PUBLIC DISCLOSURE COPY

Form 990 Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2025

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2025 calendar year, or tax year beginning , 2025, and ending , 20

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization: YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE GREATER HOUSTON AREA

Doing business as:

Number and street (or P.O. box if mail is not delivered to street address): 3110 HAYES RD

Room/suite: 300

City or town, state or province, country, and ZIP or foreign postal code: HOUSTON, TX 77082

D Employer identification number: 74-1109737

E Telephone number: (713) 659-5566

G Gross receipts $: 133,543,459

F Name and address of principal officer: STEPHEN IVES
SAME AS C ABOVE

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions.

H(c) Group exemption number

I Tax-exempt status: ☑ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: WWW.YMCAHOUSTON.ORG

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 1886

M State of legal domicile: TX

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE GREATER HOUSTON AREA IS A CHRISTIAN FELLOWSHIP DEDICATED TO IMPROVING THE QUALITY OF LIFE THROUGH PROGRAMS AND SERVICES WHICH PROMOTE HEALTHY LIVING, YOUTH DEVELOPMENT AND SOCIAL RESPONSIBILITY THROUGHOUT THE COMMUNITY.

2 Check this box ☐ 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	45
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	45
5	Total number of individuals employed in calendar year 2025 (Part V, line 2a)	5	5,548
6	Total number of volunteers (estimate if necessary)	6	4,282
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	87,614,124	35,822,933
9	Program service revenue (Part VIII, line 2g)	75,105,439	81,259,807
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,118,706	3,201,243
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	(56,682)	101,524
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	165,781,587	120,385,507

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	28,497,404	5,632,575
14	Benefits paid to or for members (Part IX, column (A), line 4)		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	83,489,268	64,442,874
16a	Professional fundraising fees (Part IX, column (A), line 11e)	15,400	60,000
b	Total fundraising expenses (Part IX, column (D), line 25) 2,894,694		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	54,371,297	51,995,631
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	166,373,369	122,131,080
19	Revenue less expenses. Subtract line 18 from line 12	(591,782)	(1,745,573)

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	281,368,948	270,701,793
21	Total liabilities (Part X, line 26)	127,122,473	119,443,863
22	Net assets or fund balances. Subtract line 21 from line 20	154,246,475	151,257,930

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

Electronically Filed
Signature of officer — Date

LAUREN ROME, INTERIM CFO
Type or print name and title

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
KURT COBURN	KURT COBURN	06/11/2026		P01638285

Firm's name: BLAZEK & VETTERLING — Firm's EIN: 76-0269860

Firm's address: 2900 WESLAYAN, STE 200, HOUSTON, TX 77027 — Phone no.: (713) 439-5739

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** (2025) Created 4/30/25

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☑

1 Briefly describe the organization's mission:

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 $ 48,501,371 including grants of $ 44,083) (Revenue $ 60,855,183)

HEALTHY LIVING

THE YMCA OF GREATER HOUSTON PLAYS A VITAL ROLE IN ENHANCING COMMUNITY HEALTH BY ADDRESSING CHRONIC DISEASES AND REDUCING THE RISK OF DROWNING THROUGH TARGETED PROGRAMS. THROUGH INCLUSIVE PROGRAMMING DESIGNED FOR ALL-REGARDLESS OF ECONOMIC CIRCUMSTANCE OR LOCATION-THE Y OFFERS MINDFUL ACTIVITIES AND GUIDANCE ON ACTIVE LIVING. A HOLISTIC APPROACH EMPOWERS ALL COMMUNITY MEMBERS TO WORK TOWARD A HEALTHY SPIRIT, MIND, AND BODY, ENSURING THAT EVERY INDIVIDUAL HAS THE OPPORTUNITY TO THRIVE.

SEE SCHEDULE O FOR ADDITIONAL INFORMATION.

4b (Code:) (Expenses $ 32,273,406 including grants of $ 1,651,482) (Revenue $ 19,945,570)

YOUTH DEVELOPMENT

CHILDREN AND TEENS CAN UNLOCK THEIR FULL POTENTIAL THROUGH ENHANCED EDUCATIONAL READINESS AND THE CLOSING OF ACHIEVEMENT GAPS. BY BUILDING AND INSTILLING CONFIDENCE IN TODAY'S YOUTH, THE YMCA ENSURES OUR YOUNG LEADERS DEVELOP INTO ENGAGED AND CONTRIBUTING ADULTS IN THE FUTURE.

SEE SCHEDULE O FOR ADDITIONAL INFORMATION.

4c (Code:) (Expenses $ 20,816,321 including grants of $ 3,937,010) (Revenue $ 459,054)

INCLUSIVE COMMUNITIES

THE YMCA OF GREATER HOUSTON HAS PROVEN 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.

4d Other program services (Describe on Schedule O.)
(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses 101,591,098

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? *If "Yes," complete Schedule I, Parts I and III*	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? *If "Yes," complete Schedule J*	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? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	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? *If "Yes," complete Schedule L, Part 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? *If "Yes," complete Schedule L, Part 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? *If "Yes," complete Schedule L, Part II*	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? *If "Yes," complete Schedule L, Part III*	27		✔
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		✔
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		✔
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		✔
29	Did the organization receive more than $25,000 in noncash contributions? *If "Yes," complete Schedule M*	29	✔	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		✔
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		✔
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		✔
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		✔
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	✔	
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)? *If "Yes," complete Schedule R, Part V, line 2*	35b	✔	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	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? *If "Yes," complete Schedule R, Part VI*	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 Compliance

Check 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	151		
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	5,548		
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	45		
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			✔
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			✔
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			✔
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5			✔
6	Did the organization have members or stockholders?	6			✔
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			✔
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			✔
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		✔	
b	Each committee with authority to act on behalf of the governing body?	8b		✔	
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			✔

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	✔	
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	✔	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	✔	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	✔	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	✔	
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	✔	
13	Did the organization have a written whistleblower policy?	13	✔	
14	Did the organization have a written document retention and destruction policy?	14	✔	
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	✔	
b	Other officers or key employees of the organization	15b	✔	
	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		✔
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

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 Contractors

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

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

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

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

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

(A) 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	40.0									
PRESIDENT AND CEO	1.0			✔				656,260	0	85,486
(2) JENNIFER LOPEZ	40.0									
SECRETARY, CHIEF OF STAFF	1.0			✔				344,703	0	59,652
(3) JENNIFER GARCIA	40.0									
CHIEF FINANCIAL OFFICER	1.0			✔				322,158	0	36,860
(4) ANGELA HODSON	40.0									
CHIEF PHILANTHROPY OFFICER	0.0					✔		299,677	0	48,234
(5) RICHARD CRUZ	40.0									
CHIEF OPERATIONS OFFICER	0.0				✔			306,382	0	21,663
(6) JEFFERY WATKINS	40.0									
EXECUTIVE VICE PRESIDENT (THRU 8/25)	0.0				✔			228,406	0	24,001
(7) ROBERT HODGE	40.0									
SR. VP OF INFORMATION TECHNOLOGIES	0.0					✔		212,049	0	26,181
(8) AVICE CHAMBERS	40.0									
SR. VP OF YOUTH DEVELOPMENT	0.0					✔		175,612	0	42,345
(9) NANCI RUTLEDGE	40.0									
VP OF MAJOR GIFTS	0.0					✔		172,150	0	41,150
(10) LINDSAY LEWIS	40.0									
SR. VP OF PROGRAM, EVAL MEMBERSHIP	0.0					✔		170,708	0	39,738
(11) PAULA MENDOZA	1.0									
CHAIR	0.0	✔		✔				0	0	0
(12) DAN BELLOW	1.0									
CHAIR ELECT	0.0	✔		✔				0	0	0
(13) LEE A. LAHOURCADE	1.0									
IMMEDIATE PAST CHAIR	0.0	✔		✔				0	0	0
(14) DANIEL ARNOLDY	1.0									
DIRECTOR	0.0	✔						0	0	0

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) DANIEL A. BATES	1.0									
DIRECTOR	0.0	✔						0	0	0
(16) GABRIELA BOERSNER	1.0									
DIRECTOR	0.0	✔						0	0	0
(17) KATHY BRITTON	1.0									
DIRECTOR	0.0	✔						0	0	0
(18) GLENN H. CLEMENTS	1.0									
DIRECTOR	0.0	✔						0	0	0
(19) CHARLES E. COMISKEY	1.0									
DIRECTOR	1.0	✔						0	0	0
(20) MATTHEW DEAL	1.0									
DIRECTOR	0.0	✔						0	0	0
(21) FRANCES CASTANEDA DYESS	1.0									
DIRECTOR	0.0	✔						0	0	0
(22) STEVEN ERIKSON	1.0									
DIRECTOR	0.0	✔						0	0	0
(23) JOHN ESQUIVEL	1.0									
DIRECTOR	0.0	✔						0	0	0
(24) SIDNEY EVANS, II	1.0									
DIRECTOR	0.0	✔						0	0	0
(25) (SEE PART VII CONTINUATION SHEET)										
1b Subtotal								2,888,105	0	425,310
c Total from continuation sheets to Part VII, Section A								0	0	0
d Total (add lines 1b and 1c)								2,888,105	0	425,310

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 31

		Yes	No
3	Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual* **3**		✔
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual* **4**	✔	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person* **5**		✔

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	2,034,058
LOVE ADVERTISING, 3550 W 12TH ST, HOUSTON, TX 77008	ADVERTISING	916,254
YELLOWSTONE LANDSCAPE, PO BOX 205742, DALLAS, TX 75320	LANDSCAPING	907,143
AMERICAN JANITORIAL SERV. LTD, 2951 MARINA BAY DR, STE 130 #395, LEAGUE CITY, TX 77573	JANITORIAL SERVICES	773,706
G&W SERVICE CO, 2503 CAPITOL ST, HOUSTON, TX 77003	HVAC SERVICES	649,643

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 25

Part VIII Statement of Revenue

Check 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	1,320,600				
	b	Membership dues	1b	0				
	c	Fundraising events	1c	706,690				
	d	Related organizations	1d	751,701				
	e	Government grants (contributions)	1e	16,989,317				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	16,054,625				
	g	Noncash contributions included in lines 1a–1f	1g	$ 2,098,894				
	h	**Total.** Add lines 1a–1f			35,822,933			
Program Service Revenue				Business Code				
	2a	MEMBERSHIP REVENUE		624100	49,410,175	49,410,175		
	b	CHILDCARE REVENUE -- SCHOOL AGE		624100	14,366,228	14,366,228		
	c	DAY CAMP REVENUE		624100	3,786,435	3,786,435		
	d	RESIDENT CAMP REVENUE		624100	2,600,638	2,600,638		
	e	CHILDCARE REVENUE -- INFANT/TODDLER/PRESCHOOL		624100	1,620,936	1,620,936		
	f	All other program service revenue		624100	9,475,395	9,475,395	0	0
	g	**Total.** Add lines 2a–2f			81,259,807			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			824,087			824,087
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties			12,127			12,127
				(i) Real / (ii) Personal				
	6a	Gross rents	6a					
	b	Less: rental expenses	6b					
	c	Rental income or (loss)	6c	0 / 0				
	d	Net rental income or (loss)						
				(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	7a	15,011,740 / 0				
	b	Less: cost or other basis and sales expenses	7b	12,550,849 / 83,735				
	c	Gain or (loss)	7c	2,460,891 / (83,735)				
	d	Net gain or (loss)			2,377,156			2,377,156
	8a	Gross income from fundraising events (not including $ 706,690 of contributions reported on line 1c). See Part IV, line 18	8a	612,765				
	b	Less: direct expenses	8b	523,368				
	c	Net income or (loss) from fundraising events			89,397			89,397
	9a	Gross income from gaming activities. See Part IV, line 19	9a					
	b	Less: direct expenses	9b					
	c	Net income or (loss) from gaming activities						
	10a	Gross sales of inventory, less returns and allowances	10a					
	b	Less: cost of goods sold	10b					
	c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue				Business Code				
	11a							
	b							
	c							
	d	All other revenue			0	0	0	0
	e	**Total.** Add lines 11a–11d			0			
	12	**Total revenue.** See instructions			120,385,507	81,259,807	0	3,302,767

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	44,083	44,083		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	5,588,492	5,588,492		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0	0		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,085,571	104,770	1,570,899	409,902
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	49,902,080	43,415,918	4,897,659	1,588,503
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,817,633	2,491,623	246,481	79,529
9 Other employee benefits	2,741,492	1,655,439	869,283	216,770
10 Payroll taxes	6,896,098	6,181,022	557,618	157,458
11 Fees for services (nonemployees):				
a Management				
b Legal	83,782		83,782	
c Accounting	106,981		106,981	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	60,000			60,000
f Investment management fees	92,311		92,311	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	2,994,006	1,181,083	1,733,492	79,431
12 Advertising and promotion	1,826,023	60,643	1,764,855	525
13 Office expenses	1,824,936	1,696,704	65,592	62,640
14 Information technology	3,300,983	1,236,158	1,954,817	110,008
15 Royalties				
16 Occupancy	14,333,562	13,352,719	980,843	
17 Travel	1,330,772	1,052,453	247,902	30,417
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19 Conferences, conventions, and meetings	105,157	31,102	39,104	34,951
20 Interest	4,415,156	4,021,375	393,781	
21 Payments to affiliates	0	0	0	0
22 Depreciation, depletion, and amortization	10,924,112	10,494,481	408,116	21,515
23 Insurance	5,415,253	4,310,463	1,104,790	
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 11g expenses on Schedule O.)				
a SUPPLIES	3,505,150	3,337,375	134,087	33,688
b MEMBERSHIP FEES	721,271	644,839	67,075	9,357
c EQUIPMENT RENTAL AND MAINTENANCE	270,843	194,718	76,125	
d PROFESSIONAL DEVELOPMENT	290,967	132,896	158,071	
e All other expenses	454,366	362,742	91,624	0
25 **Total functional expenses.** Add lines 1 through 24e	122,131,080	101,591,098	17,645,288	2,894,694
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		6,095	1	1,786
	2	Savings and temporary cash investments		2,141,227	2	8,409,530
	3	Pledges and grants receivable, net		19,530,608	3	13,394,658
	4	Accounts receivable, net		1,248,194	4	1,486,406
	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		100,000	5	50,000
	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		187,307	8	75,075
	9	Prepaid expenses and deferred charges		4,760,617	9	2,608,201
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 352,072,398			
	b	Less: accumulated depreciation	10b 152,048,740	212,098,002	10c	200,023,658
	11	Investments—publicly traded securities		21,751,164	11	23,600,360
	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		19,545,734	15	21,052,119
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		281,368,948	16	270,701,793
Liabilities	17	Accounts payable and accrued expenses		6,842,942	17	6,098,195
	18	Grants payable			18	
	19	Deferred revenue		2,043,424	19	695,223
	20	Tax-exempt bond liabilities		113,654,049	20	108,998,941
	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		4,582,058	25	3,651,504
	26	**Total liabilities.** Add lines 17 through 25		127,122,473	26	119,443,863
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ☑ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		139,613,144	27	129,239,089
	28	Net assets with donor restrictions		14,633,331	28	22,018,841
		Organizations that do not follow FASB ASC 958, check here ☐ and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds			29	
	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		154,246,475	32	151,257,930
	33	Total liabilities and net assets/fund balances		281,368,948	33	270,701,793

Part XI Reconciliation of Net Assets

Check 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	120,385,507
2	Total expenses (must equal Part IX, column (A), line 25)	2	122,131,080
3	Revenue less expenses. Subtract line 2 from line 1	3	(1,745,573)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	154,246,475
5	Net unrealized gains (losses) on investments	5	(1,242,972)
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	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	151,257,930

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII . . . . . ☐

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		✔
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both.			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	✔	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both.			
	☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	✔	
	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?	3a	✔	
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	3b	✔	

(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 DIRECTOR	1.0 1.0	✓						0	0	0
(26) RODNEY FINKE DIRECTOR	1.0 0.0	✓						0	0	0
(27) WILLIAM HADNOTT, III DIRECTOR	1.0 0.0	✓						0	0	0
(28) JENI E. HALLIDAY DIRECTOR	1.0 1.0	✓						0	0	0
(29) CHERIE HASSENFLU DIRECTOR	1.0 0.0	✓						0	0	0
(30) KEITH HERNDON DIRECTOR	1.0 1.0	✓						0	0	0
(31) CATHY HORN DIRECTOR	1.0 0.0	✓						0	0	0
(32) SYDNEY ISSACS DIRECTOR	1.0 0.0	✓						0	0	0
(33) RYANE JACKSON DIRECTOR	1.0 0.0	✓						0	0	0
(34) CULLEN KAPPLER DIRECTOR	1.0 0.0	✓						0	0	0
(35) BRYCE KENNARD DIRECTOR	1.0 0.0	✓						0	0	0
(36) BYRD LARBERG DIRECTOR	1.0 0.0	✓						0	0	0
(37) DAVID LEY DIRECTOR	1.0 1.0	✓						0	0	0
(38) NENA MARSH DIRECTOR	1.0 0.0	✓						0	0	0
(39) KHAMBREL MARSHALL DIRECTOR	1.0 0.0	✓						0	0	0
(40) CHASTA MARTIN DIRECTOR	1.0 0.0	✓						0	0	0
(41) JOY MCCORMACK DIRECTOR	1.0 0.0	✓						0	0	0
(42) RUBY NIETO DIRECTOR	1.0 0.0	✓						0	0	0
(43) JOE ROTHBAUER DIRECTOR	1.0 0.0	✓						0	0	0
(44) D. BRYAN RUEZ DIRECTOR	1.0 0.0	✓						0	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) LARRY SHRYOCK DIRECTOR	1.0 0.0	✓						0	0	0
(47) JENNIFER SMITH DIRECTOR	1.0 0.0	✓						0	0	0
(48) SUE SMITH DIRECTOR	1.0 0.0	✓						0	0	0
(49) LARRY STEPHENS DIRECTOR	1.0 0.0	✓						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) 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

2025

Open to Public Inspection

Name of the organization	Employer identification number
YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE GREATER HOUSTON AREA	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 33 1/3% 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 33 1/3% 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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	59,402,715	69,973,289	86,818,875	87,614,124	35,822,933	339,631,936
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf					0	0
3 The value of services or facilities furnished by a governmental unit to the organization without charge					0	0
4 **Total.** Add lines 1 through 3	59,402,715	69,973,289	86,818,875	87,614,124	35,822,933	339,631,936
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						339,631,936

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
7 Amounts from line 4	59,402,715	69,973,289	86,818,875	87,614,124	35,822,933	339,631,936
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	677,151	674,838	787,024	801,685	836,214	3,776,912
9 Net income from unrelated business activities, whether or not the business is regularly carried on					89,398	89,398
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						343,498,246

12 Gross receipts from related activities, etc. (see instructions) **12** 336,325,645

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** ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2025 (line 6, column (f), divided by line 11, column (f)) **14** 98.87 %

15 Public support percentage from 2024 Schedule A, Part II, line 14 **15** 98.97 %

16a **33 1/3% support test—2025.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization ☑

b **33 1/3% support test—2024.** 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 ☐

17a **10%-facts-and-circumstances test—2025.** 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 ☐

b **10%-facts-and-circumstances test—2024.** 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 ☐

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 ☐

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) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(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) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(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** ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2025 (line 8, column (f), divided by line 13, column (f))	15	%
16	Public support percentage from 2024 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2025** (line 10c, column (f), divided by line 13, column (f))	17	%
18	Investment income percentage from **2024** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests—2025.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

b **33 1/3% support tests—2024.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

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? *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.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in* ***Part VI****, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
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?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI****.*	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI****.*	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI****.*	9b		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI****.*	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

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 ☐ The organization satisfied the Activities Test. *Complete* ***line 2*** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* ***line 3*** *below.*

c ☐ The organization supported a governmental supported organization. *Describe in* ***Part VI*** *how you supported a governmental supported organization (see instructions).*

			Yes	No
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 *(explain in detail in* ***Part VI****)*:			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

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

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 2025 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-2025**	**(iii) Distributable Amount for 2025**
1	Distributable amount for 2025 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2025 (reasonable cause required—*explain in* ***Part VI***). See instructions.			
3	Excess distributions carryover, if any, to 2025			
a	From 2020			
b	From 2021			
c	From 2022			
d	From 2023			
e	From 2024			
f	**Total** of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2025 distributable amount			
i	Carryover from 2020 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2025 from Section D, line 6: $			
a	Applied to underdistributions of prior years			
b	Applied to 2025 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2025, 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 2025. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* ***Part VI***. See instructions.			
7	**Excess distributions carryover to 2026.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2021 . . .			
b	Excess from 2022 . . .			
c	Excess from 2023 . . .			
d	Excess from 2024 . . .			
e	Excess from 2025 . . .			

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 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 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		$ 13,110,448	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
2		$ 1,354,315	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)
3		$ 2,000,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
4		$ 1,498,874	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
5		$ 1,300,600	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
6		$ 751,701	Person ☑ Payroll ☐ Noncash ☐ (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 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
7		$ 995,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
8		$ 3,000,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
9		$ 1,641,672	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		$	Person ☐ Payroll ☐ Noncash ☐ (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
2	HOME AND PERSONAL GOODS	$ 1,354,315	12/31/2025

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
9	FOOD COMMODITIES	$ 1,641,672	12/31/2025

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

Name of organization	Employer identification number
YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE GREATER HOUSTON AREA	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? ☐ Yes ☐ 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? ☐ Yes ☐ 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).
- ☐ Preservation of land for public use (for example, recreation or education)
- ☐ Preservation of a historically important land area
- ☐ Protection of natural habitat
- ☐ Preservation of a certified historic structure
- ☐ 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.

			Held at the End 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? ☐ Yes ☐ 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)? ☐ Yes ☐ 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
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange program
- e ☐ Other _____

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	22,563,867	20,138,280	14,481,071	16,572,577	14,081,995
b Contributions	754,289	638,928	3,960,062	1,666,242	798,312
c Net investment earnings, gains, and losses	2,966,002	2,470,115	2,299,864	(3,161,476)	2,201,002
d Grants or scholarships					
e Other expenditures for facilities and programs	754,350	683,456	602,717	596,272	507,232
f Administrative expenses					1,500
g End of year balance	25,529,808	22,563,867	20,138,280	14,481,071	16,572,577

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

- a Board designated or quasi-endowment 58.33 %
- b Permanent endowment 27.60 %
- c Term endowment 14.07 %

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:

	Yes	No
(i) Unrelated organizations? 3a(i)		✔
(ii) Related organizations? 3a(ii)	✔	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 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		25,370,161		25,370,161
b Buildings		209,360,211	76,748,107	132,612,104
c Leasehold improvements		85,503,211	49,526,822	35,976,389
d Equipment		31,154,364	25,773,811	5,380,553
e Other		684,451		684,451
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				200,023,658

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	3,351,772
(3) RIGHT OF USE ASSETS	5,256,847
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 15, col. (B))*	21,052,119

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	3,561,384
(3) DUE TO AFFILIATE	90,120
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 25, col. (B))*	3,651,504

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	122,098,374
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	(1,242,972)		
b	Donated services and use of facilities	2b	79,560		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	3,720,291		
e	Add lines **2a** through **2d**			2e	2,556,879
3	Subtract line **2e** from line **1**			3	119,541,495
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	92,311		
b	Other (Describe in Part XIII.)	4b	751,701		
c	Add lines **4a** and **4b**			4c	844,012
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	120,385,507

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	122,120,978
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	79,560		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	2,649		
e	Add lines **2a** through **2d**			2e	82,209
3	Subtract line **2e** from line **1**			3	122,038,769
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	92,311		
b	Other (Describe in Part XIII.)	4b	0		
c	Add lines **4a** and **4b**			4c	92,311
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	122,131,080

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: YMCA ENDOWMENT REVENUE; **(b)** Amount: 3,720,291
SCHEDULE D, PART XI, LINE 4(B) - OTHER REVENUE	**(a)** Description: GRANT FROM YMCA ENDOWMENT; **(b)** Amount: 751,701
SCHEDULE D, PART XII, LINE 2(D) - OTHER EXPENSES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	**(a)** Description: YMCA ENDOWMENT EXPENSES; **(b)** Amount: 2,649

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 G (Form 990)
(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
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 Fundraising Activities.

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

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- **a** ☑ Mail solicitations
- **b** ☑ Internet and email solicitations
- **c** ☑ Phone solicitations
- **d** ☑ In-person solicitations
- **e** ☑ Solicitation of nongovernment grants
- **f** ☑ Solicitation of government grants
- **g** ☑ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☑ **Yes** ☐ **No**

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
1 STERLING, 55 WAUGH DR, STE 601, HOUSTON, TX 77007	CASE STATEMENT COMPOSITION		✔	0	60,000	(60,000)
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				0	60,000	(60,000)

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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 RUN THRU THE WOODS (event type)	(b) Event #2 TURKEY DASH (event type)	(c) Other events 7 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	333,904	322,549	663,002	1,319,455
	2 Less: Contributions	241,536	261,910	203,244	706,690
	3 Gross income (line 1 minus line 2)	92,368	60,639	459,758	612,765
Direct Expenses	4 Cash prizes				0
	5 Noncash prizes		15,207	1,976	17,183
	6 Rent/facility costs	17,500		83,931	101,431
	7 Food and beverages	1,929	3,857	37,477	43,263
	8 Entertainment	2,500	51,399	41,025	94,924
	9 Other direct expenses	82,796	87,780	95,991	266,567
	10 Direct expense summary. Add lines 4 through 9 in column (d)				523,368
	11 Net income summary. Subtract line 10 from line 3, column (d)				89,397

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	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ 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 _____

☐ 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.

SCHEDULE I (Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

YOUNG MEN'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? . . . . . ☑ **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) THE CYNTHIA W. MITCHELL PAVILION 2005 LAKE ROBBINS, THE WOODLANDS, TX 77380	76-0276606	501(C)(3)	16,500				GENERAL SUPPORT
(2) PARKS AT BEARING HOMEOWNERS ASSOC 1400 BROADFILED 600, HOUSTON, TX 77084	76-0559087	501(C)(4)	10,000				FENCE CONSTRUCTION
(3)							
(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 1

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

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	EARLYCARE/OUTREACH/OUT OF SCHOOL TIME	5,800		1,651,482	FMV	FOOD ASSISTANCE
2	OUTREACH CLIENT ASSISTANCE	28,610	3,373,865	563,145	FMV	(SEE STATEMENT)
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)

Part IV

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

Return Reference - Identifier	Explanation
SCHEDULE I, PART I -	PART III, LINE 1 - ADDITIONAL ASSISTANCE TO INDIVIDUALS DURING 2025, THE YMCA OF GREATER HOUSTON OPERATED 21 MEMBERSHIP CENTERS, 1 OVERNIGHT CAMP, 3 ADAPTIVE SITES, 160 AFTER-SCHOOL AND EARLY CARE SITES RESULTING IN 343,616 INDIVIDUALS ENGAGED THROUGH MEMBERSHIP AND PROGRAMS INCLUDING YOUTH, FAMILIES, OLDER ADULTS, AND INDIVIDUALS WITH DISABILITIES ACROSS THE GREATER HOUSTON REGION WHILE ALSO AWARDING $11.6MM IN FINANCIAL ASSISTANCE ENSURING PARTICIPATION REGARDLESS OF ABILITY TO PAY.
SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS	MONITORING OF FEE REDUCTIONS: 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. MONITORING FOR SUB-RECIPIENTS: 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.
SCHEDULE I, PART III , COLUMN B - ESTIMATED NUMBER OF RECIPIENTS	EARLYCARE/OUTREACH/OUT OF SCHOOL TIME : ESTIMATE IS CALCULATED BY APPLYING THE PERCENTAGE OF PROGRAM RECIPIENTS RECEIVING FINANCIAL ASSISTANCE THROUGH FEE REDUCTION TO THE TOTAL NUMBER OF PROGRAM PARTICIPANTS OVERALL.
SCHEDULE I, PART III, COLUMN F - DESCRIPTION OF NON-CASH ASSISTANCE	OUTREACH CLIENT ASSISTANCE: HOUSEHOLD GOODS, CLOTHING, HYGIENE KITS

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. ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ 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. ☑ Compensation committee ☑ Written employment contract ☐ Independent compensation consultant ☑ Compensation survey or study ☑ Form 990 of other organizations ☑ 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		✔
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		✔
c	Participate in or receive payment from an equity-based compensation arrangement?	4c		✔
	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	✔	
b	Any related organization?	5b		✔
	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		✔
b	Any related organization?	6b		✔
	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		✔
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		✔
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

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	70,223	15,263	741,746	0
		(ii)	0	0	0	0	0	0	0
2	JENNIFER LOPEZ SECRETARY, CHIEF OF STAFF	(i)	324,863	19,840	0	38,984	20,668	404,355	0
		(ii)	0	0	0	0	0	0	0
3	JENNIFER GARCIA CHIEF FINANCIAL OFFICER	(i)	301,798	20,360	0	36,216	644	359,018	0
		(ii)	0	0	0	0	0	0	0
4	ANGELA HODSON CHIEF PHILANTHROPY OFFICER	(i)	278,392	21,285	0	34,578	13,656	347,911	0
		(ii)	0	0	0	0	0	0	0
5	RICHARD CRUZ CHIEF OPERATIONS OFFICER	(i)	266,276	21,751	18,355	13,454	8,209	328,045	0
		(ii)	0	0	0	0	0	0	0
6	JEFFERY WATKINS EXECUTIVE VICE PRESIDENT (THRU 8/25)	(i)	228,406	0	0	15,813	8,188	252,407	0
		(ii)	0	0	0	0	0	0	0
7	ROBERT HODGE SR. VP OF INFORMATION TECHNOLOGIES	(i)	209,069	2,980	0	26,181	0	238,230	0
		(ii)	0	0	0	0	0	0	0
8	AVICE CHAMBERS SR. VP OF YOUTH DEVELOPMENT	(i)	172,745	2,867	0	21,840	20,505	217,957	0
		(ii)	0	0	0	0	0	0	0
9	NANCI RUTLEDGE VP OF MAJOR GIFTS	(i)	168,951	3,199	0	20,658	20,492	213,300	0
		(ii)	0	0	0	0	0	0	0
10	LINDSAY LEWIS SR. VP OF PROGRAM, EVAL MEMBERSHIP	(i)	167,866	2,842	0	20,596	19,142	210,446	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)							

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 2025, 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	21,959,317	11,070,000		
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	2019		

		A		B		C		D	
		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?	✔		✔					

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	06/10/2026		08/15/2024					
3	Is the bond issue a variable rate issue?		✔	✔					

Part IV Arbitrage *(continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		✔		✔				
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		✔		✔				
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		✔		✔				
7	Has the organization established written procedures to monitor the requirements of section 148?	✔		✔					

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations?	✔		✔					

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions.

(SEE STATEMENT)

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 V - DIFFERENT PROCEDURES TO UNDERTAKE CORRECTIVE ACTION	ISSUER NAME: HARRIS CTY CULTURAL EDU FINANCE CORP N/A
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 06/10/2026
SCHEDULE K, PART V - DIFFERENT PROCEDURES TO UNDERTAKE CORRECTIVE ACTION	ISSUER NAME: HARRIS CTY CULTURAL EDU FINANCE CORP N/A
SCHEDULE K, PART IV, LINE 2C - COLUMN B	ISSUER NAME: HARRIS CTY CULTURAL EDU FINANCE CORP THE CALCULATION FOR COMPUTING NO REBATE DUE WAS PERFORMED ON 08/15/2024

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	(d) Corrected? 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? To	(d) Loan to or from the organization? From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	(g) In default? No	(h) Approved by board or committee? Yes	(h) Approved by board or committee? No	(i) Written agreement? Yes	(i) Written agreement? No
(1) (SEE STATEMENT)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total						$ 50,000						

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)				

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)						
(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).

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	50,000		✓	✓		✓	

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No. 1545-0047

2025

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	✔		376,508	MARKET VALUE
6	Cars and other vehicles				
7	Boats and planes	✔	1	9,020	MARKET VALUE
8	Intellectual property				
9	Securities—Publicly traded	✔	5	20,934	NYSE
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	✔	600,680	1,655,527	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

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in 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?	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
AUCTION ITEMS	✓	193	17,837	SALE PROCEEDS
EQUIPMENT AND SUPPLIES	✓	3	14,233	MARKET VALUE
AIRLINE FLIGHTS	✓	1	4,835	MARKET VALUE

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 III, LINE 3 - SIGNIFICANT CHANGES IN PROGRAM SERVICES	IN JANUARY 2025, THE U. S. OFFICE OF MANAGEMENT AND BUDGET (OMB) ISSUED A MEMO DIRECTING FEDERAL AGENCIES TO TEMPORARILY PAUSE FUNDING OF ALL FEDERAL ASSISTANCE PROGRAMS TO ALLOW TIME TO EVALUATE AGENCIES AND PROGRAMS FOR CONSISTENCY WITH THE LAW AND WITH PRESIDENTIAL PRIORITIES. THE MEMO WAS LATER RESCINDED BUT THERE CONTINUED TO BE DELAYS IN FUNDING AND INCREASED SCRUTINY OF PROGRAMS. THESE ACTIONS WERE THE SUBJECT OF VARIOUS ONGOING LEGAL PROCEEDINGS WHICH IMPACTED COLLECTABILITY OF EXISTING CONTRACTS AND FUTURE FUNDING AVAILABILITY. AS A RESULT OF THIS UNCERTAINTY AROUND PROGRAMMING, AVAILABILITY AND COLLECTABILITY OF FUNDING, AS WELL AS VARIOUS EXECUTIVE ORDERS AND STOP-WORK ORDERS, SEVERAL YMCA FEDERAL ASSISTANCE PROGRAMS WERE DISCONTINUED IN FEBRUARY AND MARCH 2025. YMCA CONTRACTS TOTALING APPROXIMATELY $45 MILLION WERE DISCONTINUED. WHILE THIS REPRESENTED A SIGNIFICANT SHARE OF REVENUE, THE YMCA SWIFTLY EXECUTED CORRESPONDING COST ADJUSTMENTS INVOLVING BOTH STAFF AND PROGRAM OPERATIONAL COSTS TO MINIMIZE THE IMPACT ON FUTURE CHANGES IN NET ASSETS AND CASH FLOW FROM OPERATIONS.
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	FOR NEARLY 140 YEARS, THE YMCA OF GREATER HOUSTON HAS STRENGTHENED COMMUNITIES BY EXPANDING ACCESS TO PROGRAMS THAT SUPPORT YOUTH DEVELOPMENT, HEALTHY LIVING, AND SOCIAL RESPONSIBILITY. THROUGH MEMBERSHIP AND COMMUNITY-BASED INITIATIVES, THE YMCA EQUIPS FAMILIES WITH RESOURCES THAT FOSTER CONNECTION, STABILITY, AND OPPORTUNITY ACROSS THE GREATER HOUSTON REGION. 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 2025, THE YMCA OF GREATER HOUSTON OPERATED 21 MEMBERSHIP CENTERS, 1 OVERNIGHT CAMP, 3 ADAPTIVE SITES, 160 AFTER-SCHOOL AND EARLY CARE SITES RESULTING IN 343,616 INDIVIDUALS ENGAGED THROUGH MEMBERSHIP AND PROGRAMS INCLUDING YOUTH, FAMILIES, OLDER ADULTS, AND INDIVIDUALS WITH DISABILITIES ACROSS THE GREATER HOUSTON REGION WHILE ALSO AWARDING $11.6MM IN FINANCIAL ASSISTANCE ENSURING PARTICIPATION REGARDLESS OF ABILITY TO PAY. THE YMCA PARTNERS WITH SCHOOL DISTRICTS, MUNICIPALITIES, APARTMENT COMMUNITIES, AND NONPROFIT ORGANIZATIONS TO EXTEND SERVICES BEYOND TRADITIONAL MEMBERSHIP CENTERS AND INTO NEIGHBORHOODS WHERE ACCESS TO STRUCTURED YOUTH PROGRAMS AND WELLNESS RESOURCES IS MOST NEEDED.

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 - HEALTHIER FAMILIES / HEALTHY LIVING PROGRAM	LINE 4A (EXPENSES $ 48,501,371) (GRANTS $ 44,083) (REVENUE $ 60,855,183) HEALTHIER FAMILIES PARTICIPANTS: FACILITY MEMBERS 13,150+ 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. 1. SAFETY AROUND WATER, 3,350+ 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. 2. AQUATICS PROGRAMS, 9,800+ 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. 3. HEALTH AND WELLNESS, 4.1MM FITNESS FACILITY VISITS AT THE Y, HEALTH IS STRENGTHENED THROUGH RELATIONSHIPS THAT MOTIVATE CONSISTENCY AND CELEBRATE PROGRESS IN ALL FORMS. GROUP CLASSES BECOME COMMUNITIES OF ACCOUNTABILITY. PERSONAL TRAINING SESSIONS BECOME MOMENTS OF RENEWED FOCUS. OVER TIME, CONNECTION HELPS TURN INTENTION INTO ROUTINE. TO SUPPORT EVERY STAGE OF THE WELLNESS JOURNEY, THE YMCA OFFERS A RANGE OF OPPORTUNITIES THAT MEET PEOPLE WHERE THEY ARE AND HELP THEM MOVE FORWARD.

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 - YOUTH DEVELOPMENT	LINE 4B (EXPENSES $ 32,273,406) (GRANTS $ 1,651,482) (REVENUE $ 19,945,570) YOUTH DEVELOPMENT PARTICIPANTS: 35,800+ INDIVIDUALS SERVED: 65,000+ 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. 1. TEENS, 65,000+ OF PEOPLE SERVED AT THE Y ARE AGES 10 THROUGH 19 AT THE YMCA, TEENS FIND CONNECTION DURING A PIVOTAL STAGE ON THEIR PATH TO ADULTHOOD, WHEN IDENTITY, CONFIDENCE, AND PURPOSE BEGIN TO CRYSTALLIZE. SOME ARRIVE EAGER TO LEAD; OTHERS ARRIVE SEEKING GUIDANCE AND EVEN MORE ARRIVE IN SEARCH OF A PLACE WHERE THEY CAN BE UNDERSTOOD AS THEMSELVES. AT THE Y, SUPPORTIVE RELATIONSHIPS HELP TEENS FEEL SEEN, HEARD, AND ENCOURAGED TO GROW. THROUGH Y TEEN L.I.F.E. (LEADERSHIP, INSPIRATION, FELLOWSHIP, EDUCATION), TEENS CONNECT WITH MENTORS, PEERS, AND OPPORTUNITIES THAT CHALLENGE AND SUPPORT THEM. LEADERSHIP INITIATIVES FOSTER REFLECTION AND TEAMWORK, WHILE COLLEGE AND CAREER READINESS PROGRAMS OFFER PATHWAYS AND PRACTICAL SKILLS FOR THE FUTURE. PROGRAMS LIKE YOUTH AND GOVERNMENT INVITE PARTICIPANTS TO CONNECT AND DISCUSS REAL-WORLD CIVIC ISSUES. SURROUNDED BY PEOPLE WHO BELIEVE IN THEM, TEENS DEVELOP PURPOSE, ACCOUNTABILITY, AND CONFIDENCE THAT CARRIES INTO SCHOOL, CAREERS, AND LIFE BEYOND THE Y. 2.YOUTH SPORTS, 14,300+ YOUTH CHILDREN ARRIVE AT YOUTH SPORTS WITH DIFFERENT EMOTIONS AND EXPECTATIONS. SOME ARE EAGER TO PLAY, WHILE OTHERS MAY FEEL UNSURE OF THEIR ABILITIES OR BE HESITANT TO JOIN A TEAM. AT THE YMCA, CONNECTION CREATES A SUPPORTIVE ENVIRONMENT WHERE EVERY CHILD IS WELCOMED AND ENCOURAGED. THROUGH TEAM PRACTICES AND GAMES, PARTICIPANTS CONNECT WITH VOLUNTEER COACHES WHO MODEL RESILIENCE, COMMUNICATION, AND ACCOUNTABILITY. AT THE Y, A SHY PLAYER LEARNS TO CALL FOR THE BALL. A CHILD WHO ONCE FEARED MISTAKES FINDS SUCCESS THROUGH EFFORT AND PERSISTENCE. WINS AND LOSSES BECOME OPPORTUNITIES TO LEARN TOGETHER. AS CHILDREN BUILD RELATIONSHIPS ON THE FIELDS AND COURTS, THEY DEVELOP CHARACTER, TEAMWORK, AND CONFIDENCE, WHICH CARRY INTO SCHOOL, FRIENDSHIPS, AND FUTURE EMPLOYMENT. 3.YMCA CAMP CULLEN, 8,700 YOUTH AND ADULT CAMPERS NESTLED AMONG THE PINES ALONG LAKE LIVINGSTON, YMCA CAMP CULLEN CREATES CONNECTION THROUGH TIME SPENT OUTDOORS, SHARED CHALLENGES, AND A BREAK FROM DAY-TO-DAY LIFE. AWAY FROM SCREENS AND DAILY ROUTINES, CAMPERS STEP INTO AN ENVIRONMENT WHERE RELATIONSHIPS WITH COUNSELORS AND CABIN MATES ENCOURAGE INDEPENDENCE, CURIOSITY, AND COURAGE. ACROSS THE CAMP EXPERIENCE, YOUNG PEOPLE CONNECT THROUGH OUTDOOR EXPLORATION, HANDS-ON ADVENTURE, AND SHARED TRADITIONS. FROM PADDLING ACROSS THE LAKE TO CHEERING ONE ANOTHER ON AROUND THE CAMPFIRE, THESE MOMENTS BUILD TRUST, RESILIENCE, AND FRIENDSHIP. AT CAMP CULLEN, CONNECTIONS FORMED IN THE OUTDOORS BECOME MILESTONES OF GROWTH, SHAPING CONFIDENCE, BELONGING, AND MEMORIES THAT ENDURE FAR BEYOND THE CAMP. 4.OUT OF SCHOOL TIME AND EARLY CARE, 5,800+ YOUTH THROUGH 157 OUT OF SCHOOL TIME SITES AND 3 EARLY CARE SITES IN YMCA EARLY CARE AND OUT OF SCHOOL TIME PROGRAMS, CHILDREN FIND CONNECTION DURING THE MOMENTS THAT SHAPE THEM MOST. FROM A TODDLER TAKING THEIR FIRST STEPS TO A SCHOOL-AGE CHILD SETTLING INTO ROUTINE AFTER THE FINAL BELL, THESE TRUSTED RELATIONSHIPS HELP CHILDREN FEEL SAFE AND SUPPORTED. ACROSS GREATER HOUSTON, WORKING FAMILIES RELY ON THE Y FOR CONSISTENT CARE BEFORE AND AFTER SCHOOL, AND DURING THE SUMMER MONTHS. WITH CARING EDUCATORS AND WELCOMING ENVIRONMENTS, CHILDREN CONNECT WITH PEERS AND MENTORS WHO ENCOURAGE CURIOSITY AND COLLABORATION. THROUGH PLAY, CREATIVITY, AND HANDS-ON LEARNING, FRIENDSHIPS FORM, CONFIDENCE BUILDS, AND INTERESTS BEGIN TO TAKE SHAPE. AT THE YMCA, EARLY CONNECTIONS BECOME THE FOUNDATION FOR LIFELONG LEARNING, HEALTHY RELATIONSHIPS, AND A LASTING SENSE OF BELONGING. 5.Y ON THE FLY, 2,200+ YOUTH Y ON THE FLY: A MOBILE MAKERSPACE BRINGS STEM (SCIENCE, TECHNOLOGY, ENGINEERING, AND MATHEMATICS), CODING, AND ROBOTICS DIRECTLY INTO NEIGHBORHOODS, CONNECTING YOUTH AND FAMILIES TO HANDS-ON LEARNING WHERE ACCESS TO YMCA FACILITIES MAY BE LIMITED. BY MEETING COMMUNITIES WHERE THEY ARE, THE PROGRAM CREATES MEANINGFUL CONNECTIONS THAT SPARK CURIOSITY AND COLLABORATION. WITH MOBILE HUBS SERVING DIFFERENT AREAS, YOUNG PEOPLE BUILD PROBLEM-SOLVING SKILLS, CONFIDENCE, AND A SENSE OF BELONGING AS THEY EXPLORE NEW IDEAS AND PREPARE FOR THE CHALLENGES AHEAD.

Return Reference - Identifier	Explanation
	6.DAY CAMP, 4,800+ 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. 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. MEMBERSHIP, 179,000+ INDIVIDUALS ENGAGED ACROSS GREATER HOUSTON COMMUNITIES 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.
PART III, LINE 4C - INCLUSIVE COMMUNITIES	LINE 4C (EXPENSES $ 20,816,321) (GRANTS $ 3,937,010) (REVENUE $ 459,054) INCLUSIVE COMMUNITIES PARTICIPANTS: 79,090+ ACROSS GREATER HOUSTON, THE YMCA CREATES SPACES WHERE PEOPLE OF ALL ABILITIES, BACKGROUNDS, AND LIFE CIRCUMSTANCES ARE WELCOMED AND SUPPORTED. THROUGH INCLUSIVE PROGRAMS AND COMMUNITY-CENTERED SERVICES, INDIVIDUALS GAIN DIGNITY, STABILITY, AND DISCOVER BRIGHTER PATHWAYS TOWARD OPPORTUNITY. 1. ADAPTIVE PROGRAMS FOR YOUTH AND ADULTS WITH DISABILITIES, 580+ PARTICIPANTS THROUGH ADAPTIVE SPORTS, AQUATICS, AND RECREATION, COMMUNITY MEMBERS PARTICIPATE IN ACTIVITIES THEY WOULD OTHERWISE BE UNABLE TO, ALLOWING FOR FRIENDSHIPS TO FORM AND MEANINGFUL MOMENTS TO HAPPEN. VOLUNTEERS AND FAMILIES GROW ALONGSIDE THEM, BUILDING RELATIONSHIPS ROOTED IN RESPECT AND SHARED PURPOSE. 2. FOREVERWELL, 50,000+ PARTICIPANTS FOR MANY OLDER ADULTS, ISOLATION CAN QUIETLY TAKE HOLD AS ROUTINES CHANGE AND SOCIAL CIRCLES SHRINK. AT THE YMCA, CONNECTION REPLACES ISOLATION WITH FAMILIARITY, MOVEMENT, AND RENEWED PURPOSE. THROUGH OUR FOREVERWELL PROGRAM, OLDER ADULTS CONNECT WITH PEERS AND STAFF WHO GREET THEM BY NAME, MOVE ALONGSIDE THEM IN CLASS, AND CREATE OPPORTUNITIES FOR LEARNING AND SOCIAL ENGAGEMENT. THESE SHARED EXPERIENCES FOSTER FRIENDSHIP, ROUTINE, AND A SENSE OF BELONGING THAT STRENGTHENS BOTH PHYSICAL AND EMOTIONAL HEALTH. THROUGH CONNECTION, SENIORS FIND ENCOURAGEMENT, DIGNITY, AND CONTINUED ENGAGEMENT IN THE LIFE OF THE COMMUNITY. 3.COMMUNITY IMPACT SERVICES, 23,510+ PARTICIPANTS THE YMCA OF GREATER HOUSTON'S COMMUNITY IMPACT PROGRAMS CONNECT INDIVIDUALS AND FAMILIES TO ESSENTIAL RESOURCES THAT SUPPORT LONG-TERM SELF-SUSTAINABILITY. THROUGH TRUSTED RELATIONSHIPS AND COORDINATED SUPPORT, THE YMCA HELPS PEOPLE NAVIGATE COMPLEX SITUATIONS AND OVERCOME BARRIERS THAT STAND IN THE WAY OF STABILITY AND INDEPENDENCE. AT THE START OF 2025, YMCA INTERNATIONAL SERVICES CONTINUED ITS LONG-STANDING ROLE IN WELCOMING NEWCOMERS TO HOUSTON THROUGH CIVICS COURSES AND SUPPORTIVE LEARNING ENVIRONMENTS THAT HELPED INDIVIDUALS BUILD EARLY CONNECTIONS IN THEIR NEW COMMUNITY. FOR MORE THAN 45 YEARS, THE YMCA HAS PARTNERED WITH THE FEDERAL GOVERNMENT TO SUPPORT NEWCOMERS. IN 2025, CHANGES IN FEDERAL FUNDING ALLOCATIONS AND NATIONAL RESETTLEMENT PRIORITIES REQUIRED THE YMCA TO REFLECT ON WHAT SERVICES WOULD MAKE THE LARGEST IMPACT FOR OUR COMMUNITY. IN RESPONSE, THE YMCA HAS SHIFTED TO OFFERING COMMUNITY IMPACT SERVICES, A COLLECTION OF PROGRAMS THAT WORK TO CONNECT INDIVIDUALS AND FAMILIES WITH RESOURCES THAT SUPPORT DIGNITY, STABILITY, AND LONG-TERM SELF-SUFFICIENCY. WHILE THE STRUCTURE FOR INTERNATIONAL SERVICES HAS EVOLVED, THE YMCA'S COMMITMENT TO SERVING THE COMMUNITY REMAINED UNCHANGED.

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	(g) Section 512(b)(13) controlled entity? 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)							

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? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(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	(i) 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
(1)	YMCA GREATER HOUSTON AREA ENDOWMENT FOUNDATION	C	751,701	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? Yes	(e) No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													