019 Amount: \$	22,127.
2020 Amount: \$	6,016.
2021 Amount: \$	5,419.
2022 Amount: \$	7,265.
Gross sales of i	nventory
2018 Amount: \$	35,834.
2019 Amount: \$	45,511.
2020 Amount: \$	27,657.
2021 Amount: \$	33,610.
2022 Amount: \$	51,034.
Gross income from	m fundraising events
2018 Amount: \$	45,305.
2019 Amount: \$	46,233.
2020 Amount: \$	21,859.
2021 Amount: \$	31,272.
020000 10 00 00	Schodulo A (Form 990) 2022

Cobodul	A (Form 000)	2022		Copy for Young Men's of Greensbor	Public Christian	Inspection Association	0 n 56-0543243 _{Page 8}
Part V	Part IV, Se line 1; Part	nental ection A, t IV, Sec , lines 5,	lines 1, tion D, l	mation. Provide the e> , 2, 3b, 3c, 4b, 4c, 5a, 6, lines 2 and 3; Part IV, Se	xplanations required 9a, 9b, 9c, 11a, 11b ction E, lines 1c, 2a,	o, and 11c; Part IV, Sect 2b, 3a, and 3b; Part V,	II, line 17a or 17b; Part III, line 12; ion B, lines 1 and 2; Part IV, Section C, line 1; Part V, Section B, line 1e; Part V, r any additional information.
2022	Amount:	:\$	41	,497.			
. <u> </u>							

		Copy for Pul	olic Insp	ection				
SCHEDULE C	Po	olitical Campaign a	and Lobbyin	g Activities		OMB No. 1545-0047		
(Form 990)								
Department of the Treasury Internal Revenue Service	Department of the Treasury Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Open to Public							
 Section 501(c)(3) org Section 501(c) (othe Section 527 organization answ Section 501(c)(3) org Section 501(c)(3) org If the organization answ Tax) (See separate inst 	ganizations: Con r than section 50 ations: Complete wered "Yes," or ganizations that ganizations that wered "Yes," or ructions), then	a Form 990, Part IV, line 3, or Fo applete Parts I-A and B. Do not complete Part I-A only. a Form 990, Part IV, line 4, or Fo have filed Form 5768 (election un have NOT filed Form 5768 (election b Form 990, Part IV, line 5 (Proxy) tions: Complete Part III.	nplete Part I-C. Parts I-A and C below r m 990-EZ, Part VI, l i der section 501(h)): C on under section 501(r. Do not complete Pa ine 47 (Lobbying Ac omplete Part II-A. Do h)): Complete Part II-	art I-B. tivities), t not comp 3. Do not	hen blete Part II-B. complete Part II-A.		
Name of organization	Young M	en's Christian As	sociation			er identification number		
Part I-A Comple		nsboro,Inc. Janization is exempt unde	r contion 501(a)	or is a soction l		56-0543243		
 2 Political campaign a 3 Volunteer hours for Part I-B Completing Co	Political campaign activity expenditures Volunteer hours for political campaign activities Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955							
	ade?	n 4955 tax, did it file Form 4720 f				Yes No		
		anization is exempt unde	er section 501(c),	, except section	501(c)(3).		
 Enter the amount o exempt function ac Total exempt function 	f the filing organ tivities on expenditures	d by the filing organization for sec ization's funds contributed to oth Add lines 1 and 2. Enter here ar	er organizations for so d on Form 1120-POL	ection 527	\$			
 4 Did the filing organi 5 Enter the names, au made payments. For contributions received 	zation file Form ddresses and er or each organiza /ed that were pr	1120-POL for this year? nployer identification number (EIN tion listed, enter the amount paid omptly and directly delivered to a additional space is needed, provi	I) of all section 527 pc from the filing organiz separate political org	olitical organizations t zation's funds. Also e anization, such as a	o which tł nter the a	mount of political		
(a) Name	•	(b) Address	(c) EIN	(d) Amount paid filing organizatio funds. If none, ent	on's co er-0	(e) Amount of political portributions received and promptly and directly delivered to a separate political organization. If none, enter -0		

Copy Young M	for en's	Public Christian	Inspection Association	

			ro, Inc.	r = E01(a)(2) and file		0543243 Page 2
Part II-A Complete if the orga section 501(h)).	anizatio	in is exer	npt under section		ea Form 5768 (e	election under
	ion belong	gs to an affi	liated group (and list i	n Part IV each affiliated	group member's nar	me, address, EIN,
expenses, and share	e of exces	s lobbying	expenditures).			
B Check if the filing organizat	ion check	ed box A ar	nd "limited control" pr	ovisions apply.		_
		oying Expe eans amou	nditures Ints paid or incurred	.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	ence publ	lic opinion (grassroots lobbying)			
b Total lobbying expenditures to influ	-					
c Total lobbying expenditures (add lir	nes 1a and	d 1b)		[
d Other exempt purpose expenditure						
e Total exempt purpose expenditures						
f Lobbying nontaxable amount. Enter						
If the amount on line 1e, column (a) or	· (b) is:		bying nontaxable an			
Not over \$500,000	000	-	the amount on line 16			
Over \$500,000 but not over \$1,000	,		0 plus 15% of the ex			
Over \$1,000,000 but not over \$1,50 Over \$1,500,000 but not over \$17,0	· ·		0 plus 5% of the exc	cess over \$1,000,000.		
Over \$17,000,000	,00,000	\$1,000,0				
0101017,000,000		φ1,000,				
 h Subtract line 1g from line 1a. If zero i Subtract line 1f from line 1c. If zero j If there is an amount other than zero 	or less, er o on eithe	nter -0- r line 1h or	line 1i, did the organi:	zation file Form 4720		Yes No
reporting section 4911 tax for this y			eraging Period Unde	r Coation EQ1/h)		Yes No
(Some organizations th	at made a	a section 5		t have to complete all o	of the five columns	below.
	Lobb	ying Expe	nditures During 4-Ye	ear Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2	2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
2a Lobbying nontaxable amount						
b Lobbying ceiling amount (150% of line 2a, column(e))						
c Total lobbying expenditures						
d Grassroots nontaxable amount						
e Grassroots ceiling amount (150% of line 2d, column (e))						
f Grassroots lobbying expenditures						
					Sched	lule C (Form 990) 202

56-0543243 Page 3

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a	ı)	(b)
of th	e lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:				
а	Volunteers?		Х		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Х		
	Media advertisements?		Х		
d	Mailings to members, legislators, or the public?		Х		
	Publications, or published or broadcast statements?		Х		
	Grants to other organizations for lobbying purposes?		Х		
	Direct contact with legislators, their staffs, government officials, or a legislative body?		Х		
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х		
	Other activities?	Х		1	.,817.
	Total. Add lines 1c through 1i				,817.
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Х		<u> </u>
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
_	t III-A Complete if the organization is exempt under section 501(c)(4), section	on 501(c)	(5). or se	ction	
	501(c)(6).		(-), -:		
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from th				
	t III-B Complete if the organization is exempt under section 501(c)(4), section			ction	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	• •			e 3. is
	answered "Yes."		(,	,	,
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political				
2	expenses for which the section 527(f) tax was paid).	201			
-			2a		
	Current year				
	Carryover from last year				
ر م					
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	ontical			
-	expenditures next year?		4		
-	Taxable amount of lobbying and political expenditures. See instructions t IV Supplemental Information		5		
		list). Deut II	A lines 1		
	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II	-A, lines 1 a	and 2 (See	
	uctions); and Part II-B, line 1. Also, complete this part for any additional information.				
ra.	t II-B, DINE I, DODDYING ACCIVICIES.				
The	e YMCA of Greensboro joins together with other Nort	h Carc	lina	YMCAs	
in	a State Alliance that pays a law firm to monitor p	ublic	polic	У	
afi	fecting YMCAs. The cost of the law firm is spread	to all	the	YMCAs	
bas	sed on asset size.				

		Copy for l	Public Inspection	1				
(Forn	CHEDULE D form 990)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.OMB No. 1545-0047 2022Open to Public							
-	Revenue Service		0 for instructions and the latest informat	tion.		Inspection		
Nam	e of the organizati	on Young Men's Christ of Greensboro, Inc				er identification nu 56-0543243		
Par	t I Organiza	ations Maintaining Donor Advise		or A				
	organizatio	n answered "Yes" on Form 990, Part IV, lin	e 6.					
			(a) Donor advised funds	(b) Funds a	nd other accounts		
1		nd of year						
2		f contributions to (during year)						
3		f grants from (during year)						
4		t end of year						
5	-	on inform all donors and donor advisors in	-				7	
~		on's property, subject to the organization's				Yes	_ No	
6	•	on inform all grantees, donors, and donor a poses and not for the benefit of the donor o	0 0		2			
	impermissible priv				•	Yes	No	
Par		ation Easements. Complete if the org	panization answered "Yes" on Form 990. P					
1		servation easements held by the organizati		<u>u</u> ,				
-		n of land for public use (for example, recrea	· · · · · · · · · · · · · · · · · · ·	a histor	rically imp	ortant land area		
		of natural habitat	Preservation of a					
	Preservation	n of open space						
2		through 2d if the organization held a qualit	fied conservation contribution in the form c	of a cor	nservation	easement on the la	ast	
	day of the tax yea			Γ		d at the End of the Tax		
а	Total number of co	onservation easements		- F	2a			
b				Г	2b			
с	-	vation easements on a certified historic str		E E	2c			
d		vation easements included in (c) acquired						
		isted in the National Register			2d			
3		vation easements modified, transferred, re			zation dur	ing the tax		
	year			-		-		
4	Number of states	where property subject to conservation ea	sement is located					
5	Does the organiza	tion have a written policy regarding the pe	riodic monitoring, inspection, handling of					
	violations, and ent	forcement of the conservation easements i	t holds?			🗌 Yes 🗌	No	
6	Staff and voluntee	er hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	ervatio	n easeme	nts during the year		
7	Amount of expense	ses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservat	ion eas	sements d	uring the year		
8	Does each conser	vation easement reported on line 2(d) abov	ve satisfy the requirements of section 170(h)(4)(B))(i)		_	
)(4)(B)(ii)?				🕒 Yes 📃	No	
9	In Part XIII, descri	be how the organization reports conservati	on easements in its revenue and expense	statem	nent and			
		d include, if applicable, the text of the foot	note to the organization's financial stateme	ents tha	at describ	es the		
Des		ounting for conservation easements.	f Art Llisterias Tressures or Ot	hor C	Nineilen (
Par		ations Maintaining Collections o		iner a	Similar A	Assels.		
		f the organization answered "Yes" on Form						
та		elected, as permitted under FASB ASC 95						
	-	easures, or other similar assets held for pul	, ,		ice of pub	lic		
la la		Part XIII the text of the footnote to its final				when of		
b		elected, as permitted under FASB ASC 95						
		sures, or other similar assets held for public	exhibition, education, or research in furth	erance	Silduq io	Service,		
	-	ing amounts relating to these items:			¢			
		Ided on Form 990, Part VIII, line 1						
~		ed in Form 990, Part X						
2	-	received or held works of art, historical tre		gain, p	rovide			
		unts required to be reported under FASB A			^			
		on Form 990, Part VIII, line 1						
		Prom 990, Part X		<u></u>		odulo D (Corres 000)	1 2000	
		eduction Act Notice, see the Instruction	5 IUI FUIIII 330.		Sch	edule D (Form 990)	2022	
23205	1 09-01-22							

	Copy for Public Inspection Young Men's Christian Association									
Coho	5 a	nsboro, In				56-	054	3243	۲	age 2
	dule D (Form 990) 2022 OI Gree t III Organizations Maintaining O			easures o	r Other					age Z
3	Using the organization's acquisition, access		-					-	100)	
Ŭ	collection items (check all that apply):			lonowing that			// 110			
а		d	Loan or exc	hange program	m					
b	Scholarly research	e								
с	Preservation for future generations									
4	Provide a description of the organization's c	ollections and explai	n how they further t	he organizatio	n's exem	pt purpose in	Part)	KIII.		
5	During the year, did the organization solicit of									
	to be sold to raise funds rather than to be m	aintained as part of t	he organization's co	ollection?				Yes		No
Par	t IV Escrow and Custodial Arran	gements. Comple	ete if the organizatio	on answered "	Yes" on F	orm 990, Par	t IV, lir	ne 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.								
1a	Is the organization an agent, trustee, custod	ian or other intermed	liary for contributior	ns or other ass	ets not ir	ncluded				_
	on Form 990, Part X?						. 📖	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:					-		
							4	Amount		
	Beginning balance					1c				
	Additions during the year									
е	Distributions during the year									
f	Ending balance					lf				_
	Did the organization include an amount on F					y?	. 📖	Yes		_ No
Par	If "Yes," explain the arrangement in Part XIII					· · · · · · · · · · · · · · · · · · ·				<u> </u>
Fai	t V Endowment Funds. Complete	(a) Current year	(b) Prior year). 1) Three years b	ack	A Four	vears	hack
10	Designing of year balance	3,079,270.	2,837,627.			2,116,7				,853.
	Beginning of year balance	4,050.	2,837,827.		, 267.	1,3		<i>2</i> ,		, <u>903.</u>
b	Contributions	-481,019.	342,866.		,487.	404,6				,163.
		401,019.	542,000.	1	,300.	1,5			150,	,105.
	Grants or scholarships Other expenditures for facilities				,	1,3				
e		93,443.	109,511.	99	,958.	94,6	46		77	,600.
f	Administrative expenses	13,109.	14,546.		,191.	11,2				,264.
	End of year balance	2,495,749.	3,079,270.			2,415,3		2		,729.
2	Provide the estimated percentage of the cur	, ,	, ,		,•=/•	2,120,0		-,	,	
	Board designated or quasi-endowment	rent year end baland	%							
	Permanent endowment 72.6000	%								
	Term endowment 27.4000									
-	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.								
3a	Are there endowment funds not in the posse		ation that are held a	and administer	ed for the	9				
	organization by:	0						Γ	Yes	No
	(i) Unrelated organizations							3a(i)		Х
	(ii) Related organizations							3a(ii)	Х	
b	If "Yes" on line 3a(ii), are the related organization							3b	Х	
4	Describe in Part XIII the intended uses of the	e organization's endo	wment funds.							
Par	t VI Land, Buildings, and Equipn	nent.								
	Complete if the organization answere	d "Yes" on Form 990), Part IV, line 11a. S	See Form 990,	Part X, li	ne 10.				
	Description of property	(a) Cost or o		t or other	• •	cumulated	(d) Book	valu	е
		basis (investn	,	(other)	depr	eciation				
	Land			7,689.	10.0			,927		
	Buildings		-	1,608.		34,266.	30	,057		
	Leasehold improvements			2,829.		67,034.				95.
d	Equipment		-	8,629.		83,051.			-	78.
	Other			8,332.		16,040.		,232		
Tota	otal. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)									

Schedule D (Form 990) 2022

Copy fo Young Men's	or Publi	ic Inspec	tion
Young Mén's	Christian	Associatio	n
of Greensbor	o, Inc.		

56-0543243 Page 3

	Investment	-		
Schedule D	(Form 990) 202	2 of	Greens	bo

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (b) Book value (a) Description of liability Federal income taxes (1) 3,983 Funds held for others (2) 455,294 Operating lease liability (3) (4) (5) (6) (7) (8) (9) 459,277. Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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... 🗴

Copy for Publy Young Men's Christian	ic Inspection	n	
Schedule D (Form 990) 2022 of Greensboro, Inc.	n nobociación	56-0543243	Page 4
Part XI Reconciliation of Revenue per Audited Financia	Statements With Reve		Tage I
Complete if the organization answered "Yes" on Form 990, Part		•	
1 Total revenue, gains, and other support per audited financial statement		1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a Net unrealized gains (losses) on investments	2a		
b Donated services and use of facilities			
c Recoveries of prior year grants			
d Other (Describe in Part XIII.)			
e Add lines 2a through 2d		2e	
3 Subtract line 2e from line 1			
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII.)			
c Add lines 4a and 4b		4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, lir	ne 12.)		
Part XII Reconciliation of Expenses per Audited Financia	al Statements With Expe	enses per Return.	
Complete if the organization answered "Yes" on Form 990, Part	IV, line 12a.		
1 Total expenses and losses per audited financial statements			
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a Donated services and use of facilities	2a		
b Prior year adjustments	2b		
c Other losses	2c		
d Other (Describe in Part XIII.)	2d		
e Add lines 2a through 2d		2e	
3 Subtract line 2e from line 1			
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII.)	4b		
c Add lines 4a and 4b			
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I,	line 18.)		
Part XIII Supplemental Information.			

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

Part V, line 4:

The Endowment Fund consists of various fixed income funds, equity funds,
and cash equivalents established for a variety of purposes. The endowment
consists of donor-restricted endowment funds as well as board designated
endowment funds. Net assets associated with endowment funds are classified
and reported based on the existence or absence of donor-imposed
restrictions.
The Endowment Fund has adopted investment and spending policies for
endowment assets that attempt to provide a predictable stream of funding
to programs supported by its endowment while seeking to maintain the
purchasing power of the endowment assets. Endowment assets include those

232054 09-01-22

Young Men's Christian Association		
Schedule D (Form 990) 2022 of Greensboro, Inc.	56-0543243 _F	Page 5
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, th	he
endowment assets are invested in a manner that is intended	to produce	
results that meet funding requirements while assuming a mod	derate level o	of
investment risk.		

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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.

	(Copy for Pub	lic 1	Ins	spection						
SCHEDULE G	Suppleme	ntal Information Regardi	na Fun	drais	ing or Gaming	Activ	vities	OMB No. 1545-0047			
(Form 990)	Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the										
(*)	organization entered more than \$15,000 on Form 990-EZ, line 6a.										
epartment of the Treasury ternal Revenue ServiceAttach to Form 990 or Form 990-EZ.Open to Public Inspection											
Name of the organization	lame of the organization Young Men's Christian Association Employer identification numbe										
of Greensboro, Inc. 56-0543243											
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.											
•		sed funds through any of the follo	wing act	vities.	Check all that apply						
a 🗌 Mail solicitat	•		•		overnment grants						
b Internet and	email solicitations	s f Solic	itation of	gover	nment grants						
c 🔄 Phone solici	tations	g 🛄 Spec	ial fundr	aising	events						
d 🛄 In-person so											
•		or oral agreement with any individ	•	•							
, , ,	,	art VII) or entity in connection with	•		Ũ		Ye 🛄				
compensated at le	•	viduals or entities (fundraisers) pu	rsuarit to	agree	ements under which	the lu	indraiser is to	be			
								1			
(i) Name and addres	s of individual		(iii fund	Did	(iv) Gross receipts		Amount paid r retained by	(vi) Amount paid			
or entity (fund		(ii) Activity	have or co	ustody ntrol of utions?	from activity) f	undraiser	to (or retained by) organization			
			_				ed in col. (i)				
			Yes	No	-						
						┼───					
			_			<u> </u>					
						<u> </u>					
		1	1	1							
Total		n la madalance d'an Raam (1997) - 19			 			un nintunti			
 List all states in wh or licensing. 	icn the organizatic	on is registered or licensed to solic	cit contril	oution	s or has been notifie	a it is	exempt from	registration			
or noorioing.											

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

Schedule G (Form 990) 2022

		Copy	for Publi	c Inspect	ion					
Sch	edu		ensboro, Inc.			0543243 Page 2				
	Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000									
		of fundraising event contributions and g			•	ots greater than \$5,000.				
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events				
			Special		None	(add col. (a) through				
			Events	(col. (c))				
ne			(event type)	(event type)	(total number)					
Revenue	1	Gross receipts	41,497.			41,497.				
	2	Less: Contributions								
	3	Gross income (line 1 minus line 2)	41,497.			41,497.				
	4	Cash prizes								
s	5	Noncash prizes				· · · · · · · · · · · · · · · · · · ·				
Direct Expenses	6	Rent/facility costs								
Direct E	7	Food and beverages								
	8	Entertainment								
	9	Other direct expenses	17,125.			17,125.				
	10	Direct expense summary. Add lines 4 throug	h 9 in column (d)			17,125.				
	11					24,372.				
Pa	rt I	5	answered "Yes" on Form	1 990, Part IV, line 19, or	reported more than					
		\$15,000 on Form 990-EZ, line 6a.		(b) Pull tabs/instant		(d) Total gaming (add				
anı			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)				
Revenue										
щ	1	Gross revenue								
ses	2	Cash prizes								
<u> </u>	3	Noncash prizes								
Direct Exper	4	Rent/facility costs								
	5	Other direct expenses								
	6	Volunteer labor	└── Yes % └── No	└── Yes % └── No	└── Yes % └── No					
	7	Direct expense summary. Add lines 2 throug	yh 5 in column (d)							
	8	Net gaming income summary. Subtract line	7 from line 1 column (d)							
9		ter the state(s) in which the organization cond								
а	ls t	he organization licensed to conduct gaming a No," explain:	activities in each of these			Yes No				
		ere any of the organization's gaming licenses r Yes," explain:		-	• • • • • • • • • • • • • • • • • • • •	Yes No				

	Copy for Public Inspection Young Men's Christian Association			
Sche	dule G (Form 990) 2022 of Greensboro, Inc.	56-054	4324	3 Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	····· ·		
	to administer charitable gaming?	Г	Yes	No
	Indicate the percentage of gaming activity conducted in:	····· ·		
	The organization's facility	1	3a	%
	An outside facility		3b	<u> </u>
	Enter the name and address of the person who prepares the organization's gaming/special events books and rec			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue? $_{}$		Yes	🗌 No
	If "Yes," enter the amount of gaming revenue received by the organization \$ and the and the angle of gaming revenue retained by the third party \$ If "Yes," enter name and address of the third party:	nount		
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to	_	_	
	retain the state gaming license?	L	Yes	└── No
	Enter the amount of distributions required under state law to be distributed to other exempt organizations or sper	t in the		
	organization's own exempt activities during the tax year \$			
Par	t IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	/); and Part II	I, lines 9	, 9b, 10b,
	135, 136, 16, and 175, as applicable. Also provide any additional mormation. See instructions.			

Schedule G ((Form 990)	
schedule G ((FOUL 990)	

Part IV Supplemental Information (continued)

			Copy fo	r Publi	c Inspe	ction				
SCHEDULE (Form 990)	:1	G	irants and Oth	ner Assistan	ce to Organ	nizations,			OMB No. 1	
(Form 990) Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.							20	22		
Department of th	ne Treasury	Comp		Attach to Form					Open to	Public
Internal Revenue				.gov/Form990 for	the latest inform	ation.			Inspe	ction
Name of the	organization Young Men of Greens		ian Associa •	ition				Employer	identificatio 56-05	
Part I	General Information on Grants a	nd Assistance								
criteria	the organization maintain records t a used to award the grants or assis ibe in Part IV the organization's pro	stance?		·		, 0	,		X Yes	No No
	Grants and Other Assistance to recipient that received more than S	-				anization answered "	res" on Form 990, Par	t IV, line 21	, for any	
1 (a) Na	me and address of organization or government	(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		Purpose of or assistanc	

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

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

Young Men's Christian Association

Schedule I (Form 990) 2022 of Greensboro, Inc.

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Scholarships	1512	385,357.	0.		

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

Part I, Line 2:

Direct reduction in membership dues and program fees is provided to

qualified individuals who demonstrate financial need. The amount of

scholarship is determined on the sliding scale based on the amount of

income versus number of household members.

56-0543243 Page 2

Copy fo	or Public Inspection		
SCHEDULE J	pensation Information	OMB No	1545-0047
	-		
	Directors, Trustees, Key Employees, and Highest Compensated Employees	20	22
Complete if the organize	zation answered "Yes" on Form 990, Part IV, line 23.	Open t	o Public
Department of the Treasury Internal Revenue Service Go to www.irs.gov/Fo	Attach to Form 990. orm990 for instructions and the latest information.		ection
		Employer identificat	ion number
of Greensboro,		56-054324	3
Part I Questions Regarding Compensation	l		
			Yes No
1a Check the appropriate box(es) if the organization provid	ded any of the following to or for a person listed on Form	990,	
Part VII, Section A, line 1a. Complete Part III to provide	any relevant information regarding these items.		
First-class or charter travel	Housing allowance or residence for perso	nal use	
Travel for companions	Payments for business use of personal res	sidence	
Tax indemnification and gross-up payments	Health or social club dues or initiation fees	6	
Discretionary spending account	Personal services (such as maid, chauffeu	ır, chef)	
b If any of the boxes on line 1a are checked, did the orga	nization follow a written policy regarding payment or		
reimbursement or provision of all of the expenses desc	ribed above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reim	bursing or allowing expenses incurred by all directors,		
trustees, and officers, including the CEO/Executive Dire	ector, regarding the items checked on line 1a?	2	
3 Indicate which, if any, of the following the organization	used to establish the compensation of the organization's	6	
CEO/Executive Director. Check all that apply. Do not ch	neck any boxes for methods used by a related organizati	on to	
establish compensation of the CEO/Executive Director,	but explain in Part III.		
X Compensation committee	Written employment contract		
Independent compensation consultant	X Compensation survey or study		
Form 990 of other organizations	$oxed{X}$ Approval by the board or compensation c	ommittee	
4 During the year, did any person listed on Form 990, Pa	rt VII. Section A line 1a with respect to the filing		
organization or a related organization:	·····, ···· · · · · · · · · · · · ·		
a Receive a severance payment or change-of-control pay	ment?	4a	X
b Participate in or receive payment from a supplemental i			X
c Participate in or receive payment from an equity-based		4c	X
If "Yes" to any of lines 4a-c, list the persons and provid	1 0		
Only section 501(c)(3), 501(c)(4), and 501(c)(29) orga	nizations must complete lines 5-9.		
	e 1a, did the organization pay or accrue any compensation	on	
contingent on the revenues of:			
a The organization?			X
b Any related organization?			X
If "Yes" on line 5a or 5b, describe in Part III.			
6 For persons listed on Form 990, Part VII, Section A, line	a 1a, did the organization pay or accrue any compensation	on	
contingent on the net earnings of:	- · · · ·		
a The organization?		6a	X
b Any related organization?			X
If "Yes" on line 6a or 6b, describe in Part III.			
7 For persons listed on Form 990, Part VII, Section A, line	a 1a, did the organization provide any nonfixed payments	s	
	art III		X
	d or accrued pursuant to a contract that was subject to t		
	ion 53.4958-4(a)(3)? If "Yes," describe in Part III		X
9 If "Yes" on line 8, did the organization also follow the re			
LHA For Paperwork Reduction Act Notice, see the Instru		Schedule J (For	m 990) 2022

Schedule J (Form 990) 2022

of Greensboro, Inc.

56-0543243

Page 2

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation		other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) Rhonda Anderson	(i)	216,622.	0.	0.	22,197.	2,866.	241,685.	0.
President/CEO	(ii)	0.	0.	0.	0.	0.		0.
(2) Brenda Willis	(i)	151,610.	0.	0.	15,481.	4,399.	171,490.	0.
VP-Finance & Administrativ	(ii)	0.	0.	0.	0.	0.		0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2022 of Greensboro, Inc. Part III Supplemental Information

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

Schedule J (Form 990) 2022

Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.			
		mber	
On behalf f issuer		ooled ncing	
s No	Yes	No	
X		X	
D			
s	No		
	2 Open Inspe atificati 3243 On behal f issuer x X	D	

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

Schedule K (Form 990) 2022

Young Men's Christian Association

Sche	edule K (Form 990) 2022 of Greensboro, Inc.			56-0	0543243				Page 2
Par	t III Private Business Use								
			Α	I	В		C	D)
1	Was the organization a partner in a partnership, or a member of an LLC,	Yes	No	Yes	No	Yes	No	Yes	No
	which owned property financed by tax-exempt bonds?		X						
2	Are there any lease arrangements that may result in private business use of								
	bond-financed property?		X						
3a	Are there any management or service contracts that may result in private								
	business use of bond-financed property?		X						
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside								
	counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of								
	bond-financed property?		x						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other								
	outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities		1						
	other than a section 501(c)(3) organization or a state or local government		%		%		%		%
5	Enter the percentage of financed property used in a private business use as a								
	result of unrelated trade or business activity carried on by your organization,								
	another section 501(c)(3) organization, or a state or local government		%		%		%		%
6	Total of lines 4 and 5		%		%		%		%
7	Does the bond issue meet the private security or payment test?		X						,-
8a	Has there been a sale or disposition of any of the bond-financed property to a non-								
	governmental person other than a 501(c)(3) organization since the bonds were issued?		x						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or		1						
	disposed of		%		%		%		%
с	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations								
	sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all								
	nonqualified bonds of the issue are remediated in accordance with the								
	requirements under Regulations sections 1.141-12 and 1.145-2?		x						
Par	t IV Arbitrage						·		
			A	I	В		C	D)
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	No
	Penalty in Lieu of Arbitrage Rebate?		X						
2	If "No" to line 1, did the following apply?								
а	Rebate not due yet?		X						
	Exception to rebate?		X						
	No rebate due?		X						
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was								
	performed								
3	Is the bond issue a variable rate issue?	Х							

Schedule K (Form 990) 2022

Young Men's Christian Association

Schedule K (Form 990) 2022 of Greensboro, Inc.			56-	0543243	3			Page
Part IV Arbitrage (continued)								
		A B C			D)	
4a Has the organization or the governmental issuer entered into a qualified	Yes	No	Yes	No	Yes	No	Yes	No
hedge with respect to the bond issue?	Х							
b Name of provider	Branch Ba							
c Term of hedge	5.	0000000						
d Was the hedge superintegrated?		X						
e Was the hedge terminated?		X						
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X						
7 Has the organization established written procedures to monitor the								
requirements of section 148?		X						
Part V Procedures To Undertake Corrective Action				·				
		A		В		0	C)
Has the organization established written procedures to ensure that violations	Yes	No	Yes	No	Yes	No	Yes	No
of federal tax requirements are timely identified and corrected through the								
voluntary closing agreement program if self-remediation isn't available under								
applicable regulations?		X						
Part VI Supplemental Information. Provide additional information for responses to question	ns on Schedu	le K. See instru	uctions.					
Schedule K, Part I, Bond Issues:								
(a) Issuer Name:								
Guilford County Industrial Facilities and Pollut	cion Co	ntrol F:	inanci	ng Auth	1.			
(f) Description of Purpose:								
To refund prior indebtedness and finance capital	expen	ditures						

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Copy for Public Inspection

Supplemental Information to Form 990 or 990-EZComplete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.Young Men's Christian AssociationEmpl
56of Greensboro, Inc.56



Form 990, Part I, Line 1, Description of Organization Mission:

spirit, mind, and body for all.

Form 990, Part III, Line 1, Description of Organization Mission: religions working to strengthen our community. Every day, we work side by side with our neighbors to make sure everyone has the opportunity to learn, grow and thrive. For 132 years, the YMCA of Greensboro has been committed to providing quality programs in which we teach by example our core values of caring, honesty, respect and responsibility. Through the work and contributions of staff, volunteers and members, we strengthen the foundations of our community through our focus on Healthy Living, Youth Development and Social Responsibility. At the YMCA of Greensboro, all are welcome, relationships are formed and valued, and children and families are supported and encouraged.

Form 990, Part III, Line 4a, Program Service Accomplishments: programs, including group exercise classes, personal training, water exercise, swim lessons, sports leagues, and evidence based health intervention programs. Our branches also collaborated with other local agencies to host blood drives and food drives, community outdoor wellness classes, as well as hosted 8:46 series webinars/panels about diversity, inclusion and equity for our community in 2022. Our programs are family-oriented, accessible, affordable and open to all faiths, backgrounds, abilities and income levels. In 2022, 30,095 adults in our community received the support, guidance and resources they needed to achieve greater health in spirit, mind and body, and we LHA For Paperwork Beduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule 0 (Form 990) 2022

Schedule O (Form 990) 2022 Page							
Name of the organization	Young Men's Christian Association of Greensboro, Inc.	Employer identification number 56-0543243					
provided \$116	,121 in financial assistance to people seeki	ng healthier					
lifestyles wh	o otherwise would have faced economic barrie	ers to					

participation.

Form 990, Part III, Line 4b, Program Service Accomplishments:

those skills in an environment of spirited fun and, in some cases, friendly competition. The Y makes sure every child has an opportunity to envision and pursue a positive future and to take an active role in strengthening his or her community. Our programs offer opportunities for youth and teens to learn values and positive behaviors as they explore their own unique talents and interests. We help them realize their potential, giving them confidence today that will make them contributing and engaging adults tomorrow. We offer a variety of sports, recreation, and leadership programs such as Y Achievers, chess club, kids fitness, swim lessons, bright beginnings, outdoor education and Y leaders club all of which are designed to offer a range of experiences that enrich cognitive, social, physical and emotional growth. We also offer an exercise and social skills program for youth and teens on the autism spectrum. The programs are either land-based or water-based and designed to get kids active and nurture their potential while in a safe environment. In 2022, 25,555 youth and teens were engaged in Y programing, and the Y was able to provide \$102,935 in financial assistance to make the programs affordable and accessible. The Y also provided 1,000 youth in Guilford and Rockingham County with free safety around water lessons through the support of POOLCORP.

Form 990, Part III, Line 4c, Program Service Accomplishments:

4-year-olds, after-school care, and summer day and overnight camp 232212 10-28-22 Schedule O (Form 990) 2022

Schedule O (Form 990) 2022	Page 2					
Name of the organization Young Men's Christian Association	Employer identification number					
of Greensboro, Inc.	56-0543243					
opportunities for 5-12 year olds. At Camp Weaver, we also	provide an					
overnight camping program, which provides a unique opport	unity for					
children to grow, learn and create memories that will last a lifetime.						
Activities at camp offer children learning opportunities	that foster					
growth in a positive and encouraging environment that hel	ps combat					
issues with summer learning loss. At the Y, children fro	m a variety of					
backgrounds meet as strangers, often come together as a f	amily and					
depart as lifelong friends. Lastly, we have teen leaders	hip camps for					
children aged 13-16; these programs are designed for teen	s looking to					
build leadership skills while they develop and challenge	our					
participants. In 2022, 2,866 youth and teens participate	d in our wide					
variety of childcare programs, and the Y was able to prov	ide \$166,301					
in financial assistance to make the programs affordable a	nd accessible.					

Form 990, Part III, Line 4d, Other Program Services:

Payments to Affiliated Organizations

Expenses \$ 173,658. including grants of \$ 0. Revenue \$ 0.

Form 990, Part VI, Section B, line 11b:

Tax return is reviewed with the finance committee and then sent to each member of the Board of Directors for their review prior to signing and filing the return with the Internal Revenue Service.

Form 990, Part VI, Section B, Line 12c:

The conflict of interest statement along with a detailed questionnaire 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.

copy for i ubite inspection	
Schedule O (Form 990) 2022	Page 2
Name of the organization Young Men's Christian Association of Greensboro, Inc.	Employer identification number 56-0543243
For situations which arise in which the Board may wish to	contract or enter
into an arrangement for goods or services under circumsta	nces that may
present a conflict of interest affecting one or more of i	ts 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 it	s Executive
Committee to approve by resolution (with the affected mem	ber abstaining)
such contract or arrangement provided it is advantageous	to do so.
Form 990, Part VI, Section B, Line 15:	
Compensation process for top official:	
1. HR Director provides comparative data to the compensa	tion review
committee from the Metro South Compensation Survey, as we	ll as average
increase percentages for other key personnel. The review	committee is
comprised of the current Board Chair, the past Board Chai	r and the upcoming
Board Chair. The information provided will include, but	may not be limited
to, average increase percentages for Leadership Team in t	he most recent 12
month period, CEO salary history, and a copy of the Metro	South Group
Compensation Study.	
2. The CEO prepares a self-evaluation for the review com	mittee that
provides narrative and evidentiary progress toward goals	established for
the year.	
3. The review committee may choose to seek input from th	e Metro Board and
key staff members concerning CEO performance over the pre	vious year.
4. The review committee meets to discuss the performance	evaluation and
arrive at a salary increase recommendation.	
5. The review committee evaluates the proposed salary in	crease against the
data from the compensation survey to ensure that CEO comp	ensation does not
qualify as an excess benefit under Intermediate Sanction	Rules.

Copy for Public Inspection	
Schedule O (Form 990) 2022 Name of the organization Young Men's Christian Association of Greensboro, Inc.	Page 2 Employer identification number 56-0543243
6. The review committee, or the Board Chair on behalf of	
committee, meets with the CEO to go over the performance	evaluation and
salary recommendation, and to establish performance goals	for the upcoming
year.	
7. The review committee presents their report and recomm	endation to the
Executive Committee for approval.	
8. The Board Chair provides documentation of the approve	d salary increase
to the HR Director to update the salary for payroll purpo	ses.
Compensation process for officers:	
1. The CEO requests a self-evaluation from each individu	al to assess
progress toward goals for the review year.	
2. Referring to the self-evaluation and other data avail	able, the CEO
reviews and comments on the performance evaluation docume	nt.
3. The CEO reviews the Metro South Compensation survey,	internal increase
percentages and the Hay plan range for the position to ar	rive at an
appropriate salary increase that will not qualify as an e	xcess benefit
under Intermediate Sanction rules.	
4. The CEO meets with the employee to go over the perfor	mance evaluation,
and salary increase, and to establish performance goals f	or the upcoming
year.	
5. The CEO provides increase information and documentati	on to the HR
Director to update the salary for payroll purposes.	
Form 990, Part VI, Section C, Line 19:	
All governing degements are made available to the public	upon roquost

All governing documents are made available to the public upon request.

	. .	-			
5	en's Christian As nsboro, Inc.	ssociation		Employer ident 56-054	Page 2 tification number 3243
A few of the board me	mbers for the YM	CA of Greensb	oro als	o sit on	the
board for the YMCA Er	dowment fund. T	he board for	the End	owment me	ets
for a mimimum of 1x a	nnually for a boa	ard meeting.	At the	meeting	the
board determines the	spending rate for	r the endowme	nt earn	ings and	also
discusses any other i	ssues related to	the endowmen	t. Dur	ing the y	ear,
the YMCA investment of	ommittee reviews	and manages	the ass	ets of th	e
endowment.					
Form 990, Part XI, li	ne 9, Changes in	Net Assets:			
Change in fair value	of interest swap	agreement			76,396.
Realized loss on impa	ired property & o	equipment			357,764.
Decrease in amount du	e from YMCA of G	reensboro End	owment		-587,571.
Total to Form 990, Pa	rt XI, Line 9				-153,411.

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service Name of the organizat	Comple	<u>Go to www.irs.gov/Form990 for</u> Iristian Associatio	es" on Form 990, Part IV, li h to Form 990. [.] instructions and the lates	ne 33, 34, 35b, 36,	, or 37.		OMB No. 154 202 Open to F Inspect dentification m 5 4 3 2 4 3	22 Public ion
Part I Identificati	ion of Disregarded Entities. Complet		on Form 990, Part IV, line 3	3.		0000	010210	
Name, add	(a) Iress, and EIN (if applicable) disregarded entity	(b) Primary activity	(c) Legal domicile (state c foreign country)	(d)	(e) ne End-of-year a	issets D	(f) Direct controllin entity	g
		-						
		-						
	ion of Related Tax-Exempt Organiza	tions Complete if the organization of	answord "Vos" on Form 99	0. Part IV, line 34, h			tax axampt	
organizatio	(a) ne, address, and EIN related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct contro entity	lling con	g) 512(b)(13) trolled tity? No
Greensboro Endown	stian Association of ment, Inc. – 56–1849170, 620 d, Suite 210, Greensboro, NC	Support the operations and programs of YMCA-Greensboro	North Carolina	501(c)(3)	CI	oung Men's hristian ssociation d		

For Paperwork Reduction Act Notice, see the Instructions for Form 990. See Part VII for Continuations

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

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Part III	Identification of Related Or organizations treated as a pa	ganizations Taxable artnership during the	e as a Partn tax year.	ership. Complete	if the organi	zation answ	ered "Ye	es" on Forr	m 990, F	Part IV, line	e 34, b	ecaus	e it had one o	or more	e relate	ed	
(a) (b)		(c) (d)			(e)	(f)		(g)		(h)		(i)		(j)	(k)	
		Primary activity	, Legal domicile (state or foreign country)		Predominant income (related, unrelated, excluded from tax under sections 512-514)		Share of total income		Share of end-of-year assets				amount in 20 of Sche		General o managing partner?	owne	entage ership
Part IV	Identification of Related Organizations treated as a co	ganizations Taxable	e as a Corporting the tax	pration or Trust. C year.	Complete if t	he organizat	tion ans	wered "Yes	s" on Fo	rm 990, P	art IV,	line 34	4, because it l	had or	ne or m	nore re	lated
(a) Name, address, and EIN of related organization		(b) Primary activity		(C) Legal domicile (state or foreign	domicile Direct content		ntrolling Type of ty (C corp, s		f entity S corp, Share of tot		l (g) Share of end-of-year assets		(h) Percentag ownershi				
				country)			or trust)					255615			Yes	No	

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

Nat	o Complete line 1 if any antihuid listed in Parte II. III. ar IV of this schedule		Yes	No		
	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		res	NO		
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?			v		
	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1 a		X		
b	Gift, grant, or capital contribution to related organization(s)	1b		Х		
С	Gift, grant, or capital contribution from related organization(s)	1c	Х			
d	Loans or loan guarantees to or for related organization(s)	1d		Х		
	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		
	Purchase of assets from related organization(s)	1h		Х		
i	Exchange of assets with related organization(s)	1i		Х		
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		Х		
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		Х		
Т	Performance of services or membership or fundraising solicitations for related organization(s)	11		Х		
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х		
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		Х		
o	Sharing of paid employees with related organization(s)	10	Х			
р	Reimbursement paid to related organization(s) for expenses	1p		Х		
	Reimbursement paid by related organization(s) for expenses	1q		Х		
r	Other transfer of cash or property to related organization(s)	1r		Х		
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 who must complete this line, including covered relationships and transaction thresholds.						

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
Young Men's Christian Association of			
(1) Greensboro Endowment, Inc.	С	93,443.	FMV
(2)			
(3)			
(4)			
<u>(5)</u>			
_(6)			

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Young Men's Christian Association

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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)		•)	(f)	(g)	()	1)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	(e Are	all rs sec	Share of	Share of		opor-	Code V-UBI	General c	Percentage
of entity	, , ,	(state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partner 501 (c org:	c)(3) s.?	total	end-of-year	Dispr tior alloca	iate ions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?	ownership
		country)	sections 512-514)	Yes		income	assets	Yes	No	(Form 1065)	Yes NO	
											\square	
											\square	
											1	

Schedule R (Form 990) 2022

Schedule R (Form 990) 2022

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Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Part II, Identification of Related Tax-Exempt Organizations:

Name, Address, and EIN of Related Organization:

Young Men's Christian Association of Greensboro Endowment,

Inc.

EIN: 56-1849170

620 Green Valley Road, Suite 210

Greensboro, NC 27408

Direct Controlling Entity: Young Men's Christian Association of

Greensboro, Inc.