

PUBLIC DISCLOSURE COPY

Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.**2024****Open to Public Inspection**

A For the 2024 calendar year, or tax year beginning , 2024, and ending , 20	
B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <u>YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE GREATER HOUSTON AREA</u> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <u>3110 HAYES RD</u> <u>300</u> City or town, state or province, country, and ZIP or foreign postal code <u>HOUSTON, TX 77082</u> F Name and address of principal officer: <u>STEPHEN IVES</u> <u>SAME AS C ABOVE</u> H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions. H(c) Group exemption number
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	D Employer identification number <u>74-1109737</u> E Telephone number <u>(713) 659-5566</u> G Gross receipts \$ <u>193,384,121</u>
J Website: <u>WWW.YMCAHOUSTON.ORG</u>	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other	L Year of formation: <u>1886</u> M State of legal domicile: <u>TX</u>

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE GREATER HOUSTON AREA IS A CHRISTIAN FELLOWSHIP DEDICATED TO IMPROVING THE QUALITY OF LIFE (CONTINUED ON SCHEDULE O)</u>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a) 3 <u>46</u>		
	4	Number of independent voting members of the governing body (Part VI, line 1b) 4 <u>45</u>		
	5	Total number of individuals employed in calendar year 2024 (Part V, line 2a) 5 <u>5,945</u>		
	6	Total number of volunteers (estimate if necessary) 6 <u>2,147</u>		
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 7a <u>0</u>		
b	Net unrelated business taxable income from Form 990-T, Part I, line 11 7b <u>0</u>			
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	<u>86,818,875</u>	<u>87,614,124</u>
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>71,601,148</u>	<u>75,105,439</u>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>2,723,225</u>	<u>3,118,706</u>
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>(135,185)</u>	<u>(56,682)</u>
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<u>161,008,063</u>	<u>165,781,587</u>
	14	Benefits paid to or for members (Part IX, column (A), line 4)	<u>30,335,198</u>	<u>28,497,404</u>
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<u>0</u>	<u>0</u>
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<u>73,576,114</u>	<u>83,489,268</u>
	b	Total fundraising expenses (Part IX, column (D), line 25) <u>2,495,520</u>	<u>0</u>	<u>15,400</u>
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<u>61,945,797</u>	<u>54,371,297</u>
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<u>165,857,109</u>	<u>166,373,369</u>
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	<u>(4,849,046)</u>	<u>(591,782)</u>
	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	<u>289,539,360</u>	<u>281,368,948</u>
	22	Net assets or fund balances. Subtract line 21 from line 20	<u>134,459,316</u>	<u>127,122,473</u>
			<u>155,080,044</u>	<u>154,246,475</u>

Part II Signature Block

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

Sign Here	<u>Electronically Filed</u>				
	Signature of officer <u>JENNIFER GARCIA GARCIA, CFO</u> Type or print name and title	Date			
Paid Preparer Use Only	Print/Type preparer's name <u>KURT COBURN</u>	Preparer's signature <u>KURT COBURN</u>	Date <u>06/16/25</u>	Check <input type="checkbox"/> if self-employed	PTIN <u>P01638285</u>
	Firm's name <u>BLAZEK & VETTERLING</u>	Firm's EIN <u>76-0269860</u>		Phone no. <u>(713) 439-5739</u>	
	Firm's address <u>2900 WESLAYAN, STE 200, HOUSTON, TX 77027</u>				

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form **990** (2024)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐**1** Briefly describe the organization's mission:

IT IS THE MISSION OF THE YMCA OF GREATER HOUSTON TO PUT JUDEO-CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT BUILD A HEALTHY SPIRIT, MIND AND BODY FOR ALL. SEE SCHEDULE O.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ 66,325,251 including grants of \$ 27,434,000) (Revenue \$ 301,041)
SOCIAL RESPONSIBILITY

THE YMCA OF GREATER HOUSTON HAS PROVED COMMUNITIES ARE STRONGER WHEN EVERYONE HAS AN OPPORTUNITY TO SUCCEED AND IMPROVE THEIR QUALITY OF LIFE. THE YMCA OF GREATER HOUSTON STRIVES TO SERVE ALL SEGMENTS OF OUR COLLECTIVE SOCIETY BY UNIFYING OUR COMMUNITY THROUGH MEMBERSHIP AND SCHOLARSHIP FOR ALL. THE YMCA OF GREATER HOUSTON IS NOT A PLACE BUT A PURPOSE, EVERYONE IS WELCOME.

SEE SCHEDULE O FOR ADDITIONAL INFORMATION.

4b (Code:) (Expenses \$ 48,323,197 including grants of \$ 105,900) (Revenue \$ 49,913,942)
HEALTHY LIVING

WITH A NUMBER OF HEALTH AND WELLNESS INITIATIVES, THE YMCA BRINGS PEOPLE TOGETHER. THE YMCA IS COMMITTED TO STRENGTHENING THE FOUNDATIONS OF COMMUNITIES WHILE BRIDGING GAPS, CONNECTING PEOPLE AND INCREASING THE REGION'S PHYSICAL AND MENTAL WELL-BEING.

SEE SCHEDULE O FOR ADDITIONAL INFORMATION.

4c (Code:) (Expenses \$ 33,569,783 including grants of \$ 957,504) (Revenue \$ 24,890,456)
YOUTH DEVELOPMENT

CHILDREN AND TEENS ARE BETTER ABLE TO REACH THEIR FULL POTENTIAL BY IMPROVING EDUCATIONAL READINESS AND CLOSING ACHIEVEMENT GAPS. BY BUILDING CONFIDENT KIDS TODAY, THE YMCA OF GREATER HOUSTON HELPS ASSURE THEY GROW INTO CONTRIBUTING AND ENGAGED ADULTS TOMORROW.

SEE SCHEDULE O FOR ADDITIONAL INFORMATION.

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

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

4e Total program service expenses 148,218,231

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 ✓	
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2 ✓	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	✓
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	✓
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5	✓
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	✓
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	✓
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	✓
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	✓
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 ✓	
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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a ✓	
b Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	✓
c Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	✓
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d ✓	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e ✓	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	✓
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	✓
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 ✓	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	✓
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	✓
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b ✓	
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 ✓	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	✓
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17 ✓	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18 ✓	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	✓
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	✓
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21 ✓	

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22 ✓	
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? <i>If "Yes," complete Schedule J</i>	23 ✓	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a ✓	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	✓
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	✓
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	✓
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	✓
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	✓
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? <i>If "Yes," complete Schedule L, Part II</i>	26 ✓	
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? <i>If "Yes," complete Schedule L, Part III</i>	27	✓
28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	✓
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	✓
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c ✓	
29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	29 ✓	
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	✓
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	✓
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	✓
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? <i>If "Yes," complete Schedule R, Part I</i>	33	✓
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34 ✓	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a ✓	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b ✓	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	✓
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? <i>If "Yes," complete Schedule R, Part VI</i>	37	✓
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 ✓	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a 108	
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c ✓	

Part 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 5,945		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	✓	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓
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		✓
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		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
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		✓
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).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	✓	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	✓	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	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 sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		
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:			
a	Gross income from members or shareholders	11a		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c	Enter the amount of reserves on hand	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		✓
b	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? If "Yes," see the instructions and file Form 4720, Schedule N.	15		✓
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		✓
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? If "Yes," complete Form 6069.	17		

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

Section 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 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.	1a 46	
b Enter the number of voting members included on line 1a, above, who are independent	1b 45	
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 <input checked="" type="checkbox"/>	
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 <input type="checkbox"/>	<input checked="" type="checkbox"/>
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4 <input type="checkbox"/>	<input checked="" type="checkbox"/>
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5 <input type="checkbox"/>	<input checked="" type="checkbox"/>
6 Did the organization have members or stockholders?	6 <input type="checkbox"/>	<input checked="" type="checkbox"/>
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 <input type="checkbox"/>	<input checked="" type="checkbox"/>
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 <input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a <input checked="" type="checkbox"/>	
b Each committee with authority to act on behalf of the governing body?	8b <input checked="" type="checkbox"/>	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9 <input type="checkbox"/>	<input checked="" type="checkbox"/>

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a <input checked="" type="checkbox"/>	
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b <input checked="" type="checkbox"/>	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a <input checked="" type="checkbox"/>	
b Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a <input checked="" type="checkbox"/>	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b <input checked="" type="checkbox"/>	
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 <input checked="" type="checkbox"/>	
13 Did the organization have a written whistleblower policy?	13 <input checked="" type="checkbox"/>	
14 Did the organization have a written document retention and destruction policy?	14 <input checked="" type="checkbox"/>	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a <input checked="" type="checkbox"/>	
b Other officers or key employees of the organization	15b <input checked="" type="checkbox"/>	
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 <input type="checkbox"/>	<input checked="" type="checkbox"/>
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 <input type="checkbox"/>	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed NONE

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☒ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 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 records.
LAUREN ROME, 3110 HAYES RD, STE 300, HOUSTON, TX 77082, (713) 758-9126

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) STEPHEN IVES PRESIDENT AND CEO	40.0 1.0			✓				656,260	0	80,474
(2) JENNIFER LOPEZ CHIEF OF STAFF	40.0 1.0			✓				339,863	0	60,203
(3) JENNIFER GARCIA CHIEF FINANCIAL OFFICER	40.0 1.0			✓				316,798	0	38,660
(4) ANGELA HODSON CHIEF PHILANTHROPY OFFICER	40.0 0.0					✓		303,150	0	52,013
(5) RICHARD CRUZ CHIEF OPERATIONS OFFICER	40.0 0.0				✓			311,798	0	6,421
(6) JEFFERY WATKINS EXECUTIVE VICE PRESIDENT	40.0 0.0				✓			243,406	0	40,669
(7) ROBERT HODGE SR. VP OF INFORMATION TECHNOLOGIES	40.0 0.0					✓		220,676	0	43,688
(8) AVICE CHAMBERS SR. VP OF YOUTH DEVELOPMENT	40.0 0.0					✓		184,500	0	41,168
(9) NICOLE MCWHORTER VP OF COMMUNITY PHILANTHROPY	40.0 0.0					✓		180,798	0	39,318
(10) MARY WILKES DALENCOUR CHIEF RISK OFFICER	40.0 0.0					✓		184,461	0	22,707
(11) LEE A. LAHOUCADE CHAIR	1.0 0.0	✓		✓				0	0	0
(12) PAULA MENDOZA CHAIR ELECT	1.0 0.0	✓		✓				0	0	0
(13) JOHN S. ARNOLDY DIRECTOR	1.0 1.0	✓						0	0	0
(14) DANIEL A. BATES DIRECTOR	1.0 0.0	✓						0	0	0

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) DAN BELLOW DIRECTOR	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(16) GABRIELA BOERSNER DIRECTOR	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(17) KATHY BRITTON DIRECTOR	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(18) GLENN H. CLEMENTS DIRECTOR	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(19) CHARLES E. COMISKEY DIRECTOR	1.0 1.0	<input checked="" type="checkbox"/>						0	0	0
(20) MATT DEAL DIRECTOR	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(21) ROBERT J. DOYLE DIRECTOR	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(22) FRANCES CASTANEDA DYESS DIRECTOR	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(23) JOHN ESQUIVEL DIRECTOR	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(24) SIDNEY EVANS, II DIRECTOR	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(25) (SEE STATEMENT)										
1b Subtotal								2,941,710	0	425,321
c Total from continuation sheets to Part VII, Section A								0	0	0
d Total (add lines 1b and 1c)								2,941,710	0	425,321

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **33**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule J for such individual</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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
SEHGAL & SONS ENTERPRISES, 4411 BLUEBONNET DR, STE 106, STAFFORD, TX 77477	JANITORIAL SERVICES	2,142,695
TELLEPSSEN BUILDERS, 777 BENMAR DR, STE 400, HOUSTON, TX 77060	CONSTRUCTION	1,186,600
YELLOWSTONE LANDSCAPE, PO BOX 205742, DALLAS, TX 75320	LANDSCAPING	972,586
CHILDCARE CAREERS, 2000 SIERRA POINT PKWY, STE 702, BRISBANE, CA 94005	STAFFING SERVICES	940,207
AMERICAN JANITORIAL SERV. LTD, 2951 MARINA BAY DR, STE 130 #395, LEAGUE CITY, TX 77573	JANITORIAL SERVICES	867,131
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization	26	

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants, and Other Similar Amounts	1a	Federated campaigns	1a	1,654,239			
	b	Membership dues	1b	0			
	c	Fundraising events	1c	779,707			
	d	Related organizations	1d	681,501			
	e	Government grants (contributions)	1e	56,359,374			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	28,139,303			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 7,749,356			
	h	Total. Add lines 1a-1f		87,614,124			
	Program Service Revenue	Business Code					
2a	MEMBERSHIP REVENUE		46,539,615	46,539,615			
b	CHILDCARE REVENUE -- SCHOOL AGE		14,866,827	14,866,827			
c	DAY CAMP REVENUE		3,514,377	3,514,377			
d	RESIDENCE REVENUE		2,891,154	2,891,154			
e	CHILDCARE REVENUE -- INFANT/TODDLER/PRESCHOOL		2,142,449	2,142,449			
f	All other program service revenue		5,151,017	5,151,017	0	0	
g	Total. Add lines 2a-2f		75,105,439				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		796,719			796,719
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties		4,966			4,966
	6a	Gross rents	(i) Real	(ii) Personal			
	6a	0	0				
	b	Less: rental expenses	0	0			
	c	Rental income or (loss)	0	0			
	d	Net rental income or (loss)		0	0	0	0
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
	7a	23,398,191	6,021,745				
	b	Less: cost or other basis and sales expenses	21,811,245	5,286,704			
	c	Gain or (loss)	1,586,946	735,041			
	d	Net gain or (loss)		2,321,987	0	0	2,321,987
	8a	Gross income from fundraising events (not including \$ 779,707 of contributions reported on line 1c). See Part IV, line 18	8a	442,937			
	b	Less: direct expenses	8b	504,585			
	c	Net income or (loss) from fundraising events		(61,648)		0	(61,648)
	9a	Gross income from gaming activities. See Part IV, line 19	9a	0			
	b	Less: direct expenses	9b	0			
	c	Net income or (loss) from gaming activities		0	0	0	0
	10a	Gross sales of inventory, less returns and allowances	10a	0			
b	Less: cost of goods sold	10b	0				
c	Net income or (loss) from sales of inventory		0	0	0	0	
Miscellaneous Revenue	Business Code						
	11a						
	b						
	c						
	d	All other revenue		0	0	0	
	e	Total. Add lines 11a-11d		0			
12	Total revenue. See instructions		165,781,587	75,105,439	0	3,062,024	

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX ☐**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	83,500	83,500		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	28,391,504	28,391,504		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	22,400	22,400		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	1,810,476	90,951	1,363,691	355,834
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7 Other salaries and wages	68,133,061	61,712,802	5,013,830	1,406,429
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3,424,256	3,129,291	232,426	62,539
9 Other employee benefits	4,469,398	3,297,788	966,751	204,859
10 Payroll taxes	5,652,077	5,084,965	456,450	110,662
11 Fees for services (nonemployees):				
a Management	0	0	0	0
b Legal	45,816	27,096	16,931	1,789
c Accounting	118,882	70,307	43,933	4,642
d Lobbying	0	0	0	0
e Professional fundraising services. See Part IV, line 17	15,400			15,400
f Investment management fees	95,078	0	95,078	0
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	3,251,135	1,950,225	1,176,579	124,331
12 Advertising and promotion	2,087,339	171,426	1,907,590	8,323
13 Office expenses	1,751,014	1,101,005	610,883	39,126
14 Information technology	3,725,956	1,875,670	1,805,111	45,175
15 Royalties	0	0	0	0
16 Occupancy	13,789,772	13,678,610	111,162	0
17 Travel	2,518,726	2,178,682	313,335	26,709
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19 Conferences, conventions, and meetings	109,177	35,866	33,013	40,298
20 Interest	4,106,753	3,740,349	366,404	0
21 Payments to affiliates	0	0	0	0
22 Depreciation, depletion, and amortization	11,316,989	10,897,631	397,253	22,105
23 Insurance	4,695,338	4,522,594	172,744	0
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a <u>SUPPLIES</u>	4,218,129	4,145,800	59,739	12,590
b <u>MEMBERSHIP FEES</u>	681,593	634,501	38,740	8,352
c <u>EQUIPMENT RENTAL AND MAINTENANCE</u>	721,921	541,814	180,107	0
d <u>PROFESSIONAL DEVELOPMENT</u>	581,480	396,525	184,955	0
e All other expenses	556,199	436,929	112,913	6,357
25 Total functional expenses. Add lines 1 through 24e	166,373,369	148,218,231	15,659,618	2,495,520
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	6,275	1	6,095
	2 Savings and temporary cash investments	8,086,801	2	2,141,227
	3 Pledges and grants receivable, net	11,191,097	3	19,530,608
	4 Accounts receivable, net	861,045	4	1,248,194
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	150,000	5	100,000
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	187,307
	9 Prepaid expenses and deferred charges	2,477,989	9	4,760,617
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 355,687,849		
	b Less: accumulated depreciation	10b 143,589,847		
		224,011,645	10c	212,098,002
	11 Investments—publicly traded securities	23,332,091	11	21,751,164
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	19,422,417	15	19,545,734
	16 Total assets. Add lines 1 through 15 (must equal line 33)	289,539,360	16	281,368,948
Liabilities	17 Accounts payable and accrued expenses	6,743,972	17	6,842,942
	18 Grants payable		18	
	19 Deferred revenue	4,227,571	19	2,043,424
	20 Tax-exempt bond liabilities	118,119,157	20	113,654,049
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	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	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	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	5,368,616	25	4,582,058
	26 Total liabilities. Add lines 17 through 25	134,459,316	26	127,122,473
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	146,360,829	27	139,613,144
	28 Net assets with donor restrictions	8,719,215	28	14,633,331
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	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	155,080,044	32	154,246,475
	33 Total liabilities and net assets/fund balances	289,539,360	33	281,368,948

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Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	165,781,587
2	Total expenses (must equal Part IX, column (A), line 25)	2	166,373,369
3	Revenue less expenses. Subtract line 2 from line 1	3	(591,782)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	155,080,044
5	Net unrealized gains (losses) on investments	5	(241,787)
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	154,246,475

Part XII Financial Statements and ReportingCheck 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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? . . . 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. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and 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 audited on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> 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 If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .	✓	

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Part VII
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (Check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(25) STEPHEN R. FETTERMAN	1.0	✓						0	0	0
DIRECTOR	0.0									
(26) RODNEY FINKE	1.0	✓						0	0	0
DIRECTOR	0.0									
(27) REY GONZALES	1.0	✓						0	0	0
DIRECTOR	0.0									
(28) WILLIAM HADNOTT, III	1.0	✓						0	0	0
DIRECTOR	0.0									
(29) JENI E. HALLIDAY	1.0	✓						0	0	0
DIRECTOR	1.0									
(30) KEITH HERNDON	1.0	✓						0	0	0
DIRECTOR	1.0									
(31) SYDNEY ISSACS	1.0	✓						0	0	0
DIRECTOR	0.0									
(32) RYANE JACKSON	1.0	✓						0	0	0
DIRECTOR	0.0									
(33) CULLEN KAPPLER	1.0	✓						0	0	0
DIRECTOR	0.0									
(34) BRYCE KENNARD	1.0	✓						0	0	0
DIRECTOR	0.0									
(35) BYRD LARBERG	1.0	✓						0	0	0
DIRECTOR	0.0									
(36) DAVID LEY	1.0	✓						0	0	0
DIRECTOR	0.0									
(37) NENA MARSH	1.0	✓						0	0	0
DIRECTOR	0.0									
(38) KHAMBREL MARSHALL	1.0	✓						0	0	0
DIRECTOR	0.0									
(39) CHASTA MARTIN	1.0	✓						0	0	0
DIRECTOR	0.0									
(40) JOY MCCORMACK	1.0	✓						0	0	0
DIRECTOR	0.0									
(41) ROBERT MCFADDEN	1.0	✓						0	0	0
DIRECTOR	0.0									
(42) D. BRADLEY MCWILLIAMS	1.0	✓						0	0	0
DIRECTOR	1.0									
(43) JOE ROTHBAUER	1.0	✓						0	0	0
DIRECTOR	0.0									
(44) D. BRYAN RUEZ	1.0	✓						0	0	0
DIRECTOR	0.0									

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (Check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(45) JIM SCHIER ----- DIRECTOR	1.0 ----- 1.0	✓						0	0	0
(46) BETH SHEA ----- DIRECTOR	1.0 ----- 1.0	✓						0	0	0
(47) JENNIFER SMITH ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(48) LARRY STEPHENS ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(49) HOWARD TELLEPSEN ----- DIRECTOR	1.0 ----- 1.0	✓						0	0	0
(50) TADD TELLEPSEN ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(51) PHYLLIS TURNER-BRIM ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(52) SONYA VIAL ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(53) PAGE M. VOGELSANG ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(54) CAROLYN WATSON ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(55) RICHARD W. WEEKLEY ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(56) KENNETH YANG ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

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.

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

OMB No. 1545-0047

2024

Open to Public
Inspection

Name of the organization

YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE GREATER HOUSTON AREA

Employer identification number

74-1109737

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☐ An organization that normally receives (1) more than 33¹/₃% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 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 supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **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 organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization must generally satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Cat. No. 11285F

Schedule A (Form 990) 2024

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	63,057,547	59,402,715	69,973,289	86,818,875	87,614,124	366,866,550
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	63,057,547	59,402,715	69,973,289	86,818,875	87,614,124	366,866,550
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)						0
6 Public support. Subtract line 5 from line 4						366,866,550

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	63,057,547	59,402,715	69,973,289	86,818,875	87,614,124	366,866,550
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	878,879	677,151	674,838	787,024	801,685	3,819,577
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0	0	0	0	0	0
11 Total support. Add lines 7 through 10						370,686,127
12 Gross receipts from related activities, etc. (see instructions)					12	292,656,213
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	98.97 %
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	98.64 %
16a 33¹/₃% support test—2024. If the organization did not check the box on line 13, and line 14 is 33 ¹ / ₃ % or more, check this box and stop here . The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33¹/₃% support test—2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 ¹ / ₃ % or more, check this box and stop here . The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test—2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10%-facts-and-circumstances test—2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	%
19a 33¹/₃% support tests—2024. If the organization did not check the box on line 14, and line 15 is more than 33 ¹ / ₃ %, and line 17 is not more than 33 ¹ / ₃ %, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33¹/₃% support tests—2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 ¹ / ₃ %, and line 18 is not more than 33 ¹ / ₃ %, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

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		
b A family member of a person described on line 11a above?		
11b		
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 .		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of 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.		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
2		

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? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
3		

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).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental supported organization. Describe in Part VI how you supported a governmental supported organization (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of its supported organization(s)? 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 each of its supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
2a			
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
2b			
3 Parent of Supported Organizations. Answer lines 3a, 3b, and 3c below.			
a Are the organization and its supported organization(s) part of an integrated system (for example, a hospital system)? If "Yes," provide details in Part VI .			
3a			
b Did the organization direct 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.			
3b			
c Did the organization have the power to regularly appoint or elect (and remove) a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .			
3c			

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

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

Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
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	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990) 2024

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

Section D—Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5
6	Total annual distributions. Add lines 1 through 5.	6
7	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	7
8	Distributable amount for 2024 from Section C, line 6	8
9	Line 7 amount divided by line 8 amount	9

Section E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020 . . .			
b Excess from 2021 . . .			
c Excess from 2022 . . .			
d Excess from 2023 . . .			
e Excess from 2024 . . .			

Schedule A (Form 990) 2024

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, 3b, and 3c; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 7; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B
(Form 990)

(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization

YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE GREATER HOUSTON AREA

Employer identification number

74-1109737

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 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 $\frac{1}{3}$ % 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).

Name of organization

YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE GREATER HOUSTON AREA

Employer identification number

74-1109737**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 3,790,122	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 47,868,882	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 2,416,706	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 3,435,931	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 2,500,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 3,196,557	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Employer identification number

74-1109737

Part I

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 2,959,365	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE GREATER HOUSTON AREA

Employer identification number

74-1109737

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3	FOOD COMMODITIES	\$ 2,416,706	12/31/2024
6	HOME AND PERSONAL GOODS	\$ 3,196,557	12/31/2024
7	HOME AND PERSONAL GOODS	\$ 2,959,365	12/31/2024
		\$	
		\$	
		\$	

Name of organization

YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE GREATER HOUSTON AREA

Employer identification number

74-1109737**Part III**

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) \$ _____

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
	Transferee's name, address, and ZIP + 4 ----- ----- -----		Relationship 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) Transfer of gift Transferee's name, address, and ZIP + 4 ----- ----- -----		Relationship 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) Transfer of gift Transferee's name, address, and ZIP + 4 ----- ----- -----		Relationship 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) Transfer of gift Transferee's name, address, and ZIP + 4 ----- ----- -----		Relationship of transferor to transferee ----- ----- -----

SCHEDULE D
(Form 990)

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization

YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE GREATER HOUSTON AREA

Employer identification number

74-1109737

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <input type="checkbox"/> Yes <input type="checkbox"/> No	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Part II Conservation Easements

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1	Purpose(s) of conservation easements held by the organization (check all that apply). <input type="checkbox"/> Preservation of land for public use (for example, recreation or education) <input type="checkbox"/> Preservation of a historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included on line 2a	2c
d	Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? <input type="checkbox"/> Yes <input type="checkbox"/> No	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \$	
8	Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1 \$ (ii) Assets included in Form 990, Part X \$	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items. a Revenue included on Form 990, Part VIII, line 1 \$ b Assets included in Form 990, Part X \$	

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

a ☐ Public exhibition

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table.

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

Part V Endowment Funds

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	20,138,280	14,481,071	16,572,577	14,081,995	13,004,116
b Contributions	638,928	3,960,062	1,666,242	798,312	71,760
c Net investment earnings, gains, and losses	2,470,115	2,299,864	(3,161,476)	2,201,002	1,301,322
d Grants or scholarships					
e Other expenditures for facilities and programs	683,456	602,717	596,272	507,232	293,703
f Administrative expenses				1,500	1,500
g End of year balance	22,563,867	20,138,280	14,481,071	16,572,577	14,081,995

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment 60.13 %

b Permanent endowment 27.89 %

c Term endowment 11.98 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) Unrelated organizations?

(ii) Related organizations?

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		✓
3a(ii)	✓	
3b	✓	

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		25,670,804		25,670,804
b Buildings		212,628,680	73,306,478	139,322,202
c Leasehold improvements		85,554,852	45,731,631	39,823,221
d Equipment		31,398,261	24,551,738	6,846,523
e Other		435,252		435,252
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				212,098,002

Part VII Investments—Other Securities

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (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 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets

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

(a) Description	(b) Book value
(1) BOND PROCEEDS HELD IN TRUST	12,443,500
(2) PROPERTY HELD FOR RESALE	727,826
(3) RIGHT OF USE ASSETS	6,374,408
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	19,545,734

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LEASE PAYABLE	4,523,557
(3) DUE TO AFFILIATE	58,501
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	4,582,058

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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	167,903,443
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	(241,787)
b	Donated services and use of facilities	2b	31,179
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	3,109,043
e	Add lines 2a through 2d	2e	2,898,435
3	Subtract line 2e from line 1	3	165,005,008
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	95,078
b	Other (Describe in Part XIII.)	4b	681,501
c	Add lines 4a and 4b	4c	776,579
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	165,781,587

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	166,311,425
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	31,179
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	1,955
e	Add lines 2a through 2d	2e	33,134
3	Subtract line 2e from line 1	3	166,278,291
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	95,078
b	Other (Describe in Part XIII.)	4b	0
c	Add lines 4a and 4b	4c	95,078
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	166,373,369

Part XIII Supplemental Information

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

[SEE STATEMENT](#)

Part XIII

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.

Return Reference - Identifier	Explanation	
SCHEDULE D, PART XI, LINE 2(D) - OTHER REVENUES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	(a) Description	(b) Amount
	YMCA ENDOWMENT REVENUE	3,109,043
SCHEDULE D, PART XI, LINE 4(B) - OTHER REVENUE	(a) Description	(b) Amount
	GRANT FROM YMCA ENDOWMENT	681,501
SCHEDULE D, PART XII, LINE 2(D) - OTHER EXPENSES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	(a) Description	(b) Amount
	YMCA ENDOWMENT EXPENSES	1,955

Part XIII

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

Return Reference - Identifier	Explanation
SCHEDULE D, PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUNDS	THE ENDOWMENT FUNDS ARE HELD TO FURNISH ASSISTANCE AND SUPPORT TO THE CHARITABLE AND EDUCATIONAL PROGRAMS OF THE YMCA OF THE GREATER HOUSTON AREA.

**SCHEDULE F
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE GREATER HOUSTON AREA

Employer identification number

74-1109737

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ **Yes** ☐ **No**

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
EAST ASIA AND THE PACIFIC			GRANTMAKING		
(1)	1	34			15,000
NORTH AMERICA (CANADA & MEXICO ONLY)			PROGRAM SERVICES	SOCIAL SERVICES	
(2)	1	3,000			7,400
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal	2	3,034			22,400
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	2	3,034			22,400

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

Cat. No. 50082W

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

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EAST ASIA AND THE PACIFIC	VIETNAM SCHOOL PROJECT	15,000	WIRE TRANSFER			
(2)			NORTH AMERICA (CANADA & MEXICO ONLY)	GENERAL SUPPORT	7,400	WIRE TRANSFER			
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 2

3 Enter total number of other organizations or entities 0

Part III

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1** Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ☐ Yes ☒ No
- 2** Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* ☐ Yes ☒ No
- 3** Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* ☐ Yes ☒ No
- 4** Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* ☐ Yes ☒ No
- 5** Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* ☐ Yes ☒ No
- 6** Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* ☐ Yes ☒ No

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

Part V

Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

Return Reference - Identifier	Explanation
SCHEDULE F, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS	THE ORGANIZATIONS RECEIVING FUNDS ARE VERIFIED THAT THEY ARE ACCEPTED AS A CHARITABLE ORGANIZATION UNDER THEIR RESPECTIVE GOVERNING LAWS AND REGULATIONS. RESULTS OF SPENDING ARE REPORTED TO THE CHIEF INTERNATIONAL INITIATIVES OFFICER UPON PROJECT COMPLETION.
SCHEDULE F, PART I, LINE 3 - METHOD USED TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS	EAST ASIA AND THE PACIFIC -ACCRUAL NORTH AMERICA (CANADA & MEXICO ONLY) -ACCRUAL
SCHEDULE F, PART II, LINE 1 - METHOD USED TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS	EAST ASIA AND THE PACIFIC -ACCRUAL NORTH AMERICA (CANADA & MEXICO ONLY) -ACCRUAL

(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

74-1109737

Fundraising Activities. Complete if the organization answered “Yes” on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- TX

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.

		(a) Event #1 <u>RUN THROUGH THE WOODS</u> (event type)	(b) Event #2 <u>TURKEY DASH</u> (event type)	(c) Other events <u>8</u> (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	339,868	299,767	583,009	1,222,644
	2 Less: Contributions	270,214	146,889	362,604	779,707
	3 Gross income (line 1 minus line 2)	69,654	152,878	220,405	442,937
Direct Expenses	4 Cash prizes				0
	5 Noncash prizes	18,944	1,347	3,505	23,796
	6 Rent/facility costs	14,267	40,607	126,200	181,074
	7 Food and beverages	12,979	2,914	22,539	38,432
	8 Entertainment	7,700	10,617	42,093	60,410
	9 Other direct expenses	53,976	85,469	61,428	200,873
	10 Direct expense summary. Add lines 4 through 9 in column (d)				504,585
	11 Net income summary. Subtract line 10 from line 3, column (d)				(61,648)

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

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? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

11 Does the organization conduct gaming activities with nonmembers? ☐ **Yes** ☐ **No**

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in:

a	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:

Name _____

Address _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____

c If “Yes,” enter name and address of the third party:

Name

Address _____

16 Gaming manager information:

Name _____

Gaming manager compensation \$ _____

Description of services provided	Date	Time	Location	Other

☐ Director/officer☐ Employee☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization: YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE GREATER HOUSTON AREA
Employer identification number: 74-1109737

Part I General Information on Grants and Assistance
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? [X] Yes [] No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) YMCA OF THE USA 101 N WACKER DR, CHICAGO, IL 60606	36-3258696	501(C)(3)	20,000				YMCA WORLD SERVICE PROJECT
(2) CENTER FOR PERF. ARTS AT THE WOODLANDS 2005 LAKE ROBBINS, THE WOODLANDS, TX 77380	76-0276606	501(C)(3)	16,500				GENERAL SUPPORT
(3) YMCA BLUE RIDGE ASSEMBLY 84 BLUE RIDGE CIR, BLACK MOUNTAIN, NC 28711	56-0532130	501(C)(3)	15,000				GENERAL SUPPORT
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3
3 Enter total number of other organizations listed in the line 1 table 0

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 REFUGEE ASSISTANCE	177,964	20,893,817	6,540,183	FMV	(SEE STATEMENT)
2 EARLYCARE/OUTREACH/OUT OF SCHOOL TIME	85,980	0	957,504	FMV	FOOD ASSISTANCE
3					
4					
5					
6					
7					

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

(SEE STATEMENT)

Return Reference - Identifier	Explanation
SCHEDULE I, PART I -	<p>PART III, LINE 1 - ADDITIONAL ASSISTANCE TO INDIVIDUALS</p> <p>THE YMCA ALSO PROVIDES ASSISTANCE TO INDIVIDUALS IN THE FORM OF REDUCTIONS IN THE AMOUNT OF FEES CHARGED TO PARTICIPATE IN PROGRAMS. DURING 2024, THE YMCA OF GREATER HOUSTON OPERATED 21 MEMBERSHIP CENTERS, 1 OVERNIGHT CAMP, 3 ADAPTIVE SITES, 19 COMMUNITY IMPACT OUTREACH SITES, AND 179 AFTER-SCHOOL AND EARLY CARE SITES, RESULTING IN 392,266 PEOPLE SERVED THROUGH MEMBERSHIP AND PROGRAMS WHILE ALSO AWARDING \$34MM IN FINANCIAL ASSISTANCE.</p>
SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS.	<p>MONITORING OF REFUGEE ASSISTANCE:</p> <p>DIRECT ASSISTANCE TO INTERNATIONAL REFUGEES TAKES TWO FORMS: DIRECT PAYMENTS TO VENDORS, PRIMARILY FOR EXPENSES RELATED TO HOUSING, AND CASH ASSISTANCE WHICH IS MEANT FOR ALL OTHER LIVING EXPENSES. CLIENTS ARE COUNSELED ON THE USE OF THESE FUNDS AND AGREE NOT TO ACCESS PUBLIC CASH ASSISTANCE DURING THE PROGRAM PERIOD. GOVERNMENTAL AGENCIES AWARDING THESE GRANTS CONDUCT PERIODIC PROGRAM AND FINANCIAL AUDITS OF THE YMCA TO ENSURE FUNDS ARE BEING USED ACCORDING TO THE TERMS OF THE GRANT.</p> <p>MONITORING OF FEE REDUCTIONS:</p> <p>BECAUSE THE DEMAND FOR FINANCIAL ASSISTANCE IS GREAT, THE YMCA MUST FOLLOW ELIGIBILITY GUIDELINES. SCHOLARSHIPS ARE AWARDED ON A FIRST-COME, FIRST-SERVE BASIS, SUBJECT TO AVAILABLE RESOURCES. APPLICANTS ARE ASKED TO PAY SOME PORTION OF THE FEES. IF ACCEPTABLE, A VOLUNTEER WORK PROGRAM WILL BE ARRANGED. APPLICANTS MUST COMPLETE A FINANCIAL ASSISTANCE INFORMATION FORM AND ARE REQUIRED TO PROVIDE PROOF OF INCOME. SUBSIDIES WILL BE GRANTED TO THE EXTENT THAT FUNDS ARE AVAILABLE. FINANCIAL ASSISTANCE IS REVIEWED FOR ELIGIBILITY ANNUALLY FOR YMCA PROGRAMS. THE YMCA MONITORS THE USE OF SUBSIDIES BY TRACKING THE APPLICANT'S ATTENDANCE IN THE PROGRAM AND THEIR PARTICIPATION IN BEARING A PORTION OF THE COST. ADDITIONALLY, THE SENIOR COMPLIANCE AUDITOR CONDUCTS PERIODIC AUDITS TO ENSURE COMPLIANCE WITH YMCA POLICY IN THE DISTRIBUTION AND MONITORING OF SCHOLARSHIPS.</p> <p>MONITORING FOR SUB-RECIPIENTS:</p> <p>SUB-RECIPIENTS OF FEDERAL GRANT FUNDING ARE MONITORED THROUGH AN ANNUAL REVIEW OF THEIR FINANCIAL PROCESSES, POLICIES, AND PROCEDURES AND ARE MONITORED ON A QUARTERLY BASIS FOR SPENDING IN ACCORDANCE WITH FEDERAL AND PROGRAM GUIDELINES.</p>
SCHEDULE I, PART III, COLUMN B - ESTIMATED NUMBER OF RECIPIENTS	<p>EARLYCARE/OUTREACH/OUT OF SCHOOL TIME :</p> <p>ESTIMATE IS CALCULATED BY APPLYING THE PERCENTAGE OF PROGRAM RECIPIENTS RECEIVING FINANCIAL ASSISTANCE THROUGH FEE REDUCTION TO THE TOTAL NUMBER OF PROGRAM PARTICIPANTS OVERALL.</p>
SCHEDULE I, PART III, COLUMN F - DESCRIPTION OF NON-CASH ASSISTANCE	<p>REFUGEE ASSISTANCE:</p> <p>HOUSEHOLD GOODS, CLOTHINGS, HYGINE KITS</p>

**SCHEDULE J
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE GREATER HOUSTON AREA

Employer identification number

74-1109737

Part I Questions Regarding Compensation

	Yes	No								
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <table><tbody><tr><td><input type="checkbox"/> First-class or charter travel</td><td><input type="checkbox"/> Housing allowance or residence for personal use</td></tr><tr><td><input type="checkbox"/> Travel for companions</td><td><input type="checkbox"/> Payments for business use of personal residence</td></tr><tr><td><input type="checkbox"/> Tax indemnification and gross-up payments</td><td><input type="checkbox"/> Health or social club dues or initiation fees</td></tr><tr><td><input type="checkbox"/> Discretionary spending account</td><td><input type="checkbox"/> Personal services (such as maid, chauffeur, chef)</td></tr></tbody></table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (such as maid, chauffeur, chef)									
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b									
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2									
3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <table><tbody><tr><td><input checked="" type="checkbox"/> Compensation committee</td><td><input checked="" type="checkbox"/> Written employment contract</td></tr><tr><td><input type="checkbox"/> Independent compensation consultant</td><td><input checked="" type="checkbox"/> Compensation survey or study</td></tr><tr><td><input checked="" type="checkbox"/> Form 990 of other organizations</td><td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td></tr></tbody></table>	<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment?	4a	<input checked="" type="checkbox"/>								
b Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	<input checked="" type="checkbox"/>								
c Participate in or receive payment from an equity-based compensation arrangement?	4c	<input checked="" type="checkbox"/>								
If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.										
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.										
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization?	5a	<input checked="" type="checkbox"/>								
b Any related organization?	5b	<input checked="" type="checkbox"/>								
If "Yes" on line 5a or 5b, describe in Part III.										
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization?	6a	<input checked="" type="checkbox"/>								
b Any related organization?	6b	<input checked="" type="checkbox"/>								
If "Yes" on line 6a or 6b, describe in Part III.										
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7	<input checked="" type="checkbox"/>								
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	<input checked="" type="checkbox"/>								
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9									

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

Cat. No. 50053T

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

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	STEPHEN IVES PRESIDENT AND CEO	(i) 585,187	71,073	0	68,915	11,559	736,734	0
		(ii) 0	0	0	0	0	0	0
2	JENNIFER LOPEZ CHIEF OF STAFF	(i) 324,863	15,000	0	40,784	19,419	400,066	0
		(ii) 0	0	0	0	0	0	0
3	JENNIFER GARCIA CHIEF FINANCIAL OFFICER	(i) 301,798	15,000	0	38,016	644	355,458	0
		(ii) 0	0	0	0	0	0	0
4	ANGELA HODSON CHIEF PHILANTHROPY OFFICER	(i) 288,150	15,000	0	36,378	15,635	355,163	0
		(ii) 0	0	0	0	0	0	0
5	RICHARD CRUZ CHIEF OPERATIONS OFFICER	(i) 265,000	15,000	31,798	0	6,421	318,219	0
		(ii) 0	0	0	0	0	0	0
6	JEFFERY WATKINS EXECUTIVE VICE PRESIDENT	(i) 228,406	15,000	0	29,209	11,460	284,075	0
		(ii) 0	0	0	0	0	0	0
7	ROBERT HODGE SR. VP OF INFORMATION TECHNOLOGIES	(i) 218,176	2,500	0	26,210	17,478	264,364	0
		(ii) 0	0	0	0	0	0	0
8	AVICE CHAMBERS SR. VP OF YOUTH DEVELOPMENT	(i) 182,000	2,500	0	21,914	19,254	225,668	0
		(ii) 0	0	0	0	0	0	0
9	NICOLE MCWHORTER VP OF COMMUNITY PHILANTHROPY	(i) 178,298	2,500	0	21,319	17,999	220,116	0
		(ii) 0	0	0	0	0	0	0
10	MARY WILKES DALENCOUR CHIEF RISK OFFICER	(i) 184,461	0	0	21,497	1,210	207,168	0
		(ii) 0	0	0	0	0	0	0
11		(i)						
		(ii)						
12		(i)						
		(ii)						
13		(i)						
		(ii)						
14		(i)						
		(ii)						
15		(i)						
		(ii)						
16		(i)						
		(ii)						

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

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.

Return Reference - Identifier	Explanation
SCHEDULE J, PART I, LINE 5A - COMPENSATION CONTINGENT ON REVENUES OF THE ORGANIZATION	THE EXECUTIVE COMPENSATION PLAN IS USED TO EVALUATE THE ORGANIZATION'S KEY LEADERS' PERFORMANCE ON AN ANNUAL BASIS. PARTICIPANTS IN THE PLAN ARE DETERMINED BY THE EXECUTIVE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS. THIS COMMITTEE ALSO DETERMINES THE BASIS FOR EVALUATION ANNUALLY USING TARGET AND STRETCH GOALS. IN 2024, THE TARGET AND STRETCH GOALS WERE BASED ON MEETING AND EXCEEDING BUDGETED REVENUE AND BUDGETED NET FROM OPERATIONS.

**SCHEDULE K
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

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.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE GREATER HOUSTON AREA

Employer identification number

74-1109737

Part I Bond 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	HARRIS CTY CULTURAL EDU FINANCE CORP	76-0337885	414009FB1	02/28/2013	71,879,317	REFUND BONDS 6/25/08		✓		✓		✓
B	HARRIS CTY CULTURAL EDU FINANCE CORP	76-0337885	NONEAVAIL	05/31/2019	69,835,000	REFUND BONDS 2/4/16		✓		✓		✓
C												
D												

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired	21,389,317		8,735,000					
2	Amount of bonds legally defeased	0		0					
3	Total proceeds of issue	71,879,317		69,835,000					
4	Gross proceeds in reserve funds	5,670,000		6,773,500					
5	Capitalized interest from proceeds	0		0					
6	Proceeds in refunding escrows	0		0					
7	Issuance costs from proceeds	2,245,472		174,529					
8	Credit enhancement from proceeds	0		0					
9	Working capital expenditures from proceeds	0		0					
10	Capital expenditures from proceeds	0		0					
11	Other spent proceeds	63,963,845		62,886,971					
12	Other unspent proceeds	0		0					
13	Year of substantial completion	2010		2010					
		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)?	✓		✓					
15	Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		✓		✓				
16	Has the final allocation of proceeds been made?	✓		✓					
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	✓		✓					

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

Cat. No. 50193E

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

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		✓		✓				
2	Are there any lease arrangements that may result in private business use of bond-financed property?		✓		✓				
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		✓		✓				
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		✓		✓				
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0.00 %		0.00 %					
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	0.00 %		0.00 %					
6	Total of lines 4 and 5	0.00 %		0.00 %					
7	Does the bond issue meet the private security or payment test?		✓		✓				
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?		✓		✓				
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
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?	✓		✓					

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		✓		✓				
2	If "No" to line 1, did the following apply?								
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 performed	04/24/2018							
3	Is the bond issue a variable rate issue?		✓	✓					

Part VI

Supplemental Information. Supplemental Information Complete this part to provide additional information for responses to questions on Schedule K (see instructions).

Return Reference - Identifier	Explanation
SCHEDULE K, PART IV, LINE 2C - COLUMN A	ISSUER NAME: HARRIS CTY CULTURAL EDU FINANCE CORP THE CALCULATION FOR COMPUTING NO REBATE DUE WAS PERFORMED ON 04/24/2018
SCHEDULE K, PART V - DIFFERENT PROCEDURES TO UNDERTAKE CORRECTIVE ACTION	ISSUER NAME: HARRIS CTY CULTURAL EDU FINANCE CORP N/A
SCHEDULE K, PART V - DIFFERENT PROCEDURES TO UNDERTAKE CORRECTIVE ACTION	ISSUER NAME: HARRIS CTY CULTURAL EDU FINANCE CORP N/A

SCHEDULE L
(Form 990)

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization

YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE GREATER HOUSTON AREA

Employer identification number

74-1109737

Part I

Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$

Part II

Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1) (SEE STATEMENT)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												

Total \$ 100,000

Part III

Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Cat. No. 50056A

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

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) TELLEPSEN BUILDERS	OWNER/DIRECTOR	1,186,600	BUILDING CONSTRUCTION		✓
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

(SEE STATEMENT)

Part II**Loans to and/or From Interested Persons** (continued)

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1) STEPHEN IVES	PRESIDENT & CEO	BUSINESS CONTINUITY		✓	250,000	100,000		✓	✓		✓	

Part V**Supplemental Information.** Provide additional information for responses to questions on Schedule L (see instructions).

Return Reference - Identifier	Explanation
SCHEDULE L, PART IV - LINE 1	AS A BOARD MEMBER, THE INTERESTED PARTY DOES NOT PARTICIPATE IN ANY VOTES PERTAINING TO THE AWARDING OF CONTRACTS AND/OR SERVICES TO THE YMCA OF GREATER HOUSTON.

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public
Inspection

Name of the organization

YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE GREATER HOUSTON AREA

Employer identification number

74-1109737

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods	✓		3,735,439	MARKET VALUE
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	✓	1	49,165	MARKET VALUE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory	✓	1,627,133	3,784,067	MARKET VALUE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ((SEE STATEMENT))				
26 Other ()				
27 Other ()				
28 Other ()				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement			29	0
30a During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?				Yes No 30a ✓
b If "Yes," describe the arrangement in Part II.				
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?				31 ✓
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?				32a ✓
b If "Yes," describe in Part II.				
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.				

Part I

Types of Property (continued)

Property Type	(a) Check If Applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
AIRLINE FLIGHTS	✓	130	52,000	MARKET VALUE
BACKPACKS AND SCHOOL SUPPLY KITS	✓	2,536	41,043	MARKET VALUE
FLORAL ARRANGEMENTS	✓	1	3,000	MARKET VALUE
EVENT TICKETS	✓	70	2,656	MARKET VALUE
WAREHOUSE ITEMS	✓	40,000	81,986	MARKET VALUE

Part II

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference - Identifier	Explanation
SCHEDULE M, PART I - EXPLANATIONS OF REPORTING METHOD FOR NUMBER OF CONTRIBUTIONS	YMCA IS REPORTING THE NUMBER OF ITEMS RECEIVED IN PART I, COLUMN B.

**SCHEDULE O
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ****Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.****Attach to Form 990 or Form 990-EZ.****Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

Young Men's Christian Association of the Greater Houston Area

Employer identification number

74-1109737

Return Reference - Identifier	Explanation
FORM 990, PART I, LINE 1 - BRIEF MISSION	THROUGH PROGRAMS AND SERVICES WHICH PROMOTE HEALTHY LIVING, YOUTH DEVELOPMENT AND SOCIAL RESPONSIBILITY THROUGHOUT THE COMMUNITY.
FORM 990, PART VI, LINE 2 - FAMILY/BUSINESS RELATIONSHIPS AMONGST INTERESTED PERSONS	HOWARD TELLEPSEN AND TADD TELLEPSEN - FAMILY RELATIONSHIP
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	THE CFO, TOGETHER WITH BLAZEK & VETTERLING, PRESENTS THE FORM 990 TO THE FINANCE COMMITTEE FOR THEIR DETAILED REVIEW. UPON COMPLETION OF THE REVIEW PROCESS, THE FINANCE COMMITTEE ACCEPTS THE FORM 990 AS PRESENTED. THE FINANCE COMMITTEE CHAIR BRIEFS THE YMCA BOARD OF DIRECTORS OF THEIR REVIEW. PRIOR TO FILING, THE FORM 990 IS POSTED ON THE ORGANIZATION'S WEBSITE ACCESSIBLE THROUGH A SECURE PORTAL FOR BOARD MEMBERS' REVIEW.
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	THE YMCA OF GREATER HOUSTON HAS ADOPTED A COMPREHENSIVE CONFLICT OF INTEREST POLICY. THE POLICY REQUIRES EACH DIRECTOR, OFFICER, TRUSTEE, VOLUNTEER AND EMPLOYEE OF THE ASSOCIATION TO MAKE FULL DISCLOSURE OF ANY INTEREST THAT MIGHT RESULT IN A CONFLICT ON THEIR PART. THE POLICY CLEARLY DEFINES POTENTIAL CONFLICTS OF INTEREST AND REQUIRES DISCLOSURE OF POTENTIAL CONFLICTING INTERESTS IN CERTAIN BUSINESS TRANSACTIONS. THE POLICY FURTHER REQUIRES DIRECTORS, OFFICERS, TRUSTEES, SELECTED VOLUNTEERS, AND SELECTED EMPLOYEES TO REVIEW THE POLICY ANNUALLY AND DISCLOSE ANY POTENTIAL CONFLICTS OF WHICH THE BOARD SHOULD BE MADE AWARE. THE PRESIDENT ANNUALLY MAKES A REPORT TO THE EXECUTIVE COMMITTEE BASED ON THE DISCLOSURE FORMS SUBMITTED.
FORM 990, PART VI, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	THE COMPENSATION AND PERFORMANCE OF THE PRESIDENT, EVP & COO, SVP & CFO, SVP FINANCIAL DEVELOPMENT AND SVP MARKETING & COMMUNICATION IS REVIEWED ANNUALLY BY THE EXECUTIVE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS. AN INDEPENDENT, NATIONALLY RECOGNIZED COMPENSATION FIRM PROVIDES NOT-FOR-PROFIT COMPENSATION COMPARABILITY DATA FOR ALL SENIOR LEVEL POSITIONS TO THE EXECUTIVE COMPENSATION COMMITTEE AS REQUIRED FOR COMPLIANCE WITH THE REGULATIONS OF SECTION 4958 OF THE INTERNAL REVENUE CODE. THE EXECUTIVE COMPENSATION COMMITTEE HAS REVIEWED AND DEEMED REASONABLE THE COMPENSATION OF ALL SENIOR STAFF IN COMPLIANCE WITH IRS REGULATIONS.
FORM 990, PART VI, LINE 15B - PROCESS TO ESTABLISH COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES	SEE ABOVE FOR PROCESS FOLLOWED FOR INDIVIDUALS DESCRIBED IN QUESTION 15B.
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	THESE DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.
PART III, LINE 1 - MISSION - CONTINUATION OF MISSION	<p>FOR ALMOST 140 YEARS, THE YMCA OF GREATER HOUSTON HAS BEEN DEDICATED TO BUILDING INCLUSIVE COMMUNITIES WHERE EVERYONE HAS EQUAL ACCESS TO OPPORTUNITIES. THE YMCA OF GREATER HOUSTON IS DEDICATED TO FOSTERING VIBRANT COMMUNITIES BY EQUIPPING FAMILIES WITH THE TOOLS THEY NEED TO LEAD FULFILLING AND HEALTHY LIVES. THROUGH ITS MEMBERSHIP AND PROGRAMS, THE YMCA ELEVATES CONNECTIONS, BELONGING, AND ACHIEVEMENT AMONG RESIDENTS IN THE GREATER HOUSTON AREA. THIS COMMITMENT WILL DRIVE A TRANSFORMATIVE IMPACT, EMPOWERING YOUTH, PROMOTING HEALTHIER FAMILIES, AND CULTIVATING MORE INCLUSIVE COMMUNITIES.</p> <p>AS THE 4TH LARGEST YMCA IN THE NATION, THE YMCA OF GREATER HOUSTON SERVES AN EXPANSIVE 10,000-SQUARE-MILE AREA ACROSS 11 COUNTIES, ENSURING OUR IMPACTFUL PROGRAMS REACH DIVERSE POPULATIONS AND FOSTER A SENSE OF BELONGING FOR ALL. DURING 2024, THE YMCA OF GREATER HOUSTON OPERATED 21 MEMBERSHIP CENTERS, 1 OVERNIGHT CAMP, 3 ADAPTIVE SITES, 19 COMMUNITY IMPACT OUTREACH SITES, AND 179 AFTER- SCHOOL AND EARLY CARE SITES, RESULTING IN 392,266 PEOPLE SERVED THROUGH MEMBERSHIP AND PROGRAMS WHILE ALSO AWARDING \$34MM IN FINANCIAL ASSISTANCE.</p>

**SCHEDULE O
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ****Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.****Attach to Form 990 or Form 990-EZ.****Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

Young Men's Christian Association of the Greater Houston Area

Employer identification number

74-1109737

Return Reference - Identifier	Explanation
PART III, LINE 4A - SOCIAL RESPONSIBILITY	<p>LINE 4A (EXPENSES \$ 66,325,251) (GRANTS \$ 27,434,000) (REVENUE \$ 301,041)</p> <p>SOCIAL RESPONSIBILITY</p> <p>PARTICIPANTS: 58,200+ INDIVIDUALS SERVED: 65,928+</p> <p>COMMUNITIES THRIVE WHEN EVERYONE HAS THE CHANCE TO SUCCEED AND ENHANCE THEIR QUALITY OF LIFE. AT THE YMCA OF GREATER HOUSTON, WE ARE COMMITTED TO CELEBRATING THE RICH DIVERSITY WITHIN OUR COMMUNITY, RECOGNIZING HOW ALL PEOPLE CONTRIBUTE TO THE SOCIAL FABRIC OF OUR COMMUNITY. BY OFFERING INCLUSIVE MEMBERSHIP AND FINANCIAL ASSISTANCE, WE STRIVE TO UNITE ALL OUR NEIGHBORS, CREATING A STRONGER, MORE VIBRANT COMMUNITY FOR ALL.</p> <p>1. INTERNATIONAL SERVICES, 54,228+ INDIVIDUALS SERVED YMCA INTERNATIONAL SERVICES BRINGS HOPE AND WELL-BEING THROUGH PERSONALIZED SUPPORT FOR REFUGEES, SURVIVORS OF HUMAN TRAFFICKING, AND OTHER VULNERABLE NEWCOMERS. AS ONE OF THE MOST DIVERSE CITIES IN THE U.S., WITH MORE THAN 25 PERCENT OF HARRIS COUNTY RESIDENTS BORN OUTSIDE THE COUNTRY, HOUSTON EMBODIES A RICH TAPESTRY OF CULTURES. YMCA INTERNATIONAL SERVICES HELPS THESE INDIVIDUALS ACHIEVE INDEPENDENCE, SOCIAL INTEGRATION, AND ACTIVE CIVIC PARTICIPATION. TOGETHER, WE STRIVE TO BUILD A STRONGER, MORE INCLUSIVE COMMUNITY FOR ALL.</p> <p>2. ADAPTIVE PROGRAMS FOR YOUTH AND ADULTS WITH DISABILITIES, 800+ PARTICIPANTS AS AN INCLUSIVE ORGANIZATION, THE YMCA IS DEDICATED TO PROVIDING OPPORTUNITIES FOR EVERYONE THROUGH ALL OUR PROGRAMMING. IN THE GREATER HOUSTON AREA, NEARLY 1 IN 10 RESIDENTS-MORE THAN 400,000 PEOPLE-LIVE WITH A DISABILITY. NATIONALLY, PROJECTIONS SHOW THAT BY 2050, UP TO 21 PERCENT OF HOUSEHOLDS WILL HAVE AT LEAST ONE MEMBER WITH A DISABILITY. WE AIM TO SUPPORT FAMILIES BY OFFERING ADAPTIVE PROGRAMS AND SERVICES, ENSURING THAT BOTH YOUTH AND ADULTS WITH DISABILITIES HAVE THE CHANCE TO LEARN, GROW, AND THRIVE IN SAFE, ENJOYABLE ENVIRONMENTS.</p> <p>3. FOREVERWELL, 50,000+ PARTICIPANTS THE YMCA COMMITS TO COMMUNITY MEMBERS AT EVERY STAGE OF LIFE. RECOGNIZING THAT SOCIAL PARTICIPATION LEADS TO HEALTHIER OUTCOMES FOR OLDER ADULTS, THE YMCA ENCOURAGES CONNECTION AND ENGAGEMENT THROUGH ITS FOREVERWELL PROGRAMMING AND MEMBERSHIP. RANGING FROM TECHNOLOGY CLASSES AND GROUP TRAINING SESSIONS TO ENRICHING FIELD TRIPS AND OTHER ACTIVITIES DESIGNED TO FOSTER MEANINGFUL RELATIONSHIPS, THE YMCA TAKES AN ACTIVE ROLE IN COMBATING SOCIAL ISOLATION. THROUGH THESE OPPORTUNITIES, OLDER ADULTS CAN STAY ACTIVE, ENGAGED, AND CONNECTED.</p> <p>4. OUTREACH PROGRAMS, 7,400+ PARTICIPANTS SERVED, 2,100+ CHILDREN SERVED THROUGH Y ON THE FLY, 2,200+ PEOPLE SERVED THROUGH OUTREACH SUPPORT SERVICES THE YMCA OF GREATER HOUSTON IS TRANSFORMING LIVES BY ADDRESSING BASIC NEEDS, FOSTERING FAMILY STABILITY, AND EMPOWERING YOUTH IN UNDER-RESOURCED AREAS. THROUGH INNOVATIVE AND RESPONSIVE OUTREACH, YMCA TEAMS MEET INDIVIDUALS WHERE THEY ARE, WORKING TOGETHER TO ADDRESS UNIQUE COMMUNITY CHALLENGES AND DELIVER IMPACTFUL PROGRAMS. THESE EFFORTS INCLUDE CONNECTING PEOPLE WITH RESOURCES FOR BASIC NEEDS LIKE FOOD AND MENTAL HEALTH SUPPORT, OFFERING OUT-OF-SCHOOL ENRICHMENT TO ENHANCE LEARNING OPPORTUNITIES, AND PROVIDING SENIOR WELLNESS INITIATIVES THAT COMBAT ISOLATION AND IMPROVE QUALITY OF LIFE. ADDITIONALLY, YOUTH SPORTS CLINICS PROMOTE PHYSICAL ACTIVITY AND TEAMWORK, WHILE SAFETY AROUND WATER PROGRAMS TEACH CRITICAL WATER SAFETY SKILLS TO PREVENT DROWNINGS AND BUILD CONFIDENCE. TOGETHER, THESE PROGRAMS CREATE STRONGER, MORE RESILIENT COMMUNITIES. MOREOVER, Y ON THE FLY: A MOBILE MAKERSPACE BRIDGES THE GAP FOR FAMILIES UNABLE TO ACCESS Y FACILITIES BY BRINGING STEM, CODING, AND ROBOTICS TO NEIGHBORHOODS. FOUR Y ON THE FLY HUBS SERVE 30 PROGRAM SITES, MAKING THE IMPACT OF THIS INITIATIVE FAR-REACHING. THIS OUTREACH PROGRAM SPARKS CURIOSITY AND EQUIPS YOUNG MINDS WITH THE SKILLS TO TACKLE TOMORROW'S CHALLENGES, CREATING A GENERATION OF CONFIDENT PROBLEM-SOLVERS READY TO THRIVE IN AN EVER-CHANGING WORLD.</p>

**SCHEDULE O
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

Young Men's Christian Association of the Greater Houston Area

Employer identification number

74-1109737

Return Reference - Identifier	Explanation
PART III, LINE 4B - HEALTHY LIVING PROGRAM	<p>LINE 4B (EXPENSES \$ 48,323,197) (GRANTS \$ 105,900) (REVENUE \$ 49,913,942)</p> <p>HEALTHY LIVING</p> <p>PARTICIPANTS: FACILITY MEMBERS 14,900+</p> <p>THE YMCA IS COMMITTED TO BUILDING STRONG COMMUNITIES BY PROVIDING RESOURCES FOR FAMILIES TO LIVE THEIR SAFEST AND HEALTHIEST LIVES. WE ASSIST FAMILIES IN BATTLING CHRONIC DISEASES AND OBESITY, ELIMINATING THE RISK OF DROWNING, AND PREVENTING CHILD ABUSE. BY TAKING ADVANTAGE OF OUR DEEP ROOTS IN THE COMMUNITY AND STRONG TIES TO LOCAL HEALTHCARE PROVIDERS AND OTHER SERVICE ORGANIZATIONS, THE YMCA HAS THE INFRASTRUCTURE TO IMPROVE THE HEALTH AND SAFETY OF OUR FAMILIES BY PROVIDING PROGRAMS TO HELP PREVENT OR REVERSE THESE CRITICAL ISSUES.</p> <p>1. SAFETY AROUND WATER, 3,400+ PARTICIPANTS SWIMMING IS A CRUCIAL LIFE SKILL FOR PEOPLE OF ALL AGES. THE YMCA'S AQUATICS PROGRAMS PLAY A VITAL ROLE IN THE GREATER HOUSTON COMMUNITY BY EQUIPPING INDIVIDUALS WITH ESSENTIAL SKILLS THAT SAVE LIVES AND PROVIDE A HEALTHY FORM OF EXERCISE. BEYOND GROUP AND PRIVATE LESSONS, THE YMCA'S SAFETY AROUND WATER (SAW) PROGRAM SPECIFICALLY AIMS TO PREVENT DROWNING BY FOSTERING AWARENESS AND EDUCATION THROUGH FOUNDATIONAL SWIM SKILLS. BY PARTNERING WITH LOCAL APARTMENTS, SCHOOL DISTRICTS, AND OTHER ORGANIZATIONS, THE Y ACTIVELY WORKS TO CREATE A SAFER ENVIRONMENT FOR EVERYONE AND STRIVES TO PROVIDE ALL COMMUNITY MEMBERS WITH THE OPPORTUNITY TO FEEL CONFIDENT AROUND WATER.</p> <p>2. AQUATICS PROGRAMS, 11,500+ PARTICIPANTS NO MATTER THE AGE, SWIMMING IS A VITAL SKILL. WHETHER ENSURING PEOPLE KNOW HOW TO SURVIVE IN EMERGENCY SITUATIONS OR IN OFFERING AN ALTERNATIVE FORM OF EXERCISE, THE YMCA OF GREATER HOUSTON'S AQUATICS PROGRAMS HAVE A PROFOUND IMPACT ON THE GREATER HOUSTON COMMUNITY.</p> <p>3. HEALTH AND WELLNESS, 4.27MM FITNESS FACILITY VISITS THROUGH A VARIETY OF HEALTH AND WELLNESS INITIATIVES, THE YMCA PLAYS A CRUCIAL ROLE IN UNITING INDIVIDUALS AND FOSTERING COMMUNITY STRENGTH. BY PROMOTING ACTIVE AND HEALTHY LIFESTYLES, THE YMCA ENHANCES NOT ONLY PHYSICAL WELL-BEING BUT ALSO MENTAL HEALTH, WHICH IS VITAL FOR A THRIVING COMMUNITY. THIS COMMITMENT TO STRENGTHENING COMMUNITY FOUNDATIONS HELPS BRIDGE GAPS, CONNECT PEOPLE, AND CULTIVATE A SUPPORTIVE ENVIRONMENT WHERE EVERYONE CAN FLOURISH. WHEN INDIVIDUALS PRIORITIZE THEIR HEALTH, THE ENTIRE COMMUNITY BENEFITS, LEADING TO A MORE VIBRANT, RESILIENT, AND ENGAGED SOCIETY.</p>

**SCHEDULE O
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ****Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.****Attach to Form 990 or Form 990-EZ.****Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

Young Men's Christian Association of the Greater Houston Area

Employer identification number

74-1109737

Return Reference - Identifier	Explanation
PART III, LINE 4C - YOUTH DEVELOPMENT	<p>LINE 4C (EXPENSES \$ 33,569,783) (GRANTS \$ 957,504) (REVENUE \$ 24,890,456)</p> <p>YOUTH DEVELOPMENT</p> <p>PARTICIPANTS: 35,800+ INDIVIDUALS SERVED: 65,000+</p> <p>WE BELIEVE THAT ALL CHILDREN AND TEENS HAVE POTENTIAL. THANKS TO THE YMCA, MORE YOUNG PEOPLE ARE TAKING A GREATER INTEREST IN LEARNING AND MAKING SMART LIFE CHOICES. WORKING WITH CARING Y STAFF, CHILDREN AND TEENS CAN REALIZE THEIR POTENTIAL BY IMPROVING THEIR EDUCATIONAL READINESS AND CLOSING ACHIEVEMENT GAPS. BY BUILDING CONFIDENT KIDS TODAY, THE Y IS HELPING TO ENSURE THAT THEY WILL BECOME CONTRIBUTING AND ENGAGED ADULTS TOMORROW.</p> <p>1. TEENS, 65,000+ OF PEOPLE SERVED AT THE Y ARE AGES 10 THROUGH 19 THROUGH Y TEEN L.I.F.E. (LEADERSHIP, INSPIRATION, FELLOWSHIP, EDUCATION) PROGRAMS, THE YMCA EMPOWERS YOUTH AGES 12 TO 18 THROUGH OPPORTUNITIES THAT HELP UNLOCK THEIR FULL POTENTIAL. IN FOSTERING LEADERSHIP SKILLS, PROMOTING A CULTURE OF SERVICE, OFFERING COLLEGE PREPARATION RESOURCES, AND EQUIPPING PARTICIPANTS WITH ESSENTIAL WORKFORCE SKILLS, THE YMCA ENSURES THAT EVERY TEEN HAS ACCESS TO EXPERIENCES THAT ENCOURAGE GROWTH, RESILIENCE, AND MEANINGFUL IMPACT IN THEIR COMMUNITIES. THROUGH THEIR INVOLVEMENT, OUR TEENS GAIN VALUABLE LIFE SKILLS AND BECOME AGENTS OF CHANGE, BUILDING A STRONGER, MORE TIGHTLY KNIT COMMUNITY.</p> <p>2. YOUTH SPORTS, 14,800+ YOUTH THE YMCA OF GREATER HOUSTON EMPOWERS YOUTH BY PROVIDING SPORTS PROGRAMMING DESIGNED TO BETTER PREPARE THEM FOR THEIR FUTURES WITH SKILLS, CONFIDENCE, AND SOCIAL AWARENESS. IN A 2020 REPORT BY HEALTH.GOV, THE PRESIDENT'S COUNCIL ON SPORTS, FITNESS & NUTRITION SCIENCE BOARD SUGGESTED YOUTH SPORTS AID MENTAL, EMOTIONAL, AND SOCIAL HEALTH. WHETHER IT'S SOCCER, FLAG FOOTBALL, BASKETBALL, VOLLEYBALL, OR BASEBALL, YMCA SPORTS PROGRAMS HELP ESTABLISH HEALTHY HABITS AND THE IMPORTANCE OF TEAMWORK.</p> <p>3. YMCA CAMP CULLEN, 8,600 YOUTH AND ADULT CAMPERS YMCA CAMP CULLEN OFFERS CHILDREN AN OPPORTUNITY TO ENGAGE IN A VARIETY OF FUN, STRUCTURED, AND EDUCATIONAL ACTIVITIES. CAMPERS NOT ONLY CULTIVATE INDEPENDENCE AND BUILD SELF-WORTH BUT ALSO FORGE LIFELONG FRIENDSHIPS. THROUGH THESE EXPERIENCES, CAMPERS ENHANCE PEER ENGAGEMENT AND DEVELOP ESSENTIAL LEADERSHIP SKILLS DURING SUMMER CAMPS, AND WEEKEND RETREATS. THE IMPACT OF THIS EXPERIENCE RESONATES FAR BEYOND THE CAMPFIRE, EMPOWERING PARTICIPANTS TO THRIVE SOCIALLY AND ACADEMICALLY.</p> <p>4. BEFORE AND AFTER SCHOOL CARE, 8,100+ YOUTH THROUGH 175 OUT OF SCHOOL TIME SITES OUT OF SCHOOL TIME PROGRAMS ARE MORE THAN SAFE SPACES FOR CHILDREN TO SPEND THEIR AFTER-SCHOOL AND SUMMER HOURS; THEY PLAY A PIVOTAL ROLE IN SHAPING THEIR FUTURES. THESE HIGH-QUALITY, INTEREST-BASED ACTIVITIES SUPPORT DEVELOPMENT AND FOSTER CONFIDENCE. BY ENGAGING IN THESE PROGRAMS, YOUTH GAIN ESSENTIAL LIFE SKILLS AND EXPERIENCES THAT ESTABLISH A FOUNDATION FOR LIFELONG SUCCESS.</p> <p>5. EARLY CARE, 4 SITES FROM INFANCY ONWARD, CHILDREN IN THE YMCA'S EARLY CARE PROGRAMS ARE IMMERSSED IN DAILY INSTRUCTION THAT EMPHASIZES ENRICHMENT. THIS CRUCIAL PROGRAMMING MEETS EACH CHILD'S GROWTH AND DEVELOPMENTAL NEEDS. BY NURTURING SKILLS AND A LOVE OF LEARNING, THE Y ENSURES CHILDREN ARE PREPARED FOR FUTURE ACADEMIC SUCCESS.</p> <p>6. YOUTH ENRICHMENT CREATIVE PLAY IS MORE THAN JUST FUN AND GAMES. OUR CENTERS OFFER ARTS AND EDUCATION CLASSES FOR YOUTH AND TEENS INCLUDING DANCE, THEATER, VISUAL ARTS, HOME SCHOOL PROGRAMS AND MORE.</p> <p>7. DAY CAMP, 4,300+ CAMPERS YMCA SUMMER DAY CAMP OFFERS A SAFE AND HEALTHY ATMOSPHERE WHERE YOUTH CAN ENJOY THEIR SUMMER BREAK. SPECIAL EMPHASIS IS PLACED ON YOUTH CHOICE, ACHIEVEMENT AND A SENSE OF BELONGING, WITH EXCITING, THEMED WEEKS, SPORTS, GAMES, NEW FRIENDS AND ADVENTURE. OTHER ACTIVITIES MAY INCLUDE CREATIVE AND PERFORMING ARTS, ARCHERY, ENGINEERING AND NATURE EXPLORATION. AT THE Y, YOUR KIDS WILL LEAVE ORDINARY AT THE DOOR AND PREPARE TO LEARN AND GROW WITH POSITIVE ROLE MODELS ENCOURAGING CAMPERS TO TAKE ON NEW CHALLENGES.</p> <p>ALL OF OUR CAMPS INCLUDE A MIX OF INDOOR AND OUTDOOR ACTIVITIES IN A GROUP SETTING AT YMCA LOCATIONS ACROSS THE HOUSTON AREA. CAMPERS ARE SURE TO DISCOVER UNEXPECTED FUN! ACTIVITIES MAY INCLUDE ART, STEAM ACTIVITIES, THEATRE, SPORTS AND OUTDOOR GAMES, LITERACY, GROUP GAMES AND BIG EVENTS. YOUR CHILD IS SURE TO MAKE THEIR MARK THIS SUMMER AT THE YMCA.</p>

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

Cat. No. 51056K

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

Name of the organization Young Men's Christian Association of the Greater Houston Area	Employer identification number 74-1109737
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Return Reference - Identifier	Explanation
	MEMBERSHIP, 179,000+ MEMBERS AT THE YMCA, MEMBERSHIP IS ONE WAY THAT WE STRENGTHEN THE BONDS OF COMMUNITY. MEMBERSHIP AT THE Y IS MORE THAN BUILDINGS AND PROGRAMS. IT PROVIDES OPPORTUNITY FOR EVERYONE IN OUR COMMUNITY TO ACHIEVE, CONNECT AND BELONG. AT THE Y MEMBERSHIP MEANS MORE THAN FITNESS. IT MEANS YOU ARE PART OF THE TRANSFORMATIVE WORK WE DO IN THE COMMUNITY TO STRENGTHEN FAMILIES, EMPOWER YOUTH AND SUPPORT INCLUSIVE COMMUNITIES.

SCHEDULE R
(Form 990)

(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization

YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE GREATER HOUSTON AREA

Employer identification number

74-1109737

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) YMCA OF THE GREATER HOUSTON AREA ENDOWMENT FOUNDATION (76-0555562) 3110 HAYES RD, STE 300, HOUSTON, TX 77082	ENDOWMENT	TX	501(C)(3)	12 TYPE I	YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE GREATER HOUSTON AREA	✓	
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Cat. No. 50135Y

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512—514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	✓
b Gift, grant, or capital contribution to related organization(s)	1b	✓
c Gift, grant, or capital contribution from related organization(s)	1c	✓
d Loans or loan guarantees to or for related organization(s)	1d	✓
e Loans or loan guarantees by related organization(s)	1e	✓
f Dividends from related organization(s)	1f	✓
g Sale of assets to related organization(s)	1g	✓
h Purchase of assets from related organization(s)	1h	✓
i Exchange of assets with related organization(s)	1i	✓
j Lease of facilities, equipment, or other assets to related organization(s)	1j	✓
k Lease of facilities, equipment, or other assets from related organization(s)	1k	✓
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	✓
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	✓
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	✓
o Sharing of paid employees with related organization(s)	1o	✓
p Reimbursement paid to related organization(s) for expenses	1p	✓
q Reimbursement paid by related organization(s) for expenses	1q	✓
r Other transfer of cash or property to related organization(s)	1r	✓
s Other transfer of cash or property from related organization(s)	1s	✓

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

(a) Name of related organization	(b) Transaction type (a–s)	(c) Amount involved	(d) Method of determining amount involved
YMCA GREATER HOUSTON AREA ENDOWMENT FD (1)	C	681,501	CASH
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512–514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

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