Copy for Public Inspection

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 Open to Public Inspection

Form

	partment of the ernal Revenue		D		ecurity numbers on this /Form990 for instructio	-	•	Open to Inspe
Α	For the 2	024 calenda	ir year, or tax	year beginning		and ending		
В	Check if applicable:		organization				D Employer identificati	on number
	applicable.	Youn	g Men's	Christian	Association			

	_Addre	e of Greensboro, Inc.			
	Name Chang	e Doing business as		56-05432	43
	Initial returr	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	r
	Final returr	620 Green Valley Road, Suite 210		336-854-	8410
	termi ated	, , , , , , , , , , , , , , , , , , ,		G Gross receipts \$	20,821,385.
	Amer	Greensbord, NC 27408-7725		H(a) Is this a group re	eturn
	Appli tion	F Name and address of principal officer: KITOTICA ATTCEL SOIT		for subordinates	
	pendi	¹⁹ same as C above		H(b) Are all subordinates in	Included? Yes No
11	ax-ex	empt status: 🗴 501(c)(3) 🗌 501(c) () (insert no.) 🗌 4947(a)(1)	or 📃 527	If "No," attach a	list. See instructions
J ۱	Vebsi	te: www.ymcagreensboro.org		H(c) Group exemptio	n number
ΚF	orm o	organization: 🚺 Corporation 🔄 Trust 🔄 Association 🔄 Other	L Year	of formation: 1942	A State of legal domicile: NC
Pa	art I	Summary			
	1	Briefly describe the organization's mission or most significant activities: To p	ut Jud	eo-Christiar	ı
nce		principles into practice through programs	that	build a hea	lthy
Governance	2	Check this box if the organization discontinued its operations or dispos	ed of more	than 25% of its net ass	sets.
SVel	3	Number of voting members of the governing body (Part VI, line 1a)		3	31
ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			31
8 8	5	Total number of individuals employed in calendar year 2024 (Part V, line 2a)			1066
ìţi	6	Total number of volunteers (estimate if necessary)		6	2738
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
_ <	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0.
				Prior Year	Current Year
¢	8	Contributions and grants (Part VIII, line 1h)		2,131,470.	2,759,875.
ň	9	Program service revenue (Part VIII, line 2g)		14,907,938.	15,817,834.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		910,605.	764,031.
£	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		297,971.	303,944.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		18,247,984.	19,645,684.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		552,754.	593,159.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		9,063,955.	9,874,414.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ĝ	b	Total fundraising expenses (Part IX, column (D), line 25) 413,88	32.		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		8,671,109.	9,266,770.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		18,287,818.	19,734,343.
	19	Revenue less expenses. Subtract line 18 from line 12		-39,834.	-88,659.
OC			Be	ginning of Current Year	End of Year
t Assets	20	Total assets (Part X, line 16)		49,534,411.	49,985,703.
tAs	21	Total liabilities (Part X, line 26)		7,748,956.	8,461,085.
Net	22	Net assets or fund balances. Subtract line 21 from line 20		41,785,455.	41,524,618.
		Signature Block			

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

Sign	Signature of officer			Date					
Here	Rhonda Anderson, Chief Exec	cutive Officer							
	Type or print name and title								
	Preparer's name F	Preparer's signature	Date						
Paid	Olga Oganesov O	lga Oganesov							
Preparer	Firm's name Bernard Robinson &	Company, LLP		Firm's EIN 56-0571159					
Use Only	Firm's address PO Box 19608								
	Greensboro, NC 2743	19-9608		Phone no. 336 – 294 – 4494					
May the I	Rhonda Anderson, Chief Executive Officer Type or print name and title Preparer's name Preparer's signature Olga Oganesov Olga Oganesov Firm's name Bernard Robinson & Company, LLP Firm's address PO Box 19608 Greensboro, NC 27419-9608 Phone no.336-294-4494 IRS discuss this return with the preparer shown above? See instructions X Yes								
Big Rhonda Anderson, Chief Executive Officer Type or print name and title Type or print name and title Preparer's name Preparer's signature Olga Oganesov Olga Oganesov Preparer Firm's name Bernard Robinson & Company, LLP Firm's EIN 56-0571159 Firm's address PO Box 19608 Greensboro, NC 27419-9608 Phone no.336-294-4494 May the IRS discuss this return with the preparer shown above? See instructions X Yes									

See Schedule O for Organization Mission Statement Continuation

	Copy for Public Inspection Young Men's Christian Association
	990 (2024) of Greensboro, Inc. 56-0543243 Page 2
Pa	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: Our mission is to put Judeo-Christian principles into practice though
	programs that build a healthy spirit, mind and body for all. The YMCA
	of Greensboro is a volunteer-led public charity that includes men,
	women, and children of all ages, abilities, incomes, races and
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ? Yes X No
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 7,232,006. including grants of \$ 195,980.) (Revenue \$ 8,367,097.)
	Healthy Living For Adults:
	We are committed to improving the health and well-being of our
	communities, and we believe that living a healthy lifestyle is
	essential in maintaining a balanced spirit, mind and body. At the Y, we bring families closer together, encourage good health, and foster
	meaningful connections through fitness, sports, fun and shared
	interests. Our goal is to create opportunities and a positive
	environment for every family to build stronger bonds, achieve a better
	work/life balance, become more engaged in their communities and strive
	for personal fulfillment. Regardless of their starting point, our
	members can find a supportive community to help them reach their
	personal healthy living goals. We offer a wide array of classes and
4b	(Code:) (Expenses \$4,946,486. including grants of \$171,245.) (Revenue \$4,122,707.) Youth and Teen Development Programs:
	Our YMCA is dedicated to nurturing the potential of every child and
	teen. We firmly believe working with youth and teens involves much more
	than developing specific skills for sports or individual activities.
	Those are merely the tools to develop something much more important
	the whole child from the inside out. Our programs use the platform of a
	specific activity to teach skills necessary for life that are valuable
	at any age. This includes enjoying an active lifestyle, being part of a
	team, making good choices, playing fair, persevering against obstacles, stretching yourself to meet your potential and perhaps most important
	of all, being confident in who you are. Depending on the age or
	interests of our young participants, a variety of programs are
4c	(Code:) (Expenses \$4, 780, 401. including grants of \$225, 934.) (Revenue \$3, 328, 030.)
	Childcare:
	Strengthening families and meeting the needs of children is a
	commitment of the YMCA that is integral to our mission. The YMCA of
	<u>Greensboro provides safe, affordable, high-quality supervision of</u> children, enabling parents to remain gainfully employed with the peace
	of mind their children are thriving in a supportive and developmentally
	sound environment, where the ultimate goal is to prepare children to
	succeed. Our goal is to prepare children for success by instilling
	confidence, fostering self-esteem, teaching moral and ethical behavior,
	and developing leadership skills through a holistic approach focused on
	spirit, mind, and body. 86% of our participants experienced growth in
	at least one social emotional development area in 2024. Our programs
4d	Other program services (Describe on Schedule O.)
A -	(Expenses \$ 268,386. including grants of \$) (Revenue \$) Total program service expenses 17,227,279.
40	Total program service expenses 17, 227, 279.

Copy for Public InspectionYoung Men"s Christian AssociationForm 990 (2024)of Greensboro, Inc.Part IVChecklist of Required Schedules

4	Is the experimentian described in section $E(1/2)/2$ or $40.47/2/(1)$ (other then a private foundation)?		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	1	х	
0	If "Yes," complete Schedule A	2	X	
2 3	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	<u> </u>	21	
3		3		x
4	public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	–		
-		4	х	
5	during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	–		
Ŭ	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
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		X
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	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		v	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	v
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13		X X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	<u>14a</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			
		14b		x
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
10	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	<u> </u>		
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	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

Form 990 (2024)

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

Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
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	
24 a	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	х	
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	210		
Ŭ		24c		x
Ч	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	2.70		
200	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		
, D	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
		25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	250		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
		26		x
07	controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	20		
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	07		x
00	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
_	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	00-		x
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		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			
	Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
		_	Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 136	-		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	4		

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

1c

Form	990 (2024) of Greensboro, Inc. 56-0543	243	Р	age 5
Par				U
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 1066			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			37
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	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		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		
9	sponsoring organization have excess business holdings at any time during the year?	0		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	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	1		
11	Section 501(c)(12) organizations. Enter:	1		
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against	1		
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	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.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
-	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

of Greensboro, Inc.

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 31			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 31			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
-	officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
•	of officers, directors, trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		x
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		x
6	Did the survey institute have an end and a sharehold and	6		x
7a	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	•		
74	more members of the governing body?	7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	74		
D.	a supreme of the set the second set of the secon	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	0.0		
Ū	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	Ţ		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	X	
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	
11a		11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed None			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only) a	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other <i>(explain on Schedule O)</i>			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	ial	
_	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	Brenda Willis - 336-854-8410			
	620 Green Valley Road, Suite 210, Greensboro, NC 27408-7725			

Form 990 (2024)

of Greensboro, Inc. Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated

Employees, and Independent Contractors

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do			ition	l than c	ane	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pei	rson i	s both r/trus	n an	compensation	compensation	amount of
	week		cer ar		recio	r/trus	lee)	from	from related	other
	(list any	irecto						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	ruste	al trus		yee	mpen		1099-NEC)	1000 NEO	and related
	below	Individual trustee or director	Institutional trustee	5	Key employee	est co oyee	er			organizations
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former			-
(1) Rhonda Anderson	50.00									
President/CEO				X				235,002.	Ο.	34,643.
(2) Brenda Willis	50.00									
VP-Finance & Administrativ				X				164,837.	Ο.	26,167.
(3) Joseph Hennigan	50.00									
Group VP						X		136,743.	Ο.	22,943.
(4) Lynn Harvey-Akan	6.00									
Past Chair		Х		X				0.	Ο.	0.
(5) Michelle Ballard	2.50									
Vice Chair		Х		X				0.	Ο.	0.
(6) Steve Swetoha	1.00									
Vice Chair		Х		X				0.	Ο.	0.
(7) Luanne Arrington	2.00									
Secretary		Х		X				0.	Ο.	0.
(8) Rick Lusk	1.00									
Treasurer		Х		Х				0.	0.	0.
(9) Matt Bailey	6.00									
Chair		Х		Х				0.	0.	0.
(10) Todd Rangel	2.00									
Board Member		Х						0.	0.	0.
(11) Saskia Barnard	0.50									
Board Member		Х						0.	0.	0.
(12) John "Ben" Brown	0.50									
Board Member		Х						0.	0.	0.
(13) Chester Brown	0.50									
Board Member		Х						0.	0.	0.
(14) Cecil Cottrell	1.00									
Board Member		Х						0.	0.	0.
(15) Tony Edwards	1.00									
Board Member		Х						0.	0.	0.
(16) Kate Gibson	0.25									
Board Member		Х						0.	0.	0.
(17) Clinton Gravely	0.00									
Board Member		Х						0.	0.	0.

X

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Form 990 (2024) of Greens	sboro, I	inc	•						56-0543	243	Page 8
Part VII Section A. Officers, Directors, Trust	tees, Key Emp	ploy	ees,	and	d Hig	ghes	t C	ompensated Employee	s (continued)		
(A)	(B)			(0	C)			(D)	(E)	(F)	
Name and title	Average	(do			ition	۱ than c	ne	Reportable	Reportable	Estima	ted
	hours per	box	, unles	ss pei	rson i	s both pr/trust	an	compensation	compensation	amour	
	week (list any			uau		1711 US		- from	from related	othe	
	hours for	directo				_		the organization	organizations (W-2/1099-MISC/	compens from t	
	related	e or c	stee			Isated		(W-2/1099-MISC/	1099-NEC)	organiza	
	organizations	truste	al trus		yee	mper		1099-NEC)	10001120)	and rela	
	below	Individual trustee or director	Institutional trustee	er	Key employee	est cc loyee	ıer			organiza	tions
	line)	Indiv	In sti	Officer	Key e	Highest compensated employee	Former				
(18) Ricky Graves	1.00										
Board Member		Х						0.	0.		0.
(19) Brent Holmes	1.00										-
Board Member		Х						0.	0.		0.
(20) Michael Humphrey	0.25										-
Board Member		Х						0.	0.		0.
(21) Joe Jackson	0.25										•
Board Member		Х						0.	0.		0.
(22) Catherine Johnson	1.00										•
Board Member		Х						0.	0.		0.
(23) Dr. Love Jones	0.50								0		•
Board Member	2 00	Х						0.	0.		0.
(24) Paul Jones	2.00	x						0.	0.		0.
Board Member (25) Travis LeFever	1.00	~						0.	0.		0.
Board Member	1.00	х						0.	0.		0.
(26) Clinton Morse	0.50	^						0.	0.		0.
Board Member	0.30	x						0.	0.		0.
dh. Oubtatal								536,582.	0.	83 7	753.
c Total from continuation sheets to Part VI								0.	0.	05,	0.
d Total (add lines 1b and 1c)							•	536,582.	0.	83,'	
2 Total number of individuals (including but no) wh	0 re		-	007	
compensation from the organization		000	noco	u ui		,	010				3
										Yes	No
3 Did the organization list any former officer,	director. truste	ee. k	kev e	mpl	ove	e. or	hia	hest compensated empl	ovee on		
line 1a? If "Yes," complete Schedule J for su										3	X
4 For any individual listed on line 1a, is the su	m of reportabl	e co	mpe	ensa	tion	and	oth	ner compensation from th	ne organization		
and related organizations greater than \$150										4 X	
5 Did any person listed on line 1a receive or a											
rendered to the organization? If "Yes," com	plete Schedule	e J fo	or su	ich į	bers	on .				5	X
Section B. Independent Contractors											
1 Complete this table for your five highest cor	mpensated ind	lepe	nder	nt co	ontra	actor	's th	nat received more than \$	100,000 of compensa	tion from	
the organization. Report compensation for t	he calendar ye	ear e	endin	ıg w	ith c	or wit	thin	the organization's tax ye	ear.		
(A)								(B)		(C)	
Name and business	address							Description of s	ervices	Compensati	on
D and L Building Group	1	~	~ -		-					240	
2751 Patterson St, Greens				40	7		_	Janitorial Se	ervices	342,3	322.
City of Greensboro Aquati										165 4	0.1
P.O. Box 26120, Greensbor					م -		_	Pool Rental		155,9	9UI.
Total Computer Solutions,			Ge	ar	ue	11				100	110
Village Rd, Greensboro, N	C 2/410						-	IT Support		122,4	±10.
							_				

Total number of independent contractors (including but not limited to those listed above) who received more than 2

Form 990 of Green	nsboro, I				110		<u> </u>	acton	56-054	3243
Part VII Section A. Officers, Directors, T				s, a	nd H	lighe	est (Compensated Employ		
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	Position						Reportable	Reportable	Estimated
	hours	(check all that apply)					ly)	compensation	compensation	amount of
	per							from	from related	other
	week	_				oyee		the	organizations	compensation
	(list any hours for	irecto				emp		organization	(W-2/1099-MISC)	from the
	related	e or c	stee			satec		(W-2/1099-MISC)		organization and related
	organizations	Individual trustee or director	nstitutional trustee		yee	Highest com pen sated em ployee				organizations
	below	idual	tution	er	Key employee	est cc	er			5
	line)	Indiv	Insti	Officer	Key	High	Former			
(27) Nathan Myers	1.50									
Board Member		х						0.	0.	0.
(28) Aaron Peele	0.25									
Board Member		Х						0.	0.	0.
(29) Charles Reid	0.00								<u> </u>	
Board Member		Х			-			0.	0.	0.
(30) MacArthur Sims Board Member	0.50	x						0.	0.	0
(31) Sheila Thrower	2.00	Δ						U .	0.	0.
Chair Elect	2.00	x		x				0.	0.	0.
(32) Heavenly Walker	0.00	~						0.	0.	0.
Board Member	0.00	х						0.	0.	0.
(33) Mary Eleanor Puckett	1.50	Λ								
Board Member	1.30	x						0.	0.	0.
(34) David Apple	1.00									
Board Member		х						0.	0.	0.
(35) Kiva Elliott	0.25									
Board Member		х						0.	0.	0.
(36) J. Patrick Haywood	1.00									
Board Member		Х						0.	0.	0.
(37) Clifford Paddock	1.00									
Board Member		Х						0.	0.	0.
(38) Sarah Roane	1.50									
Board Member		Х						0.	0.	0.
(39) Dr. Oliver Thomas	0.25									
Board Member		Х						0.	0.	0.
	_									
	_									
		1								
Total to Part VII, Section A, line 1c										

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Par	t VII		venue	22010	, 1110.			20-0242	24J Payer
		Check if Schedule O	<u>contain</u> s a	<u>respo</u> nse	or note to any line	e in this Part VIII		<u></u>	
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ຽ	1 a	Federated campaigns		1a	50,078.				
unt				1b					
ΞĒ		Fundraising events		1c					
ar A				1d	125,899.				
y, c		Government grants (contr		1e	288,568.				
ŝ		All other contributions, gifts,							
her		similar amounts not included		1f	2,295,330.				
Contributions, Gifts, Grants and Other Similar Amounts	g			1g \$					
anc	h	Total. Add lines 1a-1f				2,759,875.			
					Business Code				
ø	2 a	Healthy Living for 2	Adults		611710	8,367,097.	8,367,097.		
ž S	b	Youth & Teen Develo	pment Pro	ograms	611710	4,122,707.	4,122,707.		
Sei	с	Childcare Programs			624410	3,328,030.	3,328,030.		
Program Service Revenue	d								
P.G.	е								
Å.	f	All other program service	revenue						
	g	Total. Add lines 2a-2f				15,817,834.			
	3	Investment income (inclue	ding divide	nds, intere	est, and				
		other similar amounts)				255,204.			255,204
	4	Income from investment of	of tax-exem	npt bond p	roceeds				
	5	Royalties							
) Real	(ii) Personal				
	6 a	Gross rents	6a 2	223,335.					
	b								
	С	Rental income or (loss)	6c 2	223,335.					
	d	Net rental income or (loss		<u></u>		223,335.			223,335
	7 a	Gross amount from sales of		ecurities	(ii) Other				
		assets other than inventory	7a 1,6	504,318.	54,307.				
	b	Less: cost or other basis							
anu		and sales expenses		135,237.	· · · · · ·				
Revenue		Gain or (loss)		469,081.	39,746.				
		Net gain or (loss)				508,827.			508,827
Other	8 a	Gross income from fundraisi							
Ò				- 1					
		contributions reported on	,		42 700				
		Part IV, line 18			43,700. 25,903.				
		Less: direct expenses			25,905.	17,797.			17,797
		Net income or (loss) from				11,151.			11,151
	9 a	Gross income from gamin							
	h	Part IV, line 19 Less: direct expenses							
		Net income or (loss) from							
		Gross sales of inventory,	• •						
	10 a	and allowances			50,261.				
	h	Less: cost of goods sold							
		Net income or (loss) from			<u> </u>	50,261.			50,261
\neg			<u>Saloo 01 111</u>		Business Code	,			,
sne	11 a	Vending and Food Re	lated		722210	11,819.			11,819
nec	b				611710	732.			732
ella	c b					•			
Miscellaneous Revenue		All other revenue							
Σ		Total. Add lines 11a-11d				12,551.			
	12	Total revenue. See instruction				19,645,684.	15817834.	0.	1067975
	12	Total revenue. See monuclu							Eorm 990 (20

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Secti	on 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All othe	er organizations must con	nplete column (A).	
	Check if Schedule O contains a respor			(2)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	593,159.	593,159.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	460,650.	234,592.	217,969.	8,089.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	7,904,465.	7,023,510.	665,564.	215,391
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	900,336.	790,390.	73,785.	36,161
10	Payroll taxes	608,963.	525,728.	62,532.	20,703
11	Fees for services (nonemployees):				
а	Management				
b	Legal	257,270.	241,450.	13,473.	2,347
	Accounting	45,500.	-	45,500.	
	Lobbying	- ,			
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A), amount, list line 11g expenses on Sch O.)	1,350,475.	1,200,058.	142,739.	7,678
2	Advertising and promotion	163,677.	146,278.	17,399.	.,
13	Office expenses	1,596,926.	1,340,725.	159,470.	96,731
14	Information technology	122,418.	108,952.	13,466.	
15	Royalties				
16		1,969,940.	1,760,988.	208,952.	
17	Occupancy Travel	140,807.	125,839.	14,968.	
17 18	Travel Payments of travel or entertainment expenses	140,007.	125,055.	14,500.	
10	for any federal, state, or local public officials				
	Conferences, conventions, and meetings	138,284.	101,377.	12,058.	24,849
19		352,634.	315,149.	37,485.	21,015
20	Interest	268,386.	268,386.	57,405.	
21	Payments to affiliates	1,956,254.	1,748,304.	207,950.	
22	Depreciation, depletion, and amortization	341,797.	305,464.	36,333.	
3		541,797.	505,404.	50,555.	
4	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	Food and Beverage	372,977.	333,330.	39,647.	
b	Bad Debt Expense	116,327.		116,327.	
c	Training	37,037.	33,100.	3,937.	
d	Dues	36,061.	30,500.	3,628.	1,933
	All other expenses	,••=•	,	-,	_,
25	Total functional expenses. Add lines 1 through 24e	19,734,343.	17,227,279.	2,093,182.	413,882
. <u>5</u> 26	Joint costs. Complete this line only if the organization	,,,.	,,,_,,,,,,,,	_,	120,0020
.0	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

Check here

if following SOP 98-2 (ASC 958-720)

Form 990 (2024)
Part X Balance Sheet

3243 Page 11

Copy for Public Inspection Young Men "s Christian Association	
of Greensboro, Inc.	56-0543

		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	4,483,673.	1	3,558,286
	2	Savings and temporary cash investments	5,305,472.	2	7,908,121
	3	Pledges and grants receivable, net	300,613.	3	366,442
	4	Accounts receivable, net	1,371,814.	4	1,671,948
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
s,	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges	344,151.	9	309,817
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 63,879,169.			
	b	basis. Complete Part VI of Schedule D10a63,879,169.Less: accumulated depreciation10b29,766,882.	34,303,533.	10c	34,112,287
	11	Investments - publicly traded securities	3,164,906.	11	34, <u>112,287</u> 925,280
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	260,249.	15	1,133,522
	16	Total assets. Add lines 1 through 15 (must equal line 33)	49,534,411.	16	49,985,703
	17	Accounts payable and accrued expenses	405,654.	17	720,717
	18	Grants payable		18	
	19	Deferred revenue	1,173,418.	19	1,127,793
	20	Tax-exempt bond liabilities	5,920,345.	20	4,905,620
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
s	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
abil		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	249,539.	25	1,706,955
	26	Total liabilities. Add lines 17 through 25	7,748,956.	26	8,461,085
		Organizations that follow FASB ASC 958, check here			
Ses		and complete lines 27, 28, 32, and 33.			
an	27	Net assets without donor restrictions	37,080,842.	27	36,240,058
Bal	28	Net assets with donor restrictions	4,704,613.	28	5,284,560
pu		Organizations that do not follow FASB ASC 958, check here			
Ë		and complete lines 29 through 33.			
s	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
S	31	Retained earnings, endowment, accumulated income, or other funds		31	
- 1			41,785,455.	00	41,524,618
Net Assets or Fund Balances	32	Total net assets or fund balances	41,703,433.	32	41, 524, 010

Copy for Public Inspection Young Men"s Christian Association	Inspection
---	------------

Form	of Greensboro, Inc.	56-0)543243	Pa	_{ge} 12	
	rt XI Reconciliation of Net Assets				3-	
	Check if Schedule O contains a response or note to any line in this Part XI				X	
	· · ·					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	19,64	5,6	84.	
2	Total expenses (must equal Part IX, column (A), line 25)	2	19,734	4,3	43.	
3	Revenue less expenses. Subtract line 2 from line 1	3	-88	-88,659		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	41,78	5,4	55.	
5	Net unrealized gains (losses) on investments	5	-393	3,9	97.	
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9	223	1,8	19.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	41,524	1,6	18.	
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>	<u></u>		\square	
				Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2b	Х		
	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					
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			37		
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.				
3a	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?		<u>3a</u>		<u> </u>	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b			

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S	HED	OULE A								OMB No. 1545-0047
(Fo	orm 99	0)		Public Charity Status and Public Support						2024
			Co	omplete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.						2024
		f the Treasury nue Service		At	ttach to Form 990 or Fo	orm 990-E	Ζ.			Open to Public
					Form990 for instruction			ormation.	F armel a second	
Nar	ne of t	he organizati		g Men's Chi reensboro,	ristian Assod	clatic	on			identification number 6-0543243
P	art I	Reason			(All organizations must c	omploto th	nic part \ S			0-0545245
								ee instruction	IS.	
1 1			-		For lines 1 through 12, cl n of churches described	-	-	I)(A)(i)		
2		-			Attach Schedule E (Form			·ለጥለי/·		
3	\square				anization described in se		(b)(1)(A)(ii	i).		
4	\square	-	-		njunction with a hospital			-)(iii). Enter	the hospital's name.
•		city, and stat	-		,				///-	ļ , , , ,
5		•	-	or the benefit of a col	lege or university owned	l or operat	ed by a go	vernmental u	nit describe	ed in
		section 170	(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, sta	te, or local gov	ernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7		An organizati	on that norma	lly receives a substa	ntial part of its support fr	rom a gove	ernmental	unit or from th	ne general p	public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community	trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Part	t II.)				
9		An agricultur	al research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college
		or university	or a non-land-g	rant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	or
		university:								
10	X	•		•	than 33 1/3% of its supp				•	•
					t to certain exceptions; a					
					(less section 511 tax) fro	om busines	ses acqui	red by the org	ganization a	ifter June 30, 1975.
				mplete Part III.)	and the track for a shift of the			0(-)(4)		
11		-	•	-	vely to test for public sat	•				
12		-	•	-	vely for the benefit of, to	-			•	
				-	d in section 509(a)(1) of supporting organizatior					
a		-	-	•••	upervised, or controlled				-	aivina
	•			•	gularly appoint or elect a		Ũ			
			0	complete Part IV, Se		indjointy c				pporting
k	,	7 0		• •	or controlled in connect	tion with it:	s supporte	d organizatio	n(s). by hav	vina
		_ ,	11 0 0		anization vested in the sa			0	()/ 1	0
			-	t complete Part IV,		•				
c	;	-			g organization operated	in connect	tion with, a	and functional	lly integrate	ed with,
). You must complete I					
c	I 🗌] Type III no	n-functionally	integrated. A supp	orting organization oper	ated in co	nnection w	ith its suppo	rted organiz	zation(s)
		that is not f	functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	quirement and	an attentiv	/eness
		requiremen	it (see instructi	ons). You must con	nplete Part IV, Sections	A and D,	and Part	V .		
e	•	Check this	box if the orga	anization received a v	written determination from	m the IRS	that it is a	Туре I, Туре	II, Type III	
		functionally	integrated, or	Type III non-function	nally integrated supporting	ng organiz	ation.			[]
f			of supported c	•						
		ide the follow	<u> </u>	about the supporte (ii) EIN	d organization(s). (iii) Type of organization	(iv) Is the oroa	anization listed	(v) Amount o	fmonetan	(vi) Amount of other
	,	organizatior			(described on lines 1-10	in your governi	ng document?	support (see in	-	support (see instructions)
		2			above (see instructions))	Yes	No		,	
Tot	al									

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of Greensboro, Inc.

Schedule A (Form 990) 2024

Part II

56-0543243 Page 2

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

Se	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 20)24	(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)								
e	•••••••••••••••••••••••••••••••••••••								
_	Public support. Subtract line 5 from line 4. ction B. Total Support								
	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 20	124	(f) Total	
	Amounts from line 4	(a) 2020	(0) 2021	(0) 2022	(0) 2020		<u></u>		
8	Gross income from interest,								
0	·								
	dividends, payments received on								
	securities loans, rents, royalties,								
~	and income from similar sources								
9	Net income from unrelated business								
	activities, whether or not the								
	business is regularly carried on						 		
10	Other income. Do not include gain								
	or loss from the sale of capital								
	assets (Explain in Part VI.)								
	Total support. Add lines 7 through 10					+			
	Gross receipts from related activities,		,			12			
13	First 5 years. If the Form 990 is for the							-	
0	organization, check this box and stop	here					<u></u>	L	
	ction C. Computation of Publi								
	Public support percentage for 2024 (I					14			%
	Public support percentage from 2023					15			%
16a	33 1/3% support test - 2024. If the o				14 is 33 1/3% or n	nore, check	this box	and	_
	stop here. The organization qualifies		-					L	
k	33 1/3% support test - 2023. If the o				d line 15 is 33 1/3%	6 or more, c	heck this	; box	_
	and stop here. The organization qual								
17a	10% -facts-and-circumstances test								
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop he	ere. Explain in Part	VI how the) organiza	ition _	
	meets the facts-and-circumstances te	st. The organization	on qualifies as a p	ublicly supported of	organization			L	
k	10% -facts-and-circumstances test	- 2023. If the org	anization did not	check a box on lin	e 13, 16a, 16b, or	17a, and lir	15 is 1	0% or	
	more, and if the organization meets the	ne facts-and-circun	nstances test, che	eck this box and s	stop here. Explain	in Part VI h	ow the	_	
	organization meets the facts-and-circu	umstances test. Th	ne organization qu	alifies as a publicly	y supported organi	zation		[
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	and see inst	tructions		

Schedule A (Form 990) 2024

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Schedule A (Form 990) 2024

of Greensboro Inc. Part III Support Schedule for Organizations Described in Section 509(a)(2) 56-0543243 Page 3

(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 gualify under the tests listed below, please complete Part II.)

Section A. Public Support Calendar year (or fiscal year beginning in) (b) 2021 (c) 2022 (d) 2023 (a) 2020 (e) 2024 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 2759875.17833383. 3084351 6734696. 3122991. 2131470. include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 8958789.10128293.12582649.14907938.15817834.62395503. organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 12043140.16862989.15705640.17039408.18577709.80228886. 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 5,000. 34,750. 35,000. 22,000. 394,800. 491,550. 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year Ο. 491 c Add lines 7a and 7b 394,800. 5,000. 34,750. 35,000. 22,000. 550 79737336 Public support. (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) (d) 2023 (a) 2020 (b) 2021 (c) 2022 (e) 2024 (f) Total 9 Amounts from line 6 12043140.16862989.15705640.17039408.18577709.80228886. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, 367,167. 371,206. 427,296. 478,539. 314,326. 1958534. and income from similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 314,326. 367,167. 371,206. 427,296. 478,539. 1958534. 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 65,479. 100,027. 105,294. 456,754. 79,442. 106,512. assets (Explain in Part VI.) 12422945.17309598.16176873.17571998.19162760.82644174. **13** Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 96.48 % Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) 15 15 96.28 Public support percentage from 2023 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 2.37 17 17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) % 2.53 18 Investment income percentage from 2023 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2024. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not _____X more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization gualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990) 2024

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.)

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Section A. All Supporting Organizations

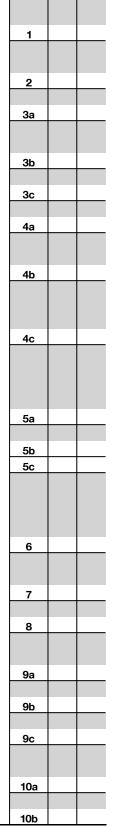
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.

of Greensboro, Inc.

- 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



	dule A (Form 990) 2024 of Greensboro, Inc.	56-054324	3 Pa	ige 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's or directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	ficers,		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			

supported organizations played in this regard. Section E. Type III Functionally Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). 1
- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. b
- The organization supported a governmental entity. Describe in Part VI how you supported a governmental С entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.
- Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each b of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Yes No 2a 2b 3a 3b

3

56-0543243 Page 6 of Greensboro, Inc. Schedule A (Form 990) 2024 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Part V 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain 1 2 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3. 5 5 Depreciation and depletion 6 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 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 1 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 2 3 3 Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 4 see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, column A) 1 1 Enter 0.85 of line 1. 2 2 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 Enter greater of line 2 or line 3. 4 4 5 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

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

6

Schedule A (Form 990) 2024

56-0543243 Page 7

	Schedule A (Form 990) 2024 of Greensboro, Inc. 56-0543243 Page 7						
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations _{(continu}	ed)			
Secti	on D - Distributions				Current Year		
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1			
2	Amounts paid to perform activity that directly furthers exemp						
	organizations, in excess of income from activity			2			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	;	3			
4	Amounts paid to acquire exempt-use assets			4			
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5			
6	Other distributions (describe in Part VI). See instructions.			6			
_7	Total annual distributions. Add lines 1 through 6.			7			
8	Distributions to attentive supported organizations to which the	e organization is responsive					
	(provide details in Part VI). See instructions.			8			
9	Distributable amount for 2024 from Section C, line 6			9			
10	Line 8 amount divided by line 9 amount			10			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2024	s	(iii) Distributable Amount for 2024		
1	Distributable amount for 2024 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2024 (reason-						
	able cause required - explain in Part VI). See instructions.						
3	Excess distributions carryover, if any, to 2024						
а	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.						
6	Remaining underdistributions for 2024. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2025. Add lines 3j and 4c.						
8	Breakdown of line 7:						
	Excess from 2020						
	Excess from 2021						
	Excess from 2022						
	Excess from 2023						
	Excess from 2024						

Schedule A (Form 990) 2024

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Schedule A (Form 990) 2024	of Greensboro, Inc.	56-0543243 Page 8				
	Information. Provide the explanations required by Part II, line 10; Part II, line 1					
Part IV, Section A,	lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, li	ines 1 and 2; Part IV, Section C,				
line 1; Part IV, Sect	ion D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; F	Part V, Section B, line 1e; Part V,				
	6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any a	dditional information.				
(See instructions.)	III, Line 12, Explanation for Other Incom					
Miscellaneous rev						
2020 Amount: \$	9,947.					
2020 Amount: \$	9,141.					
2021 Amount: \$	231.					
2023 Amount: \$	226.					
2023 Amount: \$	732.					
2024 AllOunt: Ş	132.					
Vending and food	related neuropue					
2020 Amount: \$	6,016.					
2021 Amount: \$	5,419.					
2022 Amount: \$	7,265.					
2023 Amount: \$	10,284.					
2024 Amount: \$	11,819.					
- 1 5 1						
Gross sales of in						
2020 Amount: \$	27,657.					
2021 Amount: \$	33,610.					
2022 Amount: \$	51,034.					
2023 Amount: \$	55,335.					
2024 Amount: \$	50,261.					
	m fundraising events					
2020 Amount: \$	21,859.					
<u>2021 Amount: \$</u>	31,272.					
<u>2022 Amount: \$</u>	41,497.					
<u>2023 Amount: \$</u>	39,449.					
<u>2024 Amount: \$</u>	43,700.					

		Copy for Pu	blic Insp	oection	
SCHEDULE C	Po	litical Campaign	and Lobbvir	na Activities	OMB No. 1545-0047
(Form 990)	2024				
	-	anizations Exempt From Incom			2024
Department of the Treasury Internal Revenue Service		if the organization is describe to www.irs.gov/Form990 for i			Open to Public Inspection
If the organization answ	wered "Yes" on	Form 990, Part IV, line 3, or Fo	rm 990-EZ, Part V, li	ne 46 (Political Campaign /	Activities), then:
 Section 501(c)(3) org 	ganizations: Com	plete Parts I-A and I-B. Do not co	omplete Part I-C.		
()(1(c)(3)) organizations: Complete	Parts I-A and I-C belo	w. Do not complete Part I-B.	
Section 527 organization			000 57 5		
-		Form 990, Part IV, line 4, or Fol nave filed Form 5768 (election un			-
	•	nave NOT filed Form 5768 (election di		•	•
	wered "Yes" on	Form 990, Part IV, line 5 (Proxy			•
 Section 501(c)(4), (5) 		ions: Complete Part III.			
Name of organization		en's Christian As	ssociation	Empl	oyer identification number (EIN)
Part I-A Comple	of Gree	nsboro, Inc. anization is exempt unde	501 (1)		56-0543243
 Enter the amount o Enter the amount o Enter the amount o If the organization i Was a correction m If "Yes," describe in Part I-C Completion Enter the amount of Enter the names, an organization listed, promptly and direct 	f any excise tax f any excise tax ncurred a section ade? Part IV. ete if the org irrectly expended f the filing organ tivities ion expenditures ization file Form ddresses, and El enter the amour tly delivered to a	anization is exempt under incurred by the organization und incurred by organization manage in 4955 tax, did it file Form 4720 anization is exempt under by the filing organization for sec ization's funds contributed to oth . Add lines 1 and 2. Enter here an 1120-POL for this year? Ns of all section 527 political org it paid from the filing organization separate political organization, s le information in Part IV.	er section 4955 for this year? er section 501(c) etion 527 exempt func- ner organizations for s and on Form 1120-POL ganizations to which the n's funds. Also enter t	5 	Yes No Yes No Yes No (3).
(a) Name	9	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

				Christian Z	Association			
	edule C (Form 990) 2024	of Gr	eensbo	ro, Inc.		56-0	543243 Page 2	
Pa	Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under							
	section 501(h)).							
Α	Check 🛛 if the filing organiza	tion belon	igs to an affil	liated group (and list in	Part IV each affiliated	group member's name	e, address, EIN,	
	expenses, and sha	re of exces	ss lobbying e	expenditures).				
B	Check if the filing organiza	tion check	ked box A ar	nd "limited control" pro	visions apply.		•	
	Limi (The term "expend		(a) Filing organization's totals	(b) Affiliated group totals				
1a	Total lobbying expenditures to influ	uence pub	lic opinion (g	grassroots lobbying)				
b	Total lobbying expenditures to influ	uence a le	gislative bod	ly (direct lobbying)				
с	Total lobbying expenditures (add li	nes 1a an	d 1b)					
d	Other exempt purpose expenditure	es						
е	Total exempt purpose expenditure	s (add line	es 1c and 1d)				
f	Lobbying nontaxable amount. Ente	er the amo	ount from the	e following table in both	n columns.			
	IF the amount on line 1e, column (a)	or (b), is:	THEN t	he lobbying nontaxab	le amount is:			
	not over \$500,000		20% of t	the amount on line 1e.				
	over \$500,000 but not over \$1,000),000	\$100,00	0 plus 15% of the exc	ess over \$500,000.			
	over \$1,000,000 but not over \$1,5	00,000	\$175,00	0 plus 10% of the exc	ess over \$1,000,000.			
	over \$1,500,000 but not over \$17,	000,000	\$225,00	0 plus 5% of the exce	ss over \$1,500,000.			
	over \$17,000,000		\$1,000,0	000.				
g	Grassroots nontaxable amount (en	iter 25% o	f line 1f)					
h	Subtract line 1g from line 1a. If zer	o or less, e	enter -0-					
i	Subtract line 1f from line 1c. If zero	o or less, e	enter -0					
j	If there is an amount other than ze	ro on eithe	er line 1h or l	line 1i, did the organiza	ation file Form 4720			
	reporting section 4911 tax for this	year?				<u></u> [Yes No	
			4-Year Ave	eraging Period Under	Section 501(h)			
	(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)							
		Lob	bying Exper	nditures During 4-Yea	ar Averaging Period			
	Calendar year (or fiscal year beginning in)	(a)	2021	(b) 2022	(c) 2023	(d) 2024	(e) Total	
_2a	Lobbying nontaxable amount							
b	Lobbying ceiling amount (150% of line 2a, column(e))							
		1					1	

Schedule C (Form 990) 2024

c Total lobbying expenditures

Schedule C	(Form	990)	2024
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56-0543243 Page 3

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a	ı)	(k)
of the lobbying activity.	Yes	No	Amo	ount
1 During the year, did the filing organization attempt to influence foreign, national, state, or				
local legislation, including any attempt to influence public opinion on a legislative matter				
or referendum, through the use of:				
a Volunteers?		X		
f b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X		
c Media advertisements?		X		
d Mailings to members, legislators, or the public?		X		
e Publications, or published or broadcast statements?		X		
f Grants to other organizations for lobbying purposes?		X		
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X		
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X		010
i Other activities?	X			<u>.,917.</u>
j Total. Add lines 1c through 1i		77	1	.,917.
2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		X		
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section	- E01/a//		tion	
	1 501(0)(3	o), or sec	tion	
501(c)(6).			N	N
			Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?				
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the Part III-B Complete if the organization is exempt under section 501(c)(4), section			tion	
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered				3 ic
answered "Yes."	NU, UR	(D) Part	m-A, me	: 0, 15
1 Dues, assessments, and similar amounts from members		1		
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic	al			
expenses for which the section 527(f) tax was paid):				
a Current year				
b Carryover from last year				
c Total				
		3		
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce				
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	olitical			
expenditures next year?		4		
5 Taxable amount of lobbying and political expenditures. See instructions		5		
Part IV Supplemental Information				
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-/	A, lines 1 ar	nd 2 (see	
instructions); and Part II-B, line 1. Also, complete this part for any additional information.				
Part II-B, Line 1, Lobbying Activities:	a 1			
The YMCA of Greensboro joins together with other North			MCAS	
in a State Alliance that pays a law firm to monitor pu				

based on asset size.

		Copy for]	Public Inspection		
	HEDULE D		al Financial Statements nization answered "Yes" on Form 990,		OMB No. 1545-0047
(Rev. Depart	ev. December 2024) Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. partment of the Treasury Attach to Form 990.				
-	I Revenue Service e of the organizatio	n Young Men's Christ	ian Association	Employe	Inspection identification number
Do	t L Organiza	of Greensboro, Inc	• d Funds or Other Similar Funds or A		6-0543243
Par		answered "Yes" on Form 990, Part IV, lin		accounts.	Complete if the
	o ga Lator		(a) Donor advised funds	(b) Funds an	d other accounts
1	Total number at en	d of year		. ,	
2		contributions to (during year)			
3		grants from (during year)			
4		end of year			
5	0		writing that the assets held in donor advised fu		
6			exclusive legal control? dvisors in writing that grant funds can be used		Yes No
U	0	e , , ,	r donor advisor, or for any other purpose confe	,	
	impermissible priva		·	0	Yes No
Par	rt II Conserva	ation Easements. Complete if the org	ganization answered "Yes" on Form 990, Part I	V, line 7.	
1	Purpose(s) of conse	ervation easements held by the organization	on (check all that apply).		
		of land for public use (for example, recrea	,	<i>y</i> 1	
		natural habitat	Preservation of a ce	rtified historic	structure
•		of open space			
2	day of the tax year.	o o 1	ied conservation contribution in the form of a c		asement on the last at the End of the Tax Year
а					
b					
с	U U	ation easements on a certified historic structure			
d	d Number of conservation easements included on line 2c acquired after July 25, 2006, and not				
	on a historic struct	ure listed in the National Register		2d	
3	Number of conserv	ation easements modified, transferred, rel	eased, extinguished, or terminated by the orga	nization during	g the tax
	year				
4 5		/here property subject to conservation easion have a written policy regarding the per			
5	-	procement of the conservation easements it			Yes No
6			handling of violations, and enforcing conservat		
7	Amount of expense	es incurred in monitoring, inspecting, hanc	lling of violations, and enforcing conservation e	asements dur	ing the year
8	Does each conserv	 ation easement reported on line 2d above	satisfy the requirements of section 170(h)(4)(B)(i)	
-	and section 170(h)(Yes No
9	In Part XIII, describ		on easements in its revenue and expense state		
	balance sheet, and	include, if applicable, the text of the footr	note to the organization's financial statements t	hat describes	the
De		ounting for conservation easements.	Art, Historical Treasures, or Other	Cimilar Ao	a ta
Fai		the organization answered "Yes" on Form		Similar AS	5615.
10			8, not to report in its revenue statement and ba	alance sheet w	orke
ia	0	· •	blic exhibition, education, or research in further		
			ncial statements that describes these items.	p	
b	If the organization e	elected, as permitted under FASB ASC 95	8, to report in its revenue statement and baland	ce sheet work	s of
	art, historical treasu	ures, or other similar assets held for public	exhibition, education, or research in furtherand	ce of public se	ervice,
	-	ng amounts relating to these items.			
~	.,				
2			asures, or other similar assets for financial gain	, provide	
а		nts required to be reported under FASB A on Form 990. Part VIII. line 1	SC 958 relating to these items:	\$	
	Assets included in				
		on Act Notice, see the Instructions for F			orm 990) (Rev. 12-2024)
LHA	• 432051 01-02-25			•	. ,

	Cop	y for Pu Men's Chris	blic Ins	spect	ion						
Sche	dule D (Form 990) (Rev. 12-2024) of Gre	ensboro, In	C.				56-	0543	3243	B Page	∍ 2
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, o	r Othe	r Simi	lar Ass	ets ('contin	ued)	
3	Using the organization's acquisition, accessi	on, and other records	, check any of the f	ollowing that	t make s	ignificar	nt use of	its			
	collection items (check all that apply).										
а	Public exhibition	d	Loan or exc	hange progra	am						
b	Scholarly research	е	Other								
с	Preservation for future generations										
4	Provide a description of the organization's co						oose in F	Part XIII			
5	During the year, did the organization solicit o			-							
Dev	to be sold to raise funds rather than to be ma								/es		lo
Par	t IV Escrow and Custodial Arran		e if the organization	n answered "	Yes" on	Form 99	90, Part I	V, line	9, or		
	reported an amount on Form 990, Pa										
1 a	Is the organization an agent, trustee, custodi		•					┌┐、		— .	
	on Form 990, Part X?							<u> </u>	/es		No
b	If "Yes," explain the arrangement in Part XIII	and complete the follo	owing table:					•	mount		
	Designing holes of							A	mouni		—
	Beginning balance										—
	Additions during the year										—
-	Distributions during the year										
f	Ending balance								/es		No
	Did the organization include an amount on Fe If "Yes," explain the arrangement in Part XIII.					iity ?		· · · ·	les		10
Par						0					
		(a) Current year	(b) Prior year	(c) Two yea			e years b	ack (e	e) Four	years bad	
10	Beginning of year balance	2,891,251.	2,495,749.		9,270.	. ,	,837,62			415,32	
	Contributions	17,433.	124,654.		4,050.		22,83			104,26	
	Net investment earnings, gains, and losses	362,895.	384,312.		1,019.		342,86			431,48	
	Grants or scholarships				_,		,-			1,30	
	Other expenditures for facilities									-,	
C	and programs	125,899.	100,803.	9	3,443.		109,51	1.		99,95	8.
f	Administrative expenses	15,177.	12,661.		,109. 14,5					12,19	
	End of year balance	3,130,503.	2,891,251.		5,749.	3	,079,27		2	837,62	
2	Provide the estimated percentage of the curr			,	,		/ ///		/	, , ,	
	Board designated or quasi-endowment	.0000	%								
	Permanent endowment 62.5000	%	_/0								
	Term endowment 37.5000										
-	The percentages on lines 2a, 2b, and 2c sho	•									
3a	Are there endowment funds not in the posse		ion that are held ar	nd administer	red for th	ne					
	organization by:	5							ſ	Yes N	lo
								ſ	3a(i)	2	ĸ
								···· F	3a(ii)	X	_
b	If "Yes" on line 3a(ii), are the related organiza								3b	X	
4	Describe in Part XIII the intended uses of the										
Par	t VI Land, Buildings, and Equipm	ent									
	Complete if the organization answere	d "Yes" on Form 990,	Part IV, line 11a. S	ee Form 990), Part X,	line 10.					
	Description of property	(a) Cost or ot	her (b) Cost	or other	(c) A	ccumul	ated	(d) Bool	value	
		basis (investm	ent) basis	(other)	de	preciati	on				
1a	Land			9,536.						9,536	
b	Buildings			7,968.		<u>395,</u>		27		2,325	
с	Leasehold improvements			0,916.		<u>968,</u>				2,170	
d	Equipment			5,035.		160,				1,046	
е	Other		4,95	5,714.	3,	241,	504.			1,210	
<u>Total</u>	. Add lines 1a through 1e. <i>(Column (d) must e</i>	qual Form 990, Part X	(, line 10c, column	<u>(B))</u>				34	,112	2,287	•
						Schedu	ıle D (Fo	rm 990)) (Rev	/. 12-202	24)

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

Part VII Investments - Other Securities

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	
Part X Other Liabilities	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 2	25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	Operating lease liability	1,133,522.
(3)	Financing Lease Liability	573,433.
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, line 25, col. (R))	1,706,955.

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

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

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

Sche	edule D (Form 990) (Rev. 12-2024) of Greensboro, Inc.	1100001401011	56-0543243 _{Pag}	e 4
	rt XI Reconciliation of Revenue per Audited Financial Sta	tements With Reven		-
	Complete if the organization answered "Yes" on Form 990, Part IV, li		•	
1	Total revenue, gains, and other support per audited financial statements			-
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			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12	.)		
Pa	rt XII Reconciliation of Expenses per Audited Financial St	atements With Exper	ises per Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.		
1	Total expenses and losses per audited financial statements			
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
с	Other losses	2c		
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 1	(8.)		

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Part XIII Supplemental Information

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

Part V, line 4:

The Endowment Fund consists of various fixed income funds, equity funds, and cash equivalents established for a variety of purposes. The endowment consists of donor-restricted endowment funds as well as board designated endowment funds. Net assets associated with endowment funds are classified and reported based on the existence or absence of donor-imposed restrictions.

The Endowment Fund has adopted investment and spending policies for endowment assets that attempt to provide a predictable stream of funding to programs supported by its endowment while seeking to maintain the purchasing power of the endowment assets. Endowment assets include those assets of donor-restricted funds that the Association must hold in perpetuity. Under this policy, as approved by the Board of Directors, the endowment assets are invested in a manner that is intended to produce results that meet funding requirements while assuming a moderate level of investment risk.

Part X, Line 2:

It is the Association's policy to evaluate all tax positions to identify any that may be considered uncertain. All identified material tax positions are assessed and measured by a more-likely-than-not threshold to determine if the tax position is uncertain and what, if any, the effect of the uncertain tax position may have on the consolidated financial statements. No material uncertain tax positions were identified for 2024.

Schedule D (Form 990) (Rev. 12-2024) of Greensboro, Inc. Part XIII Supplemental Information (continued)

56-0543243 Page 5

Currently, the statute of limitations remains open subsequent to and including 2018; however, no examinations are in process or anticipated. Any changes in the amount of a tax provision will be recognized in the period the change occurs.

	(Copy for Publ	ic]	Ins	spection				
SCHEDULE G (Form 990)									
(Rev. December 2024) Department of the Treasury Internal Revenue Service	Attach to Form 990 or Form 990-EZ.								
Name of the organizationYoung Men's Christian AssociationEmployer identification numberof Greensboro, Inc.56-0543243									
required to	Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.								
 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations g Special fundraising events d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. 									
(i) Name and addres or entity (fund		(ii) Activity	fundi have c or cor	Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	tò (c	Amount paid or retained by fundraiser ted in col. (i)		
			Yes	No					
			ļ						
			<u> </u>						
			<u> </u>						
			<u> </u>						
			<u> </u>						
			<u> </u>						
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						<u> </u>			
Total Image: Second									

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

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

56-0543243 Page 2

Part II	Fundraising Events. Complete if th	e organization answered	"Yes" on Form 990, Par	t IV, line 18, or reported	more than \$15,000		
	of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5						
		(a) Event #1	(b) Event #2	(c) Other events			

		or fundraiding event contributions and gre		LZ, 11100 1 4114 0D. LIOU	former groot receipt	to groater than \$0,000.
			(a) Event #1 Special Events	(b) Event #2	(c) Other events None	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	43,700.			43,700.
	2	Less: Contributions				
			40 500			40.500
	3	Gross income (line 1 minus line 2)	43,700.			43,700.
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
ect E)	7	Food and beverages				
Dir	8	Entertainment				
		Other direct expenses				25,903.
		Direct expense summary. Add lines 4 through				25,903.
D	11	Net income summary. Subtract line 10 from li	ne 3, column (d)			17,797.
Ра	rt I	Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	990, Part IV, line 19, or i	reported more than	
		\$13,000 011 F0111 990-EZ, line da.		(b) Pull tabs/instant		(d) Total gaming (add
nue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue						
ш	1	Gross revenue				
ses	2	Cash prizes				
zpens	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No	No	No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1. column (d)			
а	En [.] Is t	ter the state(s) in which the organization condu the organization licensed to conduct gaming ac No," explain:	icts gaming activities: ctivities in each of these s			Yes No
10a		ere any of the organization's gaming licenses re	woked, suspended, or te	rminated during the tax y	/ear?	Yes No
	10.0					

432082 01-14-25

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

Copy for Public Inspection Young Men's Christian Association	
Schedule G (Form 990) (Rev. 12-2024) of Greensboro, Inc.	56-0543243 Page 3
11 Does the organization conduct gaming activities with nonmembers?	
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity form	
to administer charitable gaming?	
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	13a %
b An outside facility14 Enter the name and address of the person who prepares the organization's gaming/special events books and	
Name	
Address	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue	9? Yes No
 b If "Yes," enter the amount of gaming revenue received by the organization \$ and t of gaming revenue retained by the third party \$ 	the amount
c If "Yes," enter the name and address of the third party:	
Name	
Address	
16 Gaming manager information:	
Name	
Gaming manager compensation \$	
Description of services provided	
Director/officer Employee Independent contractor	
17 Mandatory distributions:a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or	
organization's own exempt activities during the tax year \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) a 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	and (v); and Part III, lines 9, 9b, 10b,

Part IV	Supplemental Information (continued)

		Copy for	r Publie	c Inspe	ction				
SCHEDULE I (Form 990) (Rev. December 2024)	Go	Frants and Oth vernments, an ete if the organization	d Individual	ls in the Ŭni	ted States			OMB No. 1	545-0047
Department of the Treasury Attach to Form 990.									Public ction
Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.									
	Men's Christ		tion				Employer	identificatio	
OI GIE Part I General Information on Gr	ensboro, Inc	•						56-054	43243
 Does the organization maintain re- criteria used to award the grants of Describe in Part IV the organization 	cords to substantiate the or assistance? n's procedures for monit	oring the use of grant	funds in the United	d States.				X Yes	No No
Part II Grants and Other Assistant recipient that received more					anization answered "Y	es" on Form 990, Parl	t IV, line 21,	for any	
1 (a) Name and address of organiza or government		(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance		Purpose of g or assistance	

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

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

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

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

Young Men's Christian Association

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Scholarships	2817	593,159.	0.		
Part IV Supplemental Information. Provide the information requ	L uired in Part I, lin	e 2; Part III, column	(b); and any other ac	l Iditional information.	
Part I, Line 2:					
Direct reduction in membership dues	s and pro	gram fees	is provide	d to	
qualified individuals who demonstra	ate finan	cial need.	The amoun	t of	
scholarship is determined on the sl		ale based	on the amo	unt of	
income versus number of household m	members.				

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Page 2

		Copy for	Public Inspection					
SCHEDULE J (Form 990)		Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees				OMB No. 1545-0047		
(Rev. December 2024) Department of the Treasury		Complete if the organization	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.					
	al Revenue Service ne of the organizatio		90 for instructions and the latest information.	Employer id	Intificatio		her	
Nun	le el trie elganizatio	of Greensboro, In			543243		iber	
Pa	rt I Question	s Regarding Compensation		0 0	<u>J4J24</u> .	<u> </u>		
	ducedient	e negaranig eempeneation				Yes	No	
10	Chook the energy	into hav(aa) if the arganization provided a	ny of the following to or for a person listed on Form	000		res	NO	
Id			elevant information regarding these items.	990,				
	First-class or o		Housing allowance or residence for perso					
	Travel for com		Payments for business use of personal re					
		cation and gross-up payments	Health or social club dues or initiation fee					
	_	spending account	Personal services (such as maid, chauffer					
		spending account		ar, cher)				
L	If any of the house	on line to are checked did the exercited	on follow a written policy reporting normant or					
D			on follow a written policy regarding payment or		41.			
0		•	above? If "No," complete Part III to explain		1b			
2			ng or allowing expenses incurred by all directors,		0			
	trustees, and onice	rs, including the CEO/Executive Director,	regarding the items checked on line 1a?		2			
3	CEO/Executive Dire establish compens X Compensation	ector. Check all that apply. Do not check a ation of the CEO/Executive Director, but e n committee	to establish the compensation of the organization's any boxes for methods used by a related organizati explain in Part III. Written employment contract X Compensation survey or study					
		compensation consultant						
		ther organizations	X Approval by the board or compensation of	committee				
4	During the year, did organization or a re		Section A, line 1a, with respect to the filing					
а	Receive a severand	ce payment or change-of-control payment?	?		4a		<u> </u>	
b	Participate in or rec	ceive payment from a supplemental nonqu	ualified retirement plan?		4b		Х	
с	Participate in or rec	ceive payment from an equity-based comp	pensation arrangement?		4c		X	
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.							
		c)(3), 501(c)(4), and 501(c)(29) organizati						
5	•		did the organization pay or accrue any compensation	on				
	contingent on the r						37	
							X	
b					5 b		X	
		or 5b, describe in Part III.						
6	-		did the organization pay or accrue any compensation	on				
	contingent on the r	-					37	
							<u>X</u>	
b					6b		X	
		or 6b, describe in Part III.						
7			did the organization provide any nonfixed payments				v	
					7		<u>X</u>	
8	•		ccrued pursuant to a contract that was subject to the				37	
			3.4958-4(a)(3)? If "Yes," describe in Part III		8		<u>x</u>	
9		lid the organization also follow the rebutta			9			
Regulations section 53.4958-6(c)?								
For	Paperwork Reduct	ion Act Notice, see the Instructions for	Form 990. Sch	edule J (Forr	n 990) (Re	v. 12-2	2024)	

Young Men's Christian Association

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

56-0543243

Page **2**

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

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

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

		(B) Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) Rhonda Anderson	(i)	235,002.	0.	0.	28,804.	5,839.	269,645.	0.
President/CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) Brenda Willis	(i)	164,837.	0.	0.	20,328.	5,839.	191,004.	0.
VP-Finance & Administrativ	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) Joseph Hennigan	(i)	136,743.	0.	0.	17,104.	5,839.	159,686.	0.
Group VP	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i)							
	(i) (ii)							

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

Young Men's Christian Association

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

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Part III Supplemental Information

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

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

SCHEDULE K		Sup	oplemental In	formation on Ta	x-Exem	pt Bond	Is					ИВ No.	1545(0047
(Form 990)	Co			"Yes" on Form 990 any additional info			rovide descripti	ions,					1545-0	JU47
(Rev. December 2024) Department of the Treasury Internal Revenue Service			• •	Attach to Form 990 90 for instructions a			nation.)pen t 1spec		lic
Name of the organizati	on Young Men's of Greensbo	Christian									identif 543		n nun	ıber
Part I Bond Issue		e Part VI	for Colum	ns (a) and	(f) C	ontir	nuations		5	0-0	545	245		
	ssuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issu			on of purpose	(g) Def	hasea	(b) On	hehalf	(i) D	
(a) 1	SSUEL HAITIE		(c) 0001 #	(u) Date issued	(6) 1350	le price			(9) DO	cascu	of is			ncing
									Yes	No	Yes	No	Yes	— <u> </u>
Guilford	County						To refun	d prior	1.00					
A Industria	l Facilities an	56-1423156	None	11/18/10	2250		indebted			х		х		x
В														
С														
D														
Part II Proceeds				I										
				A			В	С				D		
1 Amount of bond	s retired			18,857	,464.									
	s legally defeased				0.0.0									
	of issue			22,500	,000.									
	in reserve funds													
				20,335	226									
6 Proceeds in refu	0		<u></u>		<u>,220.</u> ,393.									
7 Issuance costs f					, 393.									
	expenditures from proceeds ures from proceeds			2,002	381					+				
11 Other spent proc				2,002	, 5011									
12 Other unspent p														
13 Year of substant					12									
				Yes	No	Yes	No	Yes	No		Yes		No	
14 Were the bonds	issued as part of a refunding is	ssue of tax-exempt b	onds (or,							1				
	2018, a current refunding issu			X										
	issued as part of a refunding is													
	018, an advance refunding iss				Х									
	cation of proceeds been made			Х										
17 Does the organiz	ation maintain adequate book	s and records to sup	oport the											
final allocation o	f proceeds?			X										

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

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

Young Men's Christian Association

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

56-0543243

Page **2**

Par	III Private Business Use								
			4	I	3	(C		D
1	Was the organization a partner in a partnership, or a member of an LLC,	Yes	No	Yes	No	Yes	No	Yes	No
	which owned property financed by tax-exempt bonds?		X						
2	Are there any lease arrangements that may result in private business use of								
	bond-financed property?		х						
3a	Are there any management or service contracts that may result in private								
	business use of bond-financed property?		x						
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside								
	counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of								
-	bond-financed property?		х						
b	If "Yes" to line 3c, does the organization routinely engage bond counsel or other								
	outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities								
•	other than a section 501(c)(3) organization or a state or local government		%		%		%		%
5	Enter the percentage of financed property used in a private business use as a		/0		/0		/0		///
Ū	result of unrelated trade or business activity carried on by your organization,								
	another section 501(c)(3) organization, or a state or local government		%		%		%		%
6			<u>%</u>		<u>%</u>		<u>%</u>		<u>%</u>
7	Does the bond issue meet the private security or payment test?		X		/0		/0		70
-	Has there been a sale or disposition of any of the bond-financed property to a non-								
oa	governmental person other than a 501(c)(3) organization since the bonds were issued?		x						
h	If "Yes" to line 8a, enter the percentage of bond-financed property sold or		21						
D			%		%		%		07
	disposed of		%		%		<u>%</u>		<u>%</u>
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations								
	sections 1.141-12 and 1.145-2?								+
9	Has the organization established written procedures to ensure that all								
	nonqualified bonds of the issue are remediated in accordance with the		x						
Der	requirements under Regulations sections 1.141-12 and 1.145-2?		Δ						
Par	IV Arbitrage								
			A 	-	3				
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No X	Yes	No	Yes	No	Yes	No
	Penalty in Lieu of Arbitrage Rebate?		Ā						
	If "No" to line 1, did the following apply?						1		Τ
	Rebate not due yet?		X						
	Exception to rebate?		X						+
C	No rebate due?		X						
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was								
	performed						1		T
3	Is the bond issue a variable rate issue?	Х						l	<u> </u>

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

56-0543243

Young Men's Christian Association

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

Part IV Arbitrage (continued)								
	L A	A		В	(;	D	
4a Has the organization or the governmental issuer entered into a qualified	Yes	No	Yes	No	Yes	No	Yes	No
hedge with respect to the bond issue?	X							
b Name of provider	Branch Ban	king and						
c Term of hedge	5.0	0000000						
d Was the hedge superintegrated?		X						
e Was the hedge terminated?		X						
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X						
7 Has the organization established written procedures to monitor the								
requirements of section 148?		X						
Part V Procedures To Undertake Corrective Action	_							
	A	4		B	С		D	
Has the organization established written procedures to ensure that violations	Yes	No	Yes	No	Yes	No	Yes	No
of federal tax requirements are timely identified and corrected through the								
voluntary closing agreement program if self-remediation isn't available under								
applicable regulations?		X						
Part VI Supplemental Information. Provide additional information for responses to question	s on Schedule	K. See instruc	ctions.					
Schedule K, Part I, Bond Issues:								
(a) Issuer Name:								
Guilford County Industrial Facilities and Pollut	ion Cont	rol Fir	nancing	g Auth.				
(f) Description of Purpose:								
To refund prior indebtedness and finance capital	expend	ltures						

Page 3

Copy for Public Inspection						
Supplemental Information to Form 990 or 990						
(Form 990) Complete to provide information for responses to specific questions on (Rev. December 2024) Form 990 or 990-EZ or to provide any additional information.						
Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.						
Young Men's Christian Association	Employer	identification number				
of Greensboro, Inc.		543243				
I, Line 1, Description of Organization Miss	ion:					
and body for all.						
	Supplemental Information to Form 990 or 990 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. Young Men's Christian Association of Greensboro, Inc. I, Line 1, Description of Organization Miss	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. Young Men's Christian Association Employer of Greensboro, Inc. 56-0 I, Line 1, Description of Organization Mission:				

Form 990, Part III, Line 1, Description of Organization Mission: religions working to strengthen our community. Every day, we collaborate with our neighbors to make sure everyone has the opportunity to learn, grow and thrive. For 135 years, the YMCA of Greensboro has been committed to providing high-quality programs that embody our core values of caring, honesty, respect and responsibility. Through the dedicated efforts and contributions of staff, volunteers and members, we strengthen the foundations of our community through our focus on Healthy Living, Youth Development and Social Responsibility. At the YMCA of Greensboro, all are welcome, relationships are formed and valued, and children and families are supported as they grow and flourish.

Form 990, Part III, Line 4a, Program Service Accomplishments: programs, including group exercise classes, personal training, water exercise, swim lessons, sports leagues, and evidence based health intervention programs. Our branches also partnered with other local agencies to host blood drives, food drives and mobile medicine care units as well as community outdoor wellness classes. Our programs are family-oriented, accessible, affordable and open to all faiths, backgrounds, abilities and income levels. In 2024, 32,988 adults in our community received the support, guidance and resources they needed to achieve greater health in spirit, mind and body, and we provided \$195,966 in financial assistance to people seeking healthier lifestyles who otherwise would have faced economic barriers to participation.

Form 990, Part III, Line 4b, Program Service Accomplishments: available to teach those skills in an environment of spirited fun and, in some cases, friendly competition. The Y makes sure every child has an opportunity to envision and pursue a positive future and to take an active role in strengthening his or her community. Our programs offer opportunities for youth and teens to learn values and positive behaviors as they explore their own unique talents and interests. We help them realize their potential, giving them confidence today that will make them contributing and engaging adults tomorrow. We offer a variety of sports, recreation, and leadership programs such as Y Achievers, chess club, kids fitness, swim lessons, youth sports bright beginnings, outdoor education and Y leaders club all of which are designed to offer a range of experiences that enrich cognitive, social, physical and emotional growth. We also offer an exercise and social skills program for youth and teens on the autism spectrum. The programs are either land-based or water-based and designed to get kids active and nurture their potential while in a safe environment. In 2024, 23,249 youth and teens were engaged in Y programing, and the Y was able to provide \$171,266 in financial assistance to make the programs affordable and accessible. The Y also provided 941 youth in Guilford and Rockingham County with free safety around water lessons through the support of POOLCORP.

Schedule O (Form 990) 2024	Page 2
Name of the organization Young Men's Christian Association of Greensboro, Inc.	Employer identification number 56-0543243
Form 990, Part III, Line 4c, Program Service Accomplishmen	
include daycare for 1 to 4-year-olds, after-school care, a	
and overnight camp opportunities for 5-12 year olds. At Car	
also provide an overnight camping program that provides ch	
unique opportunity to grow, learn and create memories that	
lifetime. Activities at camp are designed to encourage per	
in a positive and encouraging environment that helps comba	
summer learning loss. At the Y, children from a variety of	
meet as strangers, often come together as a family and dep	art as
lifelong friends. Lastly, we have teen leadership camps for	r children
aged 13-16; these programs are designed for teens looking	
leadership skills while they develop and challenge our par	
2024, 3,148 youth and teens participated in our wide varie	
childcare programs, and the Y was able to provide \$225,927	
assistance to make the programs affordable and accessible.	
Form 990, Part III, Line 4d, Other Program Services:	
Payments to Affiliated Organizations	0
Expenses \$ 268,386. including grants of \$ 0. Revenue \$	0.
Form 000 Port VI Contion P line 11h.	
Form 990, Part VI, Section B, line 11b: Tax return is reviewed with the finance committee and then	agent to goah
member of the Board of Directors for their review prior to	
filing the return with the Internal Revenue Service.	signing and
ining the return with the internal kevenue bervice:	
Form 990, Part VI, Section B, Line 12c:	
The conflict of interest statement along with a detailed q	uestionnaire is
sent to all board members and senior staff to complete. T	
the completed questionnaires and makes a report to the exe	
from her findings.	
For situations which arise in which the Board may wish to	contract or enter
into an arrangement for goods or services under circumstan	
present a conflict of interest affecting one or more of it	
affected member(s) of the Board agree(s) to provide full is	nformation to the
Board or its Executive Committee to allow the Board or its	
Committee to approve by resolution (with the affected memb	
such contract or arrangement provided it is advantageous t	o do so.
Form 990, Part VI, Section B, Line 15:	
Compensation process for top official:	<u> </u>
1. HR Director provides comparative data to the compensat	
committee from the Large YMCAs Survey of Executive Compensation	
average increase percentages for other key personnel. The	
is comprised of the current Board Chair, the past Board Chair, upgoming Board Chair, The information provided will include	
upcoming Board Chair. The information provided will inclu-	
be limited to, average increase percentages for Leadership	
recent 12 month period, CEO salary history, and a copy of Survey of Executive Compensation.	the barge incas
2. The CEO prepares a self-evaluation for the review comm	ittee that
provides narrative and evidentiary progress toward goals e	
the year.	
3. The review committee may choose to seek input from the	Metro Board and
key staff members concerning CEO performance over the prev	
4. The review committee meets to discuss the performance	
arrive at a salary increase recommendation.	
5. The review committee evaluates the proposed salary inc	rease against the

5. The review committee evaluates the proposed salary increase against the 432212 01-29-25 Schedule O (Form 990) 2024

Schedule O (Form 990) 2024	Page 2
Name of the organization Young Men's Christian Association of Greensboro, Inc.	Employer identification number 56-0543243
data from the compensation survey to ensure that CEO compe	
qualify as an excess benefit under Intermediate Sanction R	
6. The review committee, or the Board Chair on behalf of	
committee, meets with the CEO to go over the performance e	
salary recommendation, and to establish performance goals	for the upcoming
year.	
7. The review committee presents their report and recomme	endation to the
Executive Committee for approval.	
8. The Board Chair provides documentation of the approved	
to the HR Director to update the salary for payroll purpos	es.
Compensation process for officers:	
1. The CEO requests a self-evaluation from each individua	1 to assess
progress toward goals for the review year.	
2. Referring to the self-evaluation and other data availa	ble, the CEO
reviews and comments on the performance evaluation document	
3. The CEO reviews comparative data from the Large YMCAs	
Executive Compensation, internal increase percentages and	
range for the position to arrive at an appropriate salary	
will not qualify as an excess benefit under Intermediate S	
4. The CEO meets with the employee to go over the perform	
and salary increase, and to establish performance goals for	or the upcoming
year.	
5. The CEO provides increase information and documentation	n to the HR
Director to update the salary for payroll purposes.	
Form 990, Part VI, Section C, Line 19:	
All governing documents are made available to the public u	pon request.
Form 990, Part VII, Column B:	
A few of the board members for the YMCA of Greensboro also	sit on the
board for the YMCA Endowment fund. The board for the Endo	
for a mimimum of 1x annually for a board meeting. At the	
board determines the spending rate for the endowment earni	
discusses any other issues related to the endowment. Duri	
the YMCA investment committee reviews and manages the asse	
endowment.	
Form 990, Part XI, line 9, Changes in Net Assets:	
Increase in amount due from YMCA of Greensboro Endowment	221,819.

SCHEDULE R (Form 990) C (Rev. January 2025) Department of the Treasury Internal Revenue Service	Related Organizations complete if the organization answered "Ye Attac Go to www.irs.gov/Form990 for	es" on Form 990, Part IV, lir h to Form 990.	ne 33, 34, 35b, 36,	or 37.		OMB No. 154 Open to Pe Inspecti	ublic
	s Christian Associatio				Employer ide 56-054		ımber
Part I Identification of Disregarded Entities. C	omplete if the organization answered "Yes"	on Form 990, Part IV, line 33	3.				
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state o foreign country)	or Total incor	(e) me End-of-year a	assets Dire	(f) ect controlling entity)
Identification of Polated Tay Exampt Or	ganizations. Complete if the organization a	appwared "Ves" on Form 000) Part IV line 34 h			ovomnt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controllin entity	g contr	g) 512(b)(13) rolled ity? No
Young Men's Christian Association of Greensboro Endowment, Inc 56-1849170, Green Valley Road, Suite 210, Greensboro		North Carolina	501(c)(3)	c:	oung Men's hristian ssociation of	X	

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

Schedule R (Form 990) (Rev. 1-2025)

Young Men's Christian Association

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

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

organizations treated as a pa												
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(i)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets		ortionate ations?	amount in box	mana partr	er?	Percentage ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	No	
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Part IV 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	(C) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(I contr ent	(i) ction b)(13) rolled tity?
		country)						Yes	No

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

Part V	Transactions With Related Organizations.	Complete if the organization answered "Yes	" on Form 990, Part IV, line 34, 35b, or 36.
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Not	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	s 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
b	Gift, grant, or capital contribution to related organization(s)	. 1b		X
	Gift, grant, or capital contribution from related organization(s)		X	
	Loans or loan guarantees to or for related organization(s)			X
	Loans or loan guarantees by related organization(s)			X
f	Dividends from related organization(s)	1f		x
g				X
h	Purchase of assets from related organization(s)	1h		X
i	Exchange of assets with related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)	. 1 j		X
k	Lease of facilities, equipment, or other assets from related organization(s)	. 1k		x
Т	Performance of services or membership or fundraising solicitations for related organization(s)			X
m	Performance of services or membership or fundraising solicitations by related organization(s)	. 1m		X
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			X
	Sharing of paid employees with related organization(s)		X	
р	Reimbursement paid to related organization(s) for expenses	. 1p		x
	Reimbursement paid by related organization(s) for expenses			X
r	Other transfer of cash or property to related organization(s)	. 1r		x
S	Other transfer of cash or property from related organization(s)			X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
Young Men's Christian Association of			
(1) Greensboro Endowment, Inc.	С	125,899.	FMV
(2)			
(3)			
<u>(4)</u>			
(5)			
(6)			

Young Men's Christian Association

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

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

(a) (b) (c) (c) <th>(2)</th> <th><u> </u></th> <th></th> <th>(d)</th> <th>1</th> <th>~</th> <th>(f)</th> <th>(a)</th> <th>/</th> <th>2</th> <th>(i)</th> <th>(i)</th> <th>(k)</th>	(2)	<u> </u>		(d)	1	~	(f)	(a)	/	2	(i)	(i)	(k)
Nember Address, and Env Primary activity Legal outring (state or foreign country) State of regression (state or foreign sections \$12.514) State of regression (state or foreign section	(a)	(b) Brimony activity	(c)	(d)	Are	all		(g) Shara of		J ODOT-		(j) General (
Openant (state of roting) country exclude from tax noter sections \$12:514 Outer Test Outer assets distants Test Outer assets distants Test Outer Test Outer Test </td <td>Name, address, and EIN</td> <td>Primary activity</td> <td>Legal domicile</td> <td>(related, unrelated,</td> <td>partne 501(</td> <td>rs sec. c)(3)</td> <td></td> <td></td> <td>tion</td> <td>nate</td> <td>amount in box 20</td> <td>managin</td> <td></td>	Name, address, and EIN	Primary activity	Legal domicile	(related, unrelated,	partne 501(rs sec. c)(3)			tion	nate	amount in box 20	managin	
Country Sectors 512-511 Yes No Income assets Yes No Yes No	orentity		(State of Toreight	excluded from tax under	org					tions?	of Schedule K-1	partner?	
			country)	sections 512-514)	Yes	No	Income	455615	Yes	No	(Form 1065)	Yes No	

Schedule R (Form 990) (Rev. 1-2025)

Copy for Public Inspection Young Men's Christian Association

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

Part VII Supplemental Information

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

Part II, Identification of Related Tax-Exempt Organizations:

Name, Address, and EIN of Related Organization:

Young Men's Christian Association of Greensboro Endowment,

Inc.

EIN: 56-1849170

620 Green Valley Road, Suite 210

Greensboro, NC 27408

Direct Controlling Entity: Young Men's Christian Association of

Greensboro, Inc.