Copy for Public Inspection

<u>gqn</u> Form

Department of the Treasury

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.



| Inter | nal Reve | enue Service | Go to www.irs.gov/Form990 for instructi | ons and | the latest i | nformation. | Inspection |
|--------------------------------|--|-------------------|--|-------------|--------------|------------------------------|-------------------------------|
| Α | For th | e 2023 calenc | lar year, or tax year beginning | and | ending | - | |
| B (| Check if applicab Addro chang | ess ge of G | forganization Ig Men's Christian Associatior Freensboro, Inc. | 1 | | D Employer identifi | |
| | Name chang | <u> </u> | usiness as | | | 56-05432 | 43 |
| | Final Final return termi | Number 0 620 | and street (or P.O. box if mail is not delivered to street address) Green Valley Road, Suite 210 | | Room/suite | 336-854- | 8410 |
| _ | ated | City or t | own, state or province, country, and ZIP or foreign postal | code | | G Gross receipts \$ | 20,114,787. |
| | Amer | | ensboro, NC 27408-7725 | | | H(a) Is this a group re | |
| | Appli tion pend | | nd address of principal officer:Rhonda Anderso | n | | for subordinates | ? Yes X No |
| | | same | as C above | | | H(b) Are all subordinates in | ncluded? Yes No |
| <u> </u> | Tax-ex | | | 947(a)(1) | or 527 | If "No," attach a | list. See instructions |
| - | Websi | | ymcagreensboro.org | | | H(c) Group exemptio | |
| _ | | f organization: | X Corporation Trust Association Other | | L Year | of formation: 1942 | A State of legal domicile: NC |
| Pá | art I | Summary | | | | | |
| e | 1 | Briefly describ | be the organization's mission or most significant activities: | <u>To p</u> | ut Jud | <u>leo-Christia</u> | n |
| anc | | princip | les into practice through pro | gram | s that | build a he | althy |
| ŝ, | 2 | Check this bo | ox if the organization discontinued its operations | or dispo | sed of more | e than 25% of its net as | |
|) Š | 3 | Number of vo | ting members of the governing body (Part VI, line 1a) \ldots | | | | 30 |
| ୍ ଅ | 4 | Number of inc | dependent voting members of the governing body (Part VI | line 1b) | | | 30 |
| es | 5 | Total number | of individuals employed in calendar year 2023 (Part V, line | 2a) | | | 989 |
| Activities & Governance | 6 | Total number | of volunteers (estimate if necessary) | | | 6 | 2810 |
| Acti | 7 a | Total unrelate | d business revenue from Part VIII, column (C), line 12 \dots | | | | 0. |
| _ | b | Net unrelated | business taxable income from Form 990-T, Part I, line 11 | | <u></u> | | 0. |
| | | | | | | Prior Year | Current Year |
| ē | 8 | Contributions | and grants (Part VIII, line 1h) | | | 3,122,991. | 2,131,470. |
| ent | 9 | Program serv | ice revenue (Part VIII, line 2g) | | | 12,582,612. | 14,907,938. |
| Revenue | 10 | Investment in | come (Part VIII, column (A), lines 3, 4, and 7d) | | | -353,803. | 910,605. |
| | 11 | Other revenue | e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | | 292,903. | 297,971. |
| | 12 | | - add lines 8 through 11 (must equal Part VIII, column (A), | , | | 15,644,703. | 18,247,984. |
| | 13 | Grants and si | milar amounts paid (Part IX, column (A), lines 1-3) | | | 385,357. | 552,754. |
| | 14 | Benefits paid | to or for members (Part IX, column (A), line 4) | | | 0. | 0. |
| es | 15 | Salaries, othe | r compensation, employee benefits (Part IX, column (A), lir | nes 5-10) | | 7,744,081. | 9,063,955. |
| Expenses | 16a | Professional f | r compensation, employee benefits (Part IX, column (A), lir iundraising fees (Part IX, column (A), line 11e) ing expenses (Part IX, column (D), line 25) | | | 0. | 0. |
| ďx | b | Total fundrais | ing expenses (Part IX, column (D), line 25) | 266,4 | 62. | | |
| ш | 17 | Other expens | es (Part IX, column (A), lines 11a-11d, 11f-24e) | | | 7,968,176. | 8,671,109. |
| | 18 | Total expense | es. Add lines 13-17 (must equal Part IX, column (A), line 25 | | | 16,097,614. | 18,287,818. |
| | 19 | Revenue less | expenses. Subtract line 18 from line 12 | | | -452,911. | -39,834. |
| Net Assets or Fund Balances | | | | | Be | ginning of Current Year | End of Year |
| sets | 20 | Total assets (| Part X, line 16) | | | 51,088,266. | 49,534,411. |
| t As | 21 | Total liabilities | s (Part X, line 26) | | | 9,249,658. | 7,748,956. |
| Fun | 22 | Net assets or | fund balances. Subtract line 21 from line 20 | | | 41,838,608. | 41,785,455. |
| | | | | | | | |

Part II | Signature Block

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

| Sign Here | Signature of officer Rhonda Anderson, Chief Ex | cecutive Officer | | Date | | |
|--------------|---|-----------------------|------|-------------------|-----------|----|
| | Type or print name and title | | | | | |
| | Print/Type preparer's name | Fieparer S Signature | Date | Check | PTIN | |
| Paid | Olga Oganesov | | | | P012796 | |
| Preparer | | | | | | |
| Use Only | Firm's address PO Box 19608 | | | | | |
| | Greensboro, NC 27 | 7419-9608 | | Phone no. 3 3 6 - | 294 - 449 | 94 |
| May the I | RS discuss this return with the preparer shown ab | ove? See instructions | | | X Yes | No |
| May the II | RS discuss this return with the preparer shown ab | ove? See instructions | | | | |

LHA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 Form 990 (2023)

See Schedule O for Organization Mission Statement Continuation

| | Copy for Public Inspection Young Men's Christian Association |
|----------------|--|
| _ | |
| | 990 (2023) 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? Yes X No |
| | If "Yes," describe these changes on Schedule O. |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. |
| | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and |
| 4a | revenue, if any, for each program service reported. (Code:) (Expenses \$ 6,864,962. including grants of \$ 171,635.) (Revenue \$ 7,067,257.) |
| 4 d | 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 |
| 41- | personal healthy living goals.We offer a wide array of classes and(Code:)(Expenses \$\$ 4,084,423. including grants of \$\$ 149,751.) (Revenue \$\$ 4,478,915.) |
| 40 | (Code:) (Expenses \$4,084,423. including grants of \$149,751.) (Revenue \$4,478,915.) 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 |
| | our young participants, a variety of programs are available to teach (Code:) (Expenses \$ 4,971,587. including grants of \$ 231,368.) (Revenue \$ 3,361,766.) |
| 4c | (Code:)(Expenses \$4,971,587. including grants of \$231,368.) (Revenue \$3,361,766.) 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. 84% of |
| | our participants experienced growth in at least one social emotional |
| | development area in 2023. Our programs include daycare for 1 to |
| 4d | Other program services (Describe on Schedule O.) |
| 4- | (Expenses \$ 205,794. including grants of \$) (Revenue \$) Total program service expenses 16,126,766. |
| 40 | Total program service expenses 16,126,766. |

Copy for Public Inspection Form 990 (2023) of Greensboro, Inc. Part IV Checklist of Required Schedules

| | | | v | |
|------|---|------------|----------|----------|
| | 1 - 1 + 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 | | 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 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | 2 | <u>л</u> | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | 3 | | x |
| 4 | public office? If "Yes," complete Schedule C, Part I | 3 | | - 23 |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | 4 | х | |
| 5 | during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | 4 | | |
| 5 | 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 | 5 | | |
| Ŭ | 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 | · · | | |
| Ũ | Schedule D, Part III | 8 | | x |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for | - | | |
| • | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | |
| | If "Yes," complete Schedule D, Part IV | 9 | | x |
| 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, | | | |
| | Part VI | 11a | Х | |
| b | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | х |
| с | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | Х |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in | | | |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | X |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | Х | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | Х | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes, " complete | | | |
| | Schedule D, Parts XI and XII | 12a | | X |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | |
| | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | Х | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| | 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 | | | v |
| | 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 | | | v |
| | 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 | | | v |
| 47 | or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> | 16 | | X |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | 47 | | x |
| 10 | column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> . See instructions | 17 | | - 22 |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | 10 | х | |
| 10 | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | - 17 | <u> </u> |
| 19 | | 10 | | x |
| 20-2 | complete Schedule G, Part III | 19 20a | | X |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20a 20b | | <u> </u> |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | 200 | | |
| | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | x |
| | democile geven ment off area, columny y, more the set complete conclusion, randor and n | | | |

Form 990 (2023)

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 |
| | 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 |
| | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f | | | |
| | "Yes," complete Schedule L, Part IV | 28c | | X |
| 29 | Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M | 29 | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | |
| | 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 | | 1 | |
| | Part V, line 1 | 34 | X | |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | X | |
| | 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? | | | |
| | Note: All Form 990 filers are required to complete Schedule O | 38 | X | |
| Pa | rt V Statements Regarding Other IRS Filings and Tax Compliance | | - | |
| | Check if Schedule O contains a response or note to any line in this Part V | <u></u> | | |
| | | | Yes | No |
| 1a | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 123 | _ | | |
| b | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b |) | | |
| с | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |
| | (gambling) winnings to prize winners? | 1c | X | |

Copy for Public Inspection Young Men's Christian Association

| JU-UJEJZEJ Paget | 543243 | Page 5 |
|------------------|--------|--------|
|------------------|--------|--------|

| | Copy for Public Inspection Young Men's Christian Association | | | |
|------|--|----------|-----|----------|
| Form | 990 (2023) of Greensboro, Inc. 56-0543 | 243 | Р | age 5 |
| Par | t V Statements Regarding Other IRS Filings and Tax Compliance (continued) | | | |
| | | | Yes | No |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | |
| | filed for the calendar year ending with or within the year covered by this return 2a 989 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | Х | |
| | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | X |
| | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | 3b | | |
| | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | x |
| b | If "Yes," enter the name of the foreign country | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | Х |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | X |
| | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit | | | |
| °u | any contributions that were not tax deductible as charitable contributions? | 6a | | x |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | | | |
| | were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | 0.0 | | |
| | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | x |
| | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | 70 | | |
| С | to file Form 8282? | 7c | | x |
| Ь | If "Yes," indicate the number of Forms 8282 filed during the year 7d | 70 | | |
| | | 7e | | x |
| | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e 7f | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | N/ | |
| | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g 7h | N/ | |
| 8 | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | 711 | 11/ | |
| 0 | sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the N/A | 8 | | |
| 0 | Sponsoring organizations maintaining donor advised funds. | 0 | | |
| 9 | N/λ | 00 | | |
| | | 9a 9b | | <u> </u> |
| 40 | | ap | | |
| 10 | Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII. line 12 N/A 10a | | | |
| | | | | |
| | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | | |
| 11 | Section 501(c)(12) organizations. Enter: Gross income from members or shareholders N/A | | | |
| | | | | |
| D | Gross income from other sources. (Do not net amounts due or paid to other sources against | | | |
| 10- | amounts due or received from them.) | 10- | | |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? N/A | 10- | | |
| а | - | 13a | | |
| | Note: See the instructions for additional information the organization must report on Schedule O. | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the | | | |
| | organization is licensed to issue qualified health plans 13b | | | |
| | Enter the amount of reserves on hand | | | v |
| | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | X |
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O | 14b | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | | | - v |
| | excess parachute payment(s) during the year? | 15 | | X |
| | If "Yes," see the instructions and file Form 4720, Schedule N. | | | v |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | X |
| | If "Yes," complete Form 4720, Schedule O. | | | |
| 17 | Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities | | | |
| | that would result in the imposition of an excise tax under section 4951, 4952 or 4953? N/A | 17 | | |
| | If "Yes." complete Form 6069. | | | |

Form 990 (2023)

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

56-0543243 Page 6

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 | 30 | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing | | | |
| | body delegated broad authority to an executive committee or similar committee, explain on Schedule O. | | | |
| b | Enter the number of voting members included on line 1a, above, who are independent 1b | 30 | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other | | | |
| | officer, director, trustee, or key employee? | 2 | | Х |
| 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? | | | 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.) | | | |
| | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | . 10a | a 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? | . 10k | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | a X | |
| b | Describe on Schedule O the process, if any, used by the organization to review this Form 990. | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | . 12a | | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12 |) X | |
| с | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | | | |
| | on Schedule O how this was done | . 120 | | |
| 13 | Did the organization have a written whistleblower policy? | . 13 | | |
| 14 | Did the organization have a written document retention and destruction policy? | . 14 | X | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| а | The organization's CEO, Executive Director, or top management official | . 15a | | |
| b | | | 5 X | |
| | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | | | |
| | taxable entity during the year? | . 16a | 1 | X |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's | | | |
| | exempt status with respect to such arrangements? | . 161 |) | |
| Sec | tion C. Disclosure | | | |
| 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 on | ly) avai | lable |
| | for public inspection. Indicate how you made these available. Check all that apply. | | | |
| | Own website Another's website X Upon request Other (explain on Schedule O) | | | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, | and fin | ancial | |
| | statements available to the public during the tax year. | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and records | | | |
| | Brenda Willis - 336-854-8410 | | | |
| | 620 Green Valley Road, Suite 210, Greensboro, NC 27408-7725 | | | |

Form 990 (2023)

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) | | | (0 | C) | | | (D) | (E) | (F) |
|---------------------------------------|------------------------|--------------------------------|-----------------------|---------|--------------|---------------------------------|----------|-----------------|-----------------|---------------|
| Name and title | Average | (1- | | Pos | ition | 1 | | Reportable | Reportable | Estimated |
| | hours per | box | not cl , unle: | ss pe | rson | is bot | h an | compensation | compensation | amount of |
| | week | | cer an | d a d | lirecto | or/trus | tee) | from | from related | other |
| | (list any | ector | | | | | | the | organizations | compensation |
| | hours for | or dir | e | | | ated | | organization | (W-2/1099-MISC/ | from the |
| | related | istee | truste | | e | pensi | | (W-2/1099-MISC/ | 1099-NEC) | organization |
| | organizations below | ual tru | onal | | ploye | t com | | 1099-NEC) | | and related |
| | line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | organizations |
| (1) Rhonda Anderson | 50.00 | = | 느 | Ò | 2 2 | 포뇽 | R. | | | |
| President/CEO | | | | х | | | | 224,893. | 0. | 32,473. |
| (2) Brenda Willis | 50.00 | | | | | | | | | |
| VP-Finance & Administrativ | | | | х | | | | 154,320. | 0. | 23,779. |
| (3) Joseph Hennigan | 50.00 | | | | | | | | | |
| Group VP | | | | | | Х | | 127,703. | 0. | 20,946. |
| (4) Lynn Harvey-Akan | 8.00 | | | | | | | | | _ |
| Chair | | х | | Х | | | | 0. | 0. | 0. |
| (5) Michelle Ballard | 2.00 | | | | | | | | | 0 |
| Vice Chair | 1 00 | X | | Х | | | | 0. | 0. | 0. |
| (6) Steve Swetoha | 1.00 | | | | | | | | | <u> </u> |
| Vice Chair | | х | | Х | | | | 0. | 0. | 0. |
| (7) Luanne Arrington | 2.00 | | | | | | | | | |
| Secretary | | х | | Х | | | | 0. | 0. | 0. |
| (8) Rick Lusk | 0.50 | | | | | | | | | 0 |
| Treasurer | | X | | Х | | | | 0. | 0. | 0. |
| (9) Matt Bailey | 3.00 | | | 77 | | | | 0 | 0 | 0 |
| Chair Elect | 1 0 0 | X | | Х | | | | 0. | 0. | 0. |
| (10) Todd Rangel | 1.00 | | | v | | | | 0. | 0. | 0 |
| Past Chair | | X | | X | | | | 0. | 0. | 0. |
| (11) Saskia Barnard | 0.50 | | | | | | | 0. | 0. | 0 |
| Board Member | 0.50 | X | | | | | | 0. | 0. | 0. |
| (12) John "Ben" Brown Board Member | 0.50 | x | | | | | | 0. | 0. | 0. |
| (13) Chester Brown | 0.50 | ^ | | | | | | 0. | 0. | 0. |
| Board Member | 0.30 | x | | | | | | 0. | 0. | 0. |
| (14) Cecil Cottrell | 1.50 | | | | | | <u> </u> | 0. | 0. | |
| Board Member | 1.50 | x | | | | | | 0. | 0. | 0. |
| (15) Tony Edwards | 1.50 | | | | | | | 0. | 0. | 0 • |
| Board Member | 1.50 | x | | | | | | 0. | 0. | 0. |
| (16) Kate Gibson | 0.50 | | | | | | | | | 0. |
| Board Member | | x | | | | | | 0. | 0. | 0. |
| (17) Clinton Gravely | 0.00 | | | | | | | | | |
| Board Member | | x | | | | | | 0. | 0. | 0. |
| | I | - | | | | | | | - | |

332007 12-21-23

X

56-0543243 Page 8

| Form 990 (2023) of Greens | | | | | | | | | 56-054 | 3243 | Page 8 | 8 |
|---|------------------------|-----------------------|-----------------------|---------|--------------|---------------------------------|--------|---------------------------------|---------------------|--------------|-------------------------|----------|
| Part VII Section A. Officers, Directors, Trus | tees, Key Em | ploy | ees | , an | d Hi | ighe | st (| Compensated Employe | es (continued) | | | |
| (A) | (B) | | | | C) | | | (D) | (E) | | (F) | |
| Name and title | Average | (do | | | |) than | one | Reportable | Reportable | Est | timated | |
| | hours per | box | , unle | ss pe | erson | is bot | h an | compensation | compensation | am | ount of | |
| | week | | cer an | | | or/trus | lee) | Ironi | from related | (| other | |
| | (list any hours for | director | | | | | | the | organizations | | pensation | |
| | related | or di | ee | | | sated | | organization | (W-2/1099-MISC/ | | om the | |
| | organizations | ustee | trust | | e. | suadi | | (W-2/1099-MISC/ 1099-NEC) | 1099-NEC) | Ű. | anization | |
| | below | ual tr | ional | | ploye | t con /ee | _ | , | | | d related Inizations | |
| | line) | Individual trustee or | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | loiga | mzations | |
| (18) Ricky Graves | 1.50 | - | = | 0 | × | τæ | | | | | | — |
| Board Member | | x | | | | | | 0. | 0 | | 0 | • |
| (19) Brent Holmes | 1.50 | | | | | | | | | | | - |
| Board Member | | X | | | | | | 0. | 0 | • | 0 | • |
| (20) Michael Humphrey | 0.25 | | | | | | | | | | | _ |
| Board Member | | х | | | | | | 0. | 0 | • | 0 . | • |
| (21) Joe Jackson | 3.00 | | | | | | | | | | • | |
| Board Member | | X | | | | | | 0. | 0 | • | 0 | • |
| (22) Catherine Johnson | 0.50 | | | | | | | 0 | 0 | | 0 | |
| Board Member (23) Dr. Love Jones | 0.50 | X | | | | | | 0. | 0 | • | 0 | • |
| Board Member | 0.50 | x | | | | | | 0. | 0 | | 0 | _ |
| (24) Paul Jones | 1.50 | | | | | | | | | • - | | • |
| Board Member | | x | | | | | | 0. | 0 | | 0 | • |
| (25) Travis LeFever | 1.50 | | | | | | | | | | | - |
| Board Member | | X | | | | | | 0. | 0 | • | 0 | • |
| (26) Clinton Morse | 1.50 | | | | | | | | _ | | _ | |
| Board Member | | Х | | | | | | 0. | 0 | • | 0 | • |
| 1b Subtotal | | | | | | | | 506,916. | 0 | | 7,198 | |
| c Total from continuation sheets to Part V | | | | | | | | 0. | 0 | | 0 | |
| d Total (add lines 1b and 1c) | | | | | | | | 506,916. | 0 | • / | 7,198 | • |
| 2 Total number of individuals (including but n | ot limited to th | lose | liste | ed a | bove | e) wr | 10 r | received more than \$100 | 0,000 of reportable | | | z |
| compensation from the organization | | | | | | | | | | | Yes No | <u>_</u> |
| 3 Did the organization list any former officer, | director trust | ا مم | | mr | Nove | | hic | nhest compensated emr | lovee on | | | _ |
| line 1a? If "Yes," complete Schedule J for s | | | | | | | | | | 3 | X | |
| 4 For any individual listed on line 1a, is the su | im of reportab | le co | omp | ens | atior | n and | l ot | ther compensation from | the organization | | | |
| and related organizations greater than \$150 | | | | | | | | | | . 4 | Х | |
| 5 Did any person listed on line 1a receive or a | accrue comper | nsat | ion f | rom | n any | / unr | ela | ted organization or indiv | idual for services | | | |
| rendered to the organization? If "Yes," com | plete Schedul | e J f | or su | uch | pers | son . | | | | . 5 | X | |
| Section B. Independent Contractors | | | | | | | | | | | | _ |
| 1 Complete this table for your five highest co | • | • | | | | | | | • | nsation fr | rom | |
| the organization. Report compensation for | the calendar y | ear | endi | ng v | with | or w | ithi | | year. | | | |
| (A) Name and business | address | | | | | | | (B) Description of s | ervices | (C Comper | | |
| D and L Building Group | | | | | | | | | | | | — |
| 2751 Patterson St, Greens | sboro, 1 | NC | 27 | 74 | 07 | | | Janitorial S | ervices | 318 | 8,200 | • |
| CPL, 255 Woodcliff Drive | , Suite | 2(| 00, | , | | | | Architecture | | | | - |
| Fairport, NY 14450 | | | | | | | | Engineering | Services | 15(| 0,020. | • |
| City of Greensboro Aquat: | | | | | | | | | | | | |
| P.O. Box 26120, Greensbor | | | | | | | | Pool Rental | | 129 | 9,823 | • |
| Total Computer Solutions | | | v C | -a | rde | en | | | | 1 | 2 676 | |
| Village Rd, Greensboro, N | NC 2/41(| J | | | | | | IT Support | | | 2,676 | • |
| | | | | | | | | | | | | |
| 2 Total number of independent contractors (i | naludina hut n | ot li | mito | d to | the | oo lir | | I d abovo) who received m | oro than | | | |

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

| Form 990 of Greens | | | | | | | | | 56-054 | 3243 |
|--|------------------------|--------------------------------|-----------------------|---------|--------------|------------------------------|--------|---------------------------------|-----------------|--------------------------|
| Part VII Section A. Officers, Directors, Tru | | | | es, a | nd H | ligh | est | Compensated Employ | | |
| (A) | (B) | | , | (C | | | | (D) | (E) | (F) |
| Name and title | Average | | | Posi | | | | Reportable | Reportable | Estimated |
| | hours | (c | heck | k all t | that | app | ly) | compensation | compensation | amount of |
| | per | | | | | | | from | from related | other |
| | week | 5 | | | | loyee | | the | organizations | compensation |
| | (list any hours for | directo | | | | d em p | | organization (W-2/1099-MISC) | (W-2/1099-MISC) | from the organization |
| | related | ee or | stee | | | n sate | | (** 2/ 1000 10100) | | and related |
| | organizations | trust | ıal tru | | o yee | ompe | | | | organizations |
| | below | Individual trustee or director | Institutional trustee | cer | Key employee | Highest compensated employee | Former | | | |
| | | Indi | Inst | Officer | Key | Higl | Forr | | | |
| (27) Nathan Myers | 0.50 | | | | | | | | | |
| Board Member | | X | | | | | | 0. | 0. | 0. |
| (28) Aaron Peele | 0.25 | | | | | | | | | 0 |
| Board Member | 0 00 | X | | | | | | 0. | 0. | 0. |
| (29) Charles Reid | 0.00 | ., | | | | | | | | 0 |
| Board Member | | X | | | | | | 0. | 0. | 0. |
| (30) MacArthur Sims | 0.25 | | | | | | | _ | | _ |
| Board Member | 1.00 | X | | | | | | 0. | 0. | 0. |
| (31) Sheila Thrower | 1.00 | x | | | | | | 0. | 0. | 0. |
| Board Member (32) Heavenly Walker | 0.25 | ^ | | | | | | 0. | 0. | 0. |
| Board Member | 0.23 | x | | | | | | 0. | 0. | 0. |
| (33) Ellie Yearns | 1.50 | | | | | | | | •• | 0. |
| Board Member | 1.50 | x | | | | | | 0. | 0. | 0. |
| | | | | | | | | | Ŭ. | . |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Total to Part VII, Section A, line 1c | | | | | | | | | | |
| | | | | | | | | | | |

Copy for Public Inspection Young Men's Christian Association

Form 990 (2023) of Greensboro, Inc.

| | | / | Statement of Re | venue | | | | | | · |
|---------------------------|----|--------|---|-------------|------------|---------------------|---------------|---------------------------------|-----|-------------------------------------|
| | | | Check if Schedule O | contains | a response | or note to any line | (A) | (B) Related or exempt | (C) | (D) Revenue exclude |
| | | | | | | | Total revenue | function revenue | | from tax under sections 512 - 51 |
| and Other Similar Amounts | 1 | а | Federated campaigns | | 1a | 97,690. | | | | |
| | | b | Membership dues | | 1b | | | | | |
| Au Bu | | С | Fundraising events | | 1c | | | | | |
| ilar | | d | Related organizations | | 1d | 100,803. | | | | |
| <u>i E</u> | | | Government grants (contr | , | | 292,773. | | | | |
| e e | | f | All other contributions, gifts, | | | | | | | |
| 돌 | | | similar amounts not included | above | 1f | 1,640,204. | | | | |
| pu | | - | Noncash contributions included in | lines 1a-1f | 1g \$ | | | | | |
| <u></u> ס (| | h | Total. Add lines 1a-1f | <u></u> | | | 2,131,470. | | | |
| | | | | | | Business Code | | | | |
| 8 | 2 | | Healthy Living for | | | 611710 | 7,067,257. | , , | | |
| Revenue | | b | Youth & Teen Develop | pment P | rograms | 611710 | 4,478,915. | 4,478,915. | | |
| ven | | Ξ. | Childcare Programs | | | 624410 | 3,361,766. | 3,361,766. | | |
| Ře | | d | | | | | | | | |
| | | e 4 | | | | | | | | |
| | | | All other program service revenue Total. Add lines 2a-2f | | | 14,907,938. | | | | |
| | 3 | | Investment income (includ | | | | 11,507,500. | | | |
| | 0 | | | • | - | | 205,254. | | | 205,25 |
| | 4 | | Income from investment of | | | iroceeds | | | | , |
| | 5 | | Royalties | | - | F | | | | |
| | Ū | | | | (i) Real | (ii) Personal | | | | |
| | 6 | а | Gross rents | 6a | 222,042. | | | | | |
| | - | | Less: rental expenses | 6b | 4,423. | | | | | |
| | | | Rental income or (loss) | 6c | 217,619. | | | | | |
| | | | Net rental income or (loss) | | | | 217,619. | | | 217,61 |
| | 7 | | Gross amount from sales of | | Securities | (ii) Other | , | | | , |
| | | | assets other than inventory | 7a 2 | ,076,989. | 465,800. | | | | |
| | | b | Less: cost or other basis | | · · · | | | | | |
| ne | | | and sales expenses | 7b 1 | ,498,583. | 338,855. | | | | |
| Revenue | | с | Gain or (loss) | 7c | 578,406. | 126,945. | | | | |
| Re | | d | Net gain or (loss) | | ····· | | 705,351. | | | 705,35 |
| Other | 8 | | Gross income from fundraisir including \$ | ng events | (not | | | | | |
| | | | contributions reported on | line 1c). | See | | | | | |
| | | | Part IV, line 18 | | | 39,449. | | | | |
| | | | Less: direct expenses | | | 24,942. | | | | |
| | | | Net income or (loss) from | | | | 14,507. | | | 14,50 |
| | 9 | а | Gross income from gamin | • | | | | | | |
| | | | Part IV, line 19 | | | | | | | |
| | | | Less: direct expenses | | | L | | | | |
| | | | Net income or (loss) from | | | | | | | |
| | 10 | а | Gross sales of inventory, I | | | FF 335 | | | | |
| | | | and allowances | | | | | | | |
| | | | Less: cost of goods sold | | | · · | 55 335 | | | 55.33 |
| | | С | Net income or (loss) from | Sales OT I | inventory | Business Code | 55,335. | | | 55,33 |
| 8 | 11 | ~ | Vending and Food Re | lated | | 722210 | 10,284. | | | 10,28 |
| Jue | 11 | | Miscellaneous | LUCCU | | 611710 | 226. | | | 22 |
| ver | | D C | | | | 011,10 | 220. | | | |
| Revenue | | | All other revenue | | | + + | | | | |
| Σ | | | Total. Add lines 11a-11d | | | <u> </u> | 10,510. | | | |
| | | e | Total revenue. See instruction | | | | 18,247,984. | 14,907,938. | 0. | 1,208,57 |

Copy for Public Inspection

56-0543243 Page 10

| Part IX | Stat | tement of Functional Expenses |
|------------|-------|-------------------------------|
| Form 990 (| 2023) | of Greensboro, Inc. |
| | | Young Men's Christian A |

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

| Do | Check if Schedule O contains a respon not include amounts reported on lines 6b, | (A) | (B) | (C) | (D) |
|----------|--|----------------|-----------------------------|---------------------------------|-------------------------|
| | 8b, 9b, and 10b of Part VIII. | Total expenses | Program service expenses | Management and general expenses | Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to domestic individuals. See Part IV, line 22 | 552,754. | 552,754. | | |
| 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 | 435,464. | 229,055. | 201,261. | 5,148 |
| 6 | Compensation not included above to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | 7,189,452. | 6,514,606. | 533,694. | 141,152 |
| 8 | Pension plan accruals and contributions (include | | | | |
| ~ | section 401(k) and 403(b) employer contributions) | 887,195. | 802,769. | 70,503. | 13,923 |
| 9 | Other employee benefits | 551,844. | 484,198. | 53,800. | 13,846 |
| 10 | Payroll taxes | JJ1,044. | 404,190. | 55,000. | 15,040 |
| 11 | Fees for services (nonemployees): | | | | |
| a b | | 203,155. | 172,319. | 30,351. | 485 |
| | Legal Accounting | 43,500. | | 43,500. | 100 |
| | Lobbying | | | | |
| | Professional fundraising services. See Part IV, line 17 | | | | |
| | Investment management fees | | | | |
| g | | | | | |
| | column (A), amount, list line 11g expenses on Sch 0.) | 1,340,617. | | 145,345. | 7,176 |
| 12 | Advertising and promotion | 167,973. | 149,664. | 18,309. | |
| 13 | Office expenses | 1,520,165. | 1,283,710. | 157,042. | 79,413 |
| 14 | Information technology | 122,676. | 109,182. | 13,494. | |
| 15 | Royalties | | | 100 000 | |
| 16 | Occupancy | 1,752,440. | 1,561,547. | 190,893. | |
| 17 | Travel | 131,680. | 117,327. | 14,353. | |
| 18 | Payments of travel or entertainment expenses | | | | |
| 40 | for any federal, state, or local public officials | 127,425. | 110,088. | 13,468. | 3,869 |
| 19 | Conferences, conventions, and meetings | 378,195. | 336,972. | 41,223. | 5,005 |
| 20 21 | Interest Payments to affiliates | 205,794. | 205,794. | 11,225. | |
| 21 | Depreciation, depletion, and amortization | 1,920,311. | 1,710,997. | 209,314. | |
| 23 | Insurance | 246,802. | 219,901. | 26,901. | |
| 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 | 364,455. | 326,041. | 38,414. | |
| b | ± | 86,395. | | 86,395. | |
| С | | 31,771. | 27,016. | 3,305. | 1,450 |
| d | | 27,755. | 24,730. | 3,025. | |
| е | · | 10 007 010 | | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 18,287,818. | 16,126,766. | 1,894,590. | 266,462 |
| 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) | | | | |
| | Check here if following SOP 98-2 (ASC 958-720) | | | | Eorm 990 (2023 |

Form 990 (2023)
Part X Balance Sheet

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

56-0543243 Page 11

| Га | | Balance Sneet | | | |
|-----------------------------|-----|--|---------------------------------|-----|---------------------------|
| | | Check if Schedule O contains a response or note to any line in this Part X | | | |
| | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | 4,341,032. | | 4,483,673. |
| | 2 | Savings and temporary cash investments | 5,722,826. | | 5,305,472. |
| | 3 | Pledges and grants receivable, net | 114,021. | 3 | 300,613. |
| | 4 | Accounts receivable, net | | 4 | 1,371,814. |
| | 5 | Loans and other receivables from any current or former officer, director, | | | |
| | | trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| | | controlled entity or family member of any of these persons | | 5 | |
| | 6 | Loans and other receivables from other disqualified persons (as defined | | | |
| | | under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | |
| its | 7 | Notes and loans receivable, net | | 7 | |
| Assets | 8 | Inventories for sale or use | | 8 | |
| A | 9 | Prepaid expenses and deferred charges | | 9 | 344,151. |
| | 10a | Land, buildings, and equipment: cost or other | | | |
| | | basis. Complete Part VI of Schedule D 10a 62,651,4 | | | |
| | b | Less: accumulated depreciation 10b 28,347,92 | | 10c | 34,303,533. |
| | 11 | Investments - publicly traded securities | 3,792,026. | 11 | 3,164,906. |
| | 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 | 455,294. | 15 | 260,249. |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 33) | | 16 | 49,534,411. |
| | 17 | Accounts payable and accrued expenses | 329,590. | 17 | 405,654. |
| | 18 | Grants payable | | 18 | |
| | 19 | Deferred revenue | 1,047,208. | 19 | 1,173,418. |
| | 20 | Tax-exempt bond liabilities | 7,413,583. | 20 | 5,920,345. |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| es | 22 | Loans and other payables to any current or former officer, director, | | | |
| Liabilities | | trustee, key employee, creator or founder, substantial contributor, 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 | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to related third | | | |
| | | parties, and other liabilities not included on lines 17-24). Complete Part X | 450 055 | | 0 4 0 - 0 0 |
| | | of Schedule D | 459,277. | | 249,539. |
| | 26 | Total liabilities. Add lines 17 through 25 | 9,249,658. | 26 | 7,748,956. |
| ŝ | | Organizations that follow FASB ASC 958, check here X | | | |
| nce | | and complete lines 27, 28, 32, and 33. | 27 400 220 | | |
| ala | 27 | Net assets without donor restrictions | | 27 | 37,080,842. |
| dВ | 28 | Net assets with donor restrictions | 4,430,276. | 28 | 4,704,613. |
| 'n | | Organizations that do not follow FASB ASC 958, check here | | | |
| ъ | | and complete lines 29 through 33. | | | |
| its (| 29 | Capital stock or trust principal, or current funds | | 29 | |
| Net Assets or Fund Balances | 30 | Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| эtА | 31 | Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| ž | 32 | Total net assets or fund balances | 41,838,608. | | 41,785,455. |
| | 33 | Total liabilities and net assets/fund balances | 51,088,266. | 33 | 49,534,411. |
| | | | | | Form 990 (2023) |

| of | Green |
|----|-------|
| | |

| | Copy for Public Inspection Young Men's Christian Association | | | | |
|------|--|----------|---------|-----|--------------|
| Form | of Greensboro, Inc. | 56- | 0543243 | Pa | ae 12 |
| | rt XI Reconciliation of Net Assets | | | | <u> </u> |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | X |
| | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 18,24 | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 18,28 | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | | 34. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 41,83 | | |
| 5 | Net unrealized gains (losses) on investments | 5 | -28 | 4,1 | 67. |
| 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 | 27 | 0,8 | 48. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, | | | | |
| | column (B)) | 10 | 41,78 | 5,4 | 55. |
| Pa | rt XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | Yes | No |
| - | If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul | e O. | _ | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewer | | | | |
| | separate basis, consolidated basis, or both: | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | Х | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat | | | | |
| | consolidated basis, or both: | , | | | |
| | Separate basis X Consolidated basis Both consolidated and separate basis | | | | |
| с | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | e audit. | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | | Х | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Sc | | | | |
| 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 requ | | | | |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | | | |
| | | | | 990 | (2023) |

| Copy for Public Inspection | | | | | | | | | | |
|-----------------------------------|--------|-------------------------------|-----------------------|----------------------------------|--|-------------------------------|--------------------|-----------------|----------------------|------------------------------|
| SCHEDULE A | | | | Dublic Cha | | | | | | OMB No. 1545-0047 |
| (Fo | orm 99 | 0) | | | rity Status an nization is a section 50 | | | | | 2023 |
| | | | | | 47(a)(1) nonexempt cha | | | or a section | | 2020 |
| | | f the Treasury nue Service | | | ttach to Form 990 or Fo | | | formation | | Open to Public Inspection |
| | | he organizati | | | Form990 for instruction | | | iormation. | Employer | identification number |
| | | | | reensboro, | | eraer | 011 | | | 6-0543243 |
| Pa | nrt I | Reason | for Public | Charity Status. | (All organizations must c | omplete th | nis part.) S | See instruction | ns. | |
| The | organi | ization is not a | n private found | lation because it is: | (For lines 1 through 12, c | heck only | one box.) | | | |
| 1 | | A church, co | nvention of ch | urches, or associatio | on of churches describe | d in sectio | on 170(b)(* | 1)(A)(i). | | |
| 2 | | A school des | cribed in sect | ion 170(b)(1)(A)(ii). (| Attach Schedule E (Forn | า 990).) | | | | |
| 3 | | • | • | | anization described in s e | | | • | | |
| 4 | | | | ation operated in co | njunction with a hospita | described | d in sectio | on 170(b)(1)(A |)(iii). Enter | the hospital's name, |
| 5 | | city, and stat | | ar the honefit of a co | | | tod by o a | overnmentel | unit dooorik | ad in |
| 5 | | | | Complete Part II.) | llege or university owned | u or opera | leu by a g | ovenimentai | | |
| 6 | | | | | nental unit described in | section 17 | 70(b)(1)(A) | (v). | | |
| 7 | | An organizati | on that norma | ally receives a substa | intial part of its support f | rom a gov | ernmental | l 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 university | or a non-land-(| grant college of agric | ulture (see instructions). | Enter the | name, city | y, and state c | of the colleg | le or |
| 10 | X | | on that norma | ally receives (1) more | than 33 1/3% of its sup | port from (| contributio | ons members | shin fees a | nd aross receipts from |
| | | • | | | ct to certain exceptions; | | | | • | • |
| | | | | | (less section 511 tax) fr | . , | | | | • |
| | | | | mplete Part III.) | , | | • | , | 0 | , |
| 11 | | | | | ively to test for public sa | ifety. See | section 50 | 09(a)(4). | | |
| 12 | | An organizati | on organized | and operated exclus | ively for the benefit of, to | perform | the functio | ons of, or to c | arry out the | e purposes of one or |
| | | more publicly | supported or | ganizations describe | ed in section 509(a)(1) o | r section | 509(a)(2). | See section | 509(a)(3). (| Check the box on |
| | | lines 12a thro | ough 12d that | describes the type of | of supporting organizatio | n and com | nplete line | s 12e, 12f, an | id 12g. | |
| а | | | | - | supervised, or controlled | • | | | | |
| | | | | | gularly appoint or elect | a majority (| of the dire | ctors or trust | ees of the s | supporting |
| | | лŬ | | complete Part IV, Se | | | | | | |
| b | | | 11 5 5 | , 1 | d or controlled in connec | | | 5 | ())) | 5 |
| | | | 0 | at complete Part IV, | anization vested in the s | ame perso | | | age the sup | poned |
| с | | | . , | • | g organization operated | in connec | tion with. | and functiona | ally integrate | ed with |
| | | | | | s). You must complete I | | | | ing integrat | |
| c | | 7 | | | oorting organization oper | | | | orted organi | ization(s) |
| | | that is not | unctionally in | tegrated. The organized | zation generally must sa | tisfy a dist | ribution re | quirement an | d an attent | iveness |
| | | requiremer | t (see instruct | tions). You must cor | nplete Part IV, Sections | A and D, | and Part | V. | | |
| е | | Check this | box if the orga | anization received a | written determination fro | m the IRS | that it is a | а Туре I, Туре | e II, Type III | |
| | | | | | nally integrated support | | | | | |
| f | Ente | r the number | of supported | organizations | | | | | | |
| <u>ç</u> | | i) Name of supp | <u> </u> | n about the supporte (ii) EIN | (iii) Type of organization | (iv) Is the orga | nization listed | (v) Amount o | f monetary | (vi) Amount of other |
| | | organizatior | | | (described on lines 1-10 | in your governi Yes | ng document? | support (see i | - | support (see instructions) |
| | | | | | above (see instructions)) | 103 | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Tota | al | | | | | | | | | |
| | - | | | | | | | | | |

| Copy for | Public | Inspection Association |
|-----------------|-----------|---------------------------|
| Young Men's | Christian | Association |
| of Greensbor | o, Inc. | |

56-0543243 Page 2

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

| Sec | tion A. Public Support | | | | | | | |
|------|---|-----------------------|---------------------|---------------------------|------------------------------|------------------|-----------|--|
| Cale | ndar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (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 | | | • | | 1 | | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total | |
| 7 | Amounts from line 4 | | | | | | | |
| | Gross income from interest, | | | | | | | |
| | dividends, payments received on | | | | | | | |
| | securities loans, rents, royalties, | | | | | | | |
| | and income from similar sources | | | | | | | |
| 9 | Net income from unrelated business | | | | | | | |
| | activities, whether or not the | | | | | | | |
| | business is regularly carried on | | | | | | | |
| 10 | Other income. Do not include gain | | | | | | | |
| | or loss from the sale of capital | | | | | | | |
| | assets (Explain in Part VI.) | | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | | |
| 12 | Gross receipts from related activities, | etc. (see instructi | ions) | • | • | 12 | | |
| 13 | First 5 years. If the Form 990 is for th | | | | | 501(c)(3) | | |
| | organization, check this box and stor | - | | | • | | | |
| Sec | tion C. Computation of Publ | | | | | | | |
| 14 | Public support percentage for 2023 (| line 6, column (f), d | divided by line 11, | column (f)) | | 14 | % | |
| 15 | Public support percentage from 2022 | Schedule A, Part | II, line 14 | | | 15 | % | |
| 16a | 33 1/3% support test - 2023. If the o | organization did no | ot check the box o | on line 13, and line | 14 is 33 1/3% or i | more, check this | box and | |
| | stop here. The organization qualifies | as a publicly supp | oorted organizatio | n | | | | |
| b | 33 1/3% support test - 2022. If the c | organization did no | ot check a box on | line 13 or 16a, and | d line 15 is 33 1/3% | % or more, check | this box | |
| | and stop here. The organization qual | ifies as a publicly | supported organiz | zation | | | | |
| 17a | 10% -facts-and-circumstances tes | - | | | | | | |
| | and if the organization meets the fact | s-and-circumstand | ces test, check thi | s box and stop h e | e re. Explain in Part | VI how the organ | nization | |
| | meets the facts-and-circumstances te | est. The organizati | on qualifies as a p | ublicly supported | organization | | | |
| b | 10% -facts-and-circumstances tes | t - 2022. If the orc | ganization did not | check a box on lir | ie 13, 16a, 16b, or | 17a, and line 15 | s 10% or | |
| | more, and if the organization meets the | | | | | | | |
| | organization meets the facts-and-circ | umstances test. T | he organization qu | ualifies as a public | ly supported organ | nization | | |
| 18 | Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | | | | | | |

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

Part II

Copy for Public Inspection Young Men's Christian Association

Schedule A (Form 990) 2023

of Greensboro, Inc.

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) 2019 (b) 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 2,131,470 2,647,696 3,084,351 6,734,696 3,122,991 17,721,204. include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 15,903,768, 8,958,789 10,128,293 12,582,649 14,907,938 62,481,437. 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 17,039,408 6 Total. Add lines 1 through 5 18,551,464 12,043,140 16,862,989 15,705,640 80,202,641. 7a Amounts included on lines 1, 2, and 15,000. 394,800. 5,000. 34,750. 35,000 484,550. 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 15,000. 394,800 5,000. 34,750. 35,000 484550 c Add lines 7a and 7b 8 Public support. (Subtract line 7c from line 6.) 79,718, 091 Section B. Total Support Calendar year (or fiscal year beginning in) (b) 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total (a) 2019 9 Amounts from line 6 18,551,464 12,043,140 16,862,989 15,705,640 17,039,408 80,202,641. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, 614,707. 314,326. 367,167. 371,206. 427,296 2,094,702. and income from similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 614,707. 314,326. 367,167. 371,206. 427,296 2,094,702. c Add lines 10a and 10b 11 Net income from unrelated business activities not included on line 10b. whether or not the business is regularly carried on **12** Other income. Do not include gain or loss from the sale of capital 150,769. 65,479. 79,442. 100,027. 105,294 501,011. assets (Explain in Part VI.) 19,316,940. 12,422,945. 17,309,598. 16,176,873. 17,571,998. 82,798,354. 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 96.28 15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) 15 % 95.77 16 Public support percentage from 2022 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 2.53 17 17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) % 2.87 18 18 Investment income percentage from 2022 Schedule A, Part III, line 17 % 19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2022. 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) 2023

of Greensboro, Inc. Part IV Supporting Organizations

56-0543243 Page 4

1 ...

(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 | | | |
| | | | |
| | 1 | | |
| | _ | | |
| | | | |
| | 2 | | |
| | L | | |
| | 3a | | |
| | Ju | | |
| | | | |
| | 3b | | |
| | 30 | | |
| | 20 | | |
| | 3c | | |
| | 4- | | |
| | 4a | | |
| | | | |
| | | | |
| | 4b | | |
| | | | |
| | | | |
| | | | |
| | 4c | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | 5a | | |
| | | | |
| | 5b | | |
| | 5c | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | 6 | | |
| | | | |
| | | | |
| | 7 | | |
| | | | |
| | 8 | | |
| | | | |
| | | | |
| | 9a | | |
| | | | |
| | 9b | | |
| | | | |
| | 9c | | |
| | | | |
| | | | |
| | 10a | | |
| | | | |
| | 10b | | |
| | | | |

| | Copy for Public Inspection Young Men's Christian Association | | | |
|------|--|------------------------|-------|--------------|
| Sche | dule A (Form 990) 2023 of Greensboro, Inc. 5 | 6-054324 | 3 Pa | age 5 |
| Pa | rt IV Supporting Organizations (continued) | | | |
| | | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described on lines 11b and | | | |
| | 11c below, the governing body of a supported organization? | 11a | | |
| b | A family member of a person described on line 11a above? | 11b | | |
| с | A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide | | | |
| | detail in Part VI. | 11c | | |
| Sec | tion B. Type I Supporting Organizations | · | | |
| | | | Yes | No |
| 1 | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's off directors, or trustees at all times during the tax year? 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 supp organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among | icers, orted the | | |
| | supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | | | |
| | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in | | | |
| | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| 0 | supervised, or controlled the supporting organization. | 2 | | |
| Sec | tion C. Type II Supporting Organizations | | 1 | |
| | | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | | |
| | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | | | |
| 0 | the supported organization(s). | 1 | | |
| Sec | tion D. All Type III Supporting Organizations | | 1 | |
| | | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | | |
| | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | | |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | | |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | | |
| | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | | |
| | the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | By reason of the relationship described on line 2, above, did the organization's supported organizations have a | | | |
| | significant voice in the organization's investment policies and in directing the use of the organization's | | | |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | | |
| | supported organizations played in this regard. | 3 | | |
| Sec | tion E. Type III Functionally Integrated Supporting Organizations | | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instru | uctions). | | |
| а | The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b | The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| с | The organization supported a governmental entity. Describe in Part VI how you supported a governmental entit | y (see instructio | ons). | |
| 2 | Activities Test. Answer lines 2a and 2b below. | | Yes | No |
| а | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | | | |
| | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | | | |
| | those supported organizations and explain how these activities directly furthered their exempt purposes, | | | |
| | how the organization was responsive to those supported organizations, and how the organization determined | | | |
| | that these activities constituted substantially all of its activities. | 2a | | |
| b | Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, | | | |
| | one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in | | | |
| | Part VI the reasons for the organization's position that its supported organization(s) would have engaged in | | | |
| | these activities but for the organization's involvement. | 2b | | |
| 0 | | | 1 | |

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

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

3a

Schedule A (Form 990) 2023

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

56-0543243 Page 6

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) 2023

56-0543243 Daga 7

| | dule A (Form 990) 2023 of Greensboro | | | 5 | 6-0543243 Page 7 | | | |
|--|---|-----------------------------------|---------------------------------------|----|---|--|--|--|
| Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) | | | | | | | | |
| Sect | 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 | | | | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | 7 | | | | |
| 8 | Distributions to attentive supported organizations to which the | ne organization is responsive | 9 | | | | | |
| | (provide details in Part VI). See instructions. | | | 8 | | | | |
| 9 | Distributable amount for 2023 from Section C, line 6 | | | 9 | | | | |
| 10 | Line 8 amount divided by line 9 amount | <i>(</i> 1) | (11) | 10 | | | | |
| Sect | ion E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributior Pre-2023 | ns | (iii) Distributable Amount for 2023 | | | |
| 1 | Distributable amount for 2023 from Section C, line 6 | | | | | | | |
| 2 | Underdistributions, if any, for years prior to 2023 (reason- | | | | | | | |
| | able cause required - explain in Part VI). See instructions. | | | | | | | |
| 3 | Excess distributions carryover, if any, to 2023 | | | | | | | |
| а | From 2018 | | | | | | | |
| b | From 2019 | | | | | | | |
| C | From 2020 | | | | | | | |
| d | From 2021 | | | | | | | |
| e | From 2022 | | | | | | | |
| f | Total of lines 3a through 3e | | | | | | | |
| g | Applied to underdistributions of prior years | | | | | | | |
| h | Applied to 2023 distributable amount | | | | | | | |
| i | Carryover from 2018 not applied (see instructions) | | | | | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | | | | | |
| 4 | Distributions for 2023 from Section D, | | | | | | | |
| | line 7: \$ | | | | | | | |
| a | Applied to underdistributions of prior years | | | | | | | |
| - | Applied to 2023 distributable amount | | | | | | | |
| C | Remainder. Subtract lines 4a and 4b from line 4. | | | | | | | |
| 5 | Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h | | | | | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | | | | | |
| | Part VI. See instructions. | | | | | | | |
| 7 | Excess distributions carryover to 2024. Add lines 3j | | | | | | | |
| | and 4c. | | | | | | | |
| 8 | Breakdown of line 7: | | | | | | | |
| | Excess from 2019 | | | | | | | |
| | Excess from 2020 | | | | | | | |
| | Excess from 2021 | | | | | | | |
| | Excess from 2022 | | | | | | | |
| e | Excess from 2023 | | | | bedule A (Earm 990) 2023 | | | |

Schedule A (Form 990) 2023

| Copy for Public Inspection Young Men's Christian Association |
|--|
| Schedule A (Form 990) 2023 of Greensboro, Inc. 56-0543243 Page 8 |
| Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) |
| Schedule A, Part III, Line 12, Explanation for Other Income: |
| Miscellaneous revenue |
| 2019 Amount: \$ 36,898. |
| 2020 Amount: \$ 9,947. |
| 2021 Amount: \$ 9,141. |
| 2022 Amount: \$ 231. |
| 2023 Amount: \$ 226. |
| |
| Vending and food related revenue |
| 2019 Amount: \$ 22,127. |
| 2020 Amount: \$ 6,016. |
| 2021 Amount: \$ 5,419. |
| 2022 Amount: \$ 7,265. |
| 2023 Amount: \$ 10,284. |
| |
| Gross sales of inventory |
| 2019 Amount: \$ 45,511. |
| 2020 Amount: \$ 27,657. |
| 2021 Amount: \$ 33,610. |
| 2022 Amount: \$ 51,034. |
| 2023 Amount: \$ 55,335. |
| |
| Gross income from fundraising events |
| 2019 Amount: \$ 46,233. |
| 2020 Amount: \$ 21,859. |
| 2021 Amount: \$ 31,272. |
| 2022 Amount: \$ 41,497. |

| | | | | | Co | py fo ng Men's Greensbo | r P | ublic | | pecti ciatio | on | 5.6 | 054004 | 2 |
|------------|------------------------|-------------------------------|---------------------|-----------------------|-----------------------|--|-----------------------|-----------------------------------|----------------------------|-------------------------------|-------------------------------|--------------------------------|--------------------------------|----------|
| Schedule | | | | 1 | OI (| Freensbo | pro, | inc. | | | | | | 3 Page 8 |
| Part V | Part line 1 Sect | IV, Sec ; Part ion D, I | ction A, IV, Sec | lines 1, tion D, l | 2, 3b, 3 ines 2 ar | I. Provide the e c, 4b, 4c, 5a, 6 nd 3; Part IV, S art V, Section F | 6, 9a, 9b ection I | o, 9c, 11a, 11 E, lines 1c, 2a | b, and 11c I, 2b, 3a, a | ; Part IV, So Ind 3b; Part | ection B, lir V, line 1; P | nes 1 and 2; Part V, Sectio | Part IV, Sec on B, line 1e; | tion C, |
| 2023 | Amou | nt: | \$ | 39 | ,449. | • | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| . <u> </u> | | | | | | | | | | | | | | |
| . <u> </u> | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |

| | | Copy for Pub | olic Insp | ection | | |
|--|------------------------------|---------------------------------------|------------------------|-----------------------|--------------------|---|
| SCHEDULE C | l Po | olitical Campaign a | nd Lobbvin | na Activities | ; | OMB No. 1545-0047 |
| (Form 990) | | | | | | |
| Department of the Treasury Internal Revenue Service | Open to Public Inspection | | | | | |
| If the organization ans | wered "Yes" on | Form 990, Part IV, line 3, or For | m 990-EZ, Part V, lir | ne 46 (Political Cam | paign Act | ivities), then: |
| Section 501(c)(3) or | ganizations: Con | nplete Parts I-A and B. Do not com | plete Part I-C. | | | |
| Section 501(c) (other | r than section 50 | 01(c)(3)) organizations: Complete I | Parts I-A and C below | v. Do not complete P | art I-B. | |
| Section 527 organiz | • | • | | | | |
| • | | Form 990, Part IV, line 4, or For | | | ••• | |
| | - | have filed Form 5768 (election und | | - | - | |
| | - | have NOT filed Form 5768 (election | | | | - |
| Tax) (see separate inst | | Form 990, Part IV, line 5 (Proxy | Tax) (see separate i | instructions) or Forr | п 990-е 2 , | , Part V, line 35C (Proxy |
| | | tions: Complete Part III. | | | | |
| Name of organization | | en's Christian As | sociation | | Employe | er identification number |
| 5 | | nsboro, Inc. | | | | 56-0543243 |
| Part I-A Comple | | anization is exempt unde | r section 501(c) | or is a section | 527 orga | anization. |
| | - | | | | | |
| 1 Provide a description | on of the organiz | ation's direct and indirect politica | l campaign activities | in Part IV. | | |
| 2 Political campaign | activity expendit | ures | | | \$ | |
| | | gn activities | | | | |
| | | | | | | |
| Part I-B Compl | ete if the org | panization is exempt unde | er section 501(c) | (3). | | |
| | | incurred by the organization under | | | | |
| | | incurred by organization manager | | | | |
| | | n 4955 tax, did it file Form 4720 fo | | | | |
| | | | | | | Yes No |
| b If "Yes," describe in | | enization is exempt unde | r agation 501(a) | avaant aaatian | E01(a) | 2) |
| - | | anization is exempt unde | . , | | . , , | ്). |
| | | d by the filing organization for sect | | | \$ | |
| | 0 0 | ization's funds contributed to othe | U | | ¢ | |
| | | . Add lines 1 and 2. Enter here an | | | φ | |
| | | | | , | \$ | |
| 4 Did the filing organi | ization file Form | 1120-POL for this year? | | | ····· • <u> </u> | Yes No |
| | | mployer identification number (EIN | | | | |
| | | tion listed, enter the amount paid | | - | | |
| contributions receiv | ved that were pr | omptly and directly delivered to a | separate political org | ganization, such as a | separate s | segregated fund or a |
| political action com | mittee (PAC). If | additional space is needed, provid | le information in Part | t IV. | | |
| (a) Name | e | (b) Address | (c) EIN | (d) Amount paid | | (e) Amount of political |
| | | | | filing organizati | | ontributions received and |
| | | | | funds. If none, en | | promptly and directly delivered to a separate |
| | | | | | | political organization. |
| | | | | _ | | If none, enter -0 |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| Copy for I | Public | Inspection Association |
|-------------------|----------|---------------------------|
| Young Men's Cl | nristian | Association |
| of Greensboro | , Inc. | |

56-0543243 Page 2

| ŀ | Part II-A | mplete if the organization is exempt under section 501(c)(3) and fill stion 501(h)). | ed Form 5768 (el | ection under |
|---|-----------|--|------------------------------|--------------------------------|
| Α | Check | if the filing organization belongs to an affiliated group (and list in Part IV each affiliated | l group member's nam | e, address, EIN, |
| | | expenses, and share of excess lobbying expenditures). | | |
| В | Check | if the filing organization checked box A and "limited control" provisions apply. | | |
| | | Limits on Lobbying Expenditures | (a) Filing organization's | (b) Affiliated group totals |

| | (The term "expenditures" m | eans amounts paid or incurred.) | totals | | |
|----|---|---|--------|-----|------|
| 1a | Total lobbying expenditures to influence pub | | | | |
| b | Total lobbying expenditures to influence a leg | gislative body (direct lobbying) | | | |
| с | Total lobbying expenditures (add lines 1a and | d 1b) | | | |
| d | Other exempt purpose expenditures | | | | |
| е | Total exempt purpose expenditures (add line | s 1c and 1d) | | | |
| f | Lobbying nontaxable amount. Enter the amo | unt from the following table in both columns. | | | |
| | If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | | | |
| | not over \$500,000, | 20% of the amount on line 1e. | | | |
| | over \$500,000 but not over \$1,000,000, | \$100,000 plus 15% of the excess over \$500,000. | | | |
| | over \$1,000,000 but not over \$1,500,000, | \$175,000 plus 10% of the excess over \$1,000,000. | | | |
| | over \$1,500,000 but not over \$17,000,000, | \$225,000 plus 5% of the excess over \$1,500,000. | | | |
| | over \$17,000,000, | \$1,000,000. | | | |
| g | Grassroots nontaxable amount (enter 25% o | f line 1f) | | | |
| h | Subtract line 1g from line 1a. If zero or less, e | enter -0- | | | |
| i | Subtract line 1f from line 1c. If zero or less, e | nter -0- | | | |
| j | If there is an amount other than zero on eithe | r line 1h or line 1i, did the organization file Form 4720 | | | |
| | reporting section 4911 tax for this year? | | | Yes | 🗌 No |

..... 4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

| Lobbying Expenditures During 4-Year Averaging Period | | | | | | | |
|--|-----------------|-----------------|----------|------------------|------------------|--|--|
| Calendar year (or fiscal year beginning in) | (a) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (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 | | | | | | | |

Schedule C (Form 990) 2023

Schedule C (Form 990) 2023

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 |) | (k |) |
|-------------|--|----------------|---------------|------------|----------|
| | 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 | | |
| | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | Х | | |
| с | Media advertisements? | | Х | | |
| | 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 | L,853. |
| i | Total. Add lines 1c through 1i | | | 1 | L,853. |
| | Did the activities in line 1 cause the organization to not be described in section 501(c)(3)? | | Х | | |
| | 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 the | | | | |
| _ | t III-B Complete if the organization is exempt under section 501(c)(4), section | | | ection | |
| | 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 | | | |
| | | | 20 | | |
| | Current year | | | | |
| | Carryover from last year | | | | |
| c | Total | | | | |
| 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 | olitical | | | |
| _ | expenditures next year? | | 4 | | |
| | Taxable amount of lobbying and political expenditures. See instructions | | 5 | | |
| | t IV Supplemental Information | | | | |
| | de 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. | | | | |
| Pa | rt II-B, Line 1, Lobbying Activities: | | | | |
| m 1- | W(C) of Ourseshand deine together with other Newt | h (1 | 14 | VN(0.7 | |
| The | e YMCA of Greensboro joins together with other Nort | n Carc | lina | YMCAS | |
| in | a State Alliance that pays a law firm to monitor p | ublic | polic | У | |
| | fecting YMCAs. The cost of the law firm is spread | | | | |
| | | | | Incho | |
| bas | sed on asset size. | | | | |

| | | Copy for l | Public Ins | pection | | | |
|-------------|--|--|---|---------------------------|----------------------|-----------------------------|-----------|
| SC | HEDULE D | Supplementa | al Financial St | atements | | OMB No. 15 | 545-0047 |
| | n 990) | Complete if the orga | nization answered "Yes | " on Form 990, | | 202 | 23 |
| • Denart | ment of the Treasury | Part IV, line 6, 7, 8, 9, 10 A | , 11a, 11b, 11c, 11d, 11e ttach to Form 990. | e, 11f, 12a, or 12b. | | Open to | Public |
| | Revenue Service | Go to www.irs.gov/Form99 | 0 for instructions and th | | 1 | Inspect | |
| Nam | | | | | | r identificatio 56-05432 | |
| Par | t I Organiza | of Greensboro, Inc ations Maintaining Donor Advise | | Similar Funds or A | | | |
| | | n answered "Yes" on Form 990, Part IV, lin | | | | | |
| | | | (a) Donor advise | d funds | (b) Funds ar | nd other accou | ints |
| 1 | Total number at e | nd of year | | | | | |
| 2 | | f contributions to (during year) | | | | | |
| 3 | | | | | | | |
| | 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds | | | | | | |
| 5 | - | on's property, subject to the organization's | - | | | Yes | No |
| 6 | | on inform all grantees, donors, and donor a | | | | [] 163 | |
| • | • | poses and not for the benefit of the donor of | v v | | | | |
| | impermissible priv | | | • • • | - | 🗌 Yes | No No |
| Par | t II Conserv | ation Easements. Complete if the org | | | | | |
| 1 | | servation easements held by the organizat | · · · · · · | 1 | | | |
| | | n of land for public use (for example, recrea | ation or education) | Preservation of a histo | | | а |
| | | f natural habitat | | Preservation of a cert | ified historic | structure | |
| 2 | | of open space | find concernation contrib | ution in the form of a a | | accoment on t | the left |
| 2 | day of the tax yea | through 2d if the organization held a quali r. | ned conservation contrib | ution in the form of a co | | at the End of th | |
| а | | onservation easements | | | 2a | | |
| b | | | | | 2b | | |
| с | | vation easements on a certified historic str | | | 2c | | |
| d | | vation easements included on line 2c acqu | | | | | |
| | on a historic structure listed in the National Register 2d | | | | | | |
| 3 | Number of conser | vation easements modified, transferred, re | leased, extinguished, or t | terminated by the orga | nization duri | ng the tax | |
| _ | year | | | | | | |
| 4 5 | | where property subject to conservation ea | | tion handling of | | | |
| 5 | | tion have a written policy regarding the pe forcement of the conservation easements i | | lion, nanuling of | | Yes | No |
| 6 | | r hours devoted to monitoring, inspecting, | | | | | |
| | | | 5 | 5 | | 5 | , |
| 7 | Amount of expense | ses incurred in monitoring, inspecting, hand | dling of violations, and en | forcing conservation ea | asements du | uring the year | |
| | | | | | | | |
| 8 | | vation easement reported on line 2d above | • | | | | |
| - | |)(4)(B)(ii)? | | | | 📖 Yes | └── No |
| 9 | | be how the organization reports conservation | | • | | a tha | |
| | | d include, if applicable, the text of the footi ounting for conservation easements. | note to the organization s | s intancial statements tr | lat describe | strie | |
| Par | | ations Maintaining Collections o | f Art, Historical Tre | easures, or Other | Similar A | ssets. | |
| | Complete i | f the organization answered "Yes" on Form | 990, Part IV, line 8. | - | | | |
| 1a | If the organization | elected, as permitted under FASB ASC 95 | 58, not to report in its rev | enue statement and ba | lance sheet | works | |
| | of art, historical tre | easures, or other similar assets held for pul | olic exhibition, education | , or research in furthera | nce of publ | ic | |
| | | Part XIII the text of the footnote to its final | | | | | |
| b | | elected, as permitted under FASB ASC 95 | | | | | |
| | | sures, or other similar assets held for public | c exhibition, education, of | r research in furtheranc | e ot public s | service, | |
| | | ing amounts relating to these items. | | | ¢ | | |
| | | ded on Form 990, Part VIII, line 1 ed in Form 990, Part X | | | | | |
| 2 | | received or held works of art, historical tre | | | | | |
| _ | - | unts required to be reported under FASB A | | | | | |
| а | | on Form 990, Part VIII, line 1 | | | \$ | | |
| | | Form 990, Part X | | | | | |
| | | eduction Act Notice, see the Instruction | | | | edule D (Form | 990) 2023 |
| 33205 | 1 09-28-23 | | | | | | |

| | Cop | y for Pu en's Chris | iblic Ins | spectio | n | | | | | |
|------|---|------------------------|-------------------------|--------------------|----------|---------------|---------|----------|-------|----------|
| Scho | | nsboro, In | | | | 56- | 054 | 3243 | 3 ⊑ | 2 000 |
| | t III Organizations Maintaining C | | | easures. or C | ther | | | | | |
| 3 | Using the organization's acquisition, access | | - | | | | | 1 | | <u> </u> |
| | collection items (check all that apply). | , | , , | 0 | Ũ | | | | | |
| а | Public exhibition | d | Loan or exc | hange program | | | | | | |
| b | Scholarly research | е | Other | | | | | | | |
| с | Preservation for future generations | | | | | | | | | |
| 4 | Provide a description of the organization's c | ollections and explai | n how they further t | he organization's | exemp | ot purpose in | Part 2 | XIII. | | |
| 5 | During the year, did the organization solicit of | or receive donations | of art, historical trea | sures, or other si | milar a | ssets | | | _ | _ |
| _ | to be sold to raise funds rather than to be m | | | | | | | Yes | | No |
| Par | t IV Escrow and Custodial Arran reported an amount on Form 990, Pa | | te if the organization | n answered "Yes" | on Fo | rm 990, Part | IV, lin | e 9, or | | |
| 1a | Is the organization an agent, trustee, custod | | | | | | | | _ | - |
| | on Form 990, Part X? | | | | | | | Yes | | _ No |
| b | If "Yes," explain the arrangement in Part XIII | and complete the fo | llowing table: | | | | | | | |
| | | | | | | | | Amount | | |
| | Beginning balance | | | | | 1c | | | | |
| | Additions during the year | | | | | 1d | | | | |
| - | Distributions during the year | | | | | 1e | | | | |
| f | Ending balance Did the organization include an amount on F | | | | | 1f | | Yes | | No |
| | If "Yes," explain the arrangement in Part XIII | | | | | ۰ | | 162 | | |
| Par | | | | | | | | | | |
| | | (a) Current year | (b) Prior year | (c) Two years bad | | Three years b | ack | (e) Four | years | s back |
| 1a | Beginning of year balance | 2,495,749. | 3,079,270. | 2,837,62 | 27. | 2,415,3 | | | | ,729. |
| | Contributions | 124,654. | 4,050. | | | 104,2 | | | | ,373. |
| | Net investment earnings, gains, and losses | 384,312. | -481,019. | 342,86 | 6. | 431,4 | 87. | | 404 | ,612. |
| | Grants or scholarships | | - | | | 1,3 | | | 1 | ,500. |
| | Other expenditures for facilities | | | | | | | | | |
| | and programs | 100,803. | 93,443. | 109,51 | .1. | 99,9 | 58. | | 94 | ,646. |
| f | Administrative expenses | 12,661. | 13,109. | 14,54 | 6. | 12,1 | 91. | | 11 | ,246. |
| g | End of year balance | 2,891,251. | 2,495,749. | 3,079,27 | ′°. | 2,837,6 | 27. | 2, | ,415 | ,322. |
| 2 | Provide the estimated percentage of the cur | | e (line 1g, column (| a)) held as: | | | | | | |
| | Board designated or quasi-endowment | .0000 | _% | | | | | | | |
| b | Permanent endowment 67.0000 | % | | | | | | | | |
| С | Term endowment 33.0000 | <u>%</u> | | | | | | | | |
| | The percentages on lines 2a, 2b, and 2c sho | - | | | | | | | | |
| 3a | Are there endowment funds not in the posse | ession of the organiz | ation that are held a | and administered | for the | | | г | | |
| | organization by: | | | | | | | r + | Yes | No |
| | (i) Unrelated organizations? | | | | | | | 3a(i) | | X |
| | (ii) Related organizations? | | | | | | | 3a(ii) | X | <u> </u> |
| | If "Yes" on line 3a(ii), are the related organiza | | | | | | | 3b | Х | |
| 4 | t VI Land, Buildings, and Equipn | | owment funds. | | | | | | | |
| Fai | Complete if the organization answere | |) Part IV line 11a (| See Form 000 Pa | rt X lin | a 10 | | | | |
| | Description of property | (a) Cost or o | | | | umulated | | d) Bool | | |
| | Description of property | basis (investr | | (other) | | ciation | (| uj buur | valu | le |
| 19 | Land | | ' | 7,689. | | | 2 | ,92 | 7.6 | 89. |
| | Buildings | | | |),11 | 4,435. | | ,782 | | |
| | Leasehold improvements | | | 7,816. | | 9,445. | | | | 71. |
| | Equipment | | | | | 0,679. | | | | 11. |
| | Other | | | | | 3,358. | 1 | ,248 | | |
| | . Add lines 1a through 1e. (Column (d) must e | | | | | | | , 303 | | |
| | | | | | | | | | | |

Schedule D (Form 990) 2023

| Copy f Young Men's | for Pub | olic Insi | pection |
|-----------------------|-----------|-----------|---------|
| Young Men's | s Christi | an Associ | ation |
| ۲ <u>م</u> 1 | - | | |

56-0543243 Page 3 Schedule D (Form 990) 2023 of Greensboro, Inc. Part VII Investments - Other Securities Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (including name of security) (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) Financial derivatives (2) Closely held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) 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, line 13, col. (B)) 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, line 15, col. (B)) 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. (a) Description of liability (b) Book value 1. Federal income taxes (1) 3,983 Funds held for others (2) 245,556 Operating lease liability (3) (4) (5)

(8) (9) Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))

249,539. 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... 🚺

(6) (7)

| | Copy for Public Inspection Young Men's Christian Association | | | | | | |
|------|--|-----------------------|---------|----------------|--|--|--|
| Sche | dule D (Form 990) 2023 of Greensboro, Inc. | | | 0543243 Page 4 | | | |
| Par | t XI Reconciliation of Revenue per Audited Financial Stateme | nts With Revenue per | Return | 1 | | | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | | | | | | |
| 1 | Total revenue, gains, and other support per audited financial statements | | . 1 | | | | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | | | |
| а | Net unrealized gains (losses) on investments | 2a | | | | | |
| b | Donated services and use of facilities | 2b | | | | | |
| с | Recoveries of prior year grants | 2c | | | | | |
| d | Other (Describe in Part XIII.) | | | | | | |
| е | 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: | | | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | | | |
| b | Other (Describe in Part XIII.) | 4b | | | | | |
| | Add lines 4a and 4b | | . 4c | | | | |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | | | | | |
| Par | t XII Reconciliation of Expenses per Audited Financial Stateme | ents With Expenses pe | er Retu | rn | | | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | | | | | | |
| 1 | Total expenses and losses per audited financial statements | | . 1 | | | | |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | | | | |
| а | Donated services and use of facilities | 2a | | | | | |
| b | Prior year adjustments | 2b | | | | | |
| с | Other losses | 2c | | | | | |
| d | Other (Describe in Part XIII.) | 2d | | | | | |
| е | Add lines 2a through 2d | | 2e | | | | |
| 3 | Subtract line 2e from line 1 | | . 3 | | | | |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | | | |
| b | Other (Describe in Part XIII.) | 4b | | | | | |
| с | Add lines 4a and 4b | | . 4c | | | | |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | | | | | | |
| Par | t 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 |

| Young Men's Christian Association | |
|---|-------------------|
| Schedule D (Form 990) 2023 of Greensboro, Inc. | 56-0543243 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, the |
| endowment assets are invested in a manner that is intended | to produce |
| results that meet funding requirements while assuming a mod | derate level of |
| investment risk. | |

Copy for Public Inspection

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 2023. Currently, the statute of limitations remains open subsequent to and including 2018; 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 | Ins | spection | | | | |
|--|--|--|---|---|--|--|------------------------------|--|--|
| SCHEDULE G | Suppleme | ntal Information Regardin | g Fun | drais | ing or Gaming | Activities | 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. | | | | | | | | |
| | | | | | | | | | |
| Department of the Treasury Internal Revenue Service | Gat | Attach to Form 990 www.irs.gov/Form990 for instr | | | | n | Open to Public Inspection | | |
| Name of the organization | | en's Christian As | | | | | r identification number | | |
| | of Gree | nsboro, Inc. | | | | 56-05 | 543243 | | |
| | complete this par | Complete if the organization answ t. | vered " | es" o | n Form 990, Part IV, | line 17. Form 99 | 90-EZ filers are not | | |
| a Mail solicitat b Internet and c Phone solici d In-person so 2 a Did the organization key employees list | ions email solicitations tations licitations on have a written o ed in Form 990, P highest paid indiv | f Solicit g Specia or oral agreement with any individu art VII) or entity in connection with viduals or entities (fundraisers) pur | ation of ation of al fundra al (inclu profess | non-g gover aising ding o sional 1 | overnment grants nment grants events fficers, directors, tru fundraising services? | stees, or | Yes No | | |
| (i) Name and addres or entity (fund | | (ii) Activity | fùnd have o or co | Did raiser sustody ntrol of utions? | (iv) Gross receipts from activity | (v) Amount pa to (or retained fundraiser listed in col. | by) to (or retained by) | | |
| | | | Yes | No | - | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Total | | | | | | | | | |
| 3 List all states in white or licensing. | ion the organizatio | n is registered or licensed to solici | CONTRI | JULION | s or has been notifie | u it is exempt fro | on registration | | |
| | | | | | | | | | |

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

| | | Copy | for Publi | c Inspect | ion on | | | | | |
|-----------------------|---|--|---|---|--------------------------|----------------------------|--|--|--|--|
| Sche | Schedule G (Form 990) 2023 of Greensboro, Inc. 56-0543243 Page 2 | | | | | | | | | |
| Ра | 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 | ross income on Form 990 | -EZ, lines 1 and 6b. List | events with gross receip | 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)) | | | | |
| e | | | (event type) | (event type) | (total number) | | | | | |
| Revenue | 1 | Gross receipts | 39,449. | | | 39,449. | | | | |
| | 2 | Less: Contributions | | | | | | | | |
| | - | | | | | | | | | |
| | 3 | Gross income (line 1 minus line 2) | 39,449. | | | 39,449. | | | | |
| | | · · · · · | | | | | | | | |
| | 4 | Cash prizes | | | | | | | | |
| | | | | | | | | | | |
| | 5 | Noncash prizes | | | | | | | | |
| ses | | | | | | | | | | |
| ben | 6 | Rent/facility costs | | | | | | | | |
| Direct Expenses | _ | | | | | | | | | |
| irec | 7 | Food and beverages | | | | | | | | |
| ā | ~ | - | | | | | | | | |
| | 8 0 | Entertainment | | | | 24,942. | | | | |
| | 9 10 | | | | | | | | | |
| | | Net income summary. Subtract line 10 from | | | | 24,942. 14,507. | | | | |
| Pa | | | | | | , | | | | |
| | | \$15,000 on Form 990-EZ, line 6a. | | | | | | | | |
| e | | | (a) Bingo | (b) Pull tabs/instant | (c) Other gaming | (d) Total gaming (add | | | | |
| Revenue | | | (u) Billigo | bingo/progressive bingo | | col. (a) through col. (c)) | | | | |
| | | | | | | () 3 () | | | | |
| ě | | | | | | | | | | |
| Rev | 1 | Gross revenue | | | | | | | | |
| _ | | Gross revenue | | | | | | | | |
| lses | 2 | | | | | | | | | |
| lses | 2 3 | Cash prizes | | | | | | | | |
| _ | 2 3 | Cash prizes | | | | | | | | |
| lses | 2 3 4 | Cash prizes Noncash prizes Rent/facility costs | | | | | | | | |
| lses | 2 3 4 | Cash prizes | | Yes % | Yes % | | | | | |
| lses | 2 3 4 5 | Cash prizes Noncash prizes Rent/facility costs Other direct expenses | | └── Yes % └── No | └── Yes% └── No | | | | | |
| lses | 2 3 4 5 | Cash prizes Noncash prizes Rent/facility costs | Yes% | · | · | | | | | |
| lses | 2 3 4 5 6 | Cash prizes Noncash prizes Rent/facility costs Other direct expenses | Yes% □No | · | No | | | | | |
| lses | 2 3 4 5 6 | Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor | Yes% □No | No | No | | | | | |
| lses | 2 3 4 5 6 7 | Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor | → Yes% → No wh 5 in column (d) | No No | No No | | | | | |
| Direct Expenses | 2 3 4 5 6 7 8 | Cash prizes | Yes % No % 1 Yes No % 7 from line 1, column (d) | No | No No | | | | | |
| 6 Direct Expenses | 2 3 4 5 6 7 8 Ent | Cash prizes | yh 5 in column (d) 7 from line 1, column (d) | No | No No | | | | | |
| b 6 Direct Expenses | 2 3 4 5 6 7 8 Ent Ist | Cash prizes | h 5 in column (d) 7 from line 1, column (d) lucts gaming activities:activities in each of these | No No states? | No No | | | | | |
| b 6 Direct Expenses | 2 3 4 5 6 7 8 Ent Ist | Cash prizes | h 5 in column (d) 7 from line 1, column (d) lucts gaming activities:activities in each of these | No No states? | No No | | | | | |
| b 6 Direct Expenses | 2 3 4 5 6 7 8 Ent Ist | Cash prizes | h 5 in column (d) 7 from line 1, column (d) lucts gaming activities:activities in each of these | No No states? | No No | | | | | |
| g e 6 Direct Expenses | 2 3 4 5 6 7 8 Ent Ist If " | Cash prizes | h 5 in column (d) from line 1, column (d) lucts gaming activities: activities in each of these | No states? | □ No | YesNo | | | | |
| b Direct Expenses | 2 3 4 5 6 7 8 8 8 15 t 15 t 15 t 15 t | Cash prizes | h 5 in column (d) 7 from line 1, column (d) lucts gaming activities: activities in each of these | No states? erminated during the tax | No | YesNo | | | | |
| b Direct Expenses | 2 3 4 5 6 7 8 8 8 15 t 15 t 15 t 15 t | Cash prizes | h 5 in column (d) 7 from line 1, column (d) lucts gaming activities: activities in each of these | No states? erminated during the tax | No | YesNo | | | | |

| Copy for Public Inspection Young Men's Christian Association | | | |
|---|-------------|---------|----------|
| | -0543 | 3243 | Page 3 |
| 11 Does the organization conduct gaming activities with nonmembers? | | Yes | No |
| 12 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? | | Yes | No No |
| 13 Indicate the percentage of gaming activity conducted in: | | | |
| a The organization's facility | 13a | | % |
| b An outside facility | | | % |
| 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name | | | |
| Address | | | |
| | | N | |
| 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? | | Yes | └── No |
| b If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$ c If "Yes," enter name and address of the third party: | | | |
| Name | | | |
| Address | | | |
| 16 Gaming manager information: | | | |
| Name | | | |
| Gaming manager compensation \$ | | | |
| Description of services provided | | | |
| | | | |
| Director/officer Employee Independent contractor | | | |
| 17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ | e | Yes | No No |
| organization's own exempt activities during the tax year \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. | Part III, I | ines 9, | 9b, 10b, |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

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

Part IV Supplemental Information (continued)

| |
|------|
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |

| | | | Copy fo | r Publi | c Inspe | ection | | | | |
|--|--|-----------------------|------------------------------------|--------------------------|---|---|---------------------------------------|---------------|-------------------------------------|----------|
| SCHEDU | ILEI | | arants and Oth | | | | | | OMB No. 1 | 545-0047 |
| (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 | 23 | | | |
| Department of the Treasury Attach to Form 990. | | | | | | Open to | | | | |
| | enue Service | la Chaist | | .gov/Form990 for | the latest inform | ation. | | | Inspe | |
| Name of | | s christ boro, Inc | ian Associa | | | | | Employer | identification 56-054 | |
| Part I | General Information on Grants a | and Assistance | | | | | | | | |
| crit | es the organization maintain records eria used to award the grants or assi scribe in Part IV the organization's pr | stance? | | | | | | | X Yes | No No |
| Part II | Grants and Other Assistance to recipient that received more than | Domestic Organi | zations and Domesti | c Governments. C | Complete if the org | anization answered "Y | ′es" on Form 990, Par | t IV, line 21 | , for any | |
| 1 (a) | Name 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 <u>c</u> 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

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

Young Men's Christian Association

Schedule I (Form 990) 2023 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.

| (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 |
|--------------------------|---------------------------------|---------------------------------------|--|---------------------------------------|
| | | | | |
| 1948 | 552,754. | 0. | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | recipients | recipients cash grant | recipients cash grant cash assistance | |

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 for Public Inspection | | | | |
|----------|---|---|--------------|---------|--------------|------|
| SC | HEDULE J | Compensation Information | | OMB No. | 1545-00 | 47 |
| | rm 990) | For certain Officers, Directors, Trustees, Key Employees, and Highest | | 20 | <u>77</u> | , |
| 1 | , | Compensated Employees | | ZU | ZJ |) |
| _ | | Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. | | Open to | Publ | ic |
| | tment of the Treasury al Revenue Service | Go to www.irs.gov/Form990 for instructions and the latest information. | | Inspe | ction | |
| Nam | ne of the organizatio | ·· · · · · · · · · · · · · · · · · · · | Employer ide | | | mber |
| | | of Greensboro, Inc. | 56-05 | 4324 | 3 | |
| Pa | rt I Question | s Regarding Compensation | | | | |
| | | | | | Yes | No |
| 1a | Check the appropr | ate box(es) if the organization provided any of the following to or for a person listed on Forn | ו 990, | | | |
| | Part VII, Section A, | line 1a. Complete Part III to provide any relevant information regarding these items. | | | | |
| | First-class or c | harter travel Housing allowance or residence for person | onal use | | | |
| | Travel for com | panions Payments for business use of personal re | sidence | | | |
| | Tax indemnific | ation and gross-up payments Health or social club dues or initiation fee | S. | | | |
| | Discretionary | spending account Personal services (such as maid, chauffe | ur, chef) | | | |
| | | | | | | |
| b | • | on line 1a are checked, did the organization follow a written policy regarding payment or | | | | |
| | reimbursement or p | provision of all of the expenses described above? If "No," complete Part III to explain | | 1b | | |
| 2 | Did the organizatio | n require substantiation prior to reimbursing or allowing expenses incurred by all directors, | | | | |
| | trustees, and office | rs, including the CEO/Executive Director, regarding the items checked on line 1a? | | 2 | | L |
| | | | | | | |
| 3 | | ny, of the following the organization used to establish the compensation of the organization | | | | |
| | | ector. Check all that apply. Do not check any boxes for methods used by a related organiza | ion to | | | |
| | | ation of the CEO/Executive Director, but explain in Part III. | | | | |
| | X Compensation | | | | | |
| | | compensation consultant IX Compensation survey or study | | | | |
| | Form 990 of o | ther organizations | committee | | | |
| 4 | During the year, did | l any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing | | | | |
| | organization or a re | | | | | |
| а | Receive a severand | e payment or change-of-control payment? | | 4a | | Х |
| b | Participate in or rec | eive payment from a supplemental nonqualified retirement plan? | | 41 | | Х |
| с | Participate in or rec | eive payment from an equity-based compensation arrangement? | | 4c | | Х |
| | | nes 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | | | |
| | | | | | | |
| | Only section 501(|)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. | | | | |
| 5 | For persons listed | on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati | on | | | |
| | contingent on the r | evenues of: | | | | |
| а | The organization? | | | 5a | | X |
| b | Any related organiz | ation? | | 5b | | X |
| | | or 5b, describe in Part III. | | | | |
| 6 | For persons listed | on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | on | | | |
| | contingent on the r | et earnings of: | | | | |
| а | The organization? | | | 6a | | X |
| b | Any related organiz | ation? | | 6b | | X |
| | | or 6b, describe in Part III. | | | | |
| 7 | For persons listed | on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment | .S | | | |
| | | nes 5 and 6? If "Yes," describe in Part III | | 7 | | X |
| 8 | | reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to | | | | |
| | initial contract exce | ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III | | 8 | | X |
| 9 | If "Yes" on line 8, d | id the organization also follow the rebuttable presumption procedure described in | | | | |
| | Regulations section | n 53.4958-6(c)? | | 9 | | |
| For | | ion Act Notice, see the Instructions for Form 990. | Schedule | J (Forr | n 990) | 2023 |

Schedule J (Form 990) 2023

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) | 224,893. | 0. | 0. | 27,633. | 4,840. | 257,366. | 0. |
| President/CEO | (ii) | 0. | 0. | 0. | 0. | 0. | | 0. |
| (2) Brenda Willis | (i) | 154,320. | 0. | 0. | 18,939. | 4,840. | 178,099. | 0. |
| VP-Finance & Administrativ | (ii) | 0. | 0. | 0. | 0. | 0. | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

of Greensboro, Inc. Schedule J (Form 990) 2023 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) 2023

| SCHEDULE K Supplemental Information on Tax-Exempt Bonds Form 990) Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI. Department of the Treasury Internal Revenue Service Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information. | | | | | | | | | | OMB No. 1545-0047 2023 Open to Public Inspection | | | |
|---|--------------------------------|-------------|-----------------|----------|----------|---------------|---------------|---------------|-----------------|---|---------|-----------------|------|
| | en's Christian Isboro, Inc. | Associat | cion | | | | | | loyeri 6 – 0 | | | n num | ıber |
| Part I Bond Issues | See Part VI | for Colum | nns (a) and | 1 (f) | Conti | nuations | | | | | | | |
| (a) Issuer name | (b) Issuer EIN | (c) CUSIP # | (d) Date issued | (e) Issu | le price | (f) Descripti | on of purpose | (g) De | efeased | (h) On of iss | | (i) Po finan | |
| | | | | | | | | Yes | No | Yes | No | Yes | No |
| Guilford County | | | | | | To refun | d prior | | | | | | |
| A Industrial Facilities | s an56-1423156 | None | 11/18/10 | 22,5 | 500,000. | indebted | ness and | | X | | Х | | Х |
| В | | | | | | | | | | | | | |
| c | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| <u>D</u> | | | | | | | | | | | | | L |
| Part II Proceeds | | | | | | | | | | | | | |
| 1 Amount of bonds retired | | | A 18,305 | 5,801. | | В | С | | | | D | | |
| 2 Amount of bonds legally defeased | | | | | | | | | | | | | |
| 3 Total proceeds of issue | | | |),000. | | | | | | | | | |
| 4 Gross proceeds in reserve funds | | | | | | | | | | | | | |
| 5 Capitalized interest from proceeds | | | | | | | | | | | | | |
| | | | 20,335 | | | | | | | | | | |
| 7 Issuance costs from proceeds | | | 162 | 2,393. | | | | | | | | | |
| 8 Credit enhancement from proceeds | | | | | | | | | | | | | |
| 9 Working capital expenditures from proc | eeds | | | | | | | | | | | | |
| 10 Capital expenditures from proceeds | | | | 2,381. | | | | | | | | | |
| 11 Other spent proceeds | | | | | | | | | | | | | |
| 12 Other unspent proceeds | | | | | | | | | | | | | |
| 13 Year of substantial completion | | | 20 |)12 | | | | | | | | | |
| | | | Yes | No | Yes | No | Yes | No | | Yes | | No | |
| 14 Were the bonds issued as part of a refu | • | | | | | | | | | | | | |
| if issued prior to 2018, a current refund | | | X | | | | | | | | | | |
| 15 Were the bonds issued as part of a refu | - | - | | | | | | | | | | | |
| issued prior to 2018, an advance refund | ding issue)? | | | Х | | | | | | | \perp | | |
| 16 Has the final allocation of proceeds bee | | | X | | | | | | | | | | |
| 17 Does the organization maintain adequa | te books and records to su | pport the | | | | | | | | | | | |
| final allocation of proceeds? | <u></u> | <u></u> | Х | | | | | | | | | | |

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

Schedule K (Form 990) 2023

Young Men's Christian Association

| Sche | edule K (Form 990) 2023 of Greensboro, Inc. | | | 56- | 0543243 | | | | Page 2 | |
|------|---|-----|----|-----|---------------------------------------|-----|----------|--|-----------|--|
| Par | t III Private Business Use | | | _ | | | | | | |
| | | | A | | 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? | | | | | | | | | |
| с | 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 | | • | | • | | | I | | |
| | 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, | | | | | | | I | | |
| | 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 | | <u> </u> | | | |
| | disposed of | | % | | % | | % | | % | |
| с | If "Yes" to line 8a, was any remedial action taken pursuant to Regulations | | | | , , , , , , , , , , , , , , , , , , , | | | | <u>,,</u> | |
| - | 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 | | | | | | <u> </u> | | | |
| | | | Α | | 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? | | | | 1 | | <u> </u> | | | |
| | Rebate not due yet? | | X | | | | | I | | |
| | Exception to rebate? | | X | | | | <u> </u> | | | |
| | No rebate due? | | X | | | | <u>├</u> | | | |
| | If "Yes" to line 2c, provide in Part VI the date the rebate computation was | | | | I | | <u> </u> | J | | |
| | | | | | | | | | | |
| 3 | performedIs the bond issue a variable rate issue? | X | | | | | | , | | |
| | Is the bond issue a variable rate issue? | | 1 | 1 | 1 1 | | 1 1 | , , , , , , , , , , , , , , , , , , , | | |

Young Men's Christian Association

| Schedule K (Form 990) 2023 of Greensboro, Inc. | | | 56- | 0543243 | } | | | Page |
|---|--------------|-----------------|----------|---------|-----|----|-----|------|
| Part IV Arbitrage (continued) | | | | | | | | |
| | | A | | В | С | | C |) |
| 4a Has the organization or the governmental issuer entered into a qualified | Yes | No | Yes | No | Yes | No | Yes | No |
| hedge with respect to the bond issue? | X | | | | | | | |
| b Name of provider | 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 | e 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 | l 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-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information. Young Men's Christian Association



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

of Greensboro, Inc.

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 134 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 dedicated 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 Our branches also collaborated with other intervention programs. 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 2023. Our programs are family-oriented, accessible, affordable and open to all faiths, backgrounds, abilities and income levels. In 2023, 32,988 adults in our community received the support, guidance and resources they needed to achieve greater health in spirit, mind and body, and we For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2023 I HA 332211 11-14-23

| Schedule O (Form 990) 2023 | Page 2 |
|--|---|
| Name of the organization Young Men's Christian Association of Greensboro, Inc. | Employer identification number 56-0543243 |
| provided \$171,634.90 in financial assistance to people s | eeking |
| healthier lifestyles who otherwise would have faced econ | omic barriers |
| 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 2023, 26,887 youth and teens were engaged in Y programing, and the Y was able to provide \$149,750.91 in financial assistance to make the programs affordable and accessible. The Y also provided 941 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

 332212 11-14-23

 Schedule O (Form 990) 2023

| Schedule O (Form 990) 2023 | Page 2 |
|--|---|
| Name of the organization Young Men's Christian Association of Greensboro, Inc. | Employer identification number $56-0543243$ |
| 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 las | t 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 2023, 3,099 youth and teens participate | d in our wide |
| variety of childcare programs, and the Y was able to prov | ide |
| \$231,368.36 in financial assistance to make the programs | affordable and |
| accessible. | |
| | |

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

Payments to Affiliated Organizations

Expenses \$ 205,794. 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
332212 11-14-23
Schedule O (Form 990) 2023

4.0

| Copy for Public Inspection | |
|--|---|
| Schedule O (Form 990) 2023 | Page 2 |
| Name of the organization Young Men's Christian Association of Greensboro, Inc. | Employer identification number 56-0543243 |
| from her findings. | |
| For situations which arise in which the Board may wish to | contract or enter |
| into an arrangement for goods or services under 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 Large YMCAs Survey of Executive Compen | sation, as well as |
| average increase percentages for other key personnel. Th | e review committee |
| is comprised of the current Board Chair, the past Board C | hair and the |
| upcoming Board Chair. The information provided will incl | ude, but may not |
| be limited to, average increase percentages for Leadershi | p Team in the most |
| recent 12 month period, CEO salary history, and a copy of | the Large YMCAs |
| Survey of Executive Compensation. | |
| 2. The CEO prepares a self-evaluation for the review com | mittee that |
| provides narrative and evidentiary progress toward goals | established for |

the year.

The review committee may choose to seek input from the Metro Board and 3. key staff members concerning CEO performance over the previous year.

The review committee meets to discuss the performance evaluation and 4.

arrive at a salary increase recommendation.

The review committee evaluates the proposed salary increase against the 5.

data from the compensation survey to ensure that CEO compensation does not Schedule O (Form 990) 2023 332212 11-14-23

| copy for i ubite inspection | |
|--|---|
| Schedule O (Form 990) 2023 | Page 2 |
| Name of the organization Young Men's Christian Association of Greensboro, Inc. | Employer identification number 56-0543243 |
| | · |
| qualify as an excess benefit under Intermediate Sanction | Rules. |
| 6. The review committee, or the Board Chair on behalf of | the review |
| 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 | at 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 | ent. |
| 3. The CEO reviews comparative data from the Large YMCAs | Survey of |
| Executive Compensation, internal increase percentages and | the Hay plan |
| range for the position to arrive at an appropriate salary | , increase that |
| will not qualify as an excess 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 documents are made available to the public upon request.

| Schedule O (Form 990) 2023 Name of the organization Young Men's Christian Association | Page 2 Employer identification number |
|--|--|
| of Greensboro, Inc. | 56-0543243 |
| Form 990, Part VII, Column B: | |
| A few of the board members for the YMCA of Greensboro als | o sit on the |
| board for the YMCA Endowment fund. The board for the End | owment meets |
| for a mimimum of 1x annually for a board meeting. At the | meeting the |
| board determines the spending rate for the endowment earn | ings and also |
| discusses any other issues related to the endowment. Dur | ing the year, |
| the YMCA investment committee reviews and manages the ass | ets of the |
| endowment. | |
| | |
| | |
| Form 990, Part XI, line 9, Changes in Net Assets: | |
| Increase in amount due from YMCA of Greensboro Endowment | 270,848. |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

| SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service Name of the organizat | Comple | Related Organizations te if the organization answered "Ye Attack <u>Go to www.irs.gov/Form990 for</u> aristian Associatio | es" on Form 990, Part IV, li n to Form 990. instructions and the lates: | ne 33, 34, 35b, 36 | or 37. | Employ | O | AB No. 1545 202 pen to Pu Inspection | 3 ublic on |
|---|--------------------------------------|---|---|-------------------------------|---|--|--------------|---|------------------|
| | of Greensboro, | | | | | 56 | -05432 | 243 | |
| Part I Identificat | ion of Disregarded Entities. Complet | e if the organization answered "Yes" | on Form 990, Part IV, line 3 | 3. | | | | | |
| (a) Name, address, and EIN (if applicable) of disregarded entity | | (b) Primary activity | (c) Legal domicile (state c foreign country) | or (d) Total incor | (e) End-of-year a | | | (f) ontrolling itity | I |
| | | - | | | | | | | |
| | | - | | | | | | | |
| | ion of Related Tax-Exempt Organiza | tions. Complete if the organization a | answered "Yes" on Form 990 | 0, Part IV, line 34, t | pecause it had one of | or more rela | ited tax-exe | empt | |
| (a) Name, address, and EIN of related organization | | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | | (g Section 5 contro enti | olled |
| Young Men's Christian Association of Greensboro Endowment, Inc 56-1849170, 620 Green Valley Road, Suite 210, Greensboro, NC | | Support the operations and programs of YMCA-Greensboro | North Carolina | 501(c)(3) | с | oung Men hristian ssociati | | x | |
| | | - | | | | | | | |
| | | - | | | | | | | |
| | | | | | | | | | |

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

of Greensboro, Inc. Schedule R (Form 990) 2023

56-0543243 Page 2

| Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. | | | | | | | | | | | |
|--|--------------------------------|--|---|--|--|---|--|--|--|---|---|
| (b) | (c) | (d) | (e) | (f) | (g) | () | ר) | (i) | (| j) | (k) |
| Primary activity | Legal domicile (state or | Direct controlling entity | (related, unrelated, | Share of total income | Share of end-of-year | Disproportionate allocations? | | amount in box | General or managing partner? | | Percentage ownership |
| | country) | | sections 512-514) | | 233013 | Yes | No | K-1 (Form 1065) |)) Yes No | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | rtnership during the ta (b) | thereship during the tax year. (b) (c) Primary activity Legal domicile (state or foreign | (b) (c) (d) Primary activity Legal domicile (state or foreign Direct controlling entity | (b) (c) (d) (e) Primary activity Legal domicile (state or foreign foreign) Direct controlling entity Predominant income (related, unrelated, unrelated, excluded from tax under foreign) | (b) (c) (d) (e) (f) Primary activity Legal domicile (state or foreign Direct controlling entity Predominant income (related, unrelated, excluded from tax under control or for for for tax under control or for for for tax under control or for for tax under control or for for tax under control or for for tax under control or for for for tax under control or for for tax under control or for for tax under control or for tax under contro or for tax under contro or for tax under control or for tax unde | (b)(c)(d)(e)(f)(g)Primary activityLegal domicile (state or foreignDirect controlling entityPredominant income (related, unrelated, excluded from tax underShare of total incomeShare of end-of-year assets | (b) (c) (d) (e) (f) (g) (l) Primary activity Legal domicile (state or foreign or foreign Direct controlling entity Predominant income (related, unrelated, excluded from tax under excluded fr | (b) (c) (d) (e) (f) (g) (h) Primary activity Legal domicile (state or region Direct controlling entity Predominant income (related, unrelated, excluded from tax under) Share of total income assets Disproportionate allocations? | (b) (c) (d) (e) (f) (g) (h) (i) Primary activity Legal domicile (state or regine | (b) (c) (d) (e) (f) (g) (h) (i) (c) Primary activity Legal domicile (state or protein) Direct controlling entity Predominant income (related, unrelated, excluded from tax under) Share of total income (assets) Share of end-of-year (assets) Disproportionate (assets) Code V-UBI (amount in box (amount in box (b))) Amount in box (b) Amount in | (b) (c) (d) (e) (f) (g) (h) (i) (j) Primary activity Legal domicile (state or foreign of created, unrelated, excluded from tax under Direct controlling entity Predominant income (related, unrelated, excluded from tax under Share of total income assets Share of end-of-year assets Disproportionate allocations? Code V-UBI amount in box 20 of Schedule |

Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year. Part IV

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | Sec 512(cont | (i) ction (b)(13) trolled tity? |
|--|--------------------------------|---|-------------------------------------|--|--|---|---------------------------------------|---------------------|---|
| | | country) | | 01 11 01 01 01 | | | | Yes | No |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

Copy for Public Inspection Schedule R (Form 990) 2023 of Greensboro, Inc.

332163 09-28-23

| Part V | Transactions With Related Organizations. Complete if the organization answered | "Yes" | on Form | n 990, | Part IV, line 3 | 4, 35b, or 36. |
|--------|--|-------|---------|--------|-----------------|----------------|
|--------|--|-------|---------|--------|-----------------|----------------|

| Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. | | | | | | |
|---|---|----|---|---|--|--|
| 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? | | | | | |
| а | Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | 1a | | Х | | |
| 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 | | X | | |
| 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 | | |
| | Performance of services or membership or fundraising solicitations for related organization(s) | 11 | | Х | | |
| | n 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 | | |
| | 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 | | X | | |

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. | | 100 002 | |
| (1) Greensboro Endowment, Inc. | C | 100,803. | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |

Young Men's Christian Association

Schedule R (Form 990) 2023 of Greensboro, Inc.

56-0543243 Page 4

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) Name, address, and EIN of entity | (b) Primary activity | (c) | (d) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (e) Are a partners 501(c) orgs. Yes I |) ill (3) ? No | (f) Share of total income | (g) Share of end-of-year assets | (H Dispr tior alloca Yes | opor- ate tions? | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) Gener mana partn Yes |) ging ler? NO | (k) Percentage ownership |
|--|--------------------------------|-----|---|--|-----------------------------------|---|---|---|------------------------|---|---|--------------------------------|---------------------------------------|
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

Schedule R (Form 990) 2023

Schedule R (Form 990) 2023

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

56-0543243 Page 5

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.