

September 24, 2024

YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE PIKES PEAK REGION 207 N. NEVADA AVE COLORADO SPRINGS, CO 80903

Dear Mr. Williams,

Enclosed are the following income tax returns prepared on behalf of YOUNG MEN'S CHRISTIAN ASSOCIATION for the year ended December 31, 2023.

2023 990 - Return of Organization Exempt from Income Tax
2023 8879-TE - IRS E-file Signature Authorization Form
2023 Schedule A - Public Charity Status and Public Support
2023 Schedule B - Schedule of Contributors
2023 Schedule D - Supplemental Financial Statements
2023 Schedule G - Supplemental Info. Regarding Fundraising/Gaming
2023 Schedule J - Compensation Information
2023 Schedule K - Supplemental Information on Tax-Exempt Bonds
2023 Schedule O - Supplemental Information to Form 990 or 990EZ

The above mentioned returns will be electronically filed. The efile authorizations should be signed and dated according to the filing instructions included with the copy of the return.

The enclosed returns were prepared primarily from data and information which you submitted. Please review the returns to ensure that there are no omissions or misstatements. Upon an audit of the return(s), requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records.

Form 990 and Schedules must be made available for public inspection for a period of three years from the date of filing. Please visit the Not-for-Profit Services page on our website <u>www.skrco.com</u> for information regarding Federal disclosure and Colorado registration requirements, additional rules and applicable penalties for noncompliance.

We appreciate this opportunity to serve you. Please contact us if you have any questions or if we may be of further assistance.

Sincerely, Journ B Men STOCKMAN KAST RYAN & CO, LLP

Enclosures

STOCKMAN KAST RYAN & CO, LLP 102 N. CASCADE AVE, SUITE 400 COLORADO SPRINGS, CO 80903 Fax: 719-630-1187

YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE PIKES PEAK REGION Instructions for Filing Form 8879-TE IRS e-file Signature Authorization for Form 990 For the year ended December 31, 2023

The original IRS E-file Signature Authorization form should be signed (use full name) and dated by an authorized officer of the organization.

Return your signed IRS e-file Signature Authorization Form 8879-EO to:

STOCKMAN KAST RYAN & CO, LLP 102 N. CASCADE AVENUE, SUITE 400 COLORADO SPRINGS CO 80903

Fax to: 719-630-1187 Attn: E-file Desk

Email to: Visit https://www.skrco.com/client-center/

There is no tax due with the filing of this return.

Do NOT separately file Form 990 with the Internal Revenue Service. Doing so will delay the processing of your return. We must receive your signed form before we can electronically transmit your return, which is due on or before November 15, 2024. We would appreciate you returning this form as soon as possible as this will expedite the processing of your return. The Internal Revenue Service will notify us when your return is accepted. Your return is not considered filed until the Internal Revenue Service confirms their acceptance, which may occur after the due date of your return.

IRS E-file Signature Authorization

OMB No. 1545-0047

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vear 2023 or fiscal year beginning	01/0)1/:	2023	and ending	12.	/

31/2023 For calendar year 2 2023, or fiscal year beginning $\underline{01}/01/2023$ and ending $\underline{12}/2023$

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

nternal Revenue Service	
Name of filer	

Name and title of officer or person subject to tax

Department of the Treasury

EIN or SSN

84-0404266

Part I		rn and Return In	-	
BOYD	WILLIAMS,	PRESIDENT	&	CEO

YOUNG MEN'S CHRISTIAN ASSOCIATION

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a	Form 990 check here	x	b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b 26071847.
2a	Form 990-EZ check here		b Total revenue, if any (Form 990-EZ, line 9)
3a	Form 1120-POL check here		b Total tax (Form 1120-POL, line 22)
4a	Form 990-PF check here		b Tax based on investment income (Form 990-PF, Part V, line 5) 4b
5a	Form 8868 check here		b Balance due (Form 8868, line 3c)
6a	Form 990-T check here		b Total tax (Form 990-T, Part III, line 4) 6b
7a	Form 4720 check here		b Total tax (Form 4720, Part III, line 1)
8a	Form 5227 check here		b FMV of assets at end of tax year (Form 5227, Item D) 8b
9a	Form 5330 check here		b Tax due (Form 5330, Part II, line 19) 9b
10a	Form 8038-CP check here		b Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10b
Part	I Declaration and Signa	ture	Authorization of Officer or Person Subject to Tax
Inder	penalties of periury. I declare that	. [Lam an officer of the above entity or Lam a person subject to tax with respect to (name

onder penalties of perjury, i declare that i and an onicer of	the above entity of	
of entity)	, (EIN)	and that I have examined a copy of the
2023 electronic return and accompanying schedules and stateme	ents, and, to the bes	st of my knowledge and belief, they are true, correct, and
complete. I further declare that the amount in Part Labove is the	amount chown on t	be copy of the electronic return. I concert to allow my

complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

X I authorize	STOCKMAN KAST RYAN	& (СО,	to enter my PIN	7	8	2	8	2	as my signature
	ERO firm name			-	Ente do n	r five not er				ıt

on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax

Date 10/03/2024

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

8	4	4	7	0	6	8	4	1	5	0
			Do r	not e	nter	all ze	eros			

I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163. Modernized e-File (MeF) Information for Authorized IRS e-file

Providers for Business Returns. ERO's signature	Date _	10-1-2024	
ERO Must Retain This Form - So Do Not Submit This Form to the IRS Unle			
For Privacy Act and Paperwork Reduction Act Notice, see back of form.			Form 8879-TE (2023)
JSA			

3X3008 3.000

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Department of the Treasury

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. 2023 Open to Public

OMB No. 1545-0047

Inte	ernal Rev	enue Service	Go to www.irs.gov/Form990 for instructions and the latest	information.		Inspection		
A	For th	e 2023 cal	endar year, or tax year beginning and ending		_			
			C Name of organization YOUNG MEN'S CHRISTIAN ASSOCIATION		D Employ	er identification number		
<u>-</u>	Check if a	applicable:	OF THE PIKES PEAK REGION					
	Addre	ss change	Doing business as		84-04	04266		
	Name	change	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number			
	Initial	return	207 N. NEVADA AVE		(719)	471-9790		
	Final	return/terminated	City or town, state or province, country, and ZIP or foreign postal code		G Gross re	eceipts \$		
	Amen	ded return	COLORADO SPRINGS, CO 80903			26,349,494.		
	Applic	ation pending	F Name and address of principal officer: BOYD WILLIAMS		this a group return			
			207 N. NEVADA AVE, COLORADO SPRINGS, CO 80903		bordinates? e all subordinates i			
1	Tax-e	kempt status:	X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527	``		st. See instructions.		
1	Webs		W. PPYMCA. ORG		roup exemption			
v		of organizatio						
		-		bi loimation. 19		e of legal domicile: CO		
	Part I	Summ	-					
	1	•	cribe the organization's mission or most significant activities: TO PUT CHRIS			INTO PRACTICE		
o a carono J	e C	THROUG	H PROGRAMS THAT BUILD A HEALTHY SPIRIT, MIND AND E	BODY FOR A	ALL.			
ġ	8							
-	2	Check this	box if the organization discontinued its operations or disposed of i	more than 25	5% of its	net assets.		
ò	5 3		f voting members of the governing body (Part VI, line 1a)			23		
°	o 4	Number of	f independent voting members of the governing body (Part VI, line 1b)		4	23		
A chinitica 0	5	Total num	ber of individuals employed in calendar year 2023 (Part V, line 2a)		5	1,425		
i	<u> </u>	Total num	ber of volunteers (estimate if necessary)		6	875		
<	ኛ 7a		lated business revenue from Part VIII, column (C), line 12					
	b	Net unrela	ted business taxable income from Form 990-T, Part I, line 11		7b			
				Prior		Current Year		
	. 8	Contributi	ons and grants (Part VIII, line 1h)	3,8	04,240.	3,601,531.		
-	9		ervice revenue (Part VIII, line 2g)		95,082.	21,757,202.		
Revenue	10		t income (Part VIII, column (A), lines 3, 4, and 7d)		01,621.	199,753.		
ò	11		enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		63,447.			
						513,361.		
	12		nue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		64,390.	26,071,847.		
	13		d similar amounts paid (Part IX, column (A), lines 1-3)		NONE			
	14		aid to or for members (Part IX, column (A), line 4)		NONE			
8	_ິ ຊ 15		other compensation, employee benefits (Part IX, column (A), lines 5-10)		80,609.	15,188,906.		
-	ע		nal fundraising fees (Part IX, column (A), line 11e)		NONE	NONE		
5	r b		raising expenses (Part IX, column (D), line 25) 301, 325.					
	17	Other exp	enses (Part IX, column (A), lines 11a-11d, 11f-24e)		23,343.	12,659,988.		
	18	•	nses. Add lines 13-17 (must equal Part IX, column (A), line 25)	25,8	03,952.	27,848,894.		
	19	Revenue I	ess expenses. Subtract line 18 from line 12	-1,8	39,562.	-1,777,047.		
Net Assets or	Cet			Beginning of	Current Year	End of Year		
set	20 <mark>ala</mark>	Total asse	ts (Part X, line 16)	48,1	54,118.	45,322,721.		
ţĀs	ອີ 21	Total liabil	ities (Part X, line 26)	19,6	62,425.	18,412,259.		
έ,	⁵ 22	Net assets	s or fund balances. Subtract line 21 from line 20	28,4	91,693.	26,910,462.		
P	art II	Signat	ure Block					
U	nder pe	nalties of pe	jury, I declare that I have examined this return, including accompanying schedules and state	ments, and to th	e best of my	knowledge and belief, it is		
tr	ue, corr	-	blete. Declaration of preparer (other than officer) is based on all information of which preparer ha	<u> </u>		0.4		
		Doya V	Villiams		0/03/20	24		
	gn	Signature c		C	Date			
H	ere	Boyd W	lliams					
		Type or prir	t name and title					
				<u></u>	eck if	PTIN		
Pa	id				If-employed	P00841439		
Pr	eparer							
Us	se Only			Firm's E		4-1509584		
		Firm's add		Phone		/19-630-1186		
			ss this return with the preparer shown above? See instructions			X Yes No		
Fc	or Pape	erwork Red	uction Act Notice, see the separate instructions.			Form 990 (2023)		

Foi	rm 990 (2023) Page 2
Ρ	art 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:
	THE MISSION OF THE YMCA OF THE PIKES PEAK REGION IS TO PUT CHRISTIAN
	PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT BUILD A HEALTHY
	SPIRIT, MIND AND BODY FOR ALL. SEE SCHEDULE O FOR CONTINUATION
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$13,945,385. including grants of \$) (Revenue \$15,978,947.)
	HEALTHY LIVING: THE Y IS A LEADING VOICE ON HEALTH AND WELL-BEING.
	WE BRING FAMILIES CLOSER TOGETHER, ENCOURAGE GOOD HEALTH, AND
	FOSTER CONNECTIONS THROUGH FITNESS, SPORTS, FUN AND SHARED

INTERESTS. SEE SCHEDULE O FOR CONTINUATION

4b	(Code:) (Expenses	\$8,675,382. including	grants of \$) (Revenue \$	5,905,662.)
	YOUTH DEVELOPMENT: OU	R YMCA IS COMMITTE	D TO NURTURING TH	IE	
	POTENTIAL OF EVERY CH	ILD AND TEEN. ALL	KIDS DESERVE TO D	DISCOVER	
	WHO THEY ARE AND WHAT	THEY CAN ACHIEVE.	WE HELP YOUNG P	PEOPLE	
	CULTIVATE THE VALUES,	SKILLS, AND RELAT	IONSHIPS THAT LEA	AD TO	
	POSITIVE BEHAVIORS, B	ETTER HEALTH, AND	EDUCATIONAL ACHIE	CVEMENT.	
	OUR PROGRAMS, SUCH AS	BEFORE AND AFTER	SCHOOL CARE, DAY	CAMP,	
	RESIDENT CAMP, SWIM L	ESSONS, AND YOUTH	SPORTS, OFFER A F	RANGE OF	
	EXPERIENCES THAT ENRI	CH COGNITIVE, SOCI	AL, PHYSICAL, AND	EMOTIONAL	
	GROWTH FROM TODDLER T	O HIGH SCHOOL AGE.	SEE SCHEDULE O F	OR	
	CONTINUATION.				

4c	(Code:) (Expenses \$	405,285. including grants of \$) (Revenue \$	560,712.)
	SOCIAL	RESPONSIBILITY: OUR	YMCA BELIEVES IN GIVING B.	ACK AND	
	SUPPOR	FING OUR NEIGHBORS.	WE HAVE BEEN LISTENING AN	D RESPONDING	
	TO OUR	COMMUNITY'S MOST CR	ITICAL NEEDS FOR 146 YEARS	. AT THE Y,	
	WORKING	G TOGETHER TO STRENG	THEN OUR COMMUNITY IS ESSE	NTIAL FOR	
	MAKING	OUR COMMUNITY A BET	TER PLACE TO LIVE AND THRI	VE. IN 2023,	
	THE Y H	HAD 23 POLICY VOLUNT	EERS AND 500 PROGRAM VOLUN	TEERS,	
	RESULT	ING IN 360 POLICY VO	LUNTEER HOURS AND 12,350 P	ROGRAM	
	VOLUNTI	EER HOURS. SEE SCHED	ULE O FOR CONTINUATION.		

 4d Other program services (Describe on Schedule O.)

 (Expenses \$ including grants of \$) (Revenue \$

 4e Total program service expenses
 23,026,052.

)

Form 990 (2023)

Page 3

Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
-	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			37
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			37
5	election in effect during the tax year? <i>If "Yes," 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,	4		X
5	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
U	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		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	, , , , , , , , , , , , , , , , , , , ,	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more			
		11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			
h	of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> . Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	11c		Х
a		11d		x
•		11e	х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13		Х
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			ĺ
	fundraising, business, investment, and program service activities outside the United States, or aggregate			ĺ
		14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
47	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	47		37
10	Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</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? <i>If "Yes," complete Schedule G, Part II</i>	18	х	ĺ
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		
13	If "Yes," complete Schedule G, Part III	19		х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
JSA 3E1021		Form	990	(2023)

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Pad	е	4

Checklist of Required Schedules (continued) visit Not 22 Dit the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on the organization answer "Yes" to Part VI, Section A, line 3, 4, or 5, about compensation of the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization answer at accessing 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 fires 24b through 24d at a documptles Schedule K, Part 1, organization mixest am proceeds of tax-serent bonds heyrod a temporary period exception". 24e × 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Form 9	YOUNG MEN'S CHRISTIAN ASSOCIATION 84-0404 90 (2023)	266	F	->age 4
12 Did the organization report more than \$5.000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 27 if "Vas" completes Schedule I, Part N, Sertion A, line 3, 4, or 5, about compensation of the organization screener and former officers, directors, trustees, key employees, and highest compensation and the individual Schedule J. Part N, Sertion A, line 3, 4, or 5, about compensation of the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the lost day of the year, futh was issued after December 31, 2002 If "Vas" arrayer lines 24 24 24a Did the organization invest any proceeds of the xeempt bond issue with an outstanding principal amount of more than \$100,000 as of the lost day of the year, futh was issued after December 31, 2002 If "Vas" arrayer lines 24 24 24 24b Did the organization invest any proceeds of the xeempt bonds beyond a temporary period exception". 24 24 24 25 Section 501(c)(3), 501(c)(4), and 501(c)(2) organizations. Dut the organization invest and the renged in a necesse benefit transaction with a disqualified person in a prior year, and that the transaction has not bean reported on any of the organizations of lines. Hint control the organization compares in the organization schedule L, Part I. 25 X 25 Did the organization organizations belower than a cellubing person in a prior year, and that the transaction with a tell engaged in a corticitor or simployse. If the organization accesses benefit the organization accesses benefit transaction with a tell engage in a corticitor or line organization accesses benefit transaction with a tell engage and the organization corecember 31, 2002 to the organization compr					
Part IX column (A), line 27 if "Yes" complete Schedule I, Parts I and III				Yes	No
33 Did the organization answer Yes' to Part VII. Socion A. Jine 3. 4. or 5. about compensation of the organization scurent and former officer, director, trustees, key employees, and highest compensation of the through 24d and complete Schedule J. We, the aux-exempt bond issue with an outstanding principal amount of more than the start day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'Ne,' go to line 25a 24a X b) Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than the organization maintain an escore account other than a refunding escrew at any time during the year? 24b X c) Did the organization aware that engaged in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L. Part I. 24c X d) Did the organization aware that engaged in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L. Part I. 25a X d) Did the organization aware that engaged in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L. Part I. 25a X d) Did the organization park at the engaged in any of these persons? If 'Yes,' complete Schedule L. Part I. 25a X d) Did the organization park that engaged in a may our end or former officer, director, trustee, key employee, creator or founder, substantial contributor? If 'Yes,' complete Schedule L. Part I. 25a X d) Did the organization nevere more than	22		00		37
organization's current and former officers, directors, trustees, key employees, and highest compenses of the set day of the year, that was issued start December 31, 2002? If "Yes," any proceeds of 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 start December 31, 2002? If "Yes," any price start of the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 246 X 240 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 246 X 241 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 246 X 243 Did the organization invest any proceeds of tax-exempt bonds outstanding at any time during the year? 244 X 244 Did the organization and an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any organization any anount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, any of the erganization any anount on OPart X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, any of the assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, any of the set apprication any other set apprication any other set apprication and any other set apprication and any other set apprication any othe apprication and any other set apprication end any ot	22		22		
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24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than an situal data. Descember 31, 2002? If "Yes," answer lines 24a through 24d and complete Schedule K If "No," go to line 25a			23	x	
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through 24d and complete Schedule K If "No," go to line 25a,					
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?			24a	Х	
C bit the organization maintain an escrow account other than a refunding escrow at any time during the year? 24c X 24 Z4c X 253 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Dicit the organization engage in an excess benefit transaction with a disqualified person during the year? 23a X 254 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Dicit Checklue L, Part I. 25a X 255 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations prior forms 990 or 990-E27 If "Yes," complete Schedule L, Part I. 25b X 256 Did the organization report on any of the organization's prior forms 990 or 990-E27 If "Yes," complete Schedule L, Part II. 26b X 257 Did the organization report on any of the organization prior forms 990 or 990-E27 If "Yes," complete Schedule L, Part II. 26c X 258 X Did the organization approvide a grant or other assistance to any current or form or forcer, furstee, key employee, creator or founder, substantial contributor, or 35% controlled entity to a business transaction with one of the following parties? (See the Schedule L, Part III. 27 X 26 X Not former officer, director, trustee, key employee, creator or founder, substantial contributor? 27 X 27 X Mainty ember of any of these	b				Х
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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 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X 36 Better of Schedule R, Part V, line 2. 35a X 37 Did the organizations. Did the organization make any transfers to an exempt non-charitable related organization. So for the 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, line 2. 36 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. 37 X 39 Eatter the number reported in box 3 of Form 1096. Enter -0- if not applicable . 1a 66 1b NONE 4 Yes No Did the organization comply with backup withholding rules for reportable payments t		conservation contributions? If "Yes," complete Schedule M			
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	С				
A Form 990 (2023	JSA			990	(2022)

YOUNG	MEN'S	CHRISTIAN	ASSOCIATION

Form	990 (2023)		F	Page 5				
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax							
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 1,425							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,							
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X				
b	If "Yes," enter the name of the foreign country							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X				
C	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	7-						
	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	Х					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	70		v				
	required to file Form 8282?	7c		X				
	If "Yes," indicate the number of Forms 8282 filed during the year	7e		х				
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	76 7f		X				
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?							
-	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?							
8	 h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 							
Ũ	sponsoring organization have excess business holdings at any time during the year?							
9	Sponsoring organizations maintaining donor advised funds.							
а	a Did the sponsoring organization make any taxable distributions under section 4966?							
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b						
10	Section 501(c)(7) organizations. Enter:							
а	Initiation fees and capital contributions included on Part VIII, line 12 10a							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b							
11	Section 501(c)(12) organizations. Enter:							
а	Gross income from members or shareholders							
b	Gross income from other sources. (Do not net amounts due or paid to other sources							
	against amounts due or received from them.)							
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a						
а	Is the organization licensed to issue qualified health plans in more than one state?	IJa						
h	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							
~	Enter the amount of reserves on hand							
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		x				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or							
	excess parachute payment(s) during the year?	15		Х				
	If "Yes," see the instructions and file Form 4720, Schedule N.							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х				
-	If "Yes," complete Form 4720, Schedule O.							
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities							
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17						

Form 9	90 (2023) YOUNG MEN'S CHRISTIAN ASSOCIATION 84-040	1266	F	Page 6
Part	VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below	, and	for a	"No"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.	See in	struc	
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sect	ion 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 23			
	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 23			
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		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
0	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.	9	,	X
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	.) Yes	No
		100	163	
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10b		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	11a	X	
11a		11a	Λ	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	12a	Х	
12a		120	Λ	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	12b	х	
-	rise to conflicts?	120	21	
C	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	
10	Did the organization have a written whistleblower policy?	13	X	
13 14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by			
13	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		Х
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		
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filedCO,			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-	T (sec	tion 5	01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			. /
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of	of inter	est p	olicy,
	and financial 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 record	ls.		
	ORGANIZATION 207 N. NEVADA AVE COLORADO SPRINGS, CO 80903			
JSA	719-471-9790	Form	990	(2023)
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Page 7

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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.

(1) BOYD WILLIAMS40.00X368,323.NONE65,970.PRESIDENT & CEONONEX368,323.NONE65,970.(2) THERESA JOHNSON40.00X216,557.NONE47,561.(3) SALLY GLENKON40.00X160,118.NONE30,835.(4) WENDY BECKER40.00X160,118.NONE30,835.(5) STEPHANIE DIXON40.00X120,243.NONE14,984.(5) STEPHANIE DIXON40.00X100,608.NONE31,276.(6) DAREN GIRLING40.00X94,795.NONE22,774.(7) JAMIE HOLSTEIN40.00X94,795.NONE9,066.(8) BRIAN BURNS1.00XNONEXNONENONE(9) MARY FAGNANT1.00XNONENONENONENONE(10) RON LAMB1.00XNONENONENONENONE(11) RON LAMB1.00XNONENONENONENONE(12) BERT WYSS1.00XNONENONENONENONE(13) SANDOVLE1.00XNONENONENONENONE(14) BRANDON GOULD1.00XNONENONENONENONE(14) BRANDON GOULD1.00XNONENONENONENONE(14) BRANDON GOULD1.001.001.00NONENONENONE	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office or direct	not ch unless er and	s pe	ition more rson	e than c is both or/trust Highest compensated	an	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
PRESIDENT & CEONONEX368,323.NONE65,970.(2) THERESA JOHNSON40.00X216,557.NONE47,561.(3) SALLY GLENNON40.00X160,118.NONE30,835.(4) WENDY DECKER40.00X120,243.NONE14,984.(5) STEPHANLE DIXON40.00X120,243.NONE14,984.(6) SAEN GILLING40.00X100,608.NONE31,276.(6) DAREN GILLING40.00X94,795.NONE22,774.(7) JAME HOLSTEIN40.00X94,795.NONE22,774.(7) CO (TO 02/24/2023)NONEX48,602.NONE9,066.(8) BRIAN BURNS1.00XNONENONENONE100,008.(10) RON LAME1.00XXNONENONE100,008.(11) KEVIN KAVENEY1.00XXNONENONE100,008.SECRETARYNONEXXNONENONE100,008.(12) RETT WYSS1.00XXNONENONE100,008.(13) JASON DOYLE1.00XXNONENONENONEDIRECTORNONEXXNONENONENONE(13) JASON DOYLE1.00XXNONENONENONEDIRECTORNONEXXNONENONENONE(13) JASON DOYLE1.00XXNONENONENONEDIRECTORNONE							đ				
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(8) BRIAN BURNS1.00XXNONENONECHAIRNONEXXNONENONENONE(9) MARY FAGNANT1.00Immediate past chairNONEXXIMMEDIATE PAST CHAIRNONEXXNONENONE(10) RON LAMB1.00ImmediateNONENONENONEVICE CHAIRNONEXXNONENONENONE(11) KEVIN KAVENEY1.00ImmediateImmediateNONEImmediateSECRETARYNONEXXNONENONENONE(12) BRETT WYSS1.00ImmediateImmediateNONEImmediateTREASURERNONEXXNONENONENONE(13) JASON DOYLE1.00ImmediateImmediateNONENONEDIRECTORNONEXImmediateNONENONENONE					x				48 602	NONE	9 066
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(9) MARY FAGNANT1.00XXNONENONEIMMEDIATE PAST CHAIRNONEXXNONENONENONE(10) RON LAMB1.00VICE CHAIRNONEXXNONENONENONE(11) KEVIN KAVENEY1.00SECRETARYNONEXXNONENONENONE(12) BRETT WYSS1.00TREASURERNONEXXNONENONENONE(13) JASON DOYLE1.00DIRECTORNONEXNONEXNONENONEXNONENONENONENONENONENONENONENONENONENONENONENONENONENONENONENONENONENONENONENONENONENONE			x		x				NONE	NONE	NONE
IMMEDIATE PAST CHAIRNONEXXNONENONENONE(10) RON LAMB1.001.00 </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>None</td> <td></td> <td></td>									None		
(10) RON LAMB1.00NONENONENONEVICE CHAIRNONEXXNONENONE(11) KEVIN KAVENEY1.00IONEIONEIONESECRETARYNONEXXNONENONE(12) BRETT WYSS1.00IONEIONEIONETREASURERNONEXXNONENONE(13) JASON DOYLE1.00IONEIONEIONEDIRECTORNONEXIONENONENONE			x		x				NONE	NONE	NONE
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TREASURERNONEXXNONENONENONE(13) JASON DOYLE1.00 </td <td>(12) BRETT WYSS</td> <td>1.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	(12) BRETT WYSS	1.00									
DIRECTOR NONE X NONE NONE NONE		NONE	х		x				NONE	NONE	NONE
DIRECTOR NONE X NONE NONE NONE	(13) JASON DOYLE	1.00									
(14) BRANDON GOULD 1.00 1.00		NONE	x						NONE	NONE	NONE
	(14) BRANDON GOULD	1.00									
DIRECTOR NONE X NONE NONE NONE	DIRECTOR	NONE	X						NONE	NONE	NONE

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10

Page 8

	Form	990	(2023)	
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Part VII Section A. Officers, Directors,		,								
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average hours per	(do i	not cł		ition	e than c	ne	Reportable compensation	Reportable compensation from	Estimated amount of
	week (list any					is both		from	related	other
	hours for					or/trust		the	organizations	compensation
	related organizations	ndi or d	nsti	Officer	fey	High	Former	organization	(W-2/1099-MISC)	from the organization
	below dotted	Individual trustee or director	Institutional trustee	er	Key employee	loye	ner	(W-2/1099-MISC)		and related
	line)	or tr	nal		loye	eom				organizations
		Iste	trus		ĕ	pen				
		œ	tee			Highest compensated employee				
15) BILL KAPPEL	1.00									
DIRECTOR	NONE	X						NONE	NONE	NON
16) BRIAN RISLEY	1.00									
DIRECTOR	NONE	X						NONE	NONE	NON
17) ROSS WHITE	1.00									
DIRECTOR	NONE	Х						NONE	NONE	NON
18) BRANDON JOHNSON	1.00									
DIRECTOR	NONE	Х						NONE	NONE	NON
19) MELISSA KERR	1.00									
DIRECTOR	NONE	Х						NONE	NONE	NON
20) CHARITY PEAK	1.00									
DIRECTOR	NONE	Х						NONE	NONE	NON
21) DR. WENDY BIRHANZEL	1.00	-								
DIRECTOR	NONE	Х						NONE	NONE	NON
22) MICHAEL GAAL	1.00_	-								
DIRECTOR	NONE	X						NONE	NONE	NON
23) JINGER HABERER	1.00_	-								
DIRECTOR	NONE	X						NONE	NONE	NON
_24)_KERRY_HILSABECK	1.00_									
DIRECTOR	NONE	X						NONE	NONE	NON
25) STRINGS KOZISEK	1.00_	-								
DIRECTOR	NONE	Х						NONE		NON
1b Sub-total			• •					1,109,246.	NONE	222,466
c Total from continuation sheets to Part VI						• • •		NONE		NON
d Total (add lines 1b and 1c)								1,109,246.	NONE	222,466
2 Total number of individuals (including but r reportable compensation from the organization		hose	liste	d al	bove	e) who 5	o re	ceived more than	\$100,000 of	
										Yes No

	employee on line 1a? If "Yes," complete Schedule J for such individual	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation organization and related organizations greater than \$150,000? If "Yes," complete Schedule J individual	for such
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or for services rendered to the organization? If "Yes," complete Schedule J for such person	

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

	(A) Name and business address	(B) Description of services	(C) Compensation
2	Total number of independent contractors (including but not limited to those more than \$100,000 in compensation from the organization ►		

4

5

Form 990 (2023) Page 8 Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) Part VII (A) (D) (B) (C) (E) (F) Name and title Position Reportable Reportable Estimated Average (do not check more than one hours per compensation compensation from amount of week (list any box, unless person is both an other from related officer and a director/trustee) hours for compensation the organizations Officer Former Individual trustee or director Highest compensated employee related Institutional Key from the organization (W-2/1099-MISC) organizations organization employee (W-2/1099-MISC) below dotted and related organizations line) I trustee 26) JIM MASON 1.00 DIRECTOR NONE Х NONE NONE NONE 27) RANDY_NEWELL____ 1.00 DIRECTOR NONE Х NONE NONE NONE 28) JW ROTH 1.00 DIRECTOR Х NONE NONE NONE NONE (29) KIM SHUGART 1.00 DIRECTOR NONE Х NONE NONE NONE 30) JEREMY TAYLOR 1.00 DIRECTOR NONE Х NONE NONE NONE 1b Sub-total c Total from continuation sheets to Part VII, Section A Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of 2 reportable compensation from the organization 🕨 Yes No 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 Χ For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the 4 organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such 4 Х Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual 5 for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Х Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address Description of services Compensation SEE SCHEDULE O

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 7

Form 990 (2023)

YOUNG MEN'S CHRISTIAN ASSOCIATION Part VIII Statement of Revenue

					spor		y line in this Part \ (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
rants, ounts	1a b	Federated campaigns Membership dues			la Ib					sections 512-514
Contributions, Gifts, Grants, and Other Similar Amounts	с	Fundraising events			lc	314,940.				
	d	Related organizations			d					
	е	Government grants (co	ontribu	utions) 1	le	2,132,944.				
	f	All other contributions,	gifts,	grants,						
		and similar amounts not i	nclude	ed above	lf	1,153,647.				
	g	Noncash contributions	s inclu							
in di		lines 1a-1f			g S					
0 @	h	Total. Add lines 1a-1f					3,601,531.			
c)						Business Code				
Program Service Revenue	2a	HEALTHY LIVING				813410	15,290,828.	15,290,828.		
Ser	b	YOUTH DEVELOPMENT				813410	5,905,662.	5,905,662.		
E P	c	SOCIAL RESPONSIBILIT	Y			813410	560,712.	560,712.		
gra	d									
ē.	е									
	f	All other program serv					21,757,202.			
	g	Total. Add lines 2a-2f					21,757,202.			
	3	Investment income	•	0			188,303.			188,303
	4	other similar amounts) Income from investme					NONE			100,505
	4 5	Royalties		•		· .	NONE			
				(i) Real		(ii) Personal				
	6a	Gross rents	6a	206,	303.					
	b	Less: rental expenses								
	c	Rental income or (loss)		206,	303.	NONE				
	d	Net rental income or (loss)					206,303.	206,303.		
	7a	Gross amount from		(i) Securitie		(ii) Other				
		sales of assets								
		other than inventory	7a	22,	491.					
e	b	Less: cost or other basis								
Revenue		and sales expenses	7b	11,	041.					
evi	c	Gain or (loss)	7c	11,	450.					
	d	Net gain or (loss)					11,450.			11,450
Other	8a	Gross income fro	m i	fundraising						
0		events (not including \$	S	314,940.						
		of contributions rep		l on line						
		1c). See Part IV, line 18	8		8a	51,159.				
	b	Less: direct expenses		L	8b	225,917.				
	c	Net income or (loss) fr	rom fu	undraising even	ents		-174,758.			-174,758
	9a		from	gaming						
		activities. See Part IV, I	ine 19	9 <u> </u>	9a	NONE				
	b	Less: direct expenses			9b	NONE				
	c	Net income or (loss) f	rom g	gaming activi	ties.		NONE			
	10a	Gross sales of i								
		returns and allowances		_		55,241.				
	b	Less: cost of goods sol			10b	40,689.				
	C	Net income or (loss) fr	un sa	ales of invento	ıy . .		14,552.	14,552.		
snc		MIGGELLANDOUG				Business Code	100 100	150 100		
Miscellaneous Revenue	11a	MISCELLANEOUS				813410	157,173.	157,173.		
ella ver	b	RESOURCE Y SUPPORT				813410	310,091.	310,091.		
Sce	C d									
ž	d	All other revenue				<u> </u>	467,264.			
	<u>е</u> 12	Total. Add lines 11a-1 Total revenue. See ins					26,071,847.	22,445,321.		24,995
	. 4	. oral revenue. Occ IIIS	a uou				20,011,04/.	66, II), J61.		41,223

Part IX Statement of Functional Expenses

Check if Schedule O contains a respo				
Do not include amounts reported on lines 6b, 7b, 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	NONE			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	NONE			
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	NONE			
5 Compensation of current officers, directors, trustees, and key employees	873,648.		873,648.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	NONE			
7 Other salaries and wages	12,110,618.	11,215,322.	743,536.	151,760
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	554,507.	437,308.	106,429.	10,770
9 Other employee benefits	538,471.	390,620.	138,230.	9,62
10 Payroll taxes	1,111,662.	978,327.	120,534.	12,80
11 Fees for services (nonemployees): a Management	NONE			
b Legal	98,976.		98,976.	
c Accounting	NONE		2072701	
d Lobbying	NONE			
e Professional fundraising services. See Part IV, line 17	NONE			
f Investment management fees	4,616.		4,616.	
	1,0101		1,010.	
9 Other. (If line 11g amount exceeds 10% of line 25, column	1,820,021.	522,983.	1,297,022.	1
(A), amount, list line 11g expenses on Schedule O.) 12 Advertising and promotion	436,252.	92,072.	330,324.	13,85
13 Office expenses	387,185.	353,480.	25,614.	8,09
	326,286.	25,617.	299,627.	1,04
	NONE	25,017.	277,027.	1,01
15 Royalties	4,055,604.	4,033,215.	22,389.	
16 Occupancy	255,742.	91,148.	160,609.	3,98
 17 Travel 18 Payments of travel or entertainment expenses for any fodoral atota or local public officials 	NONE	91,140.	100,009.	
for any federal, state, or local public officials	183,391.	57,677.	102 577	2 1 2
19 Conferences, conventions, and meetings	661,598.	632,088.	<u> 123,577.</u> 29,510.	2,13
20 Interest	272,853.	207,312.	35,396.	30,14
21 Payments to affiliates 22 Depreciation, depletion, and amortization	2,258,106.	2,244,711.	13,395.	50,14
	574,747.	573,004.	1,743.	
 Insurance 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 O.) 	5/1,/1/.	575,001.	1,715.	
	1 100 020	1 006 064	10 040	/E 00
a PROGRAM SUPPLIES	<u>1,180,930.</u> 90,763.	1,086,064. 68,961.	<u>49,040.</u> 11,774.	45,82
b ORGANIZATION DUES	52,918.		35,528.	10,02
c MISC. EXPENSES	52,910.	16,143.	35,528.	1,24
e All other expenses	27 040 004		1 E01 E17	201 20
 25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if 	27,848,894.	23,026,052.	4,521,517.	301,32

JSA 3E1052 2.000

following SOP 98-2 (ASC 958-720)

Form **990** (2023)

Form 990 (2023)

Page	1	1

	Check if Schedule O contains a response or note to any line in this Pa	(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	2,746,963.	1	3,549,438
	-	17,343.	2	7,358
		1,950.	3	12,465
		3,460,665.	4	667,574
5		5,100,005.	-	007,571
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons	5	NON	
6		NONE	5	1101
	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	NONE	6	NON
<u>_</u>		NONE		NON
Assets a c		NONE		NON
82 8 A 4		309,250.	8 9	
	Prepaid expenses and deferred charges	309,230.	9	274,390
	basis. Complete Part VI of Schedule D 10a 75,610,370.			
	b Less: accumulated depreciation 10b 37,051,840.	20 524 150	100	20 550 520
44		39,534,158.		38,558,530
11		444,606.		521,809
		210,000. NONE		210,000 NON
13		NONE		-
14	3 • • • • • • • • • • • • • • • • • • •	NONE		NOI
15		1,429,183.	15	1,521,157
16		48,154,118.	16	45,322,721
17		1,733,818.	17	1,625,900
18	,,	NONE		NON
19		2,049,712.	19	1,925,858
20		11,295,367.	20	10,731,467
21		NONE	21	NON
3 22				
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons	NONE		NON
23		3,989,958.	23	3,619,625
24		NONE	24	NOI
25				
	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D	593,570.	25	509,409
26		19,662,425.	26	18,412,259
202	Organizations that follow FASB ASC 958, check here X and complete lines 27, 28, 32, and 33.			
27	-	26,671,843.	27	24,963,706
28		1,819,850.	28	1,946,756
	Organizations that do not follow FASB ASC 958, check here	1,019,030.	20	1,510,750
27 28 29 30 31 32 32 32 32	and complete lines 29 through 33. Capital stock or trust principal, or current funds		20	
29			29	
0 24			30	
2 31		20 401 602	31	
132 2 32		28,491,693.	32	26,910,462
- 33	Total liabilities and net assets/fund balances.	48,154,118.	33	45,322,721 Form 990 (202

YOUNG MEN'S CHRISTIAN ASSOCIATION

Form 99	90 (2023)				Pa	ge 12
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					Χ.
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2	6,0	71,	<u>847</u> .
2	Total expenses (must equal Part IX, column (A), line 25)	2				<u>894</u> .
3	Revenue less expenses. Subtract line 2 from line 1	3				<u>047</u> .
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2			<u>693</u> .
5	Net unrealized gains (losses) on investments	5			50,	<u>906</u> .
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		1	44,	<u>910</u> .
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10	2	6,9	10,	<u>462</u> .
Part						
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," exp	olain	on			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? $\ .$			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were com	piled	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	ed or	na			
	separate basis, consolidated basis, or both:					
	X Separate basis 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 over	sight	of			
	the audit, review, or compilation of its financial statements and selection of an independent accountar	t?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, ex	olain	on			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set fort	h in t	the			
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under					
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au	•		3b		

Form **990** (2023)

SCHED	OULE A
(Form 9	90)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service	Go to www.irs.go	ov/Form990 for instruction			nformation.	Open to Public Inspection
Name of the organization YOUNG	MEN'S CHRISTIAN	ASSOCIATION			Employer identifi	
OF THE PIKES PEAK RI					84-04	404266
Part I Reason for Pub	olic Charity Status. (Al	I organizations must	comple	ete this p	part.) See instruction	IS.
The organization is not a priv		•	•		,	
	n of churches, or associa				70(b)(1)(A)(i).	
	in section 170(b)(1)(A)(ii		-			
	perative hospital service	-				
4 A medical research hospital's name, city	organization operated in y, and state:	conjunction with a ho	spital de	scribed ii	n section 170(b)(1)(A)	(iii). Enter the
	erated for the benefit of	a college or universi	ty owned	d or ope	erated by a governme	ntal unit described in
)(iv). (Complete Part II.)					
	local government or gove			-		m the general public
	it normally receives a su n 170(b)(1)(A)(vi). (Comp		ipport in	un a go		on the general public
	described in section 170(Part II)			
	arch organization describ		-		Lin conjunction with a	land-grant college
	on-land-grant college of a			-		
university:		3	/		, , , , , , , , , , , , , , , , , , ,	
receipts from activit support from gross acquired by the orga	t normally receives (1) m ies related to its exempt investment income and u anization after June 30, anized and operated exc	functions, subject to c inrelated business tax 1975. See section 509	ertain ex able inco (a)(2). (C	ceptions me (les: Complete	s; and (2) no more thar s section 511 tax) from e Part III.)	331/3 % of its
	anized and operated excl	•				ry out the purposes of
one or more publicly	y supported organizations	described in section	509(a)(1) or sect	ion 509(a)(2). See sec	tion 509(a)(3). Check
the box on lines 12a	a through 12d that descri	bes the type of suppor	rting orga	anization	and complete lines 1	2e, 12f, and 12g.
a Type I. A support	ing organization operated	d, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving
	anization(s) the power to			ajority of	the directors or truste	es of the
	zation. You must comple					
control or manage	ting organization supervise ement of the supporting	organization vested in				
	ou must complete Part IV					
	Illy integrated. A support					ly integrated with,
	nization(s) (see instructio					
	tionally integrated. A sup		-			- · ·
	nally integrated. The orga instructions). You must c		-		-	an allentiveness
	the organization received	•		•		
	ated, or Type III non-fund					i, iype iii
	pported organizations					
	formation about the supp					
(i) Name of supported organiza	tion (ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	listed in yo	organization ur governing ment? No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A)						
(B)						
(C)						
(D)						
(E)						
Total						
For Paperwork Reduction Act N JSA 3E1210 1.000	Notice, see the Instructions	s for Form 990 or 990-EZ.			So	chedule A (Form 990) 2023

Schedule A (Form 990) 2023

Page **2**

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

Sec	tion A. Public Support		-				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization'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).						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (s	see instructions) .				12	
13	First 5 years. If the Form 990 is for organization, check this box and stop here	<u></u>					
Sec	tion C. Computation of Public Sup		-			1 1	
14	Public support percentage for 2023 (li		•		,	14	%
15	Public support percentage from 2022						%
16a	331/3% support test - 2023. If the org	-					
-	box and stop here. The organization qu		• • • •	•			
b	331/3% support test - 2022. If the org						
47-	this box and stop here . The organization	-		-			
17a	10%-facts-and-circumstances test - 2 10% or more, and if the organization	-	-				
	-					-	-
	Part VI how the organization meets organization			-	-		
h	10%-facts-and-circumstances test - 2						
b	15 is 10% or more, and if the organiz		-				
	in Part VI how the organization meets					-	-
	organization			-	-		
18	Private foundation. If the organizatio						
	instructions						

Schedule A (Form 990) 2023

84-0404266

Schedule A (Form 990) 2023

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

1	tion A. Public Support ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	3,560,029.	3,698,530.	10,767,599.	3,804,240.	3,601,531.	25,431,929
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose	23,581,017.	13,582,553.	13,602,535.	18,929,526.	22,122,534.	91,818,165
3	Gross receipts from activities that are not an	25,501,017.	15,502,555.	15,002,555.	10,525,520.	22,122,551.	51,010,10
5	unrelated trade or business under section 513						NOI
4	Tax revenues levied for the						INOI
4							
	organization's benefit and either paid to						
-	or expended on its behalf						NO
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						NOI
6	Total. Add lines 1 through 5	27,141,046.	17,281,083.	24,370,134.	22,733,766.	25,724,065.	117,250,094
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons	64,110.	127,555.	67,973.	90,485.	45,940.	396,063
b	Amounts included on lines 2 and 3 received from other than disgualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						NOM
с	Add lines 7a and 7b.	64,110.	127,555.	67,973.	90,485.	45,940.	396,063
8	Public support. (Subtract line 7c from						
	line 6.)						116,854,031
Sec	tion B. Total Support						
ale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6	27,141,046.	17,281,083.	24,370,134.	22,733,766.	25,724,065.	117,250,094
10 a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from similar sources	205,061.	196,407.	288,995.	224,525.	394,606.	1,309,594
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						NOM
c	Add lines 10a and 10b	205,061.	196,407.	288,995.	224,525.	394,606.	1,309,594
1	Net income from unrelated business						_,,.
	activities not included on line 10b. whether						
							NO
	or not the business is regularly carried on.						NOI
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	•				99,444.	157,173.	556,156
	(Explain in Part VI.) SEE SUPP PAGE	172,731.	57,728.	69,080.	,111.		550,250
3	(Explain in Part VI.) SEE SUPP PAGE Total support. (Add lines 9, 10c, 11,						
3	(Explain in Part VI.) SEE SUPP PAGE Total support. (Add lines 9, 10c, 11, and 12.)	27,518,838.	17,535,218.	24,728,209.	23,057,735.	26,275,844.	119,115,844
	(Explain in Part VI.) SEE SUPP PAGE Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for	27,518,838. the organizatio	17,535,218. n's first, second	24,728,209. I, third, fourth,	23,057,735. or fifth tax yea	26,275,844. ar as a section	119,115,844 501(c)(3)
4	(Explain in Part VI.) SEE SUPP PAGE Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for organization, check this box and stop here	27,518,838. the organizatio	17,535,218. n's first, seconc	24,728,209. I, third, fourth,	23,057,735. or fifth tax yea	26,275,844. ar as a section	119,115,844 501(c)(3)
4	(Explain in Part VI.) SEE SUPP PAGE Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Supp	27,518,838. the organizatio	17,535,218. n's first, second	24,728,209. d, third, fourth,	23,057,735. or fifth tax yea	26,275,844. ar as a section	119,115,844 501(c)(3)
4 Sec	(Explain in Part VI.) SEE SUPP PAGE Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Supp Public support percentage for 2023 (line 8,	27,518,838. the organizatio port Percentag column (f), divide	17,535,218. n's first, second ge ad by line 13, colur	24,728,209. I, third, fourth, nn (f))	23,057,735. or fifth tax yea	26,275,844. ar as a section	119,115,844 501(c)(3)
4 6ec 5	(Explain in Part VI.) SEE SUPP PAGE Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Supp	27,518,838. the organizatio port Percentag column (f), divide	17,535,218. n's first, second ge ad by line 13, colur	24,728,209. I, third, fourth, nn (f))	23,057,735. or fifth tax yea	26,275,844. ar as a section	119,115,844 501(c)(3) 98.10%
4 5 6	(Explain in Part VI.) SEE SUPP PAGE Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Supp Public support percentage for 2023 (line 8,	27,518,838. the organizatio port Percentag column (f), divide dule A, Part III, line	17,535,218. n's first, second ge ed by line 13, colur e 15.	24,728,209. I, third, fourth, nn (f))	23,057,735. or fifth tax yea	26,275,844. ar as a section 15	119,115,844 501(c)(3) 98.10%
4 5 6 ec	(Explain in Part VI.) SEE SUPP PAGE Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Supp Public support percentage for 2023 (line 8, Public support percentage from 2022 Sche	27,518,838. the organizatio port Percentag column (f), divide dule A, Part III, line income Perc	17,535,218. n's first, seconc ge d by line 13, colur e 15	24,728,209. d, third, fourth, nn (f))	23,057,735. or fifth tax yea	26,275,844. ar as a section 15	119,115,844 501(c)(3) 98.10% 98.20%
5 6	(Explain in Part VI.) SEE SUPP PAGE Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Supp Public support percentage for 2023 (line 8, Public support percentage from 2022 Sche tion D. Computation of Investment	27,518,838. the organization column (f), divide dule A, Part III, line income Perc the 10c, column (f	17,535,218. n's first, second ge ed by line 13, colur e 15 entage), divided by line 1	24,728,209. d, third, fourth, nn (f)) 3, column (f))	23,057,735. or fifth tax yea	26,275,844. ar as a section 15 16	119,115,844 501(c)(3) 98.10% 98.20%
5 6 6 7 8	(Explain in Part VI.) SEE SUPP PAGE Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Supp Public support percentage for 2023 (line 8, Public support percentage from 2022 Sche tion D. Computation of Investment Investment income percentage for 2023 (line	27,518,838. the organizatio column (f), divide dule A, Part III, line income Percente ine 10c, column (f Schedule A, Part I	17,535,218. n's first, second ge ed by line 13, colur e 15. entage), divided by line 1 II, line 17	24,728,209. d, third, fourth, nn (f)) 3, column (f))	23,057,735. or fifth tax yea	26,275,844. ar as a section 15 16 17 18	119,115,844 501(c)(3) 98.10% 98.20% 1.10% 0.92%
5 6 6 7 8	(Explain in Part VI.) SEE SUPP PAGE Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Supp Public support percentage for 2023 (line 8, Public support percentage from 2022 Sche tion D. Computation of Investment Investment income percentage for 2023 (line Investment income percentage from 2022 Sche	27,518,838. the organizatio column (f), divide dule A, Part III, line Income Perc the 10c, column (f Schedule A, Part I ganization did no	17,535,218. n's first, second ge ad by line 13, colur e 15. entage), divided by line 1 II, line 17 ot check the box	24,728,209. d, third, fourth, nn (f)) 3, column (f)) x on line 14, an	23,057,735. or fifth tax yea	26,275,844. ar as a section 15 16 17 18 vre than 331/3 %,	119,115,844 501(c)(3) 98.10% 98.20% 1.10% 0.92% and line
bec 5 6 bec 17 18 19 a	(Explain in Part VI.) SEE SUPP PAGE Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Supp Public support percentage for 2023 (line 8, Public support percentage from 2022 Sche tion D. Computation of Investment Investment income percentage for 2023 (lir Investment income percentage from 2022 Sche 331/3% support tests - 2023. If the or 17 is not more than 331/3%, check this	27,518,838. the organization column (f), divide dule A, Part III, line Income Perce the 10c, column (f Schedule A, Part I ganization did no 5 box and stop	17,535,218. n's first, second d by line 13, colur e 15. entage), divided by line 1 II, line 17 bt check the box here. The organ	24,728,209. d, third, fourth, nn (f)) 3, column (f)) x on line 14, an ization qualifies a	23,057,735. or fifth tax yea	26,275,844. ar as a section 15 16 17 18 pre than 331/3 %, pported organizat	119,115,844 501(c)(3) 98.10% 98.20% 1.10% 0.92% and line tion X
4 5 6 6 7 8 9 a	(Explain in Part VI.) SEE SUPP PAGE Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Supp Public support percentage for 2023 (line 8, Public support percentage from 2022 Sche tion D. Computation of Investment Investment income percentage for 2023 (line 10, 10, 10, 10, 10, 10, 10, 10, 10, 10,	27,518,838. the organization court Percentage column (f), divide dule A, Part III, line in 10c, column (f) Schedule A, Part I ganization did not	17,535,218. n's first, second ge ad by line 13, colur e 15. entage), divided by line 1 II, line 17 bt check the box here. The organ check a box on	24,728,209. d, third, fourth, nn (f)) 3, column (f)) x on line 14, an ization qualifies a line 14 or line 1	23,057,735. or fifth tax yea 	26,275,844. ar as a section 15 16 17 18 re than 331/3 %, pported organizat is more than 331	119,115,844 501(c)(3) 98.10% 98.20% 1.10% 0.92% and line tion
4 5 6 6 7 8 9 a	(Explain in Part VI.) SEE SUPP PAGE Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Supp Public support percentage for 2023 (line 8, Public support percentage from 2022 Sche tion D. Computation of Investment Investment income percentage for 2023 (lir Investment income percentage from 2022 Sche 331/3% support tests - 2023. If the or 17 is not more than 331/3%, check this	27,518,838. the organizatio cort Percentag column (f), divide dule A, Part III, line income Percentag to 10c, column (f Schedule A, Part I ganization did not this box and stop	17,535,218. n's first, second ge d by line 13, colur e 15. entage), divided by line 1 II, line 17 bt check the box here. The organ check a box on op here. The organ	24,728,209. d, third, fourth, mn (f)) 3, column (f)) x on line 14, an ization qualifies a line 14 or line 1 ganization qualifie	23,057,735. or fifth tax yea d line 15 is mo as a publicly su 9a, and line 16 s as a publicly	26,275,844. ar as a section 15 16 17 18 re than 331/3 %, pported organizat is more than 331 supported organizat	119,115,844 501(c)(3) 98.10% 98.20% 1.10% 0.92% and line ion X /3%, and cation

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

Section A. All Supporting Organizations

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

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

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Schedule

Schedule A	(Form 990) 2023	
Part IV	Supporting Organizations	(continued)

- Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? a 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 11b
 - **b** A family member of a person described on line 11a above?
 - c 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.

Section B. Type I Supporting Organizations

- 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in 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 the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- Did the organization operate for the benefit of any supported organization other than the supported 2 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.

Section 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

Section 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? <i>If "No," explain in Part VI how</i>			
	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? <i>If "Yes," describe in Part VI the role the organization's</i>			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).	
а	The organization satisfied the Activities Test. Complete line 2 below.	
b	The organization is the parent of each of its supported organizations. Complete line 3 below.	
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions	s).
		No
2	Activities Test. Answer lines 2a and 2b below.	

а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify
	those supported organizations and explain how these activities directly furthered their exempt purposes,
	how the organization was responsive to those supported organizations, and how the organization determined
	that these activities constituted substantially all of its activities.

- **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.
- Parent of Supported Organizations. Answer lines 3a and 3b below. 3

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- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Yes No

11c

1

2

84-0404266

Schedule A (Form 990) 2023

21

2a

2b

3a

3b

Schedule A (Form 990) 2023 Page 6 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Part V Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See 1 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 3 Other gross income (see instructions) 4 Add lines 1 through 3. 4 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 maintenance of 6 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) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 2 Acquisition indebtedness applicable to non-exempt-use assets 3 Subtract line 2 from line 1d. 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 4 see instructions). 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 0.035. 6 7 7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year 1 Adjusted net income for prior year (from Section A, line 8, column A) 1 2 Enter 0.85 of line 1. 2 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 4 Enter greater of line 2 or line 3. 4 5 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

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

6

Schedule A (Form 990) 2023

_	-
Page	1

Schedu	le A (Form 990) 2023				Page 7
Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	t ions (continued)		
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ex	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organi	zations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p	rovide 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 organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	1		10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2023	าร	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023				
	(reasonable cause required - <i>explain in Part VI).</i> See				
	instructions.				
3	Excess distributions carryover, if any, to 2023				
a	From 2018				
b	From 2019				
C	From 2020				
d	From 2021				
e	From 2022				
f	Total of lines 3a through 3e				
<u>g</u>	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from				
	Section D, line 7: \$				
 	Applied to underdistributions of prior years Applied to 2023 distributable amount				
b	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
5	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
Ū	and 4b from line 1. For result greater than zero, <i>explain in</i>				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
-	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2019				
 b	Excess from 2020				
	Excess from 2021				
d	Excess from 2022				
e	Excess from 2023				
					Schedule A (Form 990) 202

Schedule A (Form 990) 2023

Part VI

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

SCHEDULE	Α,	PART	III	-	OTHER	INCOME

DESCRIPTION	2019	2020	2021	2022	2023	TOTAL
MISCELLANEOUS	172,731.	57,728.	69,080.	99,444.	157,146.	556,129.
TOTALS	172,731.	57,728.	69,080.	99,444.	157,146.	556,129.

24

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

OMB No. 1545-0047

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information.

Employer identification number

YOUNG	MEN'S	CHRISTIAN	ASSOCIATION

TOONG MEN D CHICIDIT	AN ADDOCTATION			
OF THE PIKES PEAK REGION 84-0404266				
Organization type (check on	e):			
Filers of:	Section:			
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization			
	4947(a)(1) nonexempt charitable trust not treated as a private fo	undation		
	527 political organization			
Form 990-PF 501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation	ation		
	501(c)(3) taxable private foundation			

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

	OF THE PIKES PEAK REGION		84-0404266
Part I	Contributors (see instructions). Use duplicate copies of I	Part I if additional space is no	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	BANNING LEWIS RANCH METROPOLITAN DISTRIC		Person X
	8390 E CRESCENT PKWY, STE 600	\$592,704.	Payroll Noncash
	GREENWOOD VILLAGE, CO 80111		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	PIKES PEAK AREA COUNCIL OF GOVERNMENTS		Person X
	<u>15 S 7TH ST</u>	\$19,881.	Payroll Noncash
	COLORADO SPRINGS, CO 80905		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	YMCA OF THE USA		Person X
	101 N WACKER DRIVE	\$311,088.	Payroll Noncash
	CHICAGO, IL 60606		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	EMPTY STOCKING FUND		Person X
	PO BOX 400	\$60,096.	Payroll Noncash
	COLORADO SPRINGS, CO 80901		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5_	NOR'WOOD FUND OF THE PIKES PEAK COM		Person X
	102 S TEJON STREET	\$25,000.	Payroll Noncash
	COLORADO SPRINGS, CO 80903		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	COLORADO DEPARTMENT OF HUMAN SERVICES		Person X
	1675 GARDEN OF THE GODS RD, 3RD FLOOR	\$321,240.	Payroll Noncash
	COLORADO SPRINGS, CO 80907		(Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023) Name of organization YOUNG MEN'S CHRISTIAN ASSOCIATION

Name of organization

Employer identification number

Name of C	OF THE PIKES PEAK REGION	Employer identification number 84-0404266		
Part I	Contributors (see instructions). Use duplicate copies	of Part I if additional space is n	eeded.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
7	CHAPEL HEIGHTS METROPOLITAN DISTRICT		Person X Payroll	
	8390 EST CRESCENT PKWY SUITE 300	\$	Noncash (Complete Part II for	
	GREENWOOD VILLAGE, CO 80111		noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
8	RISLEY, BRIAN		Person	
	3710 CUMULUS VIEW	\$15,000.	Payroll Noncash	
	COLORADO SPRINGS, CO 80904		(Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
9_	CAMP CORRAL		Person X	
	PO BOX 29502	\$87,150.	Payroll Noncash	
	RALEIGH, NC 27626		(Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
10	SEVEN STARS FOUNDATION		Person X	
	PO BOX 2481	\$32,500.	Payroll Noncash	
	BIG BEAR CITY, CA 92314		(Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
11	EL POMAR FOUNDATION		Person X	
	10 LAKE CIRCLE	\$20,000.	Payroll Noncash	
	COLORADO SPRINGS, CO 80906	_	(Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
12	PRECOR		Person X	
	20031 142ND AVE. NE	\$5,000.	Payroll Noncash	
	WOODINVILLE, WA 98072		(Complete Part II for noncash contributions.)	

Schedule B (Form 990) (2023)

Page 2

Name of c	organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE PIKES PEAK REGION		Employer identification number 84-0404266
Part I	Contributors (see instructions). Use duplicate copies of F	Part I if additional space is r	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	CITY OF COLORADO SPRINGS		Person X Payroll
	7350 CAMPUS DRIVE STE 110 COLORADO SPRINGS, CO 80920	\$820,537.	Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	BANNING LEWIS RANCH FOUNDATION 8390 E CRESCENT PKWY, STE 600	\$74,188.	Person X Payroll Noncash
	COLORADO SPRINGS, CO 80111	Ψ	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15	ARMED SERVICES YMCA OF THE USA		Person X Payroll
	6359 WALKER LANE, STE 200	\$45,910.	Noncash
	ALEXANDREA, VA 22310		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16	COMCAST		Person X Payroll
	1701 JF KENNEDY BLVD	\$35,000.	Noncash
	PHILADELPHIA, PA 19103		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17	NORWOOD FOUNDATION		Person X
	111 S TEJON STREET	\$25,000.	Payroll Noncash
	COLORADO SPRINGS, CO 80903		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18	ROGER SAMS		Person X
	5406 DIAMOND BAR LN	\$15,000.	Payroll Noncash
	COLORADO SPRINGS, CO 80915		(Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

Page 2

	OF THE PIKES PEAK REGION	Employer identification numbers 84-0404266		
art I	Contributors (see instructions). Use duplicate copi	ies of Part I if additional space is r	needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
19	FRANK KLEIN		Person X	
	12105 AMBASSADOR DR, UNIT 106	\$10,000.	Payroll Noncash	
	COLORADO SPRINGS, CO 80906		(Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
20	FREDERICK HEALY		Person X	
	6285 ALTMAN DR	\$10,000.	Payroll Noncash	
	COLORADO SPRINGS, CO 80918		(Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
21	ROBERT SHEETS		Person X	
	5110 LANGDALE WY		Payroll Noncash	
	COLORADO SPRINGS, CO 80906		(Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
22	AMERICAN ACADEMY OF DERMATOLOGY		Person X	
	9500 W. BRYN MAWR AVE, SUITE 500	\$8,000.	Payroll Noncash	
	ROSEMONT, IL 60018		(Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
23	SUSAN THEUNE		Person X	
	6510A S. ACADEMY BLVD., #281	\$8,000.	Payroll Noncash	
	COLORADO SPRINGS, CO 80906		(Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
24	SERIES FEST		Person X	
	1550 WEWATTA ST, STE 820	\$6,000.	Payroll Noncash	
	DENVER, CO 80202		(Complete Part II for noncash contributions.)	

Schedule B (Form 990) (2023) Name of organization YOUNG MEN'S CHRISTIAN ASSOCIATION Page 2

Employer identification number

	8 (Form 990) (2023) organization YOUNG MEN'S CHRISTIAN ASSOCIATION		Page 2
	organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE PIKES PEAK REGION		Employer identification number 84-0404266
Part I	Contributors (see instructions). Use duplicate copies of	of Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	BEANSTALK FOUNDATION	_	Person X Payroll
	1627 VINE ST	_ \$5,000.	Noncash
	DENVER, CO 80206	_	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26	BRUNI FOUNDATION	_	Person X
	1528 N TEJON STREET	_ \$5,000.	Payroll Noncash
	COLORADO SPRINGS, CO 80907	_	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27	J.K. MULLEN FOUNDATION	_	Person X
	5310 DTC PARKWAY, SUITE C	\$5,000.	Payroll Noncash
	GREENWOOD VILLAGE, CO 80111		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28	JOYCE BIFFAR	_	Person X
	2001 RIPPLE RIDGE RD	_ \$5,000.	Payroll Noncash
	COLORADO SPRINGS, CO 80921	_	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29	LENDLEASE COMMUNITY FUND	_	Person X
	1201 DEMONBREUN ST, STE 800	_ \$5,000.	Payroll Noncash
	NASHVILLE, TN 37203	_	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30	RENAISSANCE PHILANTHROPIC SOLUTIONS	_	Person X
	8910 PURDUE RD, SUITE 500	_ \$5,000.	Payroll Noncash
	INDIANAPOLIS, IN 46268	_	(Complete Part II for noncash contributions.)

-	3 (Form 990) (2023) organization YOUNG MEN'S CHRISTIAN ASSOCIATI	ION	Page 2 Employer identification number
	OF THE PIKES PEAK REGION		84-0404266
Part I	Contributors (see instructions). Use duplicate cop		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	STEPHEN WOODFORD		Person X Payroll
	115 HUNTINGTON PL.	\$5,000.	Noncash
	COLORADO SPRINGS, CO 80906		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32	US DEPT TREASURY		Person
	INTERNAL REVENUE SERVICE		Payroll Noncash
	OGDEN, UT 84201-0038		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

JSA 3E1253 1.000

	(Form 990) (2023)		Page
Name of or			dentification number
	OF THE PIKES PEAK REGION		-0404266
Part II	Noncash Property (see instructions). Use duplicate copies of F	Part II if additional space is ne	eded.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
		· · · · · · · · · · · · · · · · · · ·	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
		Ψ	

JSA 3E1254 1.000

	(Form 990) (2	2023)			Page 4
Name of o	rganization	YOUNG MEN'S CHRISTIAN			Employer identification number
Part III	(10) tha the follo contribu	t total more than \$1,000 for	, contributions to o the year from any ons completing Par e year. (Enter this ir	one contributor. C t III, enter the total formation once. Se	84-0404266 ribed in section 501(c)(7), (8), or Complete columns (a) through (e) and of exclusively religious, charitable, etc., ee instructions.)
(a) No. from Part I		(b) Purpose of gift	(c) Use		(d) Description of how gift is held
		Transferee's name, address, a	(e) Transf and ZIP + 4	-	hip of transferor to transferee
(a) No. from Part I		(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
		Transferee's name, address, a	(e) Transf	-	hip of transferor to transferee
(a) No. from Part I		(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
		Transferee's name, address, a	(e) Transf and ZIP + 4		hip of transferor to transferee
(a) No. from Part I		(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
	(e) Transf Transferee's name, address, and ZIP + 4				hip of transferor to transferee

SCHEDULE D (Form 990) Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.					OMB No. 1545-0047
Interr	nal Revenue Service	Go to www.irs.gov/l	Form990 for instructions and the latest information		Inspection
	e of the organization	YOUNG MEN'S CHRISTIAN	ASSOCIATION	Employer identificati	
	THE PIKES PEA		ised Funds or Other Similar Funds or	84-04042	66
Га	-	-	"Yes" on Form 990, Part IV, line 6.	Accounts	
	Complete		(a) Donor advised funds	(b) Funds and c	other accounts
1	Total number at e	nd of year			
2		of contributions to (during year)			
3	Aggregate value of	of grants from (during year)			
4		at end of year			
5	•		advisors in writing that the assets held i		
~	•		e organization's exclusive legal control?		Yes No
6	-	-	and donor advisors in writing that grant fun fit of the donor or donor advisor, or for ar		
	•	• •		• • •	Yes No
Pa		tion Easements			
			"Yes" on Form 990, Part IV, line 7.		
1		•	organization (check all that apply).		
		n of land for public use (for example		of a historically imp	
		of natural habitat	Preservation o	of a certified histori	c structure
2		n of open space	eld a qualified conservation contribution in	the form of a cons	ervation
-	-	last day of the tax year.			End of the Tax Year
а				2a	
b			5	2b	
С	Number of conser	vation easements on a certified	historic structure included on line 2a .	2c	
d			ne 2c acquired after July 25, 2006, and		
-			gister	2d	
3		rvation easements modified, tra	nsferred, released, extinguished, or termin	nated by the organ	nization during the
4	tax year	where property subject to conse	rvation easement is located		
5			garding the periodic monitoring, inspection	on, handling of	
	•		sements it holds?	•	Yes No
6			ecting, handling of violations, and enforcing c		
7	Amount of expens	es incurred in monitoring, inspec	ting, handling of violations, and enforcing co	nservation easeme	ents during the year
•			and above esticity the requirements of east	$a_{170}(h)(4)(P)(i)$	
8			e 2d above satisfy the requirements of secti		Yes No
9	In Part XIII. descri	be how the organization reports	conservation easements in its revenue and	expense statemen	
		•	tnote to the organization's financial statem	•	
_		ounting for conservation easeme			
Pa			of Art, Historical Treasures, or Other	Similar Assets	
		· · · · · ·	"Yes" on Form 990, Part IV, line 8.		
1a	If the organization of art, historical t service, provide in	n elected, as permitted under FA treasures, or other similar asse Part XIII the text of the footnote	SB ASC 958, not to report in its revenue ts held for public exhibition, education, o to its financial statements that describes the	e statement and ba or research in fur ese items.	alance sheet works therance of public
b	art, historical treas provide the follow	sures, or other similar assets he ing amounts relating to these iter		arch in furtherance	e of public service,
	(i) Revenue inclu	ded on Form 990, Part VIII, line 1		· · · · · · · · \$ _	
~			· · · · · · · · · · · · · · · · · · ·		
2			rt, historical treasures, or other similar a	ssets for financial	gain, provide the
а			ASB ASC 958 relating to these items:	\$	
b	Assets included in	Form 990, Part X			
		Act Notice, see the Instructions for			dule D (Form 990) 2023
JSA 3E126	68 1.000				

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Schee	dule D (Form 990) 2023 YOU	NG MEN'S CHRIS	STIAN ASSO	OCIATION		84-04042	66 Page 2
Ра	rt III Organizations Maintaini	ng Collections of	Art, Historic	al Treasures,	or Other Similar		
3	Using the organization's acquisitio collection items (check all that appl		other records,	check any of t	he following that	make significant	use of its
а	Public exhibition		d	Loan or exchang	ge program		
b	Scholarly research		е 🗌	Other			
с	Preservation for future gener	rations					
4	Provide a description of the organ XIII.	nization's collections	and explain	how they furth	er the organization	n's exempt purpo	ose in Part
5	During the year, did the organizatio	n solicit or receive o	onations of a	rt, historical trea	sures, or other sim	ilar	
	assets to be sold to raise funds rath						s 🗌 No
Ра	rt IV Escrow and Custodial A						
	Complete if the organiza 990, Part X, line 21.	tion answered "Ye	es" on Form	990, Part IV, lir	ne 9, or reported	an amount on F	Form
1a	Is the organization an agent, trust					sets not	
	included on Form 990, Part X?					Ye	s 🔄 No
b	If "Yes," explain the arrangement in	n Part XIII and comp	plete the follow	ving table.			
						Amount	
С	Beginning balance			1	c		
d	Additions during the year			1	d		
е	Distributions during the year			1	e		
f	Ending balance						
	Did the organization include an am					•	
	If "Yes," explain the arrangement in	n Part XIII. Check h	ere if the expl	anation has been	provided in Part XI	<u>I</u>	
Pa	rt V Endowment Funds Complete if the organiza	tion answered "Ye	es" on Form	990, Part IV, lir	ne 10.		
	_	(a) Current year	(b) Prior ye	ar (c) Two y	ears back (d) Three	years back (e) Fo	ur years back
1a	Beginning of year balance	366,902.	1,235,	468. 1,133	3,880. 1,1	172,415.	961,429.
b	Contributions						
с	Net investment earnings, gains,						
	and losses	4,240.	-140,	035. 127	7,023.	112,405.	250,542.
d	Grants or scholarships						
е	Other expenditures for facilities						
	and programs	NONE	728,	531. 25	5,435.	150,940.	39,556.
f	Administrative expenses						
g	End of year balance	371,142.	366,	902. 1,235	5,468. 1,3	133,880. 1	1,172,415.
2	Provide the estimated percentage			ine 1g, column (a	a)) held as:		
a	Board designated or quasi-endowm		%				
b	Permanent endowment 46.290	<u>00</u> %					
С	Term endowment <u>NONE</u> %		1000/				
•	The percentages on lines 2a, 2b, a						
3a	Are there endowment funds not in t	the possession of th	ne organizatio	n that are held a	and administered to	ir the	Yes No
	organization by: (i) Unrelated organizations?					20(i)	
	.,						
h	(ii) Related organizations? If "Yes" on line 3a(ii), are the related) X
4	Describe in Part XIII the intended u	•	•				
_	rt VI Land, Buildings, and Equ Complete if the organiza	lipment			ne 11a See Forr	n 990 Part X li	ine 10
	Description of property	(a) Cost or) Cost or other basis		(d) Book	
		(inves	tment)	(other)	depreciation		
1a	Land			7,035,382			35,382.
b	Buildings			60,737,252			16,121.
C	Leasehold improvements			1,926,541			37,198.
d	Equipment.			5,719,715			78,349.
<u>e</u>	Other			191,480	. NON	<u>E 1</u>	.91,480.
Tota	I. Add lines 1a through 1e. (Column	(d) must equal Forr	n 990, Part X,	line 10c, column	(B))	38,5	58,530.

Schedule D (Form 990) 2023

Part VII Investments - Other Securities

Complete if the organization answered	d "Yes" on Form 99	0, 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. (Column (b) must equal Form 990, Part X, line 12, col. (B))		
Part VIII Investments - Program Related Complete if the organization answered	"Yes" on Form 99	0, 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. (Column (b) must equal Form 990, Part X, line 13, col. (B))		
Part IX Other Assets Complete if the organization answered	d "Yes" on Form 99 scription	0, Part IV, line 11d. See Form 990, Part X, line 15. (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))	<u></u>
Part X Other Liabilities Complete if the organization answered line 25.	d "Yes" on Form 99	0, Part IV, line 11e or 11f. See Form 990, Part X,
1. (a) Descrip	tion of liability	(b) Book value
(1) Federal income taxes	-	
(2)CHARITABLE GIFT ANNUITY		461,610.
(3)RIGHT TO USE LIABILITY - LEASE		47,799.
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	<u></u>	
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		

Schedu	ILE D (Form 990) 2023 YOUNG MEN'S CHRISTIAN ASSOCIATION	84-	-0404266 Page 4
Part		n	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	26,303,735.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
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	236,504.
3	Subtract line 2e from line 1	3	26,067,231.
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 4, 616.		
b	Other (Describe in Part XIII.) 4b		
c	Add lines 4a and 4b	4c	4,616.
5	Total revenue. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 12.</i>)	5	26,071,847.
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Ret	irn	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	27,884,966.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments	1	
С	Other losses	1	
d	Other (Describe in Part XIII.) 2d 40,688.	1	
e	Add lines 2a through 2d	2e	40,688.
3	Subtract line 2e from line 1	3	27,844,278.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)	1	
c	Add lines 4a and 4b	4c	4,616.
5	Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>)		27,848,894.
Dant	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.

SEE SUPPLEMENTAL PAGE

SCH D PART V LINE 4

THE YMCA OF THE PIKES PEAK REGION WILL USE THE INCOME EARNED ON THE ENDOWMENT FUNDS TO PROVIDE PROGRAMS AND SERVICES AS INTENDED BY THE DONOR. IN SITUATIONS WHERE THE DONOR HAS NOT DESIGNATED THE USAGE OF THE PROCEEDS THE YMCA WILL UTILIZE THE FUNDS IN A MANNER THAT MAXIMIZES THE FULFILLMENT OF THE MISSION AND ADDRESSES CRITICAL COMMUNITY NEEDS AS DIRECTED BY THE VISION 2021 STRATEGIC PLAN.

SCH D PART X LINE 2

THE ORGANIZATION BELIEVES THAT IT DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS.

SCH D PART XI LINE 2D

ROUNDING	\$ 2
CHANGE IN BENEFICIAL TRUST:	\$ -144,910
COST OF GOODS SOLD RECLASSIFICATION:	\$ -40,690

TOTAL \$ -185,598

JSA 3E1226 1.000 5603VQ P091 09/24/2024 21:37:50 V23-6.6F

Schedule D (Form 990) 2023	YOUNG MEN'S CHRIST	IAN ASSOCIATION		84-0404266	Page 5
Part XIII Supplemental Inf	ormation (continued)				
SCH D PART XII LINE 21	D				
COST OF GOODS SOLD REG	CLASSIFICATION:		\$ 40,690		
ROUNDING			\$ -2		
		TOTAL	\$ 40,688		

SCHE (Form	DULE G 990)	Complete if t	Information Re	red "Yes" on	Form 990, P	Part IV, line 17, 18, or 1	•	OMB No. 1545-0047
(,		organization entered n					ZUZJ
	ent of the Treasury Revenue Service	Go	to www.irs.gov/Form9		or Form 990- uctions and th			Open to Public Inspection
	the organization	YOUNG MEN'S (Ū.				Employer identificati	· ·
OF TI	HE PIKES PE.			00111110			84-04042	56
Part I		g Activities. Comp	lete if the organi	ization ar	nswered "	Yes" on Form 99		
	Form 990-	EZ filers are not re	quired to comple	te this pa	art.			
1	ndicate whether	the organization rais	sed funds through	any of the	following	activities. Check a	all that apply.	
а	Mail solicita		е			non-government g		
b		l email solicitations	f			government grants	6	
С	Phone solic		g	Spe	cial fundra	ising events		
d [In-person so							
		tion have a written o es listed in Form 990						Yes No
	• • •	10 highest paid indi			•		•	
		least \$5,000 by the		(
	(i) Name and addr or entity (fu		(ii) Activity	custody o	ndraiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
				Yes	No			
1								
2								
3								
4								
-								
5								
6								
7								
8								
9								
9								
10								
			1		·			
Total	<u></u>		<u></u>	<u></u>	<u></u>			
3	List all states in registration or lic	which the organization	tion is registered o	or licensed	d to solicit	contributions or	has been notified	it is exempt from

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. JSA 3E1281 1.000 5603VQ P091 09/24/2024 21:37:50 V23-6.6F YOUNG MEN'S CHRISTIAN ASSOCIATION

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		grood receipto groater than \$0,00	•.			
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			TURKEY TROT	STARS & STRIPES	5	(aḋd col. (a) through
			(event type)	(event type)	(total number)	col. (c))
ne						
en	1	Gross receipts	150,380.	86,959.	128,760.	366,099.
Revenue					110,7000	
œ	2	Less: Contributions	150,380.	37,451.	127,109.	314,940.
	3			57,151.	127,109.	511,510.
	Ŭ	minus line 2)		10 500	1 651	51 150
				49,508.	1,051.	51,159.
	л	Cash prizes				
	4	Cash plizes				
	5	Noncoch prizoc				
	5	Noncash prizes				
es	6	Dent/feeility eeste		40 500		40 500
su	6	Rent/facility costs		49,509.		49,509.
Direct Expenses	-	E				
ш	7 Food and beverages				270.	270.
ect	_					
Ë	8	Entertainment				
_						
	9	Other direct expenses	80,944.	10,502.	84,692.	176,138.
	10	Direct expense summary. Add lin	nes 4 through 9 in colu	umn (d)		225,917.
	11	Net income summary. Subtract I	ine 10 from line 3, col	umn (d)		-174,758.
Pa	rt III	Gaming. Complete if the org	anization answered "			
		\$15,000 on Form 990-EZ, lin	ie 6a.			
Ф				(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
nu			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue						
Å	1	Gross revenue				

es	2	Cash prizes										
Expenses												
Direct E	4	Rent/facility costs										
Ē		Other direct expenses										
	6	Volunteer labor		Yes No	_ %		Yes No	%		Yes No	%	
	7	Direct expense summary. Add lir	nes :	2 through 5 in	colı	ımn	(d)		_			
	8	Net gaming income summary. S	ubtr	act line 7 from	ı line	e 1, (

9 Enter the state(s) in which the organization conducts gaming activities:

- Is the organization licensed to conduct gaming activities in each of these states? а Yes No If "No," explain: b
- Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? 10a Yes No b If "Yes," explain:

Schedule G (Form 990) 2023

Sched	ule G (Form 990 or 990-EZ) 2023 YOUNG MEN'S CHRISTIAN ASSOCIATION 8	4-04042	66 F	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Y	es	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity			_
	formed to administer charitable gaming?	🗌 Y	es	No
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility 13a			%
b	An outside facility 13b			%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	ł		
	Name			
	Address ►			
15 a	Does the organization have a contract with a third party from whom the organization receives gami	ng		
	revenue?	- <u> </u>	es	No
b	If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the second s	the		
	amount of gaming revenue retained by the third party \blacktriangleright \$			
С	If "Yes," enter name and address of the third party:			
	Name ►			
	Address ►			
16	Gaming manager information:			
	Name ►			
	Gaming manager compensation ► \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceed	ls to		
	retain the state gaming license?		es	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organiza		-	
	or spent in the organization's own exempt activities during the tax year > \$			
Par	Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) a Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional i (see instructions).			

SCHEDULE J Compensation Information							047		
(Forr	n 990)	For certain Officers, Dire	ectors, Trustees, Key Employees, and Highest		୬ଲ	92			
			mpensated Employees n answered "Yes" on Form 990, Part IV, line 2	3.	<u>C</u> U	20)		
	nent of the Treasury		Attach to Form 990. 90 for instructions and the latest information.		Open to				
	Revenue Service of the organization	YOUNG MEN'S CHRISTIAN A		Employer identification	Inspe on numbe		n		
	Ū	PEAK REGION	SSOCIATION	84-040426					
Part		ns Regarding Compensation		01 010120					
		<u> </u>				Yes	No		
1a			ovided any of the following to or for a pers						
			provide any relevant information regarding	-					
		ss or charter travel	Housing allowance or residence for	•					
		or companions	Payments for business use of perso						
		emnification and gross-up payments	X Health or social club dues or initiation						
	Discretionary spending account Personal services (such as maid, chauffeur, chef)								
b	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to								
•					1b	X			
2	-		 to reimbursing or allowing expenses D/Executive Director, regarding the items	-					
					2	х			
2				• • • • • • • • • • • • • •	-				
3			on used to establish the compensation of at apply. Do not check any boxes for metho						
			e CEO/Executive Director, but explain in P						
	Comper	Compensation committee Written employment contract							
	Indepen	dent compensation consultant	Compensation survey or study						
	Form 99	00 of other organizations	X Approval by the board or compensation	ation committee					
4		ar, did any person listed on Form 990, or a related organization:	Part VII, Section A, line 1a, with respect t	o the filing					
а			ayment?		4a		Х		
b			tal nonqualified retirement plan?		4b	Х			
С			sed compensation arrangement?		4c		X		
	If "Yes" to an	y of lines 4a-c, list the persons and p	rovide the applicable amounts for each i	tem in Part III.					
_	•		rganizations must complete lines 5-9.						
5	-	listed on Form 990, Part VII, Section contingent on the revenues of:	ion A, line 1a, did the organization pa	ay or accrue any	′				
а					5a		X		
b	If "Yes" on lin	e 5a or 5b, describe in Part III.			5b		X		
6	-	listed on Form 990, Part VII, Section contingent on the net earnings of:	ion A, line 1a, did the organization pa	ay or accrue any	'				
а	-				6a		X		
b	Any related o	rganization?			6b		X		
	If "Yes" on lin	e 6a or 6b, describe in Part III.							
7			on A, line 1a, did the organization prov						
_			escribe in Part III		7	X			
8			paid or accrued pursuant to a contract th						
		-	Regulations section 53.4958-4(a)(3)? I						
0			low the rebuttable presumption proced		8		X		
9		.			9				
	regulations s				3		L		

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

Schedule J (Form 990) 2023

Schedule J (Form 990) 2023

YOUNG MEN'S CHRISTIAN ASSOCIATION

84-0404266

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

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

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

(A) Name and Title			nd/or 1099-MISC and/or		(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
BOYD WILLIAMS	(i)	314,706.	50,750.	2,867.	45,166.	20,804.	434,293.	NONE
1 PRESIDENT & CEO	(ii)							
THERESA JOHNSON	(i)	193,801.	21,000.	1,756.	26,987.	20,574.	264,118.	NONE
2 EXEC.VP / CHIEF OP. OFFICER	(ii)							
SALLY GLENNON	(i)	159,391.	NONE	727.	19,613.	11,222.	190,953.	NONE
3 SENIOR VP OF ASSOCIATION ADV.	(ii)							
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
_10	(ii)							
	(i)							
_11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
_16	(ii)							

Schedule J (Form 990) 2023

Page **2**

Schedule J (Form 990) 2023

Part ||| 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, PART I LINE 1A

SOCIAL CLUB MEMBERSHIP DUES ARE PAID FOR TWO OFFICERS AT TWO SOCIAL

CLUBS.

SCHEDULE J, PART I LINE 4B

THE YMCA ENTERED INTO A 457(F) INELIGIBLE NONQUALIFIED DEFERRED COMPENSATION PLAN WITH BOYD WILLIAMS SEPTEMBER 1, 2020. AMOUNTS CONTRIBUTED UNDER THE PLAN BECOME VESTED ON THE FIFTH YEAR FOLLOWING THE YEAR THE COMPANY CONTRIBUTION IS CREDITED TO THE DISTRIBUTION ACCOUNT. DURING THE YEAR ENDED DECEMBER 31, 2023, \$46,000 WAS CREDITED TO THE ACCOUNT.

SCHEDULE J, PART I LINE 7

C-LEVEL AND VICE PRESIDENTS WERE ELIGIBLE FOR AND AWARDED INCENTIVE PAY BASED ON ACHIEVING GOALS SPECIFIC TO EACH INDIVIDUALS JOB FUNCTION. THE Page 3

Schedule J (Form 990) 2023

Part III Supplemental Information

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

EXECUTIVE COMMITTEE OF THE BOARD OVERSEES THE AWARDING OF INCENTIVE PAY

AND THE EVALUATION OF THE SPECIFIC GOALS.

SCHEDULE K (Form 990)

Supplemental Information on Tax-Exempt Bonds

Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

Name of the organization YOUNG MEN'S CHRISTIAN ASSOCIATION

OF THE PIKES PEAK REGION Part Pond Issue

Band Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A COLORADO REFUNDING & IMPROVEMENT REVENUE	84-6000764		06/01/2016	15,000,000.	REFUNDING & IMPROVEMENT		х		Х		х
											l
В											l
											l
C											<u> </u>
											l
D											i

Part	I Proceeds								
			م		В	(2)
1	Amount of bonds retired	4,2	228,391.						
2	Amount of bonds legally defeased								
3	Total proceeds of issue	15,0	000,000.						
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds		200,706.						
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	14,7	799,294.						
11	Other spent proceeds.								
12	Other unspent proceeds								
13	Year of substantial completion		2016						
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a refunding issue of tax-exempt bonds (or,								
	if issued prior to 2018, a current refunding issue)?	Х							
15	Were the bonds issued as part of a refunding issue of taxable bonds (or, if								
	issued prior to 2018, an advance refunding issue)?		Х						
16	Has the final allocation of proceeds been made?	Х							
17	Does the organization maintain adequate books and records to support the								
	final allocation of proceeds?	Х							

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

Schedule K (Form 990) 2023

OMB No. 1545-0047

2 3

Open to Public Inspection

Employer identification number

84-0404266

Schedule K (Form 990) 2023

Part III Private Business Use CO				ROVEMENT				
		A		B	(3	0)
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?		Х						
2 Are there any lease arrangements that may result in private business use of								1
bond-financed property?		Х						
3a Are there any management or service contracts that may result in private business use of bond-financed property?		x						
		A						
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								1
bond-financed property?		Х						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other								l
outside counsel to review any research agreements relating to the financed property?								1
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		%		%		%		0
5 Enter the percentage of financed property used in a private business use as a								
result of unrelated trade or business activity carried on by your organization,								
another section 501(c)(3) organization, or a state or local government		%		%		%		C
6 Total of lines 4 and 5		%		%		%		°,
7 Does the bond issue meet the private security or payment test?		Х						
8a Has there been a sale or disposition of any of the bond-financed property to a								
nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		x						l
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or								
disposed of		%		%		%		C
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations								
sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all								
nonqualified bonds of the issue are remediated in accordance with the								
requirements under Regulations sections 1.141-12 and 1.145-2?	х							
Part IV Arbitrage		1		11				
		A		В	()	D	
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	No
Penalty in Lieu of Arbitrage Rebate?	X							
2 If "No" to line 1, did the following apply?		1		1				
a Rebate not due yet?								
b Exception to rebate?								
c No rebate due?								
If "Yes" to line 2c, provide in Part VI the date the rebate computation was		1		1				
performed								
3 Is the bond issue a variable rate issue?	X							
	Λ					l	hedule K (Fo	

Schedule K (Form 990) 2023

48

Page 2

Schedule K (Form 990) 2023

A B C D Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? Yes No Yes N	chedule K (Form 990) 2023								Page
a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	Part IV Arbitrage (continued) CO	LORADO	REFUNDIN	NG & IMP	ROVEMEN	r revenu:	Ξ		
A hadge with respect to the bond issue? X X X X b Name of provider X X X X c Term of hedge X X X X d Was the hedge superintegrated? X X X X e Was the hedge terminated? X X X X X a Were gross proceeds invested in a guaranteed investment contract (GIC)? X X X X X b Name of provider X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X<			Α		В	0	;	C)
hedge with respect to the bond issue? X Image: Constraint of the bond issue? b Name of provider Image: Constraint of the bond issue? Image: Constraint of the bond issue? Image: Constraint of the bond issue? c Term of hedge Image: Constraint of the bond issue? c Term of hedge Image: Constraint of the bond issue? Image: Constraint of the bond issue? Image: Constraint of the bond issue?	4a Has the organization or the governmental issuer entered into a qualified	Yes	No	Yes	No	Yes	No	Yes	No
c Term of hedge Image: Content of the display of the displa			Х						
d Was the hedge superintegrated? Image: constraint of the second sec	b Name of provider								
e Was the hedge terminated? Image: space destination of the space destination of the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations? Image: space destination of the space destination of the space destination of the tax requirements of section space destination of the tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations? Image: space destination of tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations? Image: space destination of tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations? Image: space destination of tax requirements of tax requirements of tax requirements of tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations? Image: space destination of tax requirements of tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations? Image: space destination of tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under tax requirements are tim	c Term of hedge								
e Was the hedge terminated? Image: space destination of the space destination of the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations? Image: space destination of the space destination of the space destination of the tax requirements of section space destination of the tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations? Image: space destination of tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations? Image: space destination of tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations? Image: space destination of tax requirements of tax requirements of tax requirements of tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations? Image: space destination of tax requirements of tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations? Image: space destination of tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under tax requirements are tim	d Was the hedge superintegrated?								
b Name of provider	e Was the hedge terminated?								
c Term of GIC Image: Constraint of Constraints of Constrations of Constraints of Constraints of Constraints of	5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х						
c Term of GIC Image: Constraint of Constraints of Constrations of Constraints of Constraints of Constraints of	b Name of provider								
Were any gross proceeds invested beyond an available temporary period? X Image: Constraint of the stabilished written procedures to monitor the requirements of section 148? X Image: Constraint of the stabilished written procedures to ensure that violations 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 Image: Constraint of the tax is a stabilished written procedures to ensure that violations is the tax is a stabilished written procedures to ensure that violations 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 Image: Constraint of tax is a stabilished written procedures to ensure that violations is tax is a stabilished written procedures to ensure that violations is tax is a stabilished written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations? No Yes No Yes No Yes No Yes No	c Term of GIC								
Were any gross proceeds invested beyond an available temporary period? X Image: Constraint of the stabilished written procedures to monitor the requirements of section 148? X Image: Constraint of the stabilished written procedures to ensure that violations 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 Image: Constraint of the tax is a stabilished written procedures to ensure that violations is the tax is a stabilished written procedures to ensure that violations 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 Image: Constraint of tax is a stabilished written procedures to ensure that violations is tax is a stabilished written procedures to ensure that violations is tax is a stabilished written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations? No Yes No Yes No Yes No Yes No									
requirements of section 148? X Image: Constraint of the section 148? art V Procedures To Undertake Corrective Action A B C D Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations? Yes No Yes No Yes No Yes No	6 Were any gross proceeds invested beyond an available temporary period?		Х						
Procedures To Undertake Corrective Action A B C D Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations? Yes No Yes No Yes No Yes No Yes No Yes No	7 Has the organization established written procedures to monitor the								
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations? A B C D	requirements of section 148?		Х						
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations?	Part V Procedures To Undertake Corrective Action								
of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations?			Α		В	0	;	C)
of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations?	Has the organization established written procedures to ensure that violations	Yes	No	Yes	No	Yes	No	Yes	No
voluntary closing agreement program if self-remediation isn't available under applicable regulations?									
	applicable regulations?	х							

Page 3

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 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.



Department of the Treasury Internal Revenue Service

VOUNC	MENIC	CUDTCTTAN	ASSOCIATION
TOONG		CHICTOTIAN	ADDOCTATION

FORM 990 PART III LINE 1

THE MISSION OF THE YMCA OF THE PIKES PEAK REGION IS TO PUT CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT BUILD A HEALTHY SPIRIT, MIND AND BODY FOR ALL. SINCE 1878, THE YMCA OF THE PIKES PEAK REGION HAS SERVED OUR COMMUNITY WITH PROGRAMS AND SERVICES FOCUSED ON YOUTH DEVELOPMENT, HEALTHY LIVING, AND SOCIAL RESPONSIBILITY TO ACHIEVE THAT MISSION. WE WORK EVERY DAY TO ENSURE THAT INDIVIDUALS AND FAMILIES HAVE THE RESOURCES AND SUPPORT TO LEARN, GROW, AND THRIVE. WITH A STRATEGIC FOCUS ON BUILDING SELF-ESTEEM AND CONFIDENCE IN OUR YOUTH, ENHANCING THE HEALTH AND WELL-BEING OF FAMILIES, AND INSPIRING HEALTH AND VITALITY IN OUR SENIOR POPULATION WE STRIVE TO ACHIEVE MEANINGFUL, POSITIVE IMPACT, NOT JUST WITHIN OUR MEMBERS, BUT IN COMMUNITIES THROUGHOUT THE ENTIRE PIKES PEAK REGION.

FORM 990 PART III LINE 4A

HEALTHY LIVING

THE Y IS LEADING THE INDUSTRY IN HEALTH AND WELL-BEING. HOWEVER, WE ARE MORE THAN AN INDUSTRY; WE ARE A MISSION. A MISSION THAT BRINGS FAMILIES CLOSER ENCOURAGES GOOD HEALTH AND FOSTERS CONNECTIONS THROUGH FITNESS, SPORTS, FUN, AND SHARED INTERESTS. AS A RESULT, MORE THAN 125,000 PEOPLE IN OUR COMMUNITY RECEIVE THE SUPPORT, GUIDANCE, AND RESOURCES THEY NEED TO ACHIEVE EXCELLENT HEALTH IN SPIRIT, MIND, AND BODY AT THE Y. HEALTHY LIVING IS ESSENTIAL FOR EVERYONE. IN 2023, 3,659 COMPLETED A JUMP START PROGRAM TO HELP THEM MAP THEIR INDIVIDUALIZED PLAN TO IMPROVE THEIR HEALTH AND WELLNESS.

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 990-EZ.



84-0404266

Department of the Treasury Internal Revenue Service Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Name of the organization Employer ide

YOUNG MEN'S CHRISTIAN ASSOCIATION

PROGRAMS SUCH AS MOVING FOR BETTER BALANCE, LIVESTRONG, AND THE PARKINSON'S EXERCISE PROGRAM HELP CHANGE INDIVIDUALS' LIVES AND GIVE PARTICIPANTS A STRONGER SENSE OF CONFIDENCE TO MOVE FORWARD IN THE LIFE THEY WANT TO LIVE. IN 2023, 20 MOVING FOR BETTER BALANCE CLASSES, 12 LIVESTRONG CLASSES, AND 19 CLASSES FOR OUR PARKINSON'S EXERCISE PROGRAM WERE HELD.

OUR PROGRAMS ARE ACCESSIBLE, AFFORDABLE, AND OPEN TO PEOPLE OF ALL FAITHS, BACKGROUNDS, ABILITIES, AND INCOME LEVELS. IN 2023, THE Y PROVIDED \$821,208 IN FINANCIAL ASSISTANCE TO PEOPLE WHO OTHERWISE MAY NOT HAVE BEEN ABLE TO AFFORD TO PARTICIPATE

FORM 990 PART III LINE 4B

YOUTH DEVELOPMENT

OUR YMCA IS COMMITTED TO NURTURING THE POTENTIAL OF EVERY CHILD AND TEEN. ALL KIDS DESERVE TO DISCOVER WHO THEY ARE AND WHAT THEY CAN ACHIEVE. WE HELP YOUNG PEOPLE CULTIVATE THE VALUES, SKILLS, AND RELATIONSHIPS THAT LEAD TO POSITIVE BEHAVIORS, BETTER HEALTH, AND EDUCATIONAL ACHIEVEMENT. OUR PROGRAMS, SUCH AS BEFORE AND AFTER SCHOOL CARE, DAY CAMP, RESIDENT CAMP, SWIM LESSONS, AND YOUTH SPORTS, OFFER A RANGE OF EXPERIENCES THAT ENRICH COGNITIVE, SOCIAL, PHYSICAL, AND EMOTIONAL GROWTH FROM TODDLER TO HIGH SCHOOL AGE. IN 2023, 10,958 CHILDREN PARTICIPATED IN THE Y'S SPORTS PROGRAM, AND 7,800 SWIM LESSONS WERE TAUGHT TO HELP STRENGTHEN SWIM SKILLS. THE Y HELD DAY CAMPS AT SEVEN LOCATIONS WITH 6,202 PARTICIPANTS. IN 2023, THE Y RAN 18 BEFORE AND AFTER SCHOOL SITES SERVING 3,969 PARTICIPANTS. THE Y'S RESIDENT CAMP, CAMP SHADY BROOK, PROVIDED 1,360

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 990-EZ. OMB No. 1545-0047

YOUNG MEN'S CHRISTIAN ASSOCIATION

CAMPERS WITH A PERSONALIZED CAMP EXPERIENCE WHERE THEY CAN MAKE FRIENDS, RECEIVE MENTORING, AND CREATE EXPERIENCES TO ENSURE THEY HAVE A SUMMER TO REMEMBER.

MIDDLE SCHOOL INITIATIVE IS A PROGRAM THAT PROVIDES MIDDLE SCHOOLERS WITH A FREE YMCA MEMBERSHIP AND PROGRAMMING. THIS PROGRAM AIMS TO INSPIRE YOUTH TO DISCOVER THEIR PASSIONS, DEVELOP A HEALTHY LIFESTYLE, AND GAIN THE ASSETS NEEDED TO AVOID RISKY BEHAVIORS AND SUCCEED IN SCHOOL AND LIFE. IN 2023, WE SERVED OVER 118 KIDS, RESULTING IN 1,062 VISITS.

FORM 990 PART III LINE 4C

SOCIAL RESPONSIBILITY

OUR YMCA BELIEVES IN GIVING BACK AND SUPPORTING OUR NEIGHBORS. WE HAVE BEEN LISTENING AND RESPONDING TO OUR COMMUNITY'S MOST CRITICAL NEEDS FOR 146 YEARS. AT THE Y, WORKING TOGETHER TO STRENGTHEN OUR COMMUNITY IS ESSENTIAL FOR MAKING OUR COMMUNITY A BETTER PLACE TO LIVE AND THRIVE. IN 2023, THE Y HAD 23 POLICY VOLUNTEERS AND 500 PROGRAM VOLUNTEERS, RESULTING IN 360 POLICY VOLUNTEER HOURS AND 12,350 PROGRAM VOLUNTEER HOURS. PROGRAM VOLUNTEERS COACH YOUTH SPORTS AND MENTOR OUR TEENS. OUR POLICY VOLUNTEERS HELP ORGANIZE AND LEAD EVENTS THAT SUPPORT OUR COMMUNITY AND RAISE FUNDS TO ENSURE EVERY CHILD, ADULT, AND FAMILY HAS AN OPPORTUNITY TO PARTICIPATE IN YMCA PROGRAMS.

THE YMCA MILITARY OUTREACH PROGRAM CONNECTS THE VAST MILITARY POPULATION TO THE COMMUNITY. WITH MULTIPLE DEPLOYMENTS AND UNCERTAINTY ABOUT WHAT'S AHEAD, THE Y IS HERE TO HELP EASE SOME OF THE STRESS OF MILITARY LIFE.

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 990-EZ.



84-0404266

Department of the Treasury Internal Revenue Service Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Name of the organization Employer ide

YOUNG MEN'S CHRISTIAN ASSOCIATION

THE Y ALSO CONNECTS FAMILIES AND PROVIDES CHILDREN WITH A SAFE AND NURTURING ENVIRONMENT AT OUR BEFORE-AND-AFTER-SCHOOL, SUMMER DAY CAMP, AND RESIDENT CAMP PROGRAMS. IN 2023, 2,223 MILITARY-AFFILIATED FAMILIES AND/OR INDIVIDUALS RECEIVED FINANCIAL ASSISTANCE, RESULTING IN \$382,007 BEING PROVIDED TO THOSE WHO HAVE SERVED OUR COUNTRY.

KEEPING IN LINE WITH THE YMCA'S CAUSE OF STRENGTHENING THE COMMUNITY, THE YMCA'S PARTNERSHIP WITH THE CITY OF COLORADO SPRINGS HAS EASED THE BURDEN ON THE GOVERNMENT WHILE SUCCESSFULLY OPERATING A COMMUNITY RECREATION CENTER AND THREE OUTDOOR AQUATIC FACILITIES. THESE FACILITIES PROVIDE THE COMMUNITY ACCESS TO SWIMMING POOLS, WHICH ARE CRUCIAL IN STRENGTHENING SWIMMING SKILLS AMONGST ALL AGES. THE Y OFFERS A HIGHLY TRAINED STAFF THAT ENSURES THE COMMUNITY HAS A SAFE AND FUN EXPERIENCE. THE YMCA ALSO OVERSEES AND OPERATES THE COLORADO SPRINGS SENIOR CENTER; IN 2023, THERE WERE 276 CLASSES HELD, RESULTING IN 21,926 VISITS. THE Y CONTINUALLY SEEKS ACTIVITIES, PROGRAMS, AND PARTNERSHIPS THAT STRENGTHEN OUR COMMUNITY AND PAVE THE WAY FOR FUTURE GENERATIONS TO THRIVE.

FORM 990, PART VI, LINE 6 & 7A

MEMBERSHIP IS AVAILABLE TO ANY INDIVIDUAL IN GOOD STANDING, OVER THE AGE OF 16 YEAR OF AGE. MEMBERS VOTE ON THE BOARD OF DIRECTORS AT THE ANNUAL MEETING. ELECTIONS ARE DONE ON A ONE MEMBER, ONE VOTE BASIS.

FORM 990 PART VI LINE 11B

A COPY OF THE FORM 990 IS PROVIDED TO, REVIEWED AND DISCUSSED BY THE FINANCE/AUDIT COMMITTEE OF THE ASSOCIATION BOARD OF DIRECTORS PRIOR TO FILING. IN ADDITION, THE FORM 990 IS PROVIDED TO THE ASSOCIATION BOARD OF

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 990-EZ. ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.



Department of the Treasury Internal Revenue Service

YOUNG MEN'S CHRISTIAN ASSOCIATION

Employer identification number 84-0404266

DIRECTORS AND DISCUSSED WITH THE FINANCE/AUDIT COMMITTEE.

FORM 990 PART VI SECTION B LINE 12C

ALL ASSOCIATION BOARD OF DIRECTORS ARE REQUIRED TO FILL OUT A CONFLICT-OF-INTEREST QUESTIONNAIRE ANNUALLY. THE QUESTIONNAIRES ARE REVIEWED ANNUALLY BY THE EXECUTIVE COMMITTEE OF THE ASSOCIATION BOARD OF DIRECTORS. WHEN AND WHERE CONFLICTS EXIST, THE BOARD MEMBER IS REMOVED FROM THE DECISION-MAKING PROCESS THAT RESULT IN THE POTENTIAL OR PERCEIVED CONFLICT.

FORM 990 PART VI SECTION B LINE 15 A + B

THE CEO'S COMPENSATION IS BASED ON LOCAL, STATE AND NATIONAL COMPARABILITY DATA, BOARD APPROVED SALARY RANGE AND PERFORMANCE. THE CEO'S COMPENSATION IS REVIEWED ANNUALLY BY THE EXECUTIVE COMMITTEE, WITH PERFORMANCE INPUT BY THE ENTIRE BOARD. FINAL COMPENSATION IS RECOMMENDED TO THE ASSOCIATION BOARD OF DIRECTORS FOR APPROVAL. THE SALARY RANGES FOR ALL POSITIONS ARE REVIEWED ANNUALLY BY THE HUMAN RESOURCE COMMITTEE OF THE ASSOCIATION BOARD OF DIRECTORS. RANGES ARE REVIEWED WITH COMPARABLE DATA FROM THE YMCA OF THE USA AND LOCAL EMPLOYERS. THE HUMAN RESOURCES COMMITTEE RECOMMENDS THE SALARY RANGES AND ANNUAL COMPENSATION GUIDELINES TO THE ASSOCIATION BOARD OF DIRECTORS FOR FINAL APPROVAL. THE ORGANIZATION HAS NO OTHER PAID OFFICERS OR EMPLOYEES MEETING THE IRS DEFINITION OF A KEY EMPLOYEE.

FORM 990 PART VI SECTION C LINE 19

THE ORGANIZATION WILL PROVIDE IN A TIMELY MANNER, COPIES OF ALL GOVERNING DOCUMENTS, INCLUDING ITS CONFLICT-OF-INTEREST POLICIES AND FINANCIAL STATEMENTS WHEN REQUESTED IN WRITING OR IN PERSON.

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 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organizationEmployer identification numberYOUNG MEN'S CHRISTIAN ASSOCIATION84-0404266

FORM 990 PART XI LINE 9

OTHER CHANGE:

CHANGE IN BENEFICIAL INTEREST: 144,910

OTHER CHANGES:

144,910

Schedule O (Form 990 or 990-EZ) 2023		Page 2
Name of the organization	Employer ide	entification number
YOUNG MEN'S CHRISTIAN ASSOCIATION	84-040)4266
FORM 990, PART VII-COMPENSATION OF THE 5 HIGHES		
NAME AND ADDRESS	DESCRIPTION OF SERVICES	
ENVIRONMENT CONTROL		
115 N CIRCLE DRIVE		
COLORADO SPRINGS, CO 80909	CUSTODIAL	741,050.
HAYNES MECHANICAL SYSTEMS		
PO BOX 561389		
DENVER, CO 80256	MECHANICAL MAINT.	359,034.
YMCA MANAGED SERVICES ORGANIZATION		
3800 DAGNY WAY		
LAFAYETTE, CO 80026	ADMIN SUPPORT	438,650.
WICKED THINK MARKETING		
13520 NORTHGATE ESTATES DR		
COLORADO SPRINGS, CO 80921	MARKETING	228,823.
YMCA ENTERPRISE SHARED SERVICES (YESS)		
101 NORTH WACKER DRIVE		
CHICAGO, IL 60606	ADMIN SUPPORT	614,110.

56

2023 TAX RETURN

Final Audit Report

October 03, 2024

Created:	October 03, 2024
By:	Stockman Kast Ryan & Co.(sandersson@skrco.com)
Status:	ESigned
Transaction ID:	Z50WMJT3V43ML25J4XJ1U9X184
Documents:	YMCA OF THE PIKES PEAK REGION_2023_TAX RETURN_PIC 2023 FORM 990-
	- YMCA PPR _ PIC 092424.pdf
	YMCA OF THE PIKES PEAK REGION_2023_TAX RETURN_2023 FORM 990
	YMCA PPR _ TO BE SIGNED 092424.pdf
	YMCA OF THE PIKES PEAK REGION_2023_TAX RETURN_2023 FORM 990

"2023 TAX RETURN" History

- Document emailed to (BWILLIAMS@PPYMCA.ORG) for signature 10/3/2024 08:56:35 AM Mountain Daylight Time
- Document viewed by (BWILLIAMS@PPYMCA.ORG) 10/3/2024 10:10:58 AM Mountain Daylight Time - IP address: 107.115.17.5
- Document viewed by (BWILLIAMS@PPYMCA.ORG) 10/3/2024 10:17:11 AM Mountain Daylight Time - IP address: 150.252.240.3
- Document e-signed by (BWILLIAMS@PPYMCA.ORG) Signature Date: 10/3/2024 10:18:34 AM Mountain Daylight Time - IP address: 150.252.240.3
- Document Signed 10/3/2024 10:18:34 AM Mountain Daylight Time

			[Re	turn of (Organiza	ation	Exempt	Fro	m Inco	ome Tax		OMB No. 1545-0047
Form 990 Department of the Treasury				I	Do not ente	r Social Secu	rity numb	ers on this fo	rm as i	t may be ma	•	ations)	20 23 Open to Public
		enue Serv		l dar year, or t		about Form	990 and it	s instruction		www.irs.gov ending	//form990.		Inspection
				of organization	, ,	MEN'S CHF	יעביבאי				D Employer id	dentifica	ation number
Вс	neck if ap	oplicable:		THE PIKE			(TO I IAI	ADDUCI	AT TON	N			
	Addre			Business As		.0101					- 84	-040	4266
	1	e change	Numb	er and street (or	P.O. box if mail i	s not delivered to	street addr	ess)	Room/	suite	E Telephone	number	
	Initial	return	20	7 N. NEVA	DA AVE						(7	19)4	171-9790
	Term	inated	City o	town, state or p	rovince, country,	and ZIP or foreig	gn postal co	de					
	Amer returr		CO	LORADO SPI	RINGS, CO	80903					G Gross recei	pts \$	26,349,494.
	Applie pendi	cation ing	F Name	and address of p	orincipal officer:	BOYD	WILLIA	MS			H(a) Is this a gro subordinate		n for Yes X No
				7 N. NEVA	DA AVE, C	COLORADO	SPRING	<u>s, co 80</u>	903		H(b) Are all subor	dinates inc	luded? Yes No
		empt sta		X 501(c)(3)	501(c) () ┥ (ins	ert no.)	4947(a)(1)	or	527	If "No," atta	ach a list.	(see instructions)
		ite: 🕨		PPYMCA.OR							H(c) Group exer	•	
_		-		X Corporation	Trust	Association	Other		L	Year of forma	ation: 1968 M	State c	of legal domicile: CO
Pa	art l		nmary					DI				DA T	
	1			-		-						FR T	NTO PRACTICE
nce		THRC	JUGH I	ROGRAMS 7	THAT BUIL		I'HY SP.	LRI'I', MII	ND AN	ND BODY	FOR ALL.		
Governance	2		this box	if the		discontinued i	te oporativ				% of its net asse		
Š	2			ing members o	•		•	•				3	23
ంర	4			ependent votin								4	23
Activities	5			of individuals e								5	1,425
tivi	6			of volunteers (e								6	875
Ac	7a	Total u	unrelated	d business reve	nue from Part	VIII, column (C	;), line 12					7a	
				business taxab								7b	
											Prior Year		Current Year
e	8	Contri	butions a	ind grants (Part	VIII, line 1h)						3,804,2	40.	3,601,531.
Revenue	9		Program service revenue (Part VIII, line 2g)							18,495,082.		21,757,202.	
Rev	10			ome (Part VIII,				. L			1,101,6		199,753.
	11			(Part VIII, colu							563,4		513,361.
	12			- add lines 8 th	• ·						23,964,3		26,071,847.
	13			nilar amounts p								IONE	NONE
	14 15			o or for membe					• • •	•••	13,980,6	IONE	<u>NONE</u>
ses				compensation				· · ·	• • •	•••		IONE	15,188,906. NONE
Expenses				undraising fees ng expenses (P			/ 	301,325.	• • •	•••	N		NONE
Ě	17			es (Part IX, colu							11,823,3	43	12,659,988.
	18			s. Add lines 13							25,803,9		27,848,894.
	19			expenses. Subt							-1,839,5		-1,777,047.
es o	-										nning of Current		End of Year
Net Assets or Fund Balances	20	Total a	assets (F	art X, line 16)							48,154,1	18.	45,322,721.
t As: d Ba	21			(Part X, line 26							19,662,4	25.	18,412,259.
Fun	22	Net as	sets or	und balances.	Subtract line 2	1 from line 20					28,491,6	93.	26,910,462.
Ра	rt II	Sig	gnature	Block									
Uno	ler per	nalties o	f perjury,	I declare that I h Declaration of pr	nave examined t	his return, inclu	ding accom	panying sched	ules and	statements,	and to the best of	of my kr	nowledge and belief, it is
	,		- 22	Williams	oparor (other an						10/03	3/202	24
Sig	n												· ·
Hei			Bovd	williams							Date		
	-			rint name and title	2								
			<u>, , , , , , , , , , , , , , , , , , , </u>	arer's name	,	Rreparer's sig	inature –		Dat	ie.	a	., P	TIN
Paid	l						JAP	m		9/24/202	Check 24 self-emplo	<u> </u>	
Prep	barer		EEN B		א עאמיייי די					9/24/202		. 1	200841439
Use	Only		name address	STOCKMA		YAN & CO, NUE, SUITE 40			$\mathcal{O}_{\mathcal{O}}$	0.3	Firm's EIN Phone no.		<u>-1509584</u> .9-630-1186
Mav	the I			s return with the							Phone no.	/ 1	X Yes No
				on Act Notice,	• •			<u> </u>		<u></u>		<u></u>	Form 990 (2023)

Foi	rm 990 (2023) Page 2
Ρ	art 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:
	THE MISSION OF THE YMCA OF THE PIKES PEAK REGION IS TO PUT CHRISTIAN
	PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT BUILD A HEALTHY
	SPIRIT, MIND AND BODY FOR ALL. SEE SCHEDULE O FOR CONTINUATION
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
4a	I (Code:) (Expenses \$13,945,385. including grants of \$) (Revenue \$15,978,947.)
	HEALTHY LIVING: THE Y IS A LEADING VOICE ON HEALTH AND WELL-BEING.
	WE BRING FAMILIES CLOSER TOGETHER, ENCOURAGE GOOD HEALTH, AND
	FOSTER CONNECTIONS THROUGH FITNESS, SPORTS, FUN AND SHARED

INTERESTS. SEE SCHEDULE O FOR CONTINUATION

4b	(Code:) (Expenses	\$8,675,382. including	grants of \$) (Revenue \$	5,905,662.)
	YOUTH DEVELOPMENT: OU	R YMCA IS COMMITTE	D TO NURTURING TH	IE	
	POTENTIAL OF EVERY CH	ILD AND TEEN. ALL	KIDS DESERVE TO D	DISCOVER	
	WHO THEY ARE AND WHAT	THEY CAN ACHIEVE.	WE HELP YOUNG P	PEOPLE	
	CULTIVATE THE VALUES,	SKILLS, AND RELAT	IONSHIPS THAT LEA	AD TO	
	POSITIVE BEHAVIORS, B	ETTER HEALTH, AND	EDUCATIONAL ACHIE	CVEMENT.	
	OUR PROGRAMS, SUCH AS	BEFORE AND AFTER	SCHOOL CARE, DAY	CAMP,	
	RESIDENT CAMP, SWIM L	ESSONS, AND YOUTH	SPORTS, OFFER A F	RANGE OF	
	EXPERIENCES THAT ENRI	CH COGNITIVE, SOCI	AL, PHYSICAL, AND	EMOTIONAL	
	GROWTH FROM TODDLER T	O HIGH SCHOOL AGE.	SEE SCHEDULE O F	OR	
	CONTINUATION.				

4c	(Code:) (Expenses \$	405,285. including grants of \$) (Revenue \$	560,712.)
	SOCIAL	RESPONSIBILITY: OUR	YMCA BELIEVES IN GIVING BA	ACK AND	
	SUPPOR	TING OUR NEIGHBORS.	WE HAVE BEEN LISTENING AND	D RESPONDING	
	TO OUR	COMMUNITY'S MOST CR	ITICAL NEEDS FOR 146 YEARS	. AT THE Y,	
	WORKING	G TOGETHER TO STRENG	THEN OUR COMMUNITY IS ESSEN	NTIAL FOR	
	MAKING	OUR COMMUNITY A BET	TER PLACE TO LIVE AND THRIV	VE. IN 2023,	
	THE Y H	HAD 23 POLICY VOLUNT	EERS AND 500 PROGRAM VOLUN	FEERS,	
	RESULT	ING IN 360 POLICY VO	LUNTEER HOURS AND 12,350 PH	ROGRAM	
	VOLUNTI	EER HOURS. SEE SCHED	ULE O FOR CONTINUATION.		

 4d Other program services (Describe on Schedule O.)

 (Expenses \$ including grants of \$) (R

 4e Total program service expenses
 23,026,052.

) (Revenue \$

)

Form 990 (2023)

Page 3

Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
-	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			37
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			37
5	election in effect during the tax year? <i>If "Yes," 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,	4		X
5	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
U	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,"			
Ţ	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		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	, , , , , , , , , , , , , , , , , , , ,	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more			
		11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			
h	of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> . Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	11c		Х
a		11d		x
•		11e	х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13		Х
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			ĺ
	fundraising, business, investment, and program service activities outside the United States, or aggregate			ĺ
		14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
47	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	47		37
10	Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</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? <i>If "Yes," complete Schedule G, Part II</i>	18	х	ĺ
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		
13	If "Yes," complete Schedule G, Part III	19		х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
JSA 3E1021		Form	990	(2023)

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Form 9	YOUNG MEN'S CHRISTIAN ASSOCIATION 84-0404	266	F	Page 4
-	Checklist of Required Schedules (continued)		1	aye -
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	х	
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	
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c		X
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24d		X
20 a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	200		
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26		_X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L,			<u></u>
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
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		<u>X</u>
29	Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	350		
50	related organization? If "Yes," complete Schedule R, Part V, line 2.	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O	38	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V		Yes	. No
1 9	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		162	110
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1		
	Did the organization comply with backup withholding rules for reportable payments to vendors and	1		
	reportable gaming (gambling) winnings to prize winners?	1c		
JSA 3E1030		Form	990	(2023)
	5603VQ P091 09/24/2024 21:39:53 V23-6.6F		7	

YOUNG	MEN'S	CHRISTIAN	ASSOCIATION

Form	990 (2023)		F	Page 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 1,425			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	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	7-		
	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	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	70		v
	required to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7e		х
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	76 7f		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 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			
Ū	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		
а	Is the organization licensed to issue qualified health plans in more than one state?	IJa		
h	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			
~	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		x
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
-	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		

Form 9	90 (2023) YOUNG MEN'S CHRISTIAN ASSOCIATION 84-040	1266	F	Page 6
Part		, and	for a	"No"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.	See in	struc	
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sect	ion 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 23			
	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 23			
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		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
Casti	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.	9		X
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	.) Yes	No
		100	163	
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10b		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	11a	X	
11a		11a	Λ	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	12a	Х	
12a		120	Λ	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	12b	х	
-	rise to conflicts?	120	21	
C	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	
10	Did the organization have a written whistleblower policy?	13	X	
13 14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by			
13	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		Х
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		
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filedCO,			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-	T (sec	tion 5	01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			-
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of	of inter	est p	olicy,
	and financial 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 record	ls.		
	ORGANIZATION 207 N. NEVADA AVE COLORADO SPRINGS, CO 80903			
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Page 7

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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.

(1) BOYD WILLIAMS40.00X368,323.NONE65,970.PRESIDENT & CEONONEX368,323.NONE65,970.(2) THERESA JOHNSON40.00X216,557.NONE47,561.(3) SALLY GLENKON40.00X160,118.NONE30,835.(4) WENDY BECKER40.00X160,118.NONE30,835.(5) STEPHANIE DIXON40.00X120,243.NONE14,984.(5) STEPHANIE DIXON40.00X100,608.NONE31,276.(6) DAREN GIRLING40.00X94,795.NONE22,774.(7) JAMIE HOLSTEIN40.00X94,795.NONE9,066.(8) BRIAN BURNS1.00XNONEXNONENONE(9) MARY FAGNANT1.00XNONENONENONENONE(10) RON LAMB1.00XNONENONENONENONE(11) RON LAMB1.00XNONENONENONENONE(12) BERT WYSS1.00XNONENONENONENONE(13) SANDOVLE1.00XNONENONENONENONE(14) BRANDON GOULD1.00XNONENONENONENONE(14) BRANDON GOULD1.00XNONENONENONENONE(14) BRANDON GOULD1.001.001.00NONENONENONE	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office or direct	not ch unless er and	s pe	ition more rson	e than c is both or/trust Highest compensated	an	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
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(7) JAMIE HOLSTEIN40.00 COO (TO 02/24/2023)X48,602.NONE9,066.(8) BRIAN BURNS1.00 CHAIR1.00 NONEXXNONENONE9,066.(9) MARY FAGNANT1.00 IMMEDIATE PAST CHAIRNONEXXNONENONENONE(10) RON LAMB1.00 VICE CHAIR1.00 NONEXXNONENONENONE(11) KEVIN KAVENEY1.00 I.00 SECRETARYNONEXXNONENONENONE(12) BRETT WYSS1.00 I.00 TREASURERNONEXXNONENONENONE(13) JASON DOYLE1.00 DIRECTOR1.00 NONENONENONENONENONE					v				9/ 795	NONE	22 774
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(8) BRIAN BURNS1.00XXNONENONECHAIRNONEXXNONENONENONE(9) MARY FAGNANT1.00Immediate past chairNONEXXIMMEDIATE PAST CHAIRNONEXXNONENONE(10) RON LAMB1.00ImmediateNONENONENONEVICE CHAIRNONEXXNONENONENONE(11) KEVIN KAVENEY1.00ImmediateImmediateNONEImmediateSECRETARYNONEXXNONENONENONE(12) BRETT WYSS1.00ImmediateImmediateNONEImmediateTREASURERNONEXXNONENONENONE(13) JASON DOYLE1.00ImmediateImmediateNONENONEDIRECTORNONEXImmediateNONENONENONE					x				48 602	NONE	9 066
CHAIRNONEXXNONENONENONE(9) MARY FAGNANT1.001.00 </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>10,002.</td> <td></td> <td>5,000.</td>									10,002.		5,000.
(9) MARY FAGNANT1.00XXNONENONEIMMEDIATE PAST CHAIRNONEXXNONENONENONE(10) RON LAMB1.00VICE CHAIRNONEXXNONENONENONE(11) KEVIN KAVENEY1.00SECRETARYNONEXXNONENONENONE(12) BRETT WYSS1.00TREASURERNONEXXNONENONENONE(13) JASON DOYLE1.00DIRECTORNONEXNONEXNONENONEXNONENONENONENONENONENONENONENONENONENONENONENONENONENONENONENONENONENONENONENONENONE <td></td> <td></td> <td>x</td> <td></td> <td>x</td> <td></td> <td></td> <td></td> <td>NONE</td> <td>NONE</td> <td>NONE</td>			x		x				NONE	NONE	NONE
IMMEDIATE PAST CHAIRNONEXXNONENONENONE(10) RON LAMB1.001.00 </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>None</td> <td></td> <td></td>									None		
(10) RON LAMB1.00NONENONENONEVICE CHAIRNONEXXNONENONE(11) KEVIN KAVENEY1.00IONEIONEIONESECRETARYNONEXXNONENONE(12) BRETT WYSS1.00IONEIONEIONETREASURERNONEXXNONENONE(13) JASON DOYLE1.00IONEIONEIONEDIRECTORNONEXIONENONENONE			x		x				NONE	NONE	NONE
VICE CHAIRNONEXXNONENONENONE(11) KEVIN KAVENEY1.00SECRETARYNONEXXNONENONENONE(12) BRETT WYSS1.00TREASURERNONEXXNONENONENONE(13) JASON DOYLE1.00DIRECTORNONEXX.NONENONE											
(11) KEVIN KAVENEY1.00NONENONESECRETARYNONEXXNONENONE(12) BRETT WYSS1.00InterformInterformInterformTREASURERNONEXXNONENONE(13) JASON DOYLE1.00InterformInterformInterformDIRECTORNONEXXNONENONE			x		x				NONE	NONE	NONE
SECRETARYNONEXXNONENONENONE(12) BRETT WYSS1.001.004444TREASURERNONEXXNONENONENONE(13) JASON DOYLE1.001.00444100DIRECTORNONEXXNONENONENONE											
(12) BRETT WYSS1.00XXNONENONETREASURERNONEXXNONENONENONE(13) JASON DOYLE1.001.00IONEIONEIONEDIRECTORNONEXIONENONENONENONE			х		x				NONE	NONE	NONE
TREASURERNONEXXNONENONENONE(13) JASON DOYLE1.00 </td <td>(12) BRETT WYSS</td> <td>1.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	(12) BRETT WYSS	1.00									
DIRECTOR NONE X NONE NONE NONE		NONE	х		x				NONE	NONE	NONE
DIRECTOR NONE X NONE NONE NONE	(13) JASON DOYLE	1.00									
(14) BRANDON GOULD 1.00 1.00		NONE	x						NONE	NONE	NONE
	(14) BRANDON GOULD	1.00									
DIRECTOR NONE X NONE NONE NONE	DIRECTOR	NONE	X						NONE	NONE	NONE

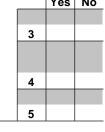
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Page 8

Form	aan	(2023)
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(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average hours per week (list any hours for related	box, office	unles er and	ss pe d a d	more rson lirect	e than one is both an tor/trustee)		Reportable compensation from the	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated
	organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(w-2/1099-10166)	organization and related organizations
15) BILL KAPPEL	1.00									
DIRECTOR	NONE	X						NONE	NONE	NON
16) BRIAN RISLEY	1.00									
DIRECTOR	NONE	Х						NONE	NONE	NOI
17) ROSS WHITE	1.00									
DIRECTOR	NONE	Х						NONE	NONE	NOI
18) BRANDON JOHNSON	1.00									
DIRECTOR	NONE	Х						NONE	NONE	NOI
19) MELISSA KERR	1.00									
DIRECTOR	NONE	Х						NONE	NONE	NON
20) CHARITY PEAK	1.00									
DIRECTOR	NONE	Х						NONE	NONE	NOI
21) DR. WENDY BIRHANZEL	1.00	-								
DIRECTOR	NONE	Х						NONE	NONE	NOI
22) MICHAEL GAAL	1.00	-								
DIRECTOR	NONE	Х						NONE	NONE	NOI
23) JINGER HABERER	1.00	-								
DIRECTOR	NONE	Х						NONE	NONE	NOI
24) KERRY HILSABECK	1.00	-								
DIRECTOR	NONE	X						NONE	NONE	NON
25) STRINGS KOZISEK	1.00	-								
DIRECTOR	NONE	Х						NONE	NONE	NON
1b Sub-total							►	1,109,246.	NONE	222,466
c Total from continuation sheets to Part V	/II, Section A							NONE	NONE	NOI
d Total (add lines 1b and 1c)								1,109,246.	NONE	222,46

3	Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>



Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
 2 Total number of independent contractors (including but not limited to those more than \$100,000 in compensation from the organization ► 		

Form	000	(2023)
FORM	990	(2023)

Page 8 Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (D) (B) (C) (E) (F) Name and title Position Reportable Reportable Estimated Average (do not check more than one hours per compensation compensation from amount of week (list any box, unless person is both an other from related officer and a director/trustee) hours for compensation the organizations Officer Former Individual trustee or director Highest compensated employee related Institutional Key from the organization (W-2/1099-MISC) organizations organization employee (W-2/1099-MISC) below dotted and related organizations line) I trustee 26) JIM MASON 1.00 DIRECTOR NONE Х NONE NONE NONE 27) RANDY_NEWELL____ 1.00 DIRECTOR NONE Х NONE NONE NONE 28) JW ROTH 1.00 DIRECTOR Х NONE NONE NONE NONE (29) KIM SHUGART 1.00 DIRECTOR NONE Х NONE NONE NONE 30) JEREMY TAYLOR 1.00 DIRECTOR NONE Х NONE NONE NONE 1b Sub-total c Total from continuation sheets to Part VII, Section A Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of 2 reportable compensation from the organization 🕨 Yes No 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 Χ For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the 4 organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such 4 Х Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual 5 for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Х Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address Description of services Compensation SEE SCHEDULE O

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization > 7

JSA 3E1055 1.000

Form 990 (2023)

YOUNG MEN'S CHRISTIAN ASSOCIATION Part VIII Statement of Revenue

		Check if Scheduk	e O c	ontains a resp	oonse or note to a	ny line in this Part \ (A) Total revenue	/III (B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ŝ, ŝ,	1a	Federated campaigns		1a	1				3001013 512 514
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues							
	c	Fundraising events							
	d	Related organizations							
	е	Government grants (co							
	f	All other contributions,	gifts,	grants,		_			
		and similar amounts not i	nclude	ed above . 1f	1,153,647.				
ġ	g	Noncash contributions	inclu	ided in					
d		lines 1a-1f		<u>1c</u>) \$				
<u> </u>	h	Total. Add lines 1a-1f			<u> </u>	3,601,531.			
					Business Code				
'ice	2a	HEALTHY LIVING			813410	15,290,828.	15,290,828.		
uerv	b	YOUTH DEVELOPMENT			813410	5,905,662.	5,905,662.		
n S 'en'	c	SOCIAL RESPONSIBILIT	Y		813410	560,712.	560,712.		
Sev	d								
Program Service Revenue	е				_				
Δ.	f	All other program serv							
	g	Total. Add lines 2a-2f				21,757,202.			
	3	Investment income	`	0	· · ·				
		other similar amounts)				188,303.			188,303
	4	Income from investme		•	•	NONE			
	5	Royalties	<u></u>	(i) Real	(ii) Personal	NONE			
		Cross rents	C -	206,3		-			
	6a	Gross rents	6a	200,3	03.	-			
	b	Less: rental expenses Rental income or (loss)	6b 6c	206,3	03. NONE	-			
	c d		Net rental income or (loss)			206,303.	206,303.		
	7a	Gross amount from	<u> </u>	(i) Securities		20075051	20073031		
	^{, u}	sales of assets							
		other than inventory	7a	22,4	91.				
e	b	Less: cost or other basis							
Revenue		and sales expenses	7b	11,0	41.				
eve	c	o · · · · ·	7c	11,4	50.				
		Not gain or (loss)				11,450.			11,450
Other		Gross income fro		fundraising					
õ		events (not including \$		314,940.					
		of contributions rep		l on line					
		1c). See Part IV, line 18			a 51,159.				
	b	Less: direct expenses			b 225,917.				
	c	Net income or (loss) fr	rom fu	undraising e <u>ver</u>	nts	-174,758.			-174,758
	9a	Gross income f	from	gaming					
		activities. See Part IV, I	ine 19	9 9	NONE NONE	2			
	b	Less: direct expenses		9	b NONE	2			
	c	Net income or (loss) f	rom g	gaming activition	es	NONE			
	10a	Gross sales of i	invent	tory, less					
		returns and allowances	S • •						
	b	Less: cost of goods sol			0b 40,689.				
	c	Net income or (loss) fr	om sa	ales of inventory		14,552.	14,552.		
sn					Business Code				
neo	11a	MISCELLANEOUS			813410	157,173.	157,173.		
ven	b	RESOURCE Y SUPPORT			813410	310,091.	310,091.		
Miscellaneous Revenue	C								
Ĭ	d	All other revenue				467,264.			
	<u>е</u> 12	Total. Add lines 11a-1 Total revenue. See ins				26,071,847.	22,445,321.		24,995
		. Juli revenue. Dee lite				20,0/1,04/.	22,773,321.		27,793

Part IX Statement of Functional Expenses

 Grants and and domes Grants and individua Grants organizat foreign in Benefits Compense trustees, 	Ob of Part VIII. d other assistance to domestic organizations stic governments. See Part IV, line 21 and other assistance to domestic is. See Part IV, line 22 and other assistance to foreign ions, foreign governments, and dividuals. See Part IV, lines 15 and 16	(A) Total expenses NONE NONE	(B) Program service expenses	Management and general expenses	Fundraísing expenses
 and dome: Grants a individua Grants organizat foreign in Benefits Compens trustees, 	stic governments. See Part IV, line 21 and other assistance to domestic ls. See Part IV, line 22 and other assistance to foreign ions, foreign governments, and				
 2 Grants a individua 3 Grants organizat foreign in 4 Benefits 5 Compens trustees, 	and other assistance to domestic ls. See Part IV, line 22				
 individua Grants organizat foreign in Benefits Compens trustees, 	s. See Part IV, line 22	NONE			
 Grants organizat foreign in Benefits Compens trustees, 	and other assistance to foreign ions, foreign governments, and	NONE			
organizat foreign in 4 Benefits 5 Compens trustees,	ions, foreign governments, and				
foreign in 4 Benefits 5 Compens trustees,					
4 Benefits5 Compense trustees,	dividuals. See Part IV, lines 15 and 16				
5 Compens trustees,		NONE			
trustees,	paid to or for members	NONE			
	ation of current officers, directors,				
6 Compensa	and key employees	873,648.		873,648.	
	tion not included above to disqualified				
persons (a	as defined under section 4958(f)(1)) and				
persons de	escribed in section 4958(c)(3)(B)	NONE			
7 Other sa	aries and wages	12,110,618.	11,215,322.	743,536.	151,760
8 Pension p	olan accruals and contributions (include	554,507.	437,308.	106,429.	10,770
section 4	01(k) and 403(b) employer contributions)				
9 Other em	ployee benefits	538,471.	390,620.	138,230.	9,621
	xes	1,111,662.	978,327.	120,534.	12,801
	services (nonemployees):				
a Managen	nent	NONE			
		98,976.		98,976.	
-	ng	NONE			
		NONE			
	al fundraising services. See Part IV, line 17	NONE			
	nt management fees	4,616.		4,616.	
	line 11g amount exceeds 10% of line 25, column				
	list line 11g expenses on Schedule O.)	1,820,021.	522,983.	1,297,022.	16
	ng and promotion	436,252.	92,072.	330,324.	13,850
	penses	387,185.	353,480.	25,614.	8,091
	on technology	326,286.	25,617.	299,627.	1,042
		NONE			· · · ·
	cy	4,055,604.	4,033,215.	22,389.	
	•••••••	255,742.	91,148.	160,609.	3,985
	s of travel or entertainment expenses				-,
	ederal, state, or local public officials	NONE			
	ces, conventions, and meetings	183,391.	57,677.	123,577.	2,13
		661,598.	632,088.	29,510.	,
	s to affiliates	272,853.	207,312.	35,396.	30,145
	tion, depletion, and amortization	2,258,106.	2,244,711.	13,395.	
•		574,747.	573,004.	1,743.	
	penses. Itemize expenses not covered	5,1,,1,1	3,3,0011	1,713.	
	st miscellaneous expenses on line 24e. If				
	amount exceeds 10% of line 25, column				
	nt, list line 24e expenses on Schedule O.)				
		1 1 2 0 0 2 0	1 096 064	49,040.	45,826
	AM SUPPLIES	1,180,930.	1,086,064.		
	IZATION DUES	90,763.	68,961.	11,774.	10,028
	EXPENSES	52,918.	16,143.	35,528.	1,24
d					
e All other	·	27 040 004		4 501 517	201 205
	stional expenses. Add lines 1 through 24e sts. Complete this line only if the	27,848,894.	23,026,052.	4,521,517.	301,325
organizat from a	ion reported in column (B) joint costs combined educational campaign and ng solicitation. Check hereif				

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Page	1	1

			(A) Beginning of year		(B) End of year
Т	1	Cash - non-interest-bearing	2,746,963.	1	3,549,438
	2	Savings and temporary cash investments.	17,343.	2	7,358
	3	Pledges and grants receivable, net	1,950.	3	12,465
	4	Accounts receivable, net	3,460,665.	4	667,574
	4 5	Loans and other receivables from any current or former officer, director,	5,100,005.	-	007,571
	3	trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	NONE	5	NON
	6	Loans and other receivables from other disqualified persons (as defined	INCINE	5	1101
	0	under section $4958(f)(1)$, and persons described in section $4958(c)(3)(B)$.	NONE	6	NON
	7	Notes and loans receivable, net	NONE		NON
	7	Inventories for sale or use	NONE		NON
ź	8		309,250.	8 9	
	9	Prepaid expenses and deferred charges	309,230.	9	274,390
	10 a	basis. Complete Part VI of Schedule D 10a 75,610,370.			
	h	Less: accumulated depreciation	20 524 150	100	20 550 520
			39,534,158.		38,558,530
	11 12	Investments - publicly traded securities	444,606.		521,809
		Investments - other securities. See Part IV, line 11	210,000. NONE		210,000 NON
	13	Investments - program-related. See Part IV, line 11	NONE		-
	14	Intangible assets	NONE		
	15	Other assets. See Part IV, line 11	1,429,183.	15	1,521,157
-	16	Total assets. Add lines 1 through 15 (must equal line 33)	48,154,118.	16	45,322,721
	17	Accounts payable and accrued expenses	1,733,818.	17	1,625,900
	18	Grants payable	NONE		NON
	19	Deferred revenue	2,049,712.	19	1,925,858
	20	Tax-exempt bond liabilities	11,295,367.	20	10,731,467
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NOI
2	22	Loans and other payables to any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	NONE		NON
	23	Secured mortgages and notes payable to unrelated third parties	3,989,958.	23	3,619,625
	24	Unsecured notes and loans payable to unrelated third parties	NONE	24	NOI
	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	593,570.	25	509,409
_	26	Total liabilities. Add lines 17 through 25	19,662,425.	26	18,412,259
		Organizations that follow FASB ASC 958, check here X and complete lines 27, 28, 32, and 33.			
	27	Net assets without donor restrictions	26,671,843.	27	24,963,706
Ĭ	28	Net assets with donor restrictions	1,819,850.	28	1,946,756
		Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.			
5	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	28,491,693.	32	26,910,462
-		Total liabilities and net assets/fund balances	20, 171, 073.	52	

YOUNG MEN'S CHRISTIAN ASSOCIATION

Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI X 1 Total expenses (must equal Part IX, column (A), line 12) 1 26,071,847 2 Total expenses (must equal Part IX, column (A), line 25) 2 27,848,894 3 Revenue less expenses. Subtract line 2 from line 1 -1,777,047 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 28,491,693 5 50,906 Donated services and use of facilities 5 50,906 6 Donated services and use of facilities 7 7 7 Investment expenses 7 8 9 144,910 9 Other changes in net assets or fund balances (explain on Schedule O) 9 144,910 10 Net assets or fund balances (explain on Schedule O) 10 26,910,462 Part XII Financial Statements and Reporting 10 26,910,462 Check if Schedule O contains a response or note to any line in this Part XII. 10 26,910,462 Part XII Financial Statements and Reporting 10 26,910,462 2a Were the org	Form 99	90 (2023)				Pa	ge 12
1 Total revenue (must equal Part VIII, column (A), line 12) 1 26,071,847 2 Total expenses (must equal Part X, column (A), line 25) 2 27,848,894 3 Revenue less expenses. Subtract line 2 from line 1 3 -1,777,047 4 28,491,693 -1,777,047 4 28,491,693 5 50,906 6 Donated services and use of facilities 5 50,906 6 Donated services and use of facilities 6 7 7 4 26,910,462 8 9 Other changes in net assets or fund balances (explain on Schedule O). 8 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)). 9 144,910 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)). 10 26,910,462 PartXUI Financial Statements and Reporting 10 26,910,462 11 Accounting method used to prepare the Form 990: Cash X Accrual Other 10 14 Accounting method used to prepare the Form 990: Cash X Accrual Other 28 X	Part	XI Reconciliation of Net Assets					
2 Total expenses (must equal Part IX, column (A), line 25) 2 27, 848, 894 3 Revenue less expenses. Subtract line 2 from line 1 3 -1, 777, 047 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 28, 491, 693 5 Donated services and use of facilities 5 50, 906 6 Investment expenses 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O). 8 9 Other changes in net assets or fund balances (explain on Schedule O). 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)). 10 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)). 10 10 Z6, 910, 462 PartXII 10 11 Accounting method used to prepare the Form 990: Cash X Accrual Other 11 Accounting method used to prepare the Form 990: Cash X Accrual Other 11 the organization 's financial statements audited by an independent accountant? 2a X 11 </th <th></th> <th>Check if Schedule O contains a response or note to any line in this Part XI</th> <th></th> <th></th> <th></th> <th></th> <th></th>		Check if Schedule O contains a response or note to any line in this Part XI					
3 Revenue less expenses. Subtract line 2 from line 1	1	Total revenue (must equal Part VIII, column (A), line 12)	1	2	6,0	71,	<u>847</u> .
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 28, 491, 693 5 Net unrealized gains (losses) on investments 5 50, 906 6 Donated services and use of facilities 6 7 Investment expenses 7 8 9 Other changes in net assets or fund balances (explain on Schedule O). 9 144, 910 10 Net assets or fund balances (explain on Schedule O). 9 144, 910 10 Net assets or fund balances (explain on Schedule O). 9 144, 910 10 Net assets or fund balances (explain on Schedule O). 9 144, 910 10 Net assets or fund balances (explain on Schedule O). 10 26, 910, 462 Part XII Financial Statements and Reporting 10 26, 910, 462 Check if Schedule O contains a response or note to any line in this Part XII. 10 26, 910, 462 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: 2b X If "Yes," check a b	2	Total expenses (must equal Part IX, column (A), line 25)	2	2	7,8	48,	<u>894</u> .
5 Net unrealized gains (losses) on investments 5 50,906 6 Donated services and use of facilities 7 7 Investment expenses 7 8 Prior period adjustments 7 9 Other changes in net assets or fund balances (explain on Schedule O). 8 9 Other changes in net assets or fund balances (explain on Schedule O). 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)). 9 12 Column (B). 10 26, 910, 462 Part XII Financial Statements and Reporting 10 26, 910, 462 Check if Schedule O contains a response or note to any line in this Part XII. 10 26, 910, 462 Part XII Financial Statements and Reporting Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a X 16 "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. Cosoolidated basis. or both:	3	Revenue less expenses. Subtract line 2 from line 1 3 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4		_	1,7	77,	<u>047</u> .
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). 9 144,910 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)). 10 26,910,462 Part XII Financial Statements and Reporting 10 26,910,462 Part XII Financial Statements and Reporting 10 26,910,462 Part XII Financial Statements and Reporting 10 26,910,462 Part XII Financial Statements on paint the form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X 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 a separate basis, consolidated basis, or both: 2b X 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: 2b X <	4			2	8,4	91,	<u>693</u> .
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). 8 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 26, 910, 462 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII. 10 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. Yes No 2a Were the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a 2a Were the organization's financial statements audited by an independent accountant? 2b 2b X 1 1 Yes, check a box below to indicate whether the financial statements for the year were compiled or a separate basis, consolidated basis, or both: 2b X 2b X	5					50,	<u>906</u> .
 8 Prior period adjustments	6		6				
 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O). 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)). Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII. 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? I Separate basis Consolidated basis or both: Separate basis Consolidated basis, or both: X Separate basis b Were the organization's financial statements audited by an independent accountant? 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: X Separate basis Consolidated basis Both consolidated and separate basis c If "Yes," to line 2 or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	7	Investment expenses	7				
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 26,910,462 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII. 10 26,910,462 I Accounting method used to prepare the Form 990: Cash X Accrual Other 1 If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. Yes No 2a 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: 2b X 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: 2b X If "Yes," to check a box below to indicate whether the financial statements for the year were audited on a separate basis. Consolidated basis Both consolidated and separate basis 2b X If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X If the organization changed either its ov	8		8				
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 26,910,462 Part XI Financial Statements and Reporting	9				1	44,	<u>910</u> .
Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII. Image: Schedule O contains a response or note to any line in this Part XII. 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. Yes. No 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. Doth consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. Doth consolidated basis. Doth consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. Consolidated basis. Both consolidated and separate basis 2b X If "Yes" to line 2a or 2b, does the organization have a committee that	10						
Check if Schedule O contains a response or note to any line in this Part XII. Image: Second State		32, column (B))	10	2	6,9	10,	<u>462</u> .
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 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant?		Check if Schedule O contains a response or note to any line in this Part XII					
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a 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: 2a Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant?						Yes	No
Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. Consolidated basis, or both: 2a X Separate basis Consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis 2b X b Were the organization's financial statements audited by an independent accountant? 2b X if "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X ix Separate basis Consolidated basis Both consolidated and separate basis 2b X c If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis Consolidated basis Both consolidated and separate basis 2b X c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X lf the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. <td>1</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	1						
 2a Were the organization's financial statements compiled or reviewed by an independent accountant?		If the organization changed its method of accounting from a prior year or checked "Other," ex	plain	on			
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: Image: Consolidated basis, or both: Im		Schedule O.					
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: Image: 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? Image: Consolidated basis, or both: 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: Image: Consolidated basis, or both: Image: Consolidated basis, or both: Image: Consolidated basis Consolidated basis Both consolidated and separate basis Image: Consolidated basis c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? Image: Consolidated basis If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. Image: Consult or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? Image: Consult or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
 Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? 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: X Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 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? 							
 b Were the organization's financial statements audited by an independent accountant? 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: X Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? 							
 b Were the organization's financial statements audited by an independent accountant? 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: X Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? 		Separate basis Consolidated basis Both consolidated and separate basis					
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: Image: Consolid	b				2b	Х	
 separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?							
 c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? lf the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? 							
 c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? lf the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? 		X Separate basis Consolidated basis Both consolidated and separate basis					
 the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? 	с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersiah	t of			
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Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? 3a X							
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? 3a X			1				
Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		rth in	the			
	Ju				3a		Х
	b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und					
required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits 3b					3b		

SCHED	OULE A
(Form 9	90)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service		ov/Form990 for instruction			nformation.	Open to Public Inspection				
Name of the organization YOUNG	MEN'S CHRISTIAN	ASSOCIATION			Employer identifi					
OF THE PIKES PEAK RE					84-0	404266				
Part I Reason for Pub	olic Charity Status. (Al	l organizations mus	comple	ete this p	part.) See instruction	IS.				
The organization is not a priv		•	•		,					
	n of churches, or associa				70(b)(1)(A)(i).					
	in section 170(b)(1)(A)(ii		-							
	erative hospital service	-								
4 A medical research hospital's name, city	organization operated in , and state:	conjunction with a ho	spital de	scribed ii	n section 170(b)(1)(A)	(iii). Enter the				
	erated for the benefit of	a college or universi	ty owned	d or ope	erated by a governme	ntal unit described in				
)(iv). (Complete Part II.)									
	ocal government or gover			-		m the general public				
	t normally receives a su		ipport in	un a go		on the general public				
		1 70(b)(1)(A)(vi). (Complete Part II.) scribed in section 170(b)(1)(A)(vi). (Complete Part II.)								
	arch organization describ		-		Lin conjunction with a	land-grant college				
	n-land-grant college of a			-						
university:		3	/		-, -, , , ,					
receipts from activit support from gross acquired by the orga										
	anized and operated exclu	•				ry out the purposes of				
one or more publicly	v supported organizations	described in section	509(a)(1) or sect	ion 509(a)(2). See sec	tion 509(a)(3). Check				
the box on lines 12a	one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.									
a 🔄 Type I. A supporti	ing organization operated	d, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving				
	anization(s) the power to			ajority of	the directors or truste	es of the				
	zation. You must comple									
control or manage	Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported									
	ou must complete Part IN									
	Ily integrated. A support					ly integrated with,				
	nization(s) (see instructio									
	ionally integrated. A sup		-			- · ·				
	ally integrated. The orga instructions). You must c		-		-	an allentiveness				
	he organization received	•		•						
	ated, or Type III non-func					i, iype iii				
	pported organizations									
-	formation about the supp									
(i) Name of supported organiza	(desc		iii) Type of organization described on lines 1-10 above (see instructions)) (iv) Is the organization listed in your governing document? Yes No		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)				
(A)										
(B)										
(C)										
(D)										
(E)										
Total										
For Paperwork Reduction Act N JSA 3E1210 1.000	Notice, see the Instructions	s for Form 990 or 990-EZ.			S	chedule A (Form 990) 2023				

Schedule A (Form 990) 2023

Page **2**

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

Sec	tion A. Public Support				<u>.</u>		
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization'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).						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (s	see instructions) .				12	
13	First 5 years. If the Form 990 is for organization, check this box and stop here	<u></u>					
Sec	tion C. Computation of Public Sup		•				
14	Public support percentage for 2023 (li				,	14	%
15	Public support percentage from 2022						%
16a	331/3% support test - 2023. If the org	-					
	box and stop here. The organization q						
D	33 1/3% support test - 2022. If the org						
170	this box and stop here . The organization	-		-			
17a	10%-facts-and-circumstances test - 2	-	-				
	10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported						-
	organization			-	-		
h	10%-facts-and-circumstances test - 2						
b	15 is 10% or more, and if the organiz		-				
	in Part VI how the organization meets					•	•
	organization			•			
18	Private foundation. If the organization						
	instructions						
							· · · · · · · · · · · · · · · · · · ·

Schedule A (Form 990) 2023

84-0404266

Schedule A (Form 990) 2023

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

cale	tion A. Public Support	(a) 2040	(b) 2022	(a) 2024	(4) 2022	(a) 2022	(6) Tat-1
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	3,560,029.	3,698,530.	10,767,599.	3,804,240.	3,601,531.	25,431,929
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose	23,581,017.	13,582,553.	13,602,535.	18,929,526.	22,122,534.	91,818,165
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513 .						NOM
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						NOI
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						NOM
6	Total. Add lines 1 through 5	27,141,046.	17,281,083.	24,370,134.	22,733,766.	25,724,065.	117,250,094
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons	64,110.	127,555.	67,973.	90,485.	45,940.	396,063
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						NOM
	or 1% of the amount on line 13 for the year	64,110.	127,555.	67,973.	90,485.	45,940.	396,063
с 8	Add lines 7a and 7b.	04,110.	127,555.	07,575.	50,405.	43,940.	350,002
0	Public support. (Subtract line 7c from						116 054 001
<u>`~~</u>	line 6.)						116,854,031
	tion B. Total Support	(a) 2010	(b) 2020	(a) 2021	(4) 2022	(a) 2022	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6	27,141,046.	17,281,083.	24,370,134.	22,733,766.	25,724,065.	117,250,094
10 a	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties, and income from similar						
	sources	205,061.	196,407.	288,995.	224,525.	394,606.	1,309,594
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						NOI
с	Add lines 10a and 10b	205,061.	196,407.	288,995.	224,525.	394,606.	1,309,594
1	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on						NOM
10	с, ,						
12	Other income. Do not include gain or loss from the sale of capital assets						
	-	172.731	57.728	69.080	99.444	157.173	
13	(Explain in Part VI.) SEE SUPP PAGE	172,731.	57,728.	69,080.	99,444.	157,173.	556,156
3	(Explain in Part VI.) SEE SUPP PAGE Total support. (Add lines 9, 10c, 11,						
	(Explain in Part VI.) SEE SUPP PAGE Total support. (Add lines 9, 10c, 11, and 12.)	27,518,838.	17,535,218.	24,728,209.	23,057,735.	26,275,844.	119,115,844
	(Explain in Part VI.) SEE SUPP PAGE Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for	27,518,838. the organizatio	17,535,218. n's first, second	24,728,209. , third, fourth,	23,057,735. or fifth tax yea	26,275,844. ar as a section	119,115,844 501(c)(3)
4	(Explain in Part VI.) SEE SUPP PAGE Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for organization, check this box and stop here	27,518,838. the organizatio	17,535,218. n's first, second	24,728,209. , third, fourth,	23,057,735. or fifth tax yea	26,275,844. ar as a section	119,115,844 501(c)(3)
4 Sec	(Explain in Part VI.) SEE SUPP PAGE Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Supp	27,518,838. the organizatio	17,535,218. n's first, second	24,728,209.	23,057,735. or fifth tax yea	26,275,844. ar as a section	119,115,844 501(c)(3)
4 6ec 5	(Explain in Part VI.) SEE SUPP PAGE Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Supp Public support percentage for 2023 (line 8,	27,518,838. the organizatio port Percentag column (f), divide	17,535,218. n's first, second ge ad by line 13, colun	24,728,209.	23,057,735. or fifth tax yea	26,275,844. ar as a section	119,115,844 501(c)(3) 98.10%
4 5 6	(Explain in Part VI.) SEE SUPP PAGE Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Supp Public support percentage for 2023 (line 8, Public support percentage from 2022 Schere	27,518,838. the organizatio cort Percentag column (f), divide dule A, Part III, lin	17,535,218. n's first, second ge ed by line 13, colun e 15.	24,728,209.	23,057,735. or fifth tax yea	26,275,844. ar as a section	119,115,844 501(c)(3) 98.10%
4 5 6 6	(Explain in Part VI.) SEE SUPP PAGE Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Supp Public support percentage for 2023 (line 8, Public support percentage from 2022 Sche tion D. Computation of Investment	27,518,838. the organizatio cort Percentag column (f), divide dule A, Part III, line t Income Perc	17,535,218. n's first, second ge d by line 13, colun e 15 entage	24,728,209.	23,057,735. or fifth tax yea	26,275,844. ar as a section 15 16	119,115,844 501(c)(3) 98.10% 98.20%
4 5 6 6	(Explain in Part VI.) SEE SUPP PAGE Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Suppr Public support percentage for 2023 (line 8, Public support percentage from 2022 Sche tion D. Computation of Investment Investment income percentage for 2023 (line	27,518,838. the organization column (f), divide dule A, Part III, line t Income Perc ne 10c, column (f	17,535,218. n's first, second ge ed by line 13, colun e 15 entage), divided by line 1	24,728,209. , third, fourth, nn (f)) 3, column (f))	23,057,735. or fifth tax yea	26,275,844. ar as a section 15 16 17	119,115,844 501(c)(3) 98.10% 98.20%
4 5 6 6 7	(Explain in Part VI.) SEE SUPP PAGE Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Supp Public support percentage for 2023 (line 8, Public support percentage from 2022 Sche tion D. Computation of Investment	27,518,838. the organization column (f), divide dule A, Part III, line t Income Perc ne 10c, column (f	17,535,218. n's first, second ge ed by line 13, colun e 15 entage), divided by line 1	24,728,209. , third, fourth, nn (f)) 3, column (f))	23,057,735. or fifth tax yea	26,275,844. ar as a section 15 16	119,115,844 501(c)(3) 98.10% 98.20%
14 15 16 Sec 17	(Explain in Part VI.) SEE SUPP PAGE Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Suppr Public support percentage for 2023 (line 8, Public support percentage from 2022 Sche tion D. Computation of Investment Investment income percentage for 2023 (line	27,518,838. the organization column (f), divide dule A, Part III, line t Income Perc ne 10c, column (f Schedule A, Part I	17,535,218. n's first, second ge ed by line 13, colun e 15. entage), divided by line 1 II, line 17	24,728,209. , third, fourth, nn (f)) 3, column (f))	23,057,735. or fifth tax yea	26,275,844. ar as a section 15 16 17 18	119,115,844 501(c)(3) 98.10% 98.20% 1.10% 0.92%
14 15 16 Sec 17	(Explain in Part VI.) SEE SUPP PAGE Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Supp Public support percentage for 2023 (line 8, Public support percentage from 2022 Sche tion D. Computation of Investment Investment income percentage from 2023 (line Nestment income percentage from 2022 Sche	27, 518, 838. the organizatio column (f), divide dule A, Part III, line t Income Perc ne 10c, column (f Schedule A, Part I ganization did no	17,535,218. n's first, second ge ad by line 13, colun e 15. entage), divided by line 1 II, line 17 ot check the box	24,728,209.	23,057,735. or fifth tax yea	26,275,844. ar as a section 15 16 17 18 re than 331/3%,	119,115,844 501(c)(3) 98.10% 98.20% 1.10% 0.92% and line
15 16 Sec 17 18 19 a	(Explain in Part VI.) SEE SUPP PAGE Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Supp Public support percentage for 2023 (line 8, Public support percentage from 2022 Schere tion D. Computation of Investment Investment income percentage for 2023 (line Investment income percentage from 2022 Schere 331/3% support tests - 2023. If the org	27, 518, 838. the organizatio column (f), divide dule A, Part III, line t Income Perc ne 10c, column (f Schedule A, Part I ganization did no s box and stop	17,535,218. n's first, second d by line 13, colun e 15 entage), divided by line 1 II, line 17 ot check the box here. The organ	24,728,209. , third, fourth, nn (f)) 3, column (f)) 4 on line 14, and ization qualifies a	23,057,735. or fifth tax yea	26,275,844. ar as a section 15 16 17 18 re than 331/3%, pported organizat	119,115,844 501(c)(3) 98.10% 98.20% 1.10% 0.92% and line ion X
4 5 6 5 6 7 8 19 a	(Explain in Part VI.) SEE SUPP PAGE Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Supp Public support percentage for 2023 (line 8, Public support percentage from 2022 Sche tion D. Computation of Investment Investment income percentage for 2023 (line 10, 10, 10, 10, 10, 10, 10, 10, 10, 10,	27,518,838. the organization cort Percentage column (f), divide dule A, Part III, line t Income Percente to 10c, column (f Schedule A, Part I ganization did not	17,535,218. n's first, second ge ad by line 13, colun e 15 entage), divided by line 1 II, line 17 bt check the box here. The organ check a box on	24,728,209. , third, fourth, nn (f)) 3, column (f)) 4 on line 14, and ization qualifies a line 14 or line 19	23,057,735. or fifth tax yea 	26,275,844. ar as a section 15 16 17 18 re than 331/3%, pported organizat is more than 331/	119,115,844 501(c)(3) 98.10% 98.20% 1.10% 0.92% and line ion X /3%, and
4 5 6 6 7 8 9 a	(Explain in Part VI.) SEE SUPP PAGE Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Supp Public support percentage for 2023 (line 8, Public support percentage from 2022 Sche tion D. Computation of Investment Investment income percentage for 2023 (line Investment income percentage for 2023 (line 17 is not more than 331/3 %, check this 331/3% support tests - 2022. If the organization For the support tests - 2022 of the organization of the support 17 is not more than 331/3 %, check this 17 is not more than 331/3 % support tests - 2022. If the organization tests - 2023 (line test) + 2000 (line test)	27,518,838. the organizatio cort Percentag column (f), divide dule A, Part III, line t Income Perc ne 10c, column (f Schedule A, Part I ganization did not s box and stop anization did not this box and stop	17,535,218. n's first, second ge d by line 13, colun e 15	24,728,209. , third, fourth, nn (f)) 3, column (f)) c on line 14, and ization qualifies a line 14 or line 19 anization qualifies	23,057,735. or fifth tax yea 	26,275,844. ar as a section 15 16 17 18 re than 331/3%, pported organizat is more than 331/ supported organizat	119,115,844 501(c)(3) 98.10% 98.20% 1.10% 0.92% and line ion X /3%, and ation

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

Section A. All Supporting Organizations

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

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Page 4

Yes No

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Schedule

Schedule A	(Form 990) 2023	
Part IV	Supporting Organizations (continued)	

- Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? a 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 11b **b** A family member of a person described on line 11a above?
 - c 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.

Section B. Type I Supporting Organizations

- 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in 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 the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- Did the organization operate for the benefit of any supported organization other than the supported 2 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.

Section 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

Section 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? <i>If "No," explain in Part VI how</i>			
	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? <i>If "Yes," describe in Part VI the role the organization's</i>			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Che	ck the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructio	ns).	
а		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (se	e instru	ctions	s).
•	• ··		۱	Yes	Ν
2	Activ	vities Test. Answer lines 2a and 2b below.			
~	Did	substantially all of the organization's activities during the tax year directly further the exempt purposes of	i		

- Did substantially all of the organization's activities during the tax year directly further the exempt purposes of а 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.
- Parent of Supported Organizations. Answer lines 3a and 3b below. 3

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- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Yes No

11c

1

2

84-0404266

Schedule A (Form 990) 2023

21

2a

2b

3a

3b

ο

Schedule A (Form 990) 2023 Page 6 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Part V Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See 1 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 3 Other gross income (see instructions) 4 Add lines 1 through 3. 4 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 maintenance of 6 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) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 2 Acquisition indebtedness applicable to non-exempt-use assets 3 Subtract line 2 from line 1d. 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 4 see instructions). 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 0.035. 6 7 7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year 1 Adjusted net income for prior year (from Section A, line 8, column A) 1 2 Enter 0.85 of line 1. 2 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 4 Enter greater of line 2 or line 3. 4 5 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

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

6

Schedule A (Form 990) 2023

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Page	1

Schedu	le A (Form 990) 2023				Page 7
Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	t ions (continued)		
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ex	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organi	zations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p	rovide 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 organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	1		10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2023	าร	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023				
	(reasonable cause required - <i>explain in Part VI).</i> See				
	instructions.				
3	Excess distributions carryover, if any, to 2023				
a	From 2018				
b	From 2019				
C	From 2020				
d	From 2021				
e	From 2022				
f	Total of lines 3a through 3e				
<u>g</u>	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from				
	Section D, line 7: \$				
 	Applied to underdistributions of prior years Applied to 2023 distributable amount				
b	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
5	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
Ū	and 4b from line 1. For result greater than zero, <i>explain in</i>				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
-	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2019				
 b	Excess from 2020				
	Excess from 2021				
d	Excess from 2022				
e	Excess from 2023				
					Schedule A (Form 990) 202

Schedule A (Form 990) 2023

Part VI

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

SCHEDULE	Α,	PART	III	-	OTHER	INCOME

DESCRIPTION	2019	2020	2021	2022	2023	TOTAL
MISCELLANEOUS	172,731.	57,728.	69,080.	99,444.	157,146.	556,129.
TOTALS	172,731.	57,728.	69,080.	99,444.	157,146.	556,129.
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Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

OMB No. 1545-0047

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information.

Employer identification number

YOUNG MEN'S CHRISTIAN ASSOCIATION

OF THE PIKES PEAK REGI	ON	84-0404266				
Organization type (check one):						
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

	3 (Form 990) (2023) organization YOUNG MEN'S CHRISTIAN ASSOCIATI	ON	Page 2 Employer identification number
	OF THE PIKES PEAK REGION		84-0404266
Part I	Contributors (see instructions). Use duplicate copi		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	<u>N/A</u>	\$ 592,704.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	N/A	\$19,881.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	<u>N/A</u>	\$311,088.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	N/A	\$60,096.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	<u>N/A</u>	\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	N/A	\$321,240.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

	3 (Form 990) (2023) organization YOUNG MEN'S CHRISTIAN ASSOCIATI OF THE PIKES PEAK REGION	ON	Page 2 Employer identification number 84-0404266
Part I	Contributors (see instructions). Use duplicate copi	ies of Part I if additional space is n	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<u>N/A</u>	\$211,794.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	N/A	\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9_	<u>N/A</u>	\$ 87,150.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	N/A	\$32,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	<u>N/A</u>	\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

-	3 (Form 990) (2023) organization YOUNG MEN'S CHRISTIAN ASSOCIATI	ON	Page 2 Employer identification number
	OF THE PIKES PEAK REGION		84-0404266
Part I	Contributors (see instructions). Use duplicate copi	-	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	<u>N/A</u>	\$820,537.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	N/A	\$74,188.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	<u>N/A</u>	\$45,910.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16	<u>N/A</u>	\$35,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17	<u>N/A</u>	\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18	<u>N/A</u>	\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

-	3 (Form 990) (2023) organization YOUNG MEN'S CHRISTIAN ASSOCIATIO	N	Page 2 Employer identification number
Part I	OF THE PIKES PEAK REGION Contributors (see instructions). Use duplicate copie	es of Part Lif additional space is n	84-0404266
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	<u>N/A</u>	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	N/A	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	<u>N/A</u>	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22	N/A	\$8,000.	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	<u>N/A</u>	\$8,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24	<u>N/A</u>	\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

	3 (Form 990) (2023) organization YOUNG MEN'S CHRISTIAN ASSOCIATI OF THE PIKES PEAK REGION	ON	Page 2 Employer identification number 84-0404266
Part I	Contributors (see instructions). Use duplicate cop	ies of Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	<u>N/A</u>	\$5,000.	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27	<u>N/A</u>	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28	<u>N/A</u>	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29	<u>N/A</u>	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30	<u>N/A</u>	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

	3 (Form 990) (2023) organization YOUNG MEN'S CHRISTIAN ASSOCIATIO	N	Page 2 Employer identification number
Part I	OF THE PIKES PEAK REGION Contributors (see instructions). Use duplicate copie	s of Part Lif additional space is n	84-0404266
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	<u>N/A</u>	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32	<u>N/A</u>	\$164,287.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

	(Form 990) (2023)		Page
Name of or			dentification number
	OF THE PIKES PEAK REGION		-0404266
Part II	Noncash Property (see instructions). Use duplicate copies of F	Part II if additional space is ne	eded.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
		· · · · · · · · · · · · · · · · · · ·	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
		Ψ	

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	(Form 990) (2	2023)			Page 4
Name of or	rganization	YOUNG MEN'S CHRISTIAN			Employer identification number
Part III	(10) tha the follo contribu	t total more than \$1,000 for	84-0404266 ribed in section 501(c)(7), (8), or Complete columns (a) through (e) and of exclusively religious, charitable, etc., ee instructions.)		
(a) No. from Part I		(b) Purpose of gift	(c) Use		(d) Description of how gift is held
		Transferee's name, address, a	(e) Transf and ZIP + 4	_	hip of transferor to transferee
(a) No. from Part I		(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		Transferee's name, address, a	(e) Transf and ZIP + 4	_	hip of transferor to transferee
(a) No. from Part I		(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
	(e) Trans Transferee's name, address, and ZIP + 4		-	hip of transferor to transferee	
(a) No. from Part I		(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		Transferee's name, address, a	(e) Transf and ZIP + 4	_	hip of transferor to transferee

Complete if the			ental Financial Statements ne organization answered "Yes" on Form 990, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12	20 23
Department of the Treasury Internal Revenue Service Go to www.irs.gov/F			Attach to Form 990. Form990 for instructions and the latest informat	ion. Open to Public
	e of the organization	YOUNG MEN'S CHRISTIAN		Employer identification number
	THE PIKES PEA			84-0404266
Pa			ised Funds or Other Similar Funds or A	Accounts
	Complete	e if the organization answered	"Yes" on Form 990, Part IV, line 6.	
	-		(a) Donor advised funds	(b) Funds and other accounts
1		nd of year		
2 3		of contributions to (during year) of grants from (during year)		
4		at end of year		
5		-	advisors in writing that the assets held ir	n donor advised
	•		organization's exclusive legal control?	
6			nd donor advisors in writing that grant fun	
			fit of the donor or donor advisor, or for any	
				Yes 🛄 No
Pa		tion Easements	"Yes" on Form 990, Part IV, line 7.	
1			organization (check all that apply).	
•		n of land for public use (for example		f a historically important land area
		of natural habitat		f a certified historic structure
	Preservatio	n of open space		
2	Complete lines 2a	through 2d if the organization he	eld a qualified conservation contribution in t	he form of a conservation
	easement on the I	ast day of the tax year.	-	Held at the End of the Tax Year
а			•••••••••	2a
b	-	-	· · · · · · · · · · · · · · · · · · ·	2b
ر م			historic structure included on line 2a	<u>2c</u>
d				2d
3			nsferred, released, extinguished, or termin	
-	tax year			
4	Number of states	where property subject to conse	rvation easement is located	
5			arding the periodic monitoring, inspectio	
			sements it holds?	
6	Staff and volunteer	hours devoted to monitoring, insp	ecting, handling of violations, and enforcing c	onservation easements during the year
-				
7	Amount of expens	ses incurred in monitoring, inspec	ting, handling of violations, and enforcing cor	iservation easements during the year
8	Does each consei	rvation easement reported on line	e 2d above satisfy the requirements of section	on 170(h)(4)(B)(i)
•		-		
9			conservation easements in its revenue and	
		· · ·	tnote to the organization's financial stateme	ents that describes the
D		ounting for conservation easeme		
Pa			of Art, Historical Treasures, or Other "Yes" on Form 990, Part IV, line 8.	Similar Assets
1.		· · · · · ·		statement and belance about works
1a	of art, historical t	treasures, or other similar asse	SB ASC 958, not to report in its revenue is held for public exhibition, education, o to its financial statements that describes the	r research in furtherance of public
b	If the organization	n elected, as permitted under Fr	ASB ASC 958, to report in its revenue sta	Itement and balance sheet works of arch in furtherance of public service
art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public s provide the following amounts relating to these items:				•
	(i) Revenue inclue	ded on Form 990, Part VIII, line 1		\$
	(ii) Assets include	d in Form 990, Part X		\$
2	-		t, historical treasures, or other similar as	ssets for financial gain, provide the
_			ASB ASC 958 relating to these items:	^
a b				
		Act Notice, see the Instructions for		
JSA	s8 1.000			

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Schee	dule D (Form 990) 2023 YOU	NG MEN'S CHRIS	STIAN ASSO	CIATION		84-040426	6 Page 2
Ра	rt III Organizations Maintaini	ng Collections of	Art, Historic	al Treasures,	or Other Similar		
3	Using the organization's acquisitio collection items (check all that appl		other records,	check any of t	he following that	make significant	use of its
а	Public exhibition		d	Loan or exchang	ge program		
b	Scholarly research		е 🗌	Other			
с	Preservation for future gener	rations					
4	Provide a description of the organ XIII.	nization's collections	and explain	how they furth	er the organizatior	n's exempt purpos	se in Part
5	During the year, did the organizatio	n solicit or receive o	onations of a	rt, historical trea	sures, or other simi	ilar	
	assets to be sold to raise funds rath	er than to be mainta	ained as part o	of the organization	on's collection?	Yes	No
Ра	rt IV Escrow and Custodial A Complete if the organiza	rrangements					orm
	990, Part X, line 21.						
1a	Is the organization an agent, trust	tee, custodian or o	ther intermed	liary for contrib	utions or other as	sets not	
	included on Form 990, Part X?					Yes	No
b	If "Yes," explain the arrangement in						
						Amount	
С	Beginning balance			1	c		
d	Additions during the year			1	d		
е	Distributions during the year			1	e		
f	Ending balance			1	f		
	Did the organization include an am					•	
b	If "Yes," explain the arrangement in	n Part XIII. Check he	ere if the expla	anation has been	provided in Part XII	<u></u>	
Ра	rt V Endowment Funds Complete if the organiza	tion answered "Ye	es" on Form	990, Part IV, lir	ne 10.		
		(a) Current year	(b) Prior ye	ar (c) Two y	ears back (d) Three	years back (e) Four	r years back
1a	Beginning of year balance	366,902.	1,235,	468. 1,133	3,880. 1,1	.72,415.	961,429.
b	Contributions						
с	Net investment earnings, gains,						
	and losses	4,240.	-140,	035. 127	1,023. 1	12,405.	250,542.
d	Grants or scholarships						
	Other expenditures for facilities						
	and programs	NONE	728,	531. 25	5,435. 1	50,940.	39,556.
f	Administrative expenses						
g	End of year balance	371,142.	366,	902. 1,235	5,468. 1,1	.33,880. 1,	172,415.
2	Provide the estimated percentage	of the current year	end balance (I	ine 1g, column (a	i)) held as:		
а	Board designated or quasi-endowm		%				
b	Permanent endowment 46.290	<u>00</u> %					
С	Term endowment <u>NONE</u> %						
	The percentages on lines 2a, 2b, a						
3a	Are there endowment funds not in	the possession of the	ne organizatio	n that are held a	and administered fo	-	
	organization by:						Yes No
	(i) Unrelated organizations?						X
	(ii) Related organizations?						X
b	If "Yes" on line 3a(ii), are the relate	•	•			3b	
4	Describe in Part XIII the intended u		tion's endown	nent funds.			
Pa	rt VI Land, Buildings, and Equ Complete if the organization	lipment ation answered "V	es" on Form	990 Part IV li	ne 11a See Form	n 990 Part X lir	o 10
	Description of property	(a) Cost or) Cost or other basis		(d) Book va	
		(inves	tment)	(other)	depreciation		
1a	Land			7,035,382			5,382.
b	Buildings			60,737,252			6,121.
С	Leasehold improvements			1,926,541			87,198.
d	Equipment.			5,719,715			8,349.
e	Other			191,480	. NONE		91,480.
Tota	I. Add lines 1a through 1e. (Column	(d) must equal Forr	n 990, Part X,	line 10c, column	(B))	38,55	8,530.

Schedule D (Form 990) 2023

Part VII Investments - Other Securities

Complete if the organization answered	d "Yes" on Form 99	0, 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. (Column (b) must equal Form 990, Part X, line 12, col. (B))		
Part VIII Investments - Program Related Complete if the organization answered	"Yes" on Form 99	0, 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. (Column (b) must equal Form 990, Part X, line 13, col. (B))		
Part IX Other Assets Complete if the organization answered	d "Yes" on Form 99 scription	0, Part IV, line 11d. See Form 990, Part X, line 15. (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))	<u></u>
Part X Other Liabilities Complete if the organization answered line 25.	d "Yes" on Form 99	0, Part IV, line 11e or 11f. See Form 990, Part X,
1. (a) Descrip	tion of liability	(b) Book value
(1) Federal income taxes	-	
(2)CHARITABLE GIFT ANNUITY		461,610.
(3)RIGHT TO USE LIABILITY - LEASE		47,799.
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	<u></u>	
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		

Schedu	ILE D (Form 990) 2023 YOUNG MEN'S CHRISTIAN ASSOCIATION	84-	-0404266 Page 4		
Part		n			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements	1	26,303,735.		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments				
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	236,504.		
3	Subtract line 2e from line 1	3	26,067,231.		
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 4, 616.				
b	Other (Describe in Part XIII.) 4b				
c	Add lines 4a and 4b	4c	4,616.		
5	Total revenue. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 12.</i>)	5	26,071,847.		
Part	Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return				
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements	1	27,884,966.		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities				
b	Prior year adjustments	1			
С	Other losses	1			
d	Other (Describe in Part XIII.) 2d 40,688.	1			
e	Add lines 2a through 2d	2e	40,688.		
3	Subtract line 2e from line 1	3	27,844,278.		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)	1			
c	Add lines 4a and 4b	4c	4,616.		
5	Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>)		27,848,894.		
Dant	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.

SEE SUPPLEMENTAL PAGE

SCH D PART V LINE 4

THE YMCA OF THE PIKES PEAK REGION WILL USE THE INCOME EARNED ON THE ENDOWMENT FUNDS TO PROVIDE PROGRAMS AND SERVICES AS INTENDED BY THE DONOR. IN SITUATIONS WHERE THE DONOR HAS NOT DESIGNATED THE USAGE OF THE PROCEEDS THE YMCA WILL UTILIZE THE FUNDS IN A MANNER THAT MAXIMIZES THE FULFILLMENT OF THE MISSION AND ADDRESSES CRITICAL COMMUNITY NEEDS AS DIRECTED BY THE VISION 2021 STRATEGIC PLAN.

SCH D PART X LINE 2

THE ORGANIZATION BELIEVES THAT IT DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS.

SCH D PART XI LINE 2D

ROUNDING	\$ 2
CHANGE IN BENEFICIAL TRUST:	\$ -144,910
COST OF GOODS SOLD RECLASSIFICATION:	\$ -40,690

TOTAL \$ -185,598

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Schedule D (Form 990) 2023	YOUNG MEN'S CHRIST	IAN ASSOCIATION		84-0404266	Page 5
Part XIII Supplemental Inf	ormation (continued)				
SCH D PART XII LINE 21	D				
COST OF GOODS SOLD REG	CLASSIFICATION:		\$ 40,690		
ROUNDING			\$ -2		
		TOTAL	\$ 40,688		

SCHEDULE G		Information Re			-	•	OMB No. 1545-0047					
(Form 990)		he organization answe organization entered r				9, or if the	2023					
Department of the Treasury				or Form 990-			Open to Public Inspection					
Internal Revenue Service												
Name of the organization	YOUNG MEN'S (CHRISTIAN ASS	OCIATIO	DN		Employer identificati						
OF THE PIKES PE	AK REGION Ig Activities. Comp	lete if the organ	ization ar	swered "	Ves" on Form 90	84-04042						
	-EZ filers are not re	•										
	the organization rais				activities. Check a	all that apply.						
a Mail solicita	•	e		•	non-government g							
b Internet and	d email solicitations	f			government grants							
c Phone solic	itations	g	Spe	cial fundra	ising events							
d 🔄 In-person s	olicitations											
	tion have a written o											
	es listed in Form 990			•		•	Yes No					
	10 highest paid individual least \$5,000 by the		(iundraise	is) pursua	int to agreements	under which the	fundraiser is to be					
oomponoutou ut		organization.										
(i) Name and add or entity (fu		(ii) Activity	custody of	ndraiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization					
			Yes	No								
1												
2												
3												
4												
·												
5												
6												
7												
8												
0												
9												
10												
Total	which the organiza	· · · · · · · · · · · ·	<u></u>			haa haa siiri						
3 List all states in registration or lice	which the organization	tion is registered of	or license	a to solicit	contributions or	nas been notified	i it is exempt from					

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. JSA 3E1281 1.000 5603VQ P091 09/24/2024 21:39:53 V23-6.6F YOUNG MEN'S CHRISTIAN ASSOCIATION

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		groop receipte groater than we, ee	0.			
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			TURKEY TROT	STARS & STRIPES	5	(aḋd col. (a) through
			(event type)	(event type)	(total number)	col. (c))
ne						
Revenue	1	Gross receipts	150,380.	86,959.	128,760.	366,099.
Š					110,7000	
œ	2	Less: Contributions	150,380.	37,451.	127,109.	314,940.
	3			57,151.	127,105.	511,510.
		minus line 2)		49,508.	1 651	51,159.
				49,500.	1,001.	51,159.
	1	Cash prizes				
	-	Casirplizes				
	5	Noncoch prizoc				
	5	Noncash prizes				
es	6	Dent/facility conto		40 500		40 500
SUS	6	Rent/facility costs		49,509.		49,509.
Direct Expenses	-					
ŵ	1	Food and beverages			270.	270.
ect		- <i>i i i</i>				
Ē	8	Entertainment				
		-				
	9	Other direct expenses	80,944.	10,502.	84,692.	176,138.
	10	Direct expense summary. Add lin	nes 4 through 9 in colu	umn (d)		225,917.
	11	Net income summary. Subtract I	line 10 from line 3, col	lumn (d)		-174,758.
Pa	rt II	Gaming. Complete if the org	anization answered "	Yes" on Form 990, I	Part IV, line 19, or	reported more than
		\$15,000 on Form 990-EZ, lin	ie 6a.			
ē			(a) Pingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
элс			(a) Bingo	bingo/progressive bingo		col. (a) through col. (c))
Revenue						
Ř	1	Gross revenue				

9 Q	3 Noncash prizes				
Direct Expe	4 Rent/facility costs				
ā	5 Other direct expenses				
	6 Volunteer labor	Yes %	Yes% No	Yes%	
	7 Direct expense summary. Add li	nes 2 through 5 in colu	mn (d)		
	8 Net gaming income summary. S	Subtract line 7 from line			

- 9 Enter the state(s) in which the organization conducts gaming activities:
- a Is the organization licensed to conduct gaming activities in each of these states?
 b If "No," explain:
- 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?
 b If "Yes," explain:

Schedule G (Form 990) 2023

nses

2 Cash prizes

Sched	ule G (Form 990 or 990-EZ) 2023 YOUNG MEN'S CHRISTIAN ASSOCIATION 8	4-04042	66 F	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Y	es	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity			_
	formed to administer charitable gaming?	🗌 Y	es	No
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility 13a			%
b	An outside facility 13b			%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	ł		
	Name			
	Address ►			
15 a	Does the organization have a contract with a third party from whom the organization receives gami	ng		
	revenue?	- <u> </u>	es	No
b	If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the second s	the		
	amount of gaming revenue retained by the third party \blacktriangleright \$			
С	If "Yes," enter name and address of the third party:			
	Name ►			
	Address ►			
16	Gaming manager information:			
	Name ►			
	Gaming manager compensation ► \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceed	ls to		
	retain the state gaming license?		es	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organiza			
	or spent in the organization's own exempt activities during the tax year > \$			
Par	Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) a Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional i (see instructions).			

SCH	EDULE J	Comper	sation Information		OMB No. '	1545-0	047	
(Forr	n 990)	For certain Officers, Dire	ectors, Trustees, Key Employees, and Highest		എത	77)	
			mpensated Employees n answered "Yes" on Form 990, Part IV, line 2	3.	ZU	ZJ)	
	Ment of the Treasury Attach to Form 990.							
	I Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. of the organization YOUNG MEN'S CHRISTIAN ASSOCIATION							
	•	PEAK REGION	SSOCIATION	84-040426		•		
Part		ns Regarding Compensation		01 010120				
i ait						Yes	No	
1a	Check the app	propriate box(es) if the organization pro	ovided any of the following to or for a pers	son listed on Form				
	990, Part VII,	Section A, line 1a. Complete Part III to	provide any relevant information regarding	g these items.				
	First-cla	ss or charter travel	Housing allowance or residence for	personal use				
	Travel fo	or companions	Payments for business use of perso	nal residence				
	Tax inde	emnification and gross-up payments	X Health or social club dues or initiation	on fees				
	Discretio	onary spending account	Personal services (such as maid, ch	auffeur, chef)				
b	or reimburse	ment or provision of all of the ex	ne organization follow a written policy represented above? If "No," con	nplete Part III to				
-	explain			•••••••••••••••••••••••••••••••••••••••	1b	X		
2	-		 to reimbursing or allowing expenses D/Executive Director, regarding the items	•				
					2	x		
2				• • • • • • • • • • • • • • •		A		
3			on used to establish the compensation of at apply. Do not check any boxes for metho					
			e CEO/Executive Director, but explain in P					
	Comper	nsation committee	Written employment contract					
	·	dent compensation consultant	Compensation survey or study					
		00 of other organizations	X Approval by the board or compensati	ation committee				
4		ar, did any person listed on Form 990, or a related organization:	Part VII, Section A, line 1a, with respect t	o the filing				
а			ayment?		4a		Х	
b	Participate in	or receive payment from a supplement	tal nonqualified retirement plan?		4b	Х		
С	Participate in	or receive payment from an equity-bas	sed compensation arrangement?		4c		X	
	If "Yes" to an	y of lines 4a-c, list the persons and p	rovide the applicable amounts for each i	tem in Part III.				
_	-		rganizations must complete lines 5-9.					
5	-	listed on Form 990, Part VII, Secti n contingent on the revenues of:	ion A, line 1a, did the organization pa	ay or accrue any	/			
а					5a		х	
b					5b		Х	
		e 5a or 5b, describe in Part III.						
6		listed on Form 990, Part VII, Section contingent on the net earnings of:	ion A, line 1a, did the organization pa	ay or accrue any	/			
а	The organizat	ion?			6a		х	
b					6b		Х	
	If "Yes" on lin	e 6a or 6b, describe in Part III.						
7			on A, line 1a, did the organization prov					
-			escribe in Part III		7	X		
8	•	•	paid or accrued pursuant to a contract th	•				
		-	Regulations section 53.4958-4(a)(3)? I				37	
0			low the rebuttable presumption proced		8		X	
9		.			9			
	regulations s	000000000000000000000000000000000000000	000		3		<u> </u>	

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

Schedule J (Form 990) 2023

Schedule J (Form 990) 2023

YOUNG MEN'S CHRISTIAN ASSOCIATION

84-0404266

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.

			nd/or 1099-MISC and/or		(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
BOYD WILLIAMS	(i)	314,706.	50,750.	2,867.	45,166.	20,804.	434,293.	NONE
1 PRESIDENT & CEO	(ii)							
THERESA JOHNSON	(i)	193,801.	21,000.	1,756.	26,987.	20,574.	264,118.	NONE
2 EXEC.VP / CHIEF OP. OFFICER	(ii)							
SALLY GLENNON	(i)	159,391.	NONE	727.	19,613.	11,222.	190,953.	NONE
3 SENIOR VP OF ASSOCIATION ADV.	(ii)							
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
_10	(ii)							
	(i)							
_11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
_16	(ii)							

Schedule J (Form 990) 2023

Page **2**

Schedule J (Form 990) 2023

Part ||| 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, PART I LINE 1A

SOCIAL CLUB MEMBERSHIP DUES ARE PAID FOR TWO OFFICERS AT TWO SOCIAL

CLUBS.

SCHEDULE J, PART I LINE 4B

THE YMCA ENTERED INTO A 457(F) INELIGIBLE NONQUALIFIED DEFERRED COMPENSATION PLAN WITH BOYD WILLIAMS SEPTEMBER 1, 2020. AMOUNTS CONTRIBUTED UNDER THE PLAN BECOME VESTED ON THE FIFTH YEAR FOLLOWING THE YEAR THE COMPANY CONTRIBUTION IS CREDITED TO THE DISTRIBUTION ACCOUNT. DURING THE YEAR ENDED DECEMBER 31, 2023, \$46,000 WAS CREDITED TO THE ACCOUNT.

SCHEDULE J, PART I LINE 7

C-LEVEL AND VICE PRESIDENTS WERE ELIGIBLE FOR AND AWARDED INCENTIVE PAY BASED ON ACHIEVING GOALS SPECIFIC TO EACH INDIVIDUALS JOB FUNCTION. THE Page 3

Schedule J (Form 990) 2023

Part III Supplemental Information

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

EXECUTIVE COMMITTEE OF THE BOARD OVERSEES THE AWARDING OF INCENTIVE PAY

AND THE EVALUATION OF THE SPECIFIC GOALS.

SCHEDULE K (Form 990)

Supplemental Information on Tax-Exempt Bonds

Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

Name of the organization YOUNG MEN'S CHRISTIAN ASSOCIATION

OF THE PIKES PEAK REGION Part Pond Issue

Band Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) De	efeased	(h) beha issi		(i) Poo financ	oled bing
						Yes	No	Yes	No	Yes	No
A COLORADO REFUNDING & IMPROVEMENT REVENUE	84-6000764		06/01/2016	15,000,000.	REFUNDING & IMPROVEMENT		х		Х		х
											ł
В											l
											ł
C											<u> </u>
											ł
D											i

Part	I Proceeds								
			م		В	(2)
1	Amount of bonds retired	4,2	228,391.						
2	Amount of bonds legally defeased								
3	Total proceeds of issue	15,0	000,000.						
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds		200,706.						
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	14,7	799,294.						
11	Other spent proceeds.								
12	Other unspent proceeds								
13	Year of substantial completion		2016						
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a refunding issue of tax-exempt bonds (or,								
	if issued prior to 2018, a current refunding issue)?	Х							
15	Were the bonds issued as part of a refunding issue of taxable bonds (or, if								
	issued prior to 2018, an advance refunding issue)?		Х						
16	Has the final allocation of proceeds been made?	Х							
17	Does the organization maintain adequate books and records to support the								
	final allocation of proceeds?	Х							

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

Schedule K (Form 990) 2023

OMB No. 1545-0047

2 3

Open to Public Inspection

Employer identification number

84-0404266

Schedule K (Form 990) 2023

Part III Private Business Use CO				ROVEMENT				
		A		B	(3	0)
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?		Х						
2 Are there any lease arrangements that may result in private business use of								1
bond-financed property?		Х						
3a Are there any management or service contracts that may result in private business use of bond-financed property?		x						
		A						
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								1
bond-financed property?		X						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other								1
outside counsel to review any research agreements relating to the financed property?								1
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		%		%		%		0
5 Enter the percentage of financed property used in a private business use as a								
result of unrelated trade or business activity carried on by your organization,								
another section 501(c)(3) organization, or a state or local government		%		%		%		C
6 Total of lines 4 and 5		%		%		%		°,
7 Does the bond issue meet the private security or payment test?		Х						
8a Has there been a sale or disposition of any of the bond-financed property to a								
nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		x						l
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or								
disposed of		%		%		%		C
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations								
sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all								
nonqualified bonds of the issue are remediated in accordance with the								
requirements under Regulations sections 1.141-12 and 1.145-2?	х							
Part IV Arbitrage		1		11				
		A		В	(2	[)
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	No
Penalty in Lieu of Arbitrage Rebate?	X							
2 If "No" to line 1, did the following apply?		1		1				
a Rebate not due yet?								
b Exception to rebate?								
c No rebate due?								
If "Yes" to line 2c, provide in Part VI the date the rebate computation was		1		1				
performed								
3 Is the bond issue a variable rate issue?	X							
	Λ					l	hedule K (Fo	

Schedule K (Form 990) 2023

48

Page 2

Schedule K (Form 990) 2023

A B C D Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? Yes No Yes N	chedule K (Form 990) 2023								Page
a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	Part IV Arbitrage (continued) CO	LORADO	REFUNDIN	NG & IMP	ROVEMEN	r revenu:	Ξ		
A hadge with respect to the bond issue? X X X X b Name of provider X X X X c Term of hedge X X X X d Was the hedge superintegrated? X X X X e Was the hedge terminated? X X X X X a Were gross proceeds invested in a guaranteed investment contract (GIC)? X X X X X b Name of provider X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X<			Α		В	0	;	C)
hedge with respect to the bond issue? X Image: Constraint of the bond issue? b Name of provider Image: Constraint of the bond issue? Image: Constraint of the bond issue? Image: Constraint of the bond issue? c Term of hedge Image: Constraint of the bond issue? c Term of hedge Image: Constraint of the bond issue?	4a Has the organization or the governmental issuer entered into a qualified	Yes	No	Yes	No	Yes	No	Yes	No
c Term of hedge Image: Content of the display of the displa			Х						
d Was the hedge superintegrated? Image: constraint of the second sec	b Name of provider								
e Was the hedge terminated? Image: space destination of the space destination of the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations? Image: space destination of the space destination of the space destination of the tax requirements of section space destination of the tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations? Image: space destination of tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations? Image: space destination of tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations? Image: space destination of tax requirements of tax requirements of tax requirements of tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations? Image: space destination of tax requirements of tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations? Image: space destination of tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under tax requirements are tim	c Term of hedge								
e Was the hedge terminated? Image: space destination of the space destination of the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations? Image: space destination of the space destination of the space destination of the tax requirements of section space destination of the tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations? Image: space destination of tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations? Image: space destination of tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations? Image: space destination of tax requirements of tax requirements of tax requirements of tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations? Image: space destination of tax requirements of tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations? Image: space destination of tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under tax requirements are tim	d Was the hedge superintegrated?								
b Name of provider	e Was the hedge terminated?								
c Term of GIC Image: Constraint of Constraints of Constrations of Constraints of Constraints of Constraints of	5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х						
c Term of GIC Image: Constraint of Constraints of Constrations of Constraints of Constraints of Constraints of	b Name of provider								
Were any gross proceeds invested beyond an available temporary period? X Image: Constraint of the stabilished written procedures to monitor the requirements of section 148? X Image: Constraint of the stabilished written procedures to ensure that violations 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 Image: Constraint of the tax is a stabilished written procedures to ensure that violations is the tax is a stabilished written procedures to ensure that violations 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 Image: Constraint of tax is a stabilished written procedures to ensure that violations is tax is a stabilished written procedures to ensure that violations is tax is a stabilished written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations? No Yes No Yes No Yes No Yes No	c Term of GIC								
Were any gross proceeds invested beyond an available temporary period? X Image: Constraint of the stabilished written procedures to monitor the requirements of section 148? X Image: Constraint of the stabilished written procedures to ensure that violations 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 Image: Constraint of the tax is a stabilished written procedures to ensure that violations is the tax is a stabilished written procedures to ensure that violations 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 Image: Constraint of tax is a stabilished written procedures to ensure that violations is tax is a stabilished written procedures to ensure that violations is tax is a stabilished written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations? No Yes No Yes No Yes No Yes No									
requirements of section 148? X Image: Constraint of the section 148? art V Procedures To Undertake Corrective Action A B C D Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations? Yes No Yes No Yes No Yes No	6 Were any gross proceeds invested beyond an available temporary period?		Х						
Procedures To Undertake Corrective Action A B C D Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations? Yes No Yes No Yes No Yes No Yes No Yes No	7 Has the organization established written procedures to monitor the								
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations? A B C D	requirements of section 148?		Х						
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations?	Part V Procedures To Undertake Corrective Action								
of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations?			Α		В	0	;	C)
of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations?	Has the organization established written procedures to ensure that violations	Yes	No	Yes	No	Yes	No	Yes	No
voluntary closing agreement program if self-remediation isn't available under applicable regulations?									
	applicable regulations?	х							

Page 3

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 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.



Department of the Treasury Internal Revenue Service

VOUNC	MENIC	CHRISTIAN	ASSOCIATION

FORM 990 PART III LINE 1

THE MISSION OF THE YMCA OF THE PIKES PEAK REGION IS TO PUT CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT BUILD A HEALTHY SPIRIT, MIND AND BODY FOR ALL. SINCE 1878, THE YMCA OF THE PIKES PEAK REGION HAS SERVED OUR COMMUNITY WITH PROGRAMS AND SERVICES FOCUSED ON YOUTH DEVELOPMENT, HEALTHY LIVING, AND SOCIAL RESPONSIBILITY TO ACHIEVE THAT MISSION. WE WORK EVERY DAY TO ENSURE THAT INDIVIDUALS AND FAMILIES HAVE THE RESOURCES AND SUPPORT TO LEARN, GROW, AND THRIVE. WITH A STRATEGIC FOCUS ON BUILDING SELF-ESTEEM AND CONFIDENCE IN OUR YOUTH, ENHANCING THE HEALTH AND WELL-BEING OF FAMILIES, AND INSPIRING HEALTH AND VITALITY IN OUR SENIOR POPULATION WE STRIVE TO ACHIEVE MEANINGFUL, POSITIVE IMPACT, NOT JUST WITHIN OUR MEMBERS, BUT IN COMMUNITIES THROUGHOUT THE ENTIRE PIKES PEAK REGION.

FORM 990 PART III LINE 4A

HEALTHY LIVING

THE Y IS LEADING THE INDUSTRY IN HEALTH AND WELL-BEING. HOWEVER, WE ARE MORE THAN AN INDUSTRY; WE ARE A MISSION. A MISSION THAT BRINGS FAMILIES CLOSER ENCOURAGES GOOD HEALTH AND FOSTERS CONNECTIONS THROUGH FITNESS, SPORTS, FUN, AND SHARED INTERESTS. AS A RESULT, MORE THAN 125,000 PEOPLE IN OUR COMMUNITY RECEIVE THE SUPPORT, GUIDANCE, AND RESOURCES THEY NEED TO ACHIEVE EXCELLENT HEALTH IN SPIRIT, MIND, AND BODY AT THE Y. HEALTHY LIVING IS ESSENTIAL FOR EVERYONE. IN 2023, 3,659 COMPLETED A JUMP START PROGRAM TO HELP THEM MAP THEIR INDIVIDUALIZED PLAN TO IMPROVE THEIR HEALTH AND WELLNESS.

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 990-EZ.



84-0404266

Department of the Treasury Internal Revenue Service Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Name of the organization Employer ide

YOUNG MEN'S CHRISTIAN ASSOCIATION

PROGRAMS SUCH AS MOVING FOR BETTER BALANCE, LIVESTRONG, AND THE PARKINSON'S EXERCISE PROGRAM HELP CHANGE INDIVIDUALS' LIVES AND GIVE PARTICIPANTS A STRONGER SENSE OF CONFIDENCE TO MOVE FORWARD IN THE LIFE THEY WANT TO LIVE. IN 2023, 20 MOVING FOR BETTER BALANCE CLASSES, 12 LIVESTRONG CLASSES, AND 19 CLASSES FOR OUR PARKINSON'S EXERCISE PROGRAM WERE HELD.

OUR PROGRAMS ARE ACCESSIBLE, AFFORDABLE, AND OPEN TO PEOPLE OF ALL FAITHS, BACKGROUNDS, ABILITIES, AND INCOME LEVELS. IN 2023, THE Y PROVIDED \$821,208 IN FINANCIAL ASSISTANCE TO PEOPLE WHO OTHERWISE MAY NOT HAVE BEEN ABLE TO AFFORD TO PARTICIPATE

FORM 990 PART III LINE 4B

YOUTH DEVELOPMENT

OUR YMCA IS COMMITTED TO NURTURING THE POTENTIAL OF EVERY CHILD AND TEEN. ALL KIDS DESERVE TO DISCOVER WHO THEY ARE AND WHAT THEY CAN ACHIEVE. WE HELP YOUNG PEOPLE CULTIVATE THE VALUES, SKILLS, AND RELATIONSHIPS THAT LEAD TO POSITIVE BEHAVIORS, BETTER HEALTH, AND EDUCATIONAL ACHIEVEMENT. OUR PROGRAMS, SUCH AS BEFORE AND AFTER SCHOOL CARE, DAY CAMP, RESIDENT CAMP, SWIM LESSONS, AND YOUTH SPORTS, OFFER A RANGE OF EXPERIENCES THAT ENRICH COGNITIVE, SOCIAL, PHYSICAL, AND EMOTIONAL GROWTH FROM TODDLER TO HIGH SCHOOL AGE. IN 2023, 10,958 CHILDREN PARTICIPATED IN THE Y'S SPORTS PROGRAM, AND 7,800 SWIM LESSONS WERE TAUGHT TO HELP STRENGTHEN SWIM SKILLS. THE Y HELD DAY CAMPS AT SEVEN LOCATIONS WITH 6,202 PARTICIPANTS. IN 2023, THE Y RAN 18 BEFORE AND AFTER SCHOOL SITES SERVING 3,969 PARTICIPANTS. THE Y'S RESIDENT CAMP, CAMP SHADY BROOK, PROVIDED 1,360

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 990-EZ. OMB No. 1545-0047

YOUNG MEN'S CHRISTIAN ASSOCIATION

CAMPERS WITH A PERSONALIZED CAMP EXPERIENCE WHERE THEY CAN MAKE FRIENDS, RECEIVE MENTORING, AND CREATE EXPERIENCES TO ENSURE THEY HAVE A SUMMER TO REMEMBER.

MIDDLE SCHOOL INITIATIVE IS A PROGRAM THAT PROVIDES MIDDLE SCHOOLERS WITH A FREE YMCA MEMBERSHIP AND PROGRAMMING. THIS PROGRAM AIMS TO INSPIRE YOUTH TO DISCOVER THEIR PASSIONS, DEVELOP A HEALTHY LIFESTYLE, AND GAIN THE ASSETS NEEDED TO AVOID RISKY BEHAVIORS AND SUCCEED IN SCHOOL AND LIFE. IN 2023, WE SERVED OVER 118 KIDS, RESULTING IN 1,062 VISITS.

FORM 990 PART III LINE 4C

SOCIAL RESPONSIBILITY

OUR YMCA BELIEVES IN GIVING BACK AND SUPPORTING OUR NEIGHBORS. WE HAVE BEEN LISTENING AND RESPONDING TO OUR COMMUNITY'S MOST CRITICAL NEEDS FOR 146 YEARS. AT THE Y, WORKING TOGETHER TO STRENGTHEN OUR COMMUNITY IS ESSENTIAL FOR MAKING OUR COMMUNITY A BETTER PLACE TO LIVE AND THRIVE. IN 2023, THE Y HAD 23 POLICY VOLUNTEERS AND 500 PROGRAM VOLUNTEERS, RESULTING IN 360 POLICY VOLUNTEER HOURS AND 12,350 PROGRAM VOLUNTEER HOURS. PROGRAM VOLUNTEERS COACH YOUTH SPORTS AND MENTOR OUR TEENS. OUR POLICY VOLUNTEERS HELP ORGANIZE AND LEAD EVENTS THAT SUPPORT OUR COMMUNITY AND RAISE FUNDS TO ENSURE EVERY CHILD, ADULT, AND FAMILY HAS AN OPPORTUNITY TO PARTICIPATE IN YMCA PROGRAMS.

THE YMCA MILITARY OUTREACH PROGRAM CONNECTS THE VAST MILITARY POPULATION TO THE COMMUNITY. WITH MULTIPLE DEPLOYMENTS AND UNCERTAINTY ABOUT WHAT'S AHEAD, THE Y IS HERE TO HELP EASE SOME OF THE STRESS OF MILITARY LIFE.

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84-0404266

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YOUNG MEN'S CHRISTIAN ASSOCIATION

THE Y ALSO CONNECTS FAMILIES AND PROVIDES CHILDREN WITH A SAFE AND NURTURING ENVIRONMENT AT OUR BEFORE-AND-AFTER-SCHOOL, SUMMER DAY CAMP, AND RESIDENT CAMP PROGRAMS. IN 2023, 2,223 MILITARY-AFFILIATED FAMILIES AND/OR INDIVIDUALS RECEIVED FINANCIAL ASSISTANCE, RESULTING IN \$382,007 BEING PROVIDED TO THOSE WHO HAVE SERVED OUR COUNTRY.

KEEPING IN LINE WITH THE YMCA'S CAUSE OF STRENGTHENING THE COMMUNITY, THE YMCA'S PARTNERSHIP WITH THE CITY OF COLORADO SPRINGS HAS EASED THE BURDEN ON THE GOVERNMENT WHILE SUCCESSFULLY OPERATING A COMMUNITY RECREATION CENTER AND THREE OUTDOOR AQUATIC FACILITIES. THESE FACILITIES PROVIDE THE COMMUNITY ACCESS TO SWIMMING POOLS, WHICH ARE CRUCIAL IN STRENGTHENING SWIMMING SKILLS AMONGST ALL AGES. THE Y OFFERS A HIGHLY TRAINED STAFF THAT ENSURES THE COMMUNITY HAS A SAFE AND FUN EXPERIENCE. THE YMCA ALSO OVERSEES AND OPERATES THE COLORADO SPRINGS SENIOR CENTER; IN 2023, THERE WERE 276 CLASSES HELD, RESULTING IN 21,926 VISITS. THE Y CONTINUALLY SEEKS ACTIVITIES, PROGRAMS, AND PARTNERSHIPS THAT STRENGTHEN OUR COMMUNITY AND PAVE THE WAY FOR FUTURE GENERATIONS TO THRIVE.

FORM 990, PART VI, LINE 6 & 7A

MEMBERSHIP IS AVAILABLE TO ANY INDIVIDUAL IN GOOD STANDING, OVER THE AGE OF 16 YEAR OF AGE. MEMBERS VOTE ON THE BOARD OF DIRECTORS AT THE ANNUAL MEETING. ELECTIONS ARE DONE ON A ONE MEMBER, ONE VOTE BASIS.

FORM 990 PART VI LINE 11B

A COPY OF THE FORM 990 IS PROVIDED TO, REVIEWED AND DISCUSSED BY THE FINANCE/AUDIT COMMITTEE OF THE ASSOCIATION BOARD OF DIRECTORS PRIOR TO FILING. IN ADDITION, THE FORM 990 IS PROVIDED TO THE ASSOCIATION BOARD OF

Supplemental Information to Form 990 or 990-EZ

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Department of the Treasury Internal Revenue Service

YOUNG MEN'S CHRISTIAN ASSOCIATION

Employer identification number 84-0404266

DIRECTORS AND DISCUSSED WITH THE FINANCE/AUDIT COMMITTEE.

FORM 990 PART VI SECTION B LINE 12C

ALL ASSOCIATION BOARD OF DIRECTORS ARE REQUIRED TO FILL OUT A CONFLICT-OF-INTEREST QUESTIONNAIRE ANNUALLY. THE QUESTIONNAIRES ARE REVIEWED ANNUALLY BY THE EXECUTIVE COMMITTEE OF THE ASSOCIATION BOARD OF DIRECTORS. WHEN AND WHERE CONFLICTS EXIST, THE BOARD MEMBER IS REMOVED FROM THE DECISION-MAKING PROCESS THAT RESULT IN THE POTENTIAL OR PERCEIVED CONFLICT.

FORM 990 PART VI SECTION B LINE 15 A + B

THE CEO'S COMPENSATION IS BASED ON LOCAL, STATE AND NATIONAL COMPARABILITY DATA, BOARD APPROVED SALARY RANGE AND PERFORMANCE. THE CEO'S COMPENSATION IS REVIEWED ANNUALLY BY THE EXECUTIVE COMMITTEE, WITH PERFORMANCE INPUT BY THE ENTIRE BOARD. FINAL COMPENSATION IS RECOMMENDED TO THE ASSOCIATION BOARD OF DIRECTORS FOR APPROVAL. THE SALARY RANGES FOR ALL POSITIONS ARE REVIEWED ANNUALLY BY THE HUMAN RESOURCE COMMITTEE OF THE ASSOCIATION BOARD OF DIRECTORS. RANGES ARE REVIEWED WITH COMPARABLE DATA FROM THE YMCA OF THE USA AND LOCAL EMPLOYERS. THE HUMAN RESOURCES COMMITTEE RECOMMENDS THE SALARY RANGES AND ANNUAL COMPENSATION GUIDELINES TO THE ASSOCIATION BOARD OF DIRECTORS FOR FINAL APPROVAL. THE ORGANIZATION HAS NO OTHER PAID OFFICERS OR EMPLOYEES MEETING THE IRS DEFINITION OF A KEY EMPLOYEE.

FORM 990 PART VI SECTION C LINE 19

THE ORGANIZATION WILL PROVIDE IN A TIMELY MANNER, COPIES OF ALL GOVERNING DOCUMENTS, INCLUDING ITS CONFLICT-OF-INTEREST POLICIES AND FINANCIAL STATEMENTS WHEN REQUESTED IN WRITING OR IN PERSON.

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OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organizationEmployer identification numberYOUNG MEN'S CHRISTIAN ASSOCIATION84-0404266

FORM 990 PART XI LINE 9

OTHER CHANGE:

CHANGE IN BENEFICIAL INTEREST: 144,910

OTHER CHANGES:

144,910

Schedule O (Form 990 or 990-EZ) 2023 Page 2		
Name of the organization	Employer ide	entification number
YOUNG MEN'S CHRISTIAN ASSOCIATION	N 84-040)4266
FORM 990, PART VII-COMPENSATION OF THE 5 HIGHEST PAID IND. CONTRACTORS		
NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
ENVIRONMENT CONTROL		
115 N CIRCLE DRIVE		
COLORADO SPRINGS, CO 80909	CUSTODIAL	741,050.
HAYNES MECHANICAL SYSTEMS		
PO BOX 561389		
DENVER, CO 80256	MECHANICAL MAINT.	359,034.
YMCA MANAGED SERVICES ORGANIZATION		
3800 DAGNY WAY		
LAFAYETTE, CO 80026	ADMIN SUPPORT	438,650.
WICKED THINK MARKETING		
13520 NORTHGATE ESTATES DR		
COLORADO SPRINGS, CO 80921	MARKETING	228,823.
YMCA ENTERPRISE SHARED SERVICES (YESS)		
101 NORTH WACKER DRIVE		
CHICAGO, IL 60606	ADMIN SUPPORT	614,110.

2023 TAX RETURN

Final Audit Report

October 03, 2024

Created:	October 03, 2024
By:	Stockman Kast Ryan & Co.(sandersson@skrco.com)
Status:	ESigned
Transaction ID:	Z50WMJT3V43ML25J4XJ1U9X184
Documents:	YMCA OF THE PIKES PEAK REGION_2023_TAX RETURN_PIC 2023 FORM 990-
	- YMCA PPR _ PIC 092424.pdf
	YMCA OF THE PIKES PEAK REGION_2023_TAX RETURN_2023 FORM 990
	YMCA PPR _ TO BE SIGNED 092424.pdf
	YMCA OF THE PIKES PEAK REGION_2023_TAX RETURN_2023 FORM 990

"2023 TAX RETURN" History

- Document emailed to (BWILLIAMS@PPYMCA.ORG) for signature 10/3/2024 08:56:35 AM Mountain Daylight Time
- Document viewed by (BWILLIAMS@PPYMCA.ORG) 10/3/2024 10:10:58 AM Mountain Daylight Time - IP address: 107.115.17.5
- Document viewed by (BWILLIAMS@PPYMCA.ORG) 10/3/2024 10:17:11 AM Mountain Daylight Time - IP address: 150.252.240.3
- Document e-signed by (BWILLIAMS@PPYMCA.ORG) Signature Date: 10/3/2024 10:18:34 AM Mountain Daylight Time - IP address: 150.252.240.3
- Document Signed 10/3/2024 10:18:34 AM Mountain Daylight Time