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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

A F	or the	2024 calendar year, or tax year beginning	and	ending							
Вс	heck if	C Name of organization			D Employer identifi	cation number					
	Addres	Young Men's Christian Ass									
	_change	of Greensboro Endowment,	Inc.								
	change Initial	Doing business as 56-1649170									
	return	Number and street (or P.O. box if mail is not delivered	,	Room/suit							
	Final return/ termin	620 Green Valley Road, Su			336-854-						
	ated Ameno	City or town, state or province, country, and ZIP of			G Gross receipts \$	906,552.					
	return Applic	Greenspord, NC 2/400-//2			H(a) Is this a group re						
	tion pendin	F Name and address of principal officer. Milolida	a Anderson			for subordinates? Yes X No					
_		same as C above			H(b) Are all subordinates in						
			insert no.) 4947(a)(1)	or 52	-	list. See instructions					
	Vebsit		tion Other	1	H(c) Group exemption						
K ⊦	orm of I rt I	organization: X Corporation Trust Associate Summary	tion Other	L Yea	ar of formation: 1993	M State of legal domicile; NC					
Га			По ст	innon	t the function	ong of or					
۱ġ		Briefly describe the organization's mission or most signito carry out the purposes of									
and											
Governance		Check this box if the organization discontinue			1	l 12					
é		Number of voting members of the governing body (Part Number of independent voting members of the governir			<u>3</u>	12					
≪ા						0					
ties		Total number of individuals employed in calendar year 2			·····	0					
Activities		Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column				0.					
₹		Net unrelated business taxable income from Form 990-1			0.						
\dashv		Net unrelated business taxable income norm of in 350-1	, raiti, iiile ri		Prior Year	Current Year					
	8	Contributions and grants (Part VIII, line 1h)			124,654.	17,433.					
Revenue					0.	0.					
Ver		Investment income (Part VIII, column (A), lines 3, 4, and			36,019.	183,027.					
Be		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c,			0.	0.					
			- add lines 8 through 11 (must equal Part VIII, column (A), line 12)			200,460.					
\dashv		Grants and similar amounts paid (Part IX, column (A), lin			160,673. 100,803.	125,899.					
		Benefits paid to or for members (Part IX, column (A), line			0.	0.					
ا پ		Salaries, other compensation, employee benefits (Part I)			0.	0.					
ses		Professional fundraising fees (Part IX, column (A), line 1			0.	0.					
Expense		Total fundraising expenses (Part IX, column (D), line 25)		0.							
Ä		Other expenses (Part IX, column (A), lines 11a-11d, 11f-2			12,661.	15,177.					
		Total expenses. Add lines 13-17 (must equal Part IX, col			113,464.	141,076.					
		Revenue less expenses. Subtract line 18 from line 12			47,209.	59,384.					
L S					Beginning of Current Year	End of Year					
ets (20	Total assets (Part X, line 16)			2,891,251.	3,130,503.					
Ass	21				953,481.	1,175,300.					
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 2			1,937,770.	1,955,203.					
Pa	rt II	Signature Block			•						
Unde	er pena	ties of perjury, I declare that I have examined this return, includ	ding accompanying schedules	and stater	ments, and to the best of my	/ knowledge and belief, it is					
true,	correc	t, and complete. Declaration of preparer (other than officer) is b	ased on all information of wh	nich prepar	er has any knowledge.						
Sign	ı	Signature of officer			Date						
Here	Э	<u>Rhonda Anderson, Chief Execu</u>	tive Officer								
		Type or print name and title									
			arer's signature		Date Check C	PTIN					
Paid			ga Oganesov		05/07/25 self-employ						
Prep	arer	Firm's name Bernard Robinson & C	ompany, LLP		Firm's EIN 5	6-0571159					
Use	Only	Firm's address PO Box 19608									
		Greensboro, NC 27419	-9608		Phone no. 33	6-294-4494					
May	the IF	S discuss this return with the preparer shown above? S	See instructions			X Yes No					

Copy for Public Inspection
Young Men's Christian Association
of Greensboro Endowment, Inc.
Part III Statement of Program Service Accomplishments 56-1849170 Page **2**

	Check if Schedule O contains a respo	onse or note to any line in this Part III		
1	Briefly describe the organization's mission:	nise of flote to any line in this fart in .		
•		and of or to darky	out the nurneged of The Vound	
	Men's Christian Associ		out the purposes of The Young	
	Men s Christian Associ	action of Greensboro	, IIIC.	
	Did the consideration and a table consideration		Cala construct Parks of any Man	
2	Did the organization undertake any significa			7
			Yes 🖸	ON
	If "Yes," describe these new services on So			7
3			lucts, any program services? Yes 🛚	ON 🛂
	If "Yes," describe these changes on Schedu			
4			largest program services, as measured by expenses.	
			grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service re	ported.	105.000	
4a	(Code:) (Expenses \$12	25 , 899 • including grants of \$	125,899.) (Revenue \$)
	To support the function	ns of YMCA of Green	sboro, Inc.	
	-			
			. ,	
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
	-			
4c	Code:) (Expenses \$	including grants of th) (Revenue \$	
40	Code:) (Expenses \$	including grants of \$		<i>'</i>
4d	Other program services (Describe on Sched	dule O.)		
		cluding grants of \$) (Revenue \$	
4e		125,899.	· · · · · · · · · · · · · · · · · · ·	

Copy for Public Inspection Young Men's Christian Association of Greensboro Endowment, Inc. Part IV Checklist of Required Schedules

56-1849170 Page **3**

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			37
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u>X</u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		37
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u>X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u>X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		Х
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			Х
0	Schedule D, Part III	8		
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?	9		Х
10	If "Yes," complete Schedule D, Part IV	9		
10		10	х	
11	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
ч		11a		Х
b	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
~	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	
	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		<u>X</u>
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		<u>X</u>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>X</u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			_
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u>X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			37
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			37
	complete Schedule G, Part III	19		<u>X</u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		~	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	X agn	2024)
432003	12-10-24	rorm	23U (ZUZ4)

Form 990 (2024) of Greensboro Endowment, Inc.

Part IV | Checklist of Required Schedules (continued)

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	Continued)			Г
22	Did the examination report more than \$5,000 of grants or other equiptones to or for demostic individuals on		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
		24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		\vdash
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
2 5a	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
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	254		
-	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			l
	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	00-		x
h	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28a 28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		
·	"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		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	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		_ v	
25-	Part V, line 1	34	Х	Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		
b	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
D-	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			
4 -	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
		-		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
·	(gambling) winnings to prize winners?	1c		
			200	

Young Men 's Christian Association

Form 990 (2024) of Greensboro Endowment, Inc.

| Part V | Statements Regarding Other IRS Filings and Tax Compliance (continued)

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

Young Men's Christian Association

of Greensboro Endowment, Inc.

56-1849170

Form 990 (2024) 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. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 12 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 12 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 6 Х 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? Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a 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? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 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? Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 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? The organization's CEO, Executive Director, or top management official X 15a Х 15b Other officers or key employees of the organization 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 Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure None List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available

for public inspection. Indicate how you made these available. Check all that apply

X Upon request Own website Another's website ___ Other (explain on Schedule O)

Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

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

Young Men's Christian Association

on (2024) of Greensboro Endowment, Inc. 56-1849170 Page 7

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.

X Check this box if neither the organization							sate			(E)		
(A)	(B)	(C) Position						(D)	(E)	(F)		
Name and title	Average		(do not check more that box, unless person is b			than o		Reportable	Reportable	Estimated amount of		
	hours per week	offi	, unie: cer ar	ss pei id a d	rson i irecto	is botr or/trus	ı an tee)	compensation from	compensation from related	other		
	(list any	To.						the	organizations	compensation		
	hours for	direct				l,			(W-2/1099-MISC/	from the		
	related	9e 0r	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization		
	organizations	Individual trustee or director	Institutional trustee		oyee	om pe		1099-NEC)	,	and related		
	below	idual	ution	l la	Key employee	est co	le.			organizations		
	line)	Indiv	Instit	Officer	Key (Highest compensated employee	Form					
(1) Dennis Stearns	0.25											
Chairman		Х		Х				0.	0.	0.		
(2) Lynn Harvey-Akan	0.25	ļ										
Director		Х				_		0.	0.	0.		
(3) Rick Lusk	0.25	ļ										
Director		Х				_		0.	0.	0.		
(4) Dupont Kirven	0.25	ļ										
Director	0.05	Х				├		0.	0.	0.		
(5) Ford Bowers	0.25	٠,,										
Director	0.05	Х	_			┢		0.	0.	0.		
(6) Candace Cummings	0.25	х						0.	0.	_		
Oirector (7) Todd Rangel	0.25	^				┢		0.	0.	0.		
(7) Todd Rangel Director	0.25	х						0.	0.	0.		
(8) Sheila Thrower	0.25	^				 		0.	0.	0.		
Director	0.23	х						0.	0.	0.		
(9) Dupont Kirven	0.25									•		
Director		Х						0.	0.	0.		
(10) Oliver Thomas	0.25											
Director		Х						0.	0.	0.		
(11) Kiva Elliott	0.25											
Director		Х						0.	0.	0.		
(12) Mary Eleanor Puckett	0.25	<u> </u>										
Director		Х						0.	0.	0.		
		1										
						_						
		4										
		<u> </u>				_						
		1										

432007 12-10-24 Form **990** (2024)

Copy for Public Inspection
Young Men's Christian Association of Greensboro Endowment, Inc. 56-1849170 Page 8 Part VII | Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (B) (C) (A) (D) (E) (F) Position Average Reportable Name and title Reportable Estimated (do not check more than one hours per compensation compensation amount of box, unless person is both an officer and a director/trustee) week from from related other (list any organizations compensation ndividual trustee or director the hours for organization (W-2/1099-MISC/ from the lighest compensated related nstitutional trustee (W-2/1099-MISC/ 1099-NEC) organization organizations 1099-NEC) and related below organizations line) 0. 1b Subtotal 0. c Total from continuation sheets to Part VII, Section A 0. 0. 0. d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable 0 compensation from the organization Yes No Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on Х 3 line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Х 4 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services X rendered to the organization? If "Yes." complete Schedule J for such person **Section B. Independent Contractors** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Description of services Name and business address Compensation NONE

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

of Greensboro Endowment, Inc. Form 990 (2024) Statement of Revenue Part VIII

56-1849170 Page **9**

Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Revenue excluded Related or exempt Unrelated Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above ... 17,433. 1f 1g \$ g Noncash contributions included in lines 1a-1f 17,433. h Total. Add lines 1a-1f **Business Code** 2 a Program Service f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 112,528. 112,528. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents 6b **b** Less: rental expenses ... c Rental income or (loss) 6c d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of 7a 776,591. assets other than inventory b Less: cost or other basis 7ь 706,092. Other Revenue and sales expenses c Gain or (loss) 7c 70,499. 70,499. 70,499. d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 9a **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 10a and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** 11 a d All other revenue e Total. Add lines 11a-11d 200,460. 183,027. **12 Total revenue**. See instructions

Part IX | Statement of Functional Expenses

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Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (**D**)
Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 125,899. 125,899. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 10 Payroll taxes Fees for services (nonemployees): Management Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 15,177. 15,177. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) Advertising and promotion 12 Office expenses 13 Information technology 14 Royalties 15 16 Occupancy 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates _____ 21 Depreciation, depletion, and amortization 22 23 Other expenses. Itemize expenses not covered 24 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 O.) d All other expenses 141,076. 125,899. 15,177. 0. Total functional expenses. Add lines 1 through 24e 25 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)

of Greensboro Endowment, Inc. Form 990 (2024)

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Part X Balance Sheet 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 220,107. 78,543. 2 Savings and temporary cash investments Pledges and grants receivable, net 3 3 Accounts receivable, net 4 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 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 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D _____ 10a b Less: accumulated depreciation 10b 10c 2,671,144. 3,051,960. 11 11 Investments - publicly traded securities Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 Intangible assets 14 14 Other assets. See Part IV, line 11 15 15 2,891,251. 3,130,503. 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 16 Accounts payable and accrued expenses 17 17 18 18 Grants payable 19 Deferred revenue 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X <u>1,175,300.</u> 953,481. 25 of Schedule D 953,481. 1,175,300. 26 **Total liabilities.** Add lines 17 through 25 Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. Net assets without donor restrictions 27 27 Net assets with donor restrictions 1,937,770. 1,955,203. 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 Total net assets or fund balances 1,937,770. 1,955,203. 32 32 2,891,251. 3,130,503. 33 33 Total liabilities and net assets/fund balances

Form **990** (2024)

56-1849170 of Greensboro Endowment, Inc. Page 12 Form 990 (2024) Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 200,460. Total revenue (must equal Part VIII, column (A), line 12) 1 Total expenses (must equal Part IX, column (A), line 25) 141,076. 2 2 59,384. Revenue less expenses. Subtract line 2 from line 1 3 3 1,937,770. Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 4 179,868 5 5 Net unrealized gains (losses) on investments Donated services and use of facilities 6 6 7 7 Investment expenses 8 8 Prior period adjustments -221,819. 9 9 Other changes in net assets or fund balances (explain on Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, 10 1,955,203. 10 column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes No X Accrual Accounting method used to prepare the Form 990: Cash Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. Х 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Both consolidated and separate basis Separate basis Consolidated basis Х Were the organization's financial statements audited by an independent accountant? 2b If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis X Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, Х review, or compilation of its financial statements and selection of an independent accountant? **2**c If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? Х За If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Form **990** (2024)

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Young Men's Christian Association

Employer identification number 5.6 – 1.8.4.9.1.7.0

OMB No. 1545-0047

				Endowment, Ir				5	6-1849170	
Par	t I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions.			
The o	rgani	ization is not a private found	ation because it is: (F	For lines 1 through 12, cl	heck only	one box.)	<u></u>			
1 [A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).									
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)								
з [A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	i).			
4 [A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). E	nter	the hospital's name,	
		city, and state:								
5 [An organization operated for	or the benefit of a col	lege or university owned	or operate	ed by a go	vernmental unit des	cribe	ed in	
		section 170(b)(1)(A)(iv). (0	Complete Part II.)							
6		A federal, state, or local go		nental unit described in	section 17	'0(b)(1)(A)	(v).			
7		An organization that norma	Illy receives a substar	ntial part of its support fr	om a gove	rnmental	unit or from the gene	eral į	public described in	
		section 170(b)(1)(A)(vi). (C	omplete Part II.)		_		-			
8 [A community trust describe		1)(A)(vi). (Complete Part	t II.)					
9 [An agricultural research org				ed in conju	nction with a land-g	rant	college	
		or university or a non-land-g				-	-		-	
		university:		,				Ū		
10 [An organization that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontribution	ns, membership fees	s, and	d gross receipts from	
		activities related to its exen	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its supp	ort f	rom gross investment	
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the organizat	ion a	after June 30, 1975.	
		See section 509(a)(2). (Co								
11 [An organization organized a	and operated exclusi	vely to test for public sat	fety. See	section 50)9(a)(4).			
12	X	An organization organized a						the	purposes of one or	
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section :	509(a)(2).	See section 509(a)(3). (Check the box on	
		lines 12a through 12d that	describes the type of	f supporting organization	and com	olete lines	12e, 12f, and 12g.			
а	X	Type I. A supporting orga	anization operated, su	upervised, or controlled	by its supp	orted org	anization(s), typically	/ by	giving	
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	f the direc	tors or trustees of th	ne su	upporting	
		organization. You must o	complete Part IV, Se	ections A and B.						
b		Type II. A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	d organization(s), by	/ hav	ving	
		control or management o	of the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage the	supp	ported	
		organization(s). You mus	t complete Part IV,	Sections A and C.						
С		Type III functionally inte	grated. A supporting	g organization operated	in connect	ion with, a	and functionally integ	grate	ed with,	
		its supported organization	n(s) (see instructions)). You must complete F	Part IV, Se	ctions A,	D, and E.			
d		Type III non-functionally	/ integrated. A supp	orting organization oper	ated in cor	nnection w	rith its supported org	ganiz	zation(s)	
		that is not functionally int	egrated. The organiz	ation generally must sati	isfy a distri	bution rec	uirement and an att	entiv	veness	
		requirement (see instruct	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.			
е		Check this box if the orga	anization received a v	written determination from	m the IRS	that it is a	Type I, Type II, Type	e III		
		functionally integrated, or	r Type III non-functior	nally integrated supportir	ng organiz	ation.				
f	Ente	er the number of supported o	organizations						1	
g	Prov	ride the following information	about the supporte	d organization(s).						
	(i	i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	nization listed ng document?	(v) Amount of monet	-	(vi) Amount of other	
		organization		above (see instructions))	Yes	No	support (see instruction	ons)	support (see instructions)	
		Men's								
Chr	is	<u>tian Associati</u>	56-0543243	10	X		125,89	9.		
Total							125,89	9.	0.	

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

56-1849170 Page 2 Schedule A (Form 990) 2024

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

(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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")							
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3							
5	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11,							
	column (f)							
	Public support. Subtract line 5 from line 4.							
	ction B. Total Support		I	T	T	T		
	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total	
	Amounts from line 4							
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
_	and income from similar sources							
9	Net income from unrelated business							
	activities, whether or not the							
40	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
11	assets (Explain in Part VI.) Total support. Add lines 7 through 10							
	Gross receipts from related activities,	oto (soo instructio	l			12	L	
	First 5 years. If the Form 990 is for the	· ·		fourth or fifth tax				
.0	organization, check this box and stor	-			•			
Sec	ction C. Computation of Publi							
	Public support percentage for 2024 (I			column (f))		14	%	
	Public support percentage from 2023					15	%	
						nore, check this bo		
	6a 33 1/3% support test - 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization							
b	33 1/3% support test - 2023. If the o							
	and stop here. The organization qual							
17a	10% -facts-and-circumstances test							
	and if the organization meets the fact	-						
	meets the facts-and-circumstances te	st. The organizatio	on qualifies as a pu	iblicly supported o	organization			
b	10% -facts-and-circumstances test	ū	•					
	more, and if the organization meets th	_						
	organization meets the facts-and-circu							
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	ınd see instructions	s	

Schedule A (Form 990) 2024

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Schedule A (Form 990) 2024 of Greensboro Endowment, 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 b	elow, please comp	olete Part II.)				
Section A. Public Support	T	T	1	T	T	
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
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						
c Add lines 7a and 7b						,
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support		•	•	•	•	
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
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 assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the	ne organization's f	irst, second, third,	fourth, or fifth tax	year as a section 5	601(c)(3) organizatio	on,
	G					
Section C. Computation of Publ						
15 Public support percentage for 2024 (line 8, column (f), o	divided by line 13,	column (f))		15	%
16 Public support percentage from 2023					16	%
Section D. Computation of Inves						
17 Investment income percentage for 20	024 (line 10c, colu	mn (f), divided by li	ne 13, column (f))		17	%
18 Investment income percentage from					18	%
19a 33 1/3% support tests - 2024. If the					3 1/3%, and line 17	
more than 33 1/3%, check this box a						
b 33 1/3% support tests - 2023. If the						nd
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization						

Schedule A (Form 990) 2024 of Greensboro

of Greensboro Endowment, Inc.

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Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1	Х	
	2		Х
			Х
	3a		<u> </u>
	3b		
	3с		
	4 -		Х
	4a		
	4b		
	4c		
	5a		Х
	5b		
	5c		
	6		Х
	7		X
			Х
	8		Λ
	9a		Х
	9b		Х
			77
	9c		X
	10a		Х
	401		
ule	10b A (Forn	n 990\	2024
~.0			

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

Schedule A (Form 990) 2024

56-1849170 Page 5

Pai	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
а	A pers	son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	elow, the governing body of a supported organization?	11a		_X_
b	A fam	ily member of a person described on line 11a above?	11b		X
С	A 35%	controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provid	le detail in Part VI.	11c		_X_
Sec	tion E	3. Type I Supporting Organizations			
				Yes	No
1		e governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the		77	
		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	Х	
2		e organization operate for the benefit of any supported organization other than the supported			
		ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		1 how providing such benefit carried out the purposes of the supported organization(s) that operated,	_		X
Sec		vised, or controlled the supporting organization. C. Type II Supporting Organizations	2		
		1 h		Yes	No No
1	Were	a majority of the organization's directors or trustees during the tax year also a majority of the directors		169	140
		stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed			
		pported organization(s).	1		
Sec	tion [D. All Type III Supporting Organizations			
				Yes	No
1	Did th	e organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organ	ization'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			
	organ	ization'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			
	organ	ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	•	ason of the relationship described on line 2, above, did the organization's supported organizations have a			
	-	cant voice in the organization's investment policies and in directing the use of the organization's			
		e or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	2		
Sec	<u>suppo</u> tion E	orted organizations played in this regard. E. Type III Functionally Integrated Supporting Organizations	3		
1		the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)).		
a		The organization satisfied the Activities Test. Complete line 2 below.	,-		
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a governmental			
		entity (see instructions).			
2	Activit	ties Test. Answer lines 2a and 2b below.		Yes	No
а	Did su	obstantially all of the organization's activities during the tax year directly further the exempt purposes of			
		pported 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,			
		he organization was responsive to those supported organizations, and how the organization determined			
		nese activities constituted substantially all of its activities.	2a		
b		e activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
		r more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		If the reasons for the organization's position that its supported organization(s) would have engaged in	2b		
3		activities but for the organization's involvement. t of Supported Organizations. Answer lines 3a and 3b below.	ZIJ		
		e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
u		es of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b		e organization exercise a substantial degree of direction over the policies, programs, and activities of each			
		supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

of Greensboro Endowment, Inc. 56-1849170 Page 6 Schedule A (Form 990) 2024 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 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. (B) Current Year (A) Prior Year Section A - Adjusted Net Income (optional) 1 Net short-term capital gain 2 Recoveries of prior-year distributions 3 3 Other gross income (see instructions) 4 4 Add lines 1 through 3. 5 5 Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets 2

8	Minimum Asset Amount (add line 7 to line 6)	8	
Sec	tion 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	

3

4

5 6

7

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

Schedule A (Form 990) 2024

3 Subtract line 2 from line 1d.

Multiply line 5 by 0.035.

Recoveries of prior-year distributions

see instructions).

Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,

5 Net value of non-exempt-use assets (subtract line 4 from line 3)

56-1849170 Page 7 of Greensboro Endowment, Inc. Schedule A (Form 990) 2024 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) **Current Year** Section D - Distributions 1 Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 Amounts paid to acquire exempt-use assets 4 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 6 6 Other distributions (describe in Part VI). See instructions. 7 7 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. 8 9 Distributable amount for 2024 from Section C, line 6 Line 8 amount divided by line 9 amount 10 10 (i) (ii) Underdistributions Distributable Section E - Distribution Allocations (see instructions) **Excess Distributions** Amount for 2024 Pre-2024 Distributable amount for 2024 from Section C, line 6 1 Underdistributions, if any, for years prior to 2024 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2024 a From 2019 **b** From 2020 c From 2021 **d** From 2022 e From 2023 f Total of lines 3a through 3e g Applied to under distributions of prior years h Applied to 2024 distributable amount i Carryover from 2019 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2024 from Section D, line 7:

a Applied to underdistributions of prior years **b** Applied to 2024 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2025. Add lines 3i and 4c. 8 Breakdown of line 7: a Excess from 2020 **b** Excess from 2021 c Excess from 2022 d Excess from 2023

Schedule A (Form 990) 2024

e Excess from 2024

56-184<u>9170 Page 8</u> of Greensboro Endowment, Inc. Schedule A (Form 990) 2024 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. Part VI (See instructions.)

432028 01-14-25 Schedule A (Form 990) 2024

SCHEDULE D (Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

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

Employer identification number 56-1849170

Pa		zations Maintaining Donor Advise tion answered "Yes" on Form 990, Part IV, lir		Similar Funds	or Accou	nts. Complete if the
	Organizat	Tes off-offfi 990, Part IV, III	(a) Donor adv	ised funds	(b) Fur	nds and other accounts
1	Total number at	end of year	(a) Borior day	ioda fariad	(2) (3)	Tao and other accounts
2		of contributions to (during year)				
3		of grants from (during year)				
4		e at end of year				
5		ition inform all donors and donor advisors in		held in donor advi	sed funds	
Ū	~	tion's property, subject to the organization's				Yes No
6		tion inform all grantees, donors, and donor a				
_		rposes and not for the benefit of the donor of				
	impermissible pr	•	•		· ·	Yes No
Pa		rvation Easements. Complete if the or				
1	Purpose(s) of co	nservation easements held by the organizati	ion (check all that appl	y)		
	Preservati	on of land for public use (for example, recrea	ation or education)	Preservation of	of a historically	important land area
	Protection	n of natural habitat	[Preservation o	of a certified hi	istoric structure
	Preservati	on of open space				
2		2a through 2d if the organization held a quali	fied conservation cont	ribution in the form	of a conserva	
	day of the tax ye	ear.				Held at the End of the Tax Year
а	Total number of	conservation easements			2a	
b	Total acreage re	stricted by conservation easements			2b	
С	Number of conse	ervation easements on a certified historic str	ructure included on line	e 2a	2c	
d		ervation easements included on line 2c acqu				
		ucture listed in the National Register				
3	Number of cons	ervation easements modified, transferred, re	leased, extinguished, o	or terminated by the	e organization	during the tax
	year					
4		s where property subject to conservation eas			-	
5		zation have a written policy regarding the pe		ection, handling of		
		enforcement of the conservation easements in				Yes No
6	Staff and volunte	eer hours devoted to monitoring, inspecting,	handling of violations,	and enforcing con	iservation ease	ements during the year
7	Amount of exper	 nses incurred in monitoring, inspecting, hand	dling of violations, and	enforcing conserva	ation easemen	nts during the year
8		ervation easement reported on line 2d above				
		(h)(4)(B)(ii)?				Yes No
9	In Part XIII, desc	ribe how the organization reports conservati	ion easements in its re	venue and expense	e statement ar	nd
		and include, if applicable, the text of the footr	note to the organizatio	n's financial statem	nents that des	cribes the
Pai	organization's ac	ccounting for conservation easements. zations Maintaining Collections of	f Art. Historical T	reasures, or O	ther Simila	ır Assets
	_	e if the organization answered "Yes" on Form				7.000.0.
		on elected, as permitted under FASB ASC 95		evenue statement	and balance s	heet works
	•	treasures, or other similar assets held for pul	•			
	•	in Part XIII the text of the footnote to its final	•	,		
b	· ·	on elected, as permitted under FASB ASC 95				t works of
	-	easures, or other similar assets held for public	•			
		wing amounts relating to these items.	•			· · · · · · · · · · · · · · · · · · ·
	•	cluded on Form 990, Part VIII, line 1				\$
						\$
2	• •	on received or held works of art, historical tre			al gain, provid	e
	-	nounts required to be reported under FASB A			J /1	
а		ed on Form 990, Part VIII, line 1				\$
b		in Form 990, Part X				\$

Schedule D (Form 990) (Rev. 12-2024) of Greensboro Endowment, Inc.

56-1849170 Page 2

Par	t III Organizations Maintaining Co	ollections of Art	t, Historical Tre	asures, or Othe	r Simila	r Assets	(continued)
3	Using the organization's acquisition, accession	n, and other records	s, check any of the f	ollowing that make s	significant	use of its	
	collection items (check all that apply).						
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 co	llections and explain	n how they further th	e organization's exe	mpt purpo	se in Part	XIII.
5	During the year, did the organization solicit or						
	to be sold to raise funds rather than to be ma	intained as part of th	ne organization's col	lection?			Yes No
Par	t IV Escrow and Custodial Arrang						ne 9, or
	reported an amount on Form 990, Part						
1a	Is the organization an agent, trustee, custodia	n, or other intermed	liary for contribution	s or other assets no	t included		
	on Form 990, Part X?						Yes No
b	If "Yes," explain the arrangement in Part XIII a						
							Amount
С	Beginning balance				1c		
	Additions during the year						
	Distributions during the year						
f	Ending balance						
2a	Did the organization include an amount on Fo						Yes No
b	If "Yes," explain the arrangement in Part XIII.						
Par	t V Endowment Funds Complete if	the organization ans	wered "Yes" on For	m 990, Part IV, line	10.		
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three	years back	(e) Four years back
1a	Beginning of year balance	2,891,251.	2,495,749.	3,079,270.	2,8	337,627.	2,415,322.
b	Contributions	17,433.	124,654.	4,050.		22,834.	104,267.
С	Net investment earnings, gains, and losses	362,895.	384,312.	-481,019.	;	342,866.	431,487.
d	Grants or scholarships						1,300.
е	Other expenditures for facilities						
	and programs	125,899.	100,803.	93,443.	1	109,511.	99,958.
f	Administrative expenses	15,177.	12,661.	13,109.		14,546.	12,191.
g	End of year balance	3,130,503.	2,891,251.	2,495,749.	3,0	79,270.	2,837,627.
2	Provide the estimated percentage of the curre		e (line 1g, column (a)) held as:			
а	Board designated or quasi-endowment	62.5000	_%				
b	Permanent endowment 37.5000	%					
С	Term endowment9	6					
	The percentages on lines 2a, 2b, and 2c should	ıld equal 100%.					
За	Are there endowment funds not in the posses	sion of the organiza	tion that are held an	nd administered for t	he		
	organization by:						Yes No
	(i) Unrelated organizations?						3a(i) X
							3a(ii) X
b	If "Yes" on line 3a(ii), are the related organizat	ions listed as require	ed on Schedule R?				3b X
4	Describe in Part XIII the intended uses of the		wment funds.				
Par	t VI Land, Buildings, and Equipme						
	Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, Part X	, line 10.		
	Description of property	(a) Cost or o	` '	', '	Accumulat epreciation		(d) Book value
1a	Land						
	Buildings	I					
	Leasehold improvements						
	Equipment						
	Other						
	. Add lines 1a through 1e. (Column (d) must ed		X. line 10c. column	(B))			0.

Schedule D (Form 990) (Rev. 12-2024) of Greensboro Endowment, Inc.

Part VIII Investments - Other Securities

56-1849170 Page **3**

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	l-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" of	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	l-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" of		11d. See Form 990, Part X, line 15.	
(a) I	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" of	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			1 105 200
(2) Due to YMCA of Greensboro,	Inc.		1,175,300
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(8) (9)			1,175,300

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

Schedule D (Form 990) (Rev. 12-2024)

56-18/9170 Dogg 4

Par	t XI Reconciliation of Revenue per Audited Financial Stateme		ue per Return	Page T
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	l.	•	
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			
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	. 4b		
С	Add lines 4a and 4b			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)	anta With Evnar	5	
Pai	t XII Reconciliation of Expenses per Audited Financial Statem	-	nses per Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	l	T . T	
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:	اما		
a	Donated services and use of facilities			
b	Prior year adjustments			
C	Other losses			
d	Other (Describe in Part XIII.) Add lines 2a through 2d		20	
е 3				
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
-	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)			
	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			
Provi	de 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,
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add			•
	t V, line 4:			
The	Endowment Fund consists of various fixed	income fur	nds, equity funds	3,
	l cash equivalents established for a varie			
	sists of donor-restricted endowment funds			
	owment funds. Net assets associated with			ied
	reported based on the existence or absent	ce of donor	r-imposed	
res	trictions.			
		1 1'	1''	
	Endowment Fund has adopted investment and			
	lowment assets that attempt to provide a provi			<u>ıg</u>
	programs supported by its endowment while			
	chasing power of the endowment assets. End			<u>se</u>
	ets of donor-restricted funds that the Ass			- ho
	petuity. Under this policy, as approved by lowment assets are invested in a manner tha			.11e
	sults that meet funding requirements while			of
	restment risk.	assuming 6	I WOMETACE TEACT	<u> </u>
<u> </u>	ODOMONO LIBIT.			
Par	t 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 2024.

Young Men's Christian Association Schedule D (Form 990) (Rev. 12-2024) of Greensboro Endowment, Inc.

Part XIII | Supplemental Information (continued) 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.

56-1849170 Page 5

SCHEDULE I (Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Young Men of Greens		lan Associa wment, Inc.					Employer identification number 56-1849170
Part I General Information on Grants a		,					
Does the organization maintain records criteria used to award the grants or assis Describe in Part IV the organization's pro	stance? ocedures for moni	toring the use of grant	funds in the United	States.			X Yes No
Part II Grants and Other Assistance to recipient that received more than \$\frac{1}{2}\$					anization answered "Y	es" on Form 990, Part	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	(h) Purpose of grant or assistance
Young Men's Christian Association							
of Greensboro, Inc 620 Green							
Valley Road, Suite 210 -							Grant to the supported
Greensboro, NC 27408	56-0543243	501(c)(3)	125,899.	0.			organization
2 Enter total number of section 501(c)(3) a	nd government or	nanizations listed in th	e line 1 table		I	l .	I
3 Enter total number of other organization	-	1 table					

Copy for Public Inspection Young Men's Christian Association 12-2024) of Greensboro Endowment, Inc.

Schedule I (Form 990) (Rev. 12-2024) of Greensboro I	Endowment	, Inc.			56-1849170	Page 2
Part III Grants and Other Assistance to Domestic Individual Part III can be duplicated if additional space is needed.	s. Complete if the	organization answ	ered "Yes" on Form 9	990, Part IV, line 22.		
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash	assistance
Part IV Supplemental Information. Provide the information re	quired in Part I, lir	ne 2; Part III, columr	ı (b); and any other ac	dditional information.	I	

SCHEDULE O (Form 990)

(Rev. December 2024) Department of the Treasury Internal Revenue Service

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 instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

of Greensboro Endowment, Inc.	Employer identification number 56-1849170
Form 990, Part I, Line 1, Description of Organization Miss:	
of Greensboro, Inc.	1011:
or Greensboro, inc.	
Form 990, Part VI, Section B, line 11b:	
This Form 990 is reviewed by the Investment Committee/Board	1 of Directors
THIS TOTM 750 IS TEVIEWED BY THE INVESTMENT COMMITTEEC, BOAT	d of birectors.
Form 990, Part VI, Section B, Line 12c:	
The conflict of interest statement along with a detailed qu	lestionnaire is
sent to all board members and senior staff to complete. The	
the completed questionnaires and makes a report to the exec	
from her findings.	<u> </u>
For situations which arise in which the Board may wish to	contract or enter
into an arrangement for goods or services under circumstance	
present a conflict of interest affecting one or more of its	s members, the
affected member(s) of the Board agree(s) to provide full in	
Board or its Executive Committee to allow the Board or its	
Committee to approve by resolution (with the affected member	
such contract or arrangement provided it is advantageous to	
<u> </u>	
Form 990, Part VI, Section C, Line 19:	
All governing documents are made available to the public up	on request.
Form 990, Part XI, line 9, Changes in Net Assets:	
Increase in Amount Due to YMCA of Greensboro	-221,819.

SCHEDULE R (Form 990)

(Rev. January 2025)

Related Organizations and Unrelated Partnerships

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

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Young Men's Christian Association **Employer identification number** Name of the organization of Greensboro Endowment, Inc. 56-1849170 Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (f) (a) (c) (d) (e) Name, address, and EIN (if applicable) Primary activity Legal domicile (state or Total income End-of-year assets Direct controlling of disregarded entity entity foreign country) Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. (a) (e) (b) (c) (d) (g) Section 512(b)(13) Name, address, and EIN Legal domicile (state or **Exempt Code** Public charity Direct controlling Primary activity controlled of related organization section status (if section entity foreign country) entity? 501(c)(3)) Yes No Young Men's Christian Association of Provide programs that Greensboro Inc. - 56-0543243 620 Green build a healthy spirit. mind, and body for all. Valley Rd, Ste 210, Greensboro, NC 27408 North Carolina 501(c)(3) Line 10 N/A Х

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

Schedule R (Form 990) (Rev. 1-2025) of Greensboro Endowment, Inc.

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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 Part III organizations treated as a partnership during the tax year. (a) (b) (c) (d) (e) (f) (g) (h) (k) Legal Predominant income (related, unrelated, Name, address, and EIN Direct controlling Share of Code V-UBI General or Percentage Primary activity Share of total Disproportionate domicile managing of related organization entity income end-of-year amount in box ownership (state or allocations? partner? excluded from tax under 20 of Schedule assets foreign sections 512-514) K-1 (Form 1065) Yes No Yes No country)

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.

(a) Name, address, and EIN of related organization	(b) Primary activity	Legal domicile (state or foreign country)	(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	ent	tion b)(13) rolled tity?

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

r Other transfer of cash or property to related organization(s) s Other transfer of cash or property from related organization(s) 56-1849170

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			1	т —
No	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X
	Gift, grant, or capital contribution to related organization(s)	1b	X	
	Gift, grant, or capital contribution from related organization(s)	1c		X
d	Loans or loan guarantees to or for related organization(s)	1d		X
е	Loans or loan guarantees by related organization(s)	1e		X
f	Dividends from related organization(s)	1f		Х
g	Sale of assets to related organization(s)	1g		X
h	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		X
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X
- 1	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		X
n	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

q Reimbursement paid by related organization(s) for expenses

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. (d)
Method of determining amount involved (a)
Name of related organization (c) Amount involved Transaction type (a-s) Young Men's Christian Association of 125,899.FMV (1) Greensboro, Inc. В

Young Men's Christian Association Schedule R (Form 990) (Rev. 1-2025) of Greensboro Endowment, Inc.

56-1849170

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

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

(a)	(b)	(c)	(d)	(e) Are all	(f)	(g)	(ł	1)	(i)	(i)	(k)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partners se 501(c)(3) orgs.?		Share of end-of-year assets	Dispr tior alloca Yes	opor- nate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana part Yes	ral or Peaging on No	ercentage wnership
										_		
										_		

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Part VII	(Form 990) (Rev. 1-2025) of Supplemental Informa	tion				
	Provide additional information	n for responses to quest	tions on Schedule R.	See instructions.		