

PUBLIC DISCLOSURE COPY

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2023

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.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2023 calendar year, or tax year beginning, 2023, and ending, 20

B Check if applicable: [ ] Address change [ ] Name change [ ] Initial return [ ] Final return/terminated [ ] Amended return [ ] Application pending
C Name of organization THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE TRIANGLE AREA, INC. (4598)
Doing business as
Number and street (or P.O. box if mail is not delivered to street address) Room/suite
801 CORPORATE CENTER DR 200
City or town, state or province, country, and ZIP or foreign postal code
RALEIGH, NC 27607-5073
D Employer identification number 56-0591307
E Telephone number (919) 719-9622
G Gross receipts \$ 148,628,118
H(a) Is this a group return for subordinates? [ ] Yes [x] 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: [x] 501(c)(3) [ ] 501(c) ( ) (insert no.) [ ] 4947(a)(1) or [ ] 527
J Website: WWW.YMCATRIANGLE.ORG
K Form of organization: [x] Corporation [ ] Trust [ ] Association [ ] Other
L Year of formation: 1911
M State of legal domicile: NC

Part I Summary

Table with 3 main sections: Activities & Governance (lines 1-7), Revenue (lines 8-12), Expenses (lines 13-19), and Net Assets or Fund Balances (lines 20-22). Includes columns for Prior Year and Current Year.

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: Signature of officer BRUCE HAM HAM, CEO; Date; Type or print name and title

Paid Preparer Use Only: Print/Type preparer's name MELANIE MCPEAK; Preparer's signature MELANIE MCPEAK; Date 09/14/2024; Check [ ] if self-employed; PTIN P01346034; Firm's name CHERRY BEKAERT ADVISORY LLC; Firm's EIN 88-2730877; Firm's address 3800 GLENWOOD AVENUE, SUITE 200, RALEIGH, NC 27612; Phone no. (919) 782-1040

May the IRS discuss this return with the preparer shown above? See instructions [x] Yes [ ] No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2023)

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III  Yes  No

1 Briefly describe the organization's mission:  
THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE TRIANGLE AREA, INC. IS AN ASSOCIATION FOR ALL AGES, ABILITIES, INCOMES, RACES, AND RELIGIONS. OUR MISSION IS TO PUT CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT BUILD HEALTHY SPIRIT, MIND, AND BODY FOR ALL.

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 \$ 51,599,625 including grants of \$ 1,546,226 ) (Revenue \$ 30,903,839 )  
YOUTH PROGRAMS: THE YMCA OF THE TRIANGLE AREA PROVIDES QUALITY YOUTH DEVELOPMENT PROGRAMS. THESE PROGRAMS EMPHASIZE BUILDING SELF-ESTEEM AND DEVELOPING CHARACTER THROUGH PROGRAMS THAT BUILD SPIRIT, MIND, AND BODY. CHRISTIAN PRINCIPLES ARE MODELED BY STAFF, AND CHILDREN PARTICIPATE IN A VARIETY OF ENRICHMENT ACTIVITIES, INCLUDING PHYSICAL FITNESS PROGRAMS, AQUATICS, SPORTS, AND CRAFTS. ACTIVITIES ARE DESIGNED TO TEACH CARING, RESPECT, RESPONSIBILITY, HONESTY, SELF-CONFIDENCE, AND FAITH IN GOD. THIS YEAR 15,146 CHILDREN PARTICIPATED IN BEFORE SCHOOL, AFTER SCHOOL, AND TRACK OUT PROGRAMS. FINANCIAL ASSISTANCE WAS PROVIDED TO 1,401 PARTICIPANTS IN THESE PROGRAMS. THIS YEAR 14,108 CHILDREN PARTICIPATED IN REGULAR YMCA FULL AND HALF-DAY SUMMER CAMPS WITH FINANCIAL ASSISTANCE PROVIDED TO 867 PARTICIPANTS. THIS YEAR THERE WERE 7,758 PARTICIPANTS IN VARIOUS YOUTH SPORTS PROGRAMS. TEAMWORK, SPORTSMANSHIP, COOPERATION, AND RESPECT FOR OTHERS ARE PRIMARY GOALS OF THE PROGRAMS. IMPROVED PHYSICAL FITNESS AND THE DEVELOPMENT OF (CONTINUED ON SCHEDULE O)

4b (Code: ) (Expenses \$ 23,568,736 including grants of \$ ) (Revenue \$ 34,343,505 )  
ADULT/MEMBERSHIP PROGRAMS: THE YMCA OF THE TRIANGLE AREA IS DEDICATED TO BUILDING HEALTHY SPIRIT, MIND, AND BODY OF CHILDREN, ADULTS, AND FAMILIES. MEMBERSHIP OFFERS PARTICIPANTS OPPORTUNITIES TO IMPROVE THEIR HEALTH AND WELLBEING THROUGH ACTIVITIES THAT FOCUS ON AND PROMOTE PHYSICAL FITNESS AND HEALTHY LIFESTYLES. OUR WELLNESS-BASED FITNESS PROGRAMS HELP PEOPLE SET GOALS FOR THEIR FITNESS AND PROMOTE HEALTH AND IMPROVED WELLBEING. MEMBERSHIP PROGRAM ELEMENTS INCLUDE NUTRITION, STRESS MANAGEMENT, CHRONIC DISEASE SUPPORT, AND HEALTH EDUCATION. ACTIVITIES INCLUDE GROUP FITNESS, WATER FITNESS, STRENGTH TRAINING, GROUP TRAINING, AND VARIOUS ADULT SPORTS. THE Y HAS 154,811 MEMBERS, INCLUDING 12,917 INDIVIDUALS WHO RECEIVE FINANCIAL ASSISTANCE TO ENABLE THEM TO BE MEMBERS OF THE Y. THE NUMBER OF PROGRAM VOLUNTEERS WHO DONATED THEIR TIME TO FURTHER THE Y'S MISSION WAS 2,111.

4c (Code: ) (Expenses \$ 17,289,526 including grants of \$ ) (Revenue \$ 22,394,444 )  
OVERNIGHT CAMP: CAMP SEA GULL, CAMP SEAFARER, AND CAMP KANATA PROVIDE CHILDREN AND TEENS OPPORTUNITIES TO SET GOALS, DEVELOP SPECIALIZED LAND AND SEAMANSHIP SKILLS, LEARN INDEPENDENCE AND DECISION-MAKING SKILLS, AND DEVELOP LIFE-LONG FRIENDSHIPS THROUGH AN OVERNIGHT CAMPING EXPERIENCE WITH OTHERS FROM DIFFERENT GEOGRAPHIC AREAS, MULTI-CULTURAL BACKGROUNDS, AND VARIOUS RELIGIOUS AFFILIATIONS. CHARACTER DEVELOPMENT IS A PRINCIPAL OBJECTIVE OF THE PROGRAMS INCLUDE TEACHING THE VALUES OF CARING, RESPECT, RESPONSIBILITY, HONESTY, FAITH IN GOD, SELF-CONFIDENCE, COURAGE, CONSIDERATION, COOPERATION, AND INTEGRITY. THROUGH INTENTIONALLY DESIGNED PROGRAM ELEMENTS, CAMPERS LEARN THE IMPORTANCE OF STRONG VALUES BASED ON CHRISTIAN PRINCIPLES. THIS YEAR 6,739 PARTICIPANTS ATTENDED VARIOUS OVERNIGHT CAMP PROGRAMS WITH FINANCIAL ASSISTANCE PROVIDED TO 476 OVERNIGHT CAMPERS.

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

4e Total program service expenses 92,457,887

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors? See instructions . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>5</b> 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? <i>If "Yes," complete Schedule C, Part III . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>6</b> 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? <i>If "Yes," complete Schedule D, Part I . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</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? <i>If "Yes," complete Schedule D, Part VII . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</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? <i>If "Yes," complete Schedule F, Parts I and IV . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>15</b> 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? <i>If "Yes," complete Schedule F, Parts II and IV . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>16</b> 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? <i>If "Yes," complete Schedule F, Parts III and IV . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>17</b> 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? <i>If "Yes," complete Schedule G, Part I. See instructions . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Part IV Checklist of Required Schedules** *(continued)*

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>28</b> 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).		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>29</b> Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**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
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	<input type="checkbox"/>	<input type="checkbox"/>
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

<b>Part V Statements Regarding Other IRS Filings and Tax Compliance</b> <i>(continued)</i>			Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b> 6,111		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		<input checked="" type="checkbox"/>	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?			<input checked="" type="checkbox"/>
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>			
<b>4a</b>	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)?			<input checked="" type="checkbox"/>
<b>b</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).			
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			<input checked="" type="checkbox"/>
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			<input checked="" type="checkbox"/>
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
<b>6a</b>	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?			<input checked="" type="checkbox"/>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b>	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?			<input checked="" type="checkbox"/>
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?			
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		<input checked="" type="checkbox"/>	
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b> 5		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			<input checked="" type="checkbox"/>
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			<input checked="" type="checkbox"/>
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?			
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:			
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:			
<b>a</b>	Gross income from members or shareholders	<b>11a</b>		
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?			
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
<b>b</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	<b>13b</b>		
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?			<input checked="" type="checkbox"/>
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>			
<b>15</b>	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.			<input checked="" type="checkbox"/>
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.			<input checked="" type="checkbox"/>
<b>17</b>	<b>Section 501(c)(21) organizations.</b> 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.			



**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
<b>1a</b>	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.		
	<b>1a</b> 35		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent . . . . .		
	<b>1b</b> 34		
<b>2</b>	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? . . . . .		✓
<b>3</b>	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? . . . . .		✓
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .		✓
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .		✓
<b>6</b>	Did the organization have members or stockholders? . . . . .		✓
<b>7a</b>	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? . . . . .		✓
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .		✓
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body? . . . . .	✓	
<b>b</b>	Each committee with authority to act on behalf of the governing body? . . . . .	✓	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O . . . . .		✓

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates? . . . . .	✓	
<b>b</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? . . . . .	✓	
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .		✓
<b>b</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990. . . . .		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	✓	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	✓	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done . . . . .	✓	
<b>13</b>	Did the organization have a written whistleblower policy? . . . . .	✓	
<b>14</b>	Did the organization have a written document retention and destruction policy? . . . . .	✓	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official . . . . .	✓	
<b>b</b>	Other officers or key employees of the organization . . . . .		✓
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. . . . .		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .		✓
<b>b</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? . . . . .		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed NC
- 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.  
CHRISTOPHER MCKENZIE, 801 CORPORATE CENTER DR, #200, RALEIGH, NC 27607-5073, (919) 719-9310

**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) BRUCE HAM CEO	40.0 0.0			✓				301,996	0	65,040
(2) ANTHONY CAMPIONE COO	40.0 0.0				✓			253,917	0	57,408
(3) LISA HUMPHREYS CSO	40.0 0.0				✓			218,099	0	63,892
(4) LISA SCOTT CDEIBO	40.0 0.0				✓			196,261	0	36,335
(5) DOUGLAS MCMILLAN FORMER CEO (CEO UNTIL 12/31/2022)	0.0 0.0					✓		183,161	0	10,406
(6) JONATHAN MILLS REGIONAL VP	40.0 0.0				✓			160,750	0	28,748
(7) GARY AUTRY SR VP OF IT	40.0 0.0				✓			160,922	0	26,677
(8) TIMOTHY CARR SR VP OF PROPERTIES	40.0 0.0					✓		148,718	0	25,237
(9) DAVID JOHNSON VP OF DATA ANALYTICS	40.0 0.0					✓		142,698	0	26,241
(10) SALLIE RANSOM REGIONAL VP	40.0 0.0					✓		143,433	0	24,399
(11) FORREST PERRY REGIONAL VP	40.0 0.0					✓		139,365	0	25,798
(12) BRADLEY DAVIS CDO	40.0 0.0					✓		118,365	0	30,160
(13) BRIAN KEEL CFO	40.0 0.0			✓				113,542	0	31,713
(14) WELDON TRACY HOWE COO (UNTIL 4/9/2023)	40.0 0.0			✓				114,368	0	16,421

**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) DEANA LABRIOLA SECRETARY	2.0 0.0	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
(16) HAMILTON SLOAN JR. TREASURER	2.0 0.0	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
(17) KARI STOLTZ CHAIR	2.0 0.0	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
(18) AMY BAKER DIRECTOR	1.0 0.0	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
(19) ANNA GOODMON DIRECTOR	1.0 0.0	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
(20) ASHA AGARWAL DIRECTOR	1.0 0.0	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
(21) BOBBY RAMSEUR DIRECTOR	1.0 0.0	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
(22) CASSANDRA DECK-BROWN DIRECTOR	1.0 0.0	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
(23) CATTY MOORE DIRECTOR	1.0 0.0	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
(24) CHERYL PARQUET DIRECTOR	1.0 0.0	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
(25) (SEE STATEMENT)										
<b>1b Subtotal</b>								2,395,595	0	468,475
<b>c Total from continuation sheets to Part VII, Section A</b>								0	0	0
<b>d Total (add lines 1b and 1c)</b>								2,395,595	0	468,475

**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 39

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
DEL SOL PAINTING LLC, 208 ARCHDALE DR, DURHAM, NC 27707	PAINTING	236,507
WORKSHOP MEDIA LLC, 8208 WOBURN DR, RALEIGH, NC 27617	DIGITAL MEDIA SERVICES	212,498
SPG PLUMBING, 2659 CEDAR CREEK RD, YOUNGSVILLE, NC 27596	PLUMBING SERVICES	194,068
ADOLPH KIEFER & ASSOCIATES LLC, 903 MORRISSEY DR, BLOOMINGTON, IL 61701	POOL SERVICES	142,956
SYNERGY TECHNICAL LLC, PO BOX 71172, CHARLOTTE, NC 28272	IT SUPPORT	128,872

**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 6



**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	
<b>Contributions, Gifts, Grants, and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b>	0				
	<b>b</b>	Membership dues . . . . .	<b>1b</b>	0				
	<b>c</b>	Fundraising events . . . . .	<b>1c</b>	0				
	<b>d</b>	Related organizations . . . . .	<b>1d</b>	679,957				
	<b>e</b>	Government grants (contributions)	<b>1e</b>	1,438,038				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	16,688,833				
	<b>g</b>	Noncash contributions included in lines 1a-1f . . . . .	<b>1g</b>	\$ 3,187,569				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .		18,806,828				
	<b>Program Service Revenue</b>				Business Code			
<b>2a</b>		MEMBERSHIP REVENUE		624110	34,343,505	34,343,505		
<b>b</b>		RESIDENT CAMP REVENUE		624110	22,394,444	22,394,444		
<b>c</b>		CHILDCARE REVENUE -- SCHOOL AGE		624110	14,215,316	14,215,316		
<b>d</b>		DAY CAMP REVENUE		624110	9,937,301	9,937,301		
<b>e</b>		CHILDCARE REVENUE -- INFANT/TODDLER/PRESCHOOL		624110	22,840	22,840		
<b>f</b>		All other program service revenue . . .		624110	6,728,382	6,728,382	0	
<b>g</b>		<b>Total.</b> Add lines 2a-2f . . . . .			87,641,788			
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . .			581,884		581,884	
	<b>4</b>	Income from investment of tax-exempt bond proceeds						
	<b>5</b>	Royalties . . . . .						
	<b>6a</b>	Gross rents . . . . .	<b>6a</b>	(i) Real				
				(ii) Personal				
					952,428			
	<b>b</b>	Less: rental expenses	<b>6b</b>					
	<b>c</b>	Rental income or (loss)	<b>6c</b>	952,428	0			
	<b>d</b>	Net rental income or (loss) . . . . .			952,428		952,428	
	<b>7a</b>	Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities				
				(ii) Other				
					34,965,837	3,314,293		
	<b>b</b>	Less: cost or other basis and sales expenses . . . . .	<b>7b</b>	34,959,510	1,486,765			
<b>c</b>	Gain or (loss) . . . . .	<b>7c</b>	6,327	1,827,528				
<b>d</b>	Net gain or (loss) . . . . .			1,833,855		1,833,855		
<b>8a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>8a</b>						
<b>b</b>	Less: direct expenses . . . . .	<b>8b</b>						
<b>c</b>	Net income or (loss) from fundraising events . . . . .							
<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>9a</b>						
<b>b</b>	Less: direct expenses . . . . .	<b>9b</b>						
<b>c</b>	Net income or (loss) from gaming activities . . . . .							
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>10a</b>						
				773,255				
<b>b</b>	Less: cost of goods sold . . . . .	<b>10b</b>	472,395					
<b>c</b>	Net income or (loss) from sales of inventory . . . . .			300,860	300,860			
<b>Miscellaneous Revenue</b>				Business Code				
	<b>11a</b>	REGIONAL HUB CONTRACT		813410	289,903	289,903		
	<b>b</b>	SERD ADMIN FEE		813410	50,000	50,000		
	<b>c</b>	WCPSS MANAGEMENT FEE		813410	45,868	45,868		
	<b>d</b>	All other revenue . . . . .		813410	1,206,034	1,206,034	0	
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .			1,591,805				
<b>12</b>	<b>Total revenue.</b> See instructions . . . . .			111,709,448	89,534,453	0	3,368,167	

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>		<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b>	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	1,540,556	1,540,556		
<b>2</b>	Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	5,670	5,670		
<b>3</b>	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	0	0		
<b>4</b>	Benefits paid to or for members . . . . .				
<b>5</b>	Compensation of current officers, directors, trustees, and key employees . . . . .	1,846,090	623,979	1,199,958	22,153
<b>6</b>	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b>	Other salaries and wages . . . . .	46,841,288	41,384,406	3,795,620	1,661,262
<b>8</b>	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	2,394,272	2,015,426	226,587	152,259
<b>9</b>	Other employee benefits . . . . .	3,616,953	2,893,380	509,052	214,521
<b>10</b>	Payroll taxes . . . . .	3,672,948	3,195,564	353,270	124,114
<b>11</b>	Fees for services (nonemployees):				
<b>a</b>	Management . . . . .				
<b>b</b>	Legal . . . . .	104,368		104,368	
<b>c</b>	Accounting . . . . .	97,614		97,614	
<b>d</b>	Lobbying . . . . .				
<b>e</b>	Professional fundraising services. See Part IV, line 17 . . . . .				
<b>f</b>	Investment management fees . . . . .	17,026		17,026	
<b>g</b>	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) . . . . .	6,005,066	3,073,588	2,486,073	445,405
<b>12</b>	Advertising and promotion . . . . .	920,718	5,586	538,523	376,609
<b>13</b>	Office expenses . . . . .	2,194,296	1,663,917	474,398	55,981
<b>14</b>	Information technology . . . . .				
<b>15</b>	Royalties . . . . .				
<b>16</b>	Occupancy . . . . .	15,436,047	15,277,501	129,352	29,194
<b>17</b>	Travel . . . . .	1,060,620	953,743	90,239	16,638
<b>18</b>	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b>	Conferences, conventions, and meetings . . . . .	426,388	136,764	282,595	7,029
<b>20</b>	Interest . . . . .	1,335,474	1,059,768	236,934	38,772
<b>21</b>	Payments to affiliates . . . . .	536,615	0	536,615	0
<b>22</b>	Depreciation, depletion, and amortization . . . . .	7,481,576	7,344,277	120,624	16,675
<b>23</b>	Insurance . . . . .	1,856,816	1,826,382	25,362	5,072
<b>24</b>	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) . . . . .				
<b>a</b>	<u>SUPPLIES</u> . . . . .	6,273,355	5,799,623	455,386	18,346
<b>b</b>	<u>FOOD</u> . . . . .	3,679,008	3,422,991	190,990	65,027
<b>c</b>	<u>OTHER FINANCING COSTS</u> . . . . .	258,135	171,663	80,192	6,280
<b>d</b>	<u>MISCELLANEOUS</u> . . . . .	340,689	63,103	272,577	5,009
<b>e</b>	All other expenses . . . . .	0	0	0	0
<b>25</b>	<b>Total functional expenses.</b> Add lines 1 through 24e . . . . .	107,941,588	92,457,887	12,223,355	3,260,346
<b>26</b>	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .				

**Part X Balance Sheet**

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

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	7,698,142	<b>1</b>	9,125,442
	<b>2</b> Savings and temporary cash investments . . . . .	13,581,262	<b>2</b>	10,344,661
	<b>3</b> Pledges and grants receivable, net . . . . .	8,468,125	<b>3</b>	7,695,767
	<b>4</b> Accounts receivable, net . . . . .	18,354,696	<b>4</b>	20,384,232
	<b>5</b> 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 . . . . .	0	<b>5</b>	0
	<b>6</b> 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	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .	259,386	<b>8</b>	256,305
	<b>9</b> Prepaid expenses and deferred charges . . . . .	2,024,118	<b>9</b>	1,603,495
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 262,818,841		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 102,109,463	152,000,913	<b>10c</b> 160,709,378
	<b>11</b> Investments—publicly traded securities . . . . .	28,274,571	<b>11</b>	22,941,085
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	(2,637)	<b>12</b>	(2,637)
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	0	<b>13</b>	0
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	42,868,262	<b>15</b>	43,208,714
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	273,526,838	<b>16</b>	276,266,442	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	8,825,343	<b>17</b>	7,256,582
	<b>18</b> Grants payable . . . . .	0	<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	33,224,431	<b>19</b>	35,148,023
	<b>20</b> Tax-exempt bond liabilities . . . . .	40,115,306	<b>20</b>	36,831,184
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> 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	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	6,675,417	<b>23</b>	6,020,997
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	3,435,546	<b>24</b>	0
	<b>25</b> 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 . . . . .	25,271,515	<b>25</b>	26,725,169
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	117,547,558	<b>26</b>	111,981,955
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	127,661,749	<b>27</b>	123,471,853
	<b>28</b> Net assets with donor restrictions . . . . .	28,317,531	<b>28</b>	40,812,634
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>31</b>	
	<b>32</b> Total net assets or fund balances . . . . .	155,979,280	<b>32</b>	164,284,487
<b>33</b> Total liabilities and net assets/fund balances . . . . .	273,526,838	<b>33</b>	276,266,442	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	111,709,448
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	107,941,588
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	3,767,860
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	155,979,280
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	5,012,471
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	(475,124)
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	164,284,487

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		✓
<b>b</b>	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	✓	
<b>c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	✓	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	✓	
<b>b</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.	✓	

**Part VII**

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (Check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(25) CHRIS WOODY ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(26) ED FRITSCH ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(27) FARAD ALI ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(28) GARY GREENE ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(29) GAYLE LANIER ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(30) GLORIA BECKER ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(31) GREGG SANDREUTER ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(32) JENNIFER ROBINSON ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(33) JESSICA BROCK ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(34) JOHNNY TILLET ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(35) JONATHAN HAYES ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(36) KEN CROCKETT ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(37) LAURA BUNN ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(38) LEAH GOODNIGHT TYLER ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(39) LEVELLE MOTON ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(40) LORETTA HARPER-ARNOLD ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(41) MARY NASH RUSHER ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(42) MITCHELL SCOTT ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(43) MOSS WITHERS ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(44) SAM SUGG ----- 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			
(45) TJ BARRINGER ----- DIRECTOR	1.0 ----- 0.0	✓					0	0	0
(46) TOM OXHOLM ----- DIRECTOR	1.0 ----- 0.0	✓					0	0	0
(47) TREY RABON ----- DIRECTOR	1.0 ----- 0.0	✓					0	0	0
(48) VIC BELL ----- DIRECTOR	1.0 ----- 0.0	✓					0	0	0
(49) ZACH AMBROSE ----- 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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

<b>Name of the organization</b> THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE TRIANGLE AREA, INC. (4598)	<b>Employer identification number</b> 56-0591307
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**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)(vii)**. (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<sup>1</sup>/<sub>3</sub>% 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<sup>1</sup>/<sub>3</sub>% 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 generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

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

**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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	27,120,047	38,317,514	7,662,301	32,731,863	18,806,828	124,638,553
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0
<b>4 Total.</b> Add lines 1 through 3 . . . . .	27,120,047	38,317,514	7,662,301	32,731,863	18,806,828	124,638,553
<b>5</b> 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) . . . . .						8,522,452
<b>6 Public support.</b> Subtract line 5 from line 4						116,116,101

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>7</b> Amounts from line 4 . . . . .	27,120,047	38,317,514	7,662,301	32,731,863	18,806,828	124,638,553
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	1,446,415	1,351,418	317,467	1,683,037	1,534,312	6,332,649
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						0
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .	0	0	0	0	0	0
<b>11 Total support.</b> Add lines 7 through 10						130,971,202
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					12	273,269,456
<b>13 First 5 years.</b> 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 <b>stop here</b> . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) . . . . .	<b>14</b>	88.66 %
<b>15</b> Public support percentage from 2022 Schedule A, Part II, line 14 . . . . .	<b>15</b>	92.11 %
<b>16a 33 1/3% support test—2023.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test—2022.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test—2023.</b> 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 <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>b 10%-facts-and-circumstances test—2022.</b> 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 <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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 . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . .						
<b>b</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						
<b>c</b> Add lines 7a and 7b . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>9</b> Amounts from line 6 . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . .						
<b>c</b> Add lines 10a and 10b . . . .						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . .						
<b>14 First 5 years.</b> 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 <b>stop here</b> . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2022 Schedule A, Part III, line 15 . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2023</b> (line 10c, column (f), divided by line 13, column (f)) . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2022</b> Schedule A, Part III, line 17 . . . .	<b>18</b>	%
<b>19a 33 1/3% support tests—2023.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . <input type="checkbox"/>		
<b>b 33 1/3% support tests—2022.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . <input type="checkbox"/>		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . <input type="checkbox"/>		

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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



**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	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 <b>Part VI</b> 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.		
	<b>1</b>		
<b>2</b>	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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
	<b>2</b>		

**Section C. Type II Supporting Organizations**

		Yes	No
<b>1</b>	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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
	<b>1</b>		

**Section D. All Type III Supporting Organizations**

		Yes	No
<b>1</b>	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?		
	<b>1</b>		
<b>2</b>	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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
	<b>2</b>		
<b>3</b>	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 <b>Part VI</b> the role the organization's supported organizations played in this regard.		
	<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

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

**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.

<b>Section A—Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3.	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>	
<b>Section B—Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d.	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by 0.035.	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C—Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, column A)	<b>1</b>	
<b>2</b>	Enter 0.85 of line 1.	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3.	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>	
<b>7</b>	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D—Distributions		Current Year
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required—provide details in <b>Part VI</b> )	<b>5</b>
<b>6</b>	Other distributions (describe in <b>Part VI</b> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2023 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

Section E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
<b>1</b> Distributable amount for 2023 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2023 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2023			
<b>a</b> From 2018 . . . . .			
<b>b</b> From 2019 . . . . .			
<b>c</b> From 2020 . . . . .			
<b>d</b> From 2021 . . . . .			
<b>e</b> From 2022 . . . . .			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2023 distributable amount			
<b>i</b> Carryover from 2018 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2023 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2023 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2024.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2019 . . . . .			
<b>b</b> Excess from 2020 . . . . .			
<b>c</b> Excess from 2021 . . . . .			
<b>d</b> Excess from 2022 . . . . .			
<b>e</b> Excess from 2023 . . . . .			



Part VI

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

Return Reference - Identifier	Explanation
SCHEDULE A, PART II - COL (D) 2021	THE ORGANIZATION CHANGED ITS YEAR END EFFECTIVE 12/31/21. THE AMOUNTS REPORTED FOR EACH YEAR ARE FOR THE FOLLOWING PERIODS:  2019: 10/1/19 - 9/30/20 2020: 10/1/20 - 9/30/21 2021: 10/1/21 - 12/31/21 2022: 1/1/22 - 12/31/22 2023: 1/1/23 - 12/31/23



Schedule B (Form 990)

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

2023

Table with 2 columns: Name of the organization (THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE TRIANGLE AREA, INC. (4598)) and Employer identification number (56-0591307)

Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ: [x] 501(c)( 3 ) (enter number) organization, [ ] 4947(a)(1) nonexempt charitable trust not treated as a private foundation, [ ] 527 political organization
Form 990-PF: [ ] 501(c)(3) exempt private foundation, [ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation, [ ] 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

- [x] 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 <b>THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE TRIANGLE AREA, INC. (4598)</b>	Employer identification number <b>56-0591307</b>
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**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	----- ----- -----	\$ ----- 1,910,264	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	----- ----- -----	\$ ----- 2,624,000	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	----- ----- -----	\$ ----- 837,982	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	----- ----- -----	\$ ----- 620,699	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	----- ----- -----	\$ ----- 600,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	----- ----- -----	\$ ----- 507,779	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE TRIANGLE AREA, INC. (4598)</b>	Employer identification number <b>56-0591307</b>
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**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	----- ----- -----	\$ 427,084	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE TRIANGLE AREA, INC. (4598)</b>	Employer identification number <b>56-0591307</b>
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**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) <small>(See instructions.)</small>	(d) Date received
2	REAL ESTATE ----- ----- -----	\$ 2,624,000	12/31/2023
-----	----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions.)</small>	(d) Date received
-----	----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions.)</small>	(d) Date received
-----	----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions.)</small>	(d) Date received
-----	----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions.)</small>	(d) Date received
-----	----- ----- -----	\$ -----	-----

Name of organization <b>THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE TRIANGLE AREA, INC. (4598)</b>	Employer identification number <b>56-0591307</b>
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**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
-----	----- ----- -----	----- ----- -----	----- ----- -----

(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
----- ----- -----	----- ----- -----

(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 C  
(Form 990)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2023**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**For Organizations Exempt From Income Tax Under Section 501(c) and Section 527**

**Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

**If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:**

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

**If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

**If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization <b>THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE TRIANGLE AREA, INC. (4598)</b>	Employer identification number <b>56-0591307</b>
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities."
- 2 Political campaign activity expenditures. See instructions . . . . . \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities. See instructions . . . . . \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 . . . . . \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 . . . . . \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . . . . .  Yes  No
- 4a Was a correction made? . . . . .  Yes  No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities . . . . . \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities . . . . . \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b . . . . . \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year? . . . . .  Yes  No
- 5 Enter the names, addresses, and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying) . . . . .														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .														
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) . . . . .														
<b>d</b>	Other exempt purpose expenditures . . . . .														
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) . . . . .														
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>not over \$500,000,</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000,</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000,</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000,</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000,</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	not over \$500,000,	20% of the amount on line 1e.	over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.	over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.	over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.	over \$17,000,000,	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
not over \$500,000,	20% of the amount on line 1e.														
over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.														
over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.														
over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.														
over \$17,000,000,	\$1,000,000.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) . . . . .														
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .														
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .														
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					



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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers?		✓	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		✓	
<b>c</b> Media advertisements?		✓	
<b>d</b> Mailings to members, legislators, or the public?		✓	
<b>e</b> Publications, or published or broadcast statements?		✓	
<b>f</b> Grants to other organizations for lobbying purposes?	✓		10,285
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?		✓	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		✓	
<b>i</b> Other activities?		✓	
<b>j</b> Total. Add lines 1c through 1i			10,285
<b>2a</b> Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		✓	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	<b>3</b>	

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year	<b>2a</b>	
<b>b</b> Carryover from last year	<b>2b</b>	
<b>c</b> Total	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year?	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures. See instructions	<b>5</b>	

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SEE NEXT PAGE

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Part IV

**Supplemental Information.** Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference - Identifier	Explanation
SCHEDULE C, PART II-B, LINE 1 - DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	SUPPORTED THE WORK OF NC ALLIANCE OF YMCAS WHICH INCLUDES NEXSEN PRUET LEGISLATIVE MONITORING SERVICES, STATE ALLIANCE MEETINGS, STATE AND NATIONAL ADVOCACY DAYS, FINANCIAL ASSISTANCE, AND YOUTH AND GOVERNMENT SUBSIDY.

SCHEDULE D (Form 990)

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

2023

Open to Public Inspection

Name of the organization: THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE TRIANGLE AREA, INC. (4598)
Employer identification number: 56-0591307

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for values, 5-6 for Yes/No questions.

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

Form with multiple rows for questions 1-9 regarding conservation easements, including a table for 'Held at the End of the Tax Year'.

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.

Form with rows 1a-2 for questions regarding art and historical treasures, including dollar amounts.

**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
<b>1c</b> Beginning balance	
<b>1d</b> Additions during the year	
<b>1e</b> Distributions during the year	
<b>1f</b> Ending balance	

**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
<b>1a</b> Beginning of year balance	15,721,683	15,030,486	14,442,877	11,693,456	10,733,330
<b>b</b> Contributions	799,984	2,186,066	126,680	1,042,718	472,315
<b>c</b> Net investment earnings, gains, and losses	2,954,405	(1,482,592)	990,843	2,581,683	872,698
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs	588,532	12,277	529,914	874,980	384,887
<b>f</b> Administrative expenses					
<b>g</b> End of year balance	18,887,540	15,721,683	15,030,486	14,442,877	11,693,456

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

- a** Board designated or quasi-endowment 7.66 %
- b** Permanent endowment 92.34 %
- c** Term endowment 0.00 %

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

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

- (i)** Unrelated organizations?
- (ii)** Related organizations?

	Yes	No
<b>3a(i)</b>	✓	
<b>3a(ii)</b>		✓
<b>3b</b>		

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

**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
<b>1a</b> Land	79,000	24,691,114		24,770,114
<b>b</b> Buildings		207,687,689	77,295,045	130,392,644
<b>c</b> Leasehold improvements				
<b>d</b> Equipment		28,359,084	23,246,862	5,112,222
<b>e</b> Other		2,001,954	1,567,556	434,398
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				160,709,378

**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) _____		
<b>Total.</b> (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)		
<b>Total.</b> (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) BENEFICIAL INTEREST IN CHARITABLE TRUST AGREEMENTS	330,859
(2) BENEFICIAL INTEREST IN FUNDS HELD WITH TRIANGLE COMMUNITY FOUNDATION	315,436
(3) SALES TAX RECEIVABLE	497,309
(4) MISCELLANEOUS RECEIVABLES	156,941
(5) CASH VALUE - LIFE INSURANCE	119,616
(6) NOTES RECEIVABLE - RELATED ORGANIZATION	14,713,500
(7) NET INVESTMENT IN LEASE	16,860,944
(8) OPERATING RIGHT OF USE ASSET	8,098,401
(9) (SEE STATEMENT)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B)) . . . . .	43,208,714

**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) CAPITAL LEASES PAYABLE - NONCURRENT	9,659,552
(3) OBLIGATIONS UNDER INTEREST RATE SWAPS AND COLLARS	0
(4) LEASE PREPAYMENTS	16,860,944
(5) INTERFUND TRANSFERS	204,673
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B)) . . . . .	26,725,169

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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	<b>a</b> Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	
	<b>b</b> Donated services and use of facilities . . . . .	<b>2b</b>	
	<b>c</b> Recoveries of prior year grants . . . . .	<b>2c</b>	
	<b>d</b> Other (Describe in Part XIII.) . . . . .	<b>2d</b>	
	<b>e</b> Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
	<b>a</b> Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
	<b>b</b> Other (Describe in Part XIII.) . . . . .	<b>4b</b>	
	<b>c</b> Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .		<b>5</b>

**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.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
	<b>a</b> Donated services and use of facilities . . . . .	<b>2a</b>	
	<b>b</b> Prior year adjustments . . . . .	<b>2b</b>	
	<b>c</b> Other losses . . . . .	<b>2c</b>	
	<b>d</b> Other (Describe in Part XIII.) . . . . .	<b>2d</b>	
	<b>e</b> Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	<b>a</b> Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
	<b>b</b> Other (Describe in Part XIII.) . . . . .	<b>4b</b>	
	<b>c</b> Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .		<b>5</b>

**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

**Schedule D**

Other Assets - Complete if the organization answered "Yes" to

**Part IX**

Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book values
INTRACOMPANY RECEIVABLE	76,130
INTEREST RATE SWAP CONTRACTS	2,039,578

**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
<p>SCHEDULE D, PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUNDS</p>	<p>THE ASSOCIATION'S POLICY IS TO MAINTAIN ANY ORIGINAL CORPUS THAT WAS PERMANENTLY RESTRICTED BY THE DONOR AND TO RECOGNIZE ANY OTHER DONOR RESTRICTIONS RELATED TO ENDOWMENT GIFTS, SUCH AS RESTRICTIONS ON EARNINGS. THE INVESTMENT RETURNS AND ANY APPRECIATION OR DEPRECIATION OF THE ENDOWMENT ASSETS ARE CLASSIFIED AS TEMPORARILY RESTRICTED NET ASSETS. THE EARNINGS ARE USED FOR PROGRAM SUPPORT. THE PERCENTAGE REPORTED FOR PERMANENT ENDOWMENTS INCLUDES AMOUNTS THAT MUST BE MAINTAINED IN PERPETUITY AS WELL AS ACCUMULATED EARNINGS ON SUCH AMOUNTS THAT HAVE NOT YET BEEN APPROPRIATED FOR EXPENDITURE.</p>
<p>SCHEDULE D, PART X, LINE 2 - FIN 48 (ASC 740) FOOTNOTE</p>	<p>THE YMCA IS A NOT-FOR-PROFIT ORGANIZATION EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE ("IRC"). IT HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER SECTION 509(A)(2) OF THE IRC AND QUALIFIES FOR THE 50% OF ADJUSTED GROSS INCOME CHARITABLE CONTRIBUTIONS DEDUCTION FOR INDIVIDUAL DONORS. THE FINANCIAL ACCOUNTING STANDARDS BOARD ("FASB") ASC 740, INCOME TAXES, REQUIRES THE YMCA TO ESTIMATE THE LIKELIHOOD THAT A POTENTIAL INCOME TAX LIABILITY, INCLUDING PENALTIES AND INTEREST, EXISTS FOR ANY INCOME TAX POSITION TAKEN ON A RETURN THAT HAS A MORE LIKELY THAN NOT CHANCE THAT THE POSITION WOULD FAIL UNDER A FEDERAL OR STATE REVENUE AUDIT. THIS ESTIMATED LIABILITY IS KNOWN AS AN UNCERTAIN TAX POSITION. THE YMCA HAS EVALUATED THEIR INCOME TAX POSITIONS AND HAS DETERMINED THEY HAVE NO UNCERTAIN TAX POSITIONS THAT SHOULD BE ACCOUNTED FOR UNDER ASC 740. THE YMCA IS NOT CURRENTLY UNDER EXAMINATION BY THE INTERNAL REVENUE SERVICE ("IRS") OR THE STATE OF NORTH CAROLINA.</p>



**SCHEDULE I  
(Form 990)**

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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Name of the organization

THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE TRIANGLE AREA, INC. (4598)

Employer identification number

56-0591307

**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) (SEE STATEMENT)	56-0532130	501(C)(3)	7,000				GENERAL SUPPORT
(2) (SEE STATEMENT)	11-0303001	501(C)(3)	1,515,090				GENERAL SUPPORT
(3) NATIONAL COUNCIL OF YMCAS OF THE USA 101 NORTH WACKER DRIVE, CHICAGO, IL 60606	36-3258696	501(C)(3)	6,000				GENERAL SUPPORT
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

3 Enter total number of other organizations listed in the line 1 table 0

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 Y ACHIEVERS PROGRAM	4	5,670			
2					
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)

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**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
<p>SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS.</p>	<p>PARTICIPANTS IN THE LIGHTNER Y ACHIEVERS PROGRAM WHO HAVE MAINTAINED A 3.0 MINIMUM GRADE POINT AVERAGE, COMPLETED THE SAT OR ACT AND HAVE BEEN ACCEPTED INTO AN INSTITUTION OF HIGHER LEARNING ARE ELIGIBLE TO APPLY FOR A SCHOLARSHIP. THE APPLICANT MUST HAVE PERFORMED AND DOCUMENTED AT LEAST 60 HOURS OF COMMUNITY SERVICE BETWEEN SEPTEMBER AND MARCH AND SUBMITTED AN ESSAY ABOUT HOW THE LIGHTNER Y ACHIEVERS PROGRAM HAS INFLUENCED THEIR VALUES AND CHARACTER CHOICES. THE APPLICANTS ARE EVALUATED BY A COMMITTEE AND THE TOP SENIOR WHO QUALIFIES IS SELECTED FOR A SCHOLARSHIP TO THE COLLEGE OF THEIR CHOICE. DONATIONS TO OTHER YMCA ORGANIZATIONS, SUCH AS THE YMCA BLUE RIDGE ASSEMBLY, ARE MONITORED BY YUSA.</p>
<p>(1) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT</p>	<p>YMCA BLUE RIDGE ASSEMBLY 84 BLUE RIDGE CIRCLE, BLACK MOUNTAIN, NC 28711-9750</p>
<p>(2) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT</p>	<p>FIDELITY INVESTMENTS CHARITABLE GIFT FUND 100 CROSBY PARKWAY, COVINGTON, KY 41015-4325</p>

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

**Open to Public Inspection**

THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE TRIANGLE AREA, INC. (4598)

Employer identification number

56-0591307

**Part I Questions Regarding Compensation**

	Yes	No
<p><b>1a</b> 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.</p> <p> <input type="checkbox"/> First-class or charter travel                      <input type="checkbox"/> Housing allowance or residence for personal use  <input type="checkbox"/> Travel for companions                                      <input type="checkbox"/> Payments for business use of personal residence  <input type="checkbox"/> Tax indemnification and gross-up payments              <input type="checkbox"/> Health or social club dues or initiation fees  <input type="checkbox"/> Discretionary spending account                              <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)                 </p>		
<p><b>b</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 . . . . .</p>	<b>1b</b>	
<p><b>2</b> 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? . . . . .</p>	<b>2</b>	
<p><b>3</b> 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.</p> <p> <input checked="" type="checkbox"/> Compensation committee                                      <input type="checkbox"/> Written employment contract  <input type="checkbox"/> Independent compensation consultant                      <input checked="" type="checkbox"/> Compensation survey or study  <input type="checkbox"/> Form 990 of other organizations                              <input checked="" type="checkbox"/> Approval by the board or compensation committee                 </p>		
<p><b>4</b> 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:</p>		
<p><b>a</b> Receive a severance payment or change-of-control payment? . . . . .</p>	<b>4a</b>	✓
<p><b>b</b> Participate in or receive payment from a supplemental nonqualified retirement plan? . . . . .</p>	<b>4b</b>	✓
<p><b>c</b> Participate in or receive payment from an equity-based compensation arrangement? . . . . .</p> <p>If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.</p>	<b>4c</b>	✓
<p><b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.</b></p>		
<p><b>5</b> 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:</p>		
<p><b>a</b> The organization? . . . . .</p>	<b>5a</b>	✓
<p><b>b</b> Any related organization? . . . . .</p> <p>If "Yes" on line 5a or 5b, describe in Part III.</p>	<b>5b</b>	✓
<p><b>6</b> 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:</p>		
<p><b>a</b> The organization? . . . . .</p>	<b>6a</b>	✓
<p><b>b</b> Any related organization? . . . . .</p> <p>If "Yes" on line 6a or 6b, describe in Part III.</p>	<b>6b</b>	✓
<p><b>7</b> 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 . . . . .</p>	<b>7</b>	✓
<p><b>8</b> 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 . . . . .</p>	<b>8</b>	✓
<p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .</p>	<b>9</b>	

**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	BRUCE HAM CEO	(i)	301,996	0	0	56,763	8,277	367,036	0
		(ii)	0	0	0	0	0	0	0
2	ANTHONY CAMPIONE COO	(i)	253,917	0	0	50,294	7,114	311,325	0
		(ii)	0	0	0	0	0	0	0
3	LISA HUMPHREYS CSO	(i)	218,099	0	0	47,150	16,742	281,991	0
		(ii)	0	0	0	0	0	0	0
4	LISA SCOTT CDEIBO	(i)	196,261	0	0	29,745	6,590	232,596	0
		(ii)	0	0	0	0	0	0	0
5	DOUGLAS MCMILLAN FORMER CEO (CEO UNTIL 12/31/2022)	(i)	183,161	0	0	10,406	0	193,567	0
		(ii)	0	0	0	0	0	0	0
6	JONATHAN MILLS REGIONAL VP	(i)	160,750	0	0	20,607	8,141	189,498	0
		(ii)	0	0	0	0	0	0	0
7	GARY AUTRY SR VP OF IT	(i)	160,922	0	0	19,636	7,041	187,599	0
		(ii)	0	0	0	0	0	0	0
8	TIMOTHY CARR SR VP OF PROPERTIES	(i)	148,718	0	0	18,221	7,016	173,955	0
		(ii)	0	0	0	0	0	0	0
9	DAVID JOHNSON VP OF DATA ANALYTICS	(i)	142,698	0	0	18,136	8,105	168,939	0
		(ii)	0	0	0	0	0	0	0
10	SALLIE RANSOM REGIONAL VP	(i)	143,433	0	0	17,380	7,019	167,832	0
		(ii)	0	0	0	0	0	0	0
11	FORREST PERRY REGIONAL VP	(i)	139,365	0	0	17,614	8,184	165,163	0
		(ii)	0	0	0	0	0	0	0
12		(i)							
		(ii)							
13		(i)							
		(ii)							
14		(i)							
		(ii)							
15		(i)							
		(ii)							
16		(i)							
		(ii)							

**SCHEDULE K  
(Form 990)**

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Name of the organization

THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE TRIANGLE AREA, INC. (4598)

Employer identification number

56-0591307

**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
<b>A</b> NORTH CAROLINA CAPITAL FACILITIES FINAN	56-1592154	000000000	05/01/2017	42,135,000	(SEE STATEMENT)		✓		✓		✓
<b>B</b> PUBLIC FINANCE AUTHORITY	27-3866124	000000000	10/01/2019	19,125,000	(SEE STATEMENT)		✓		✓		✓
<b>C</b>											
<b>D</b>											

**Part II Proceeds**

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
<b>1</b> Amount of bonds retired . . . . .	20,459,242		2,475,487					
<b>2</b> Amount of bonds legally defeased . . . . .	0		0					
<b>3</b> Total proceeds of issue . . . . .	42,135,000		19,125,000					
<b>4</b> Gross proceeds in reserve funds . . . . .	0		0					
<b>5</b> Capitalized interest from proceeds . . . . .	0		0					
<b>6</b> Proceeds in refunding escrows . . . . .	0		0					
<b>7</b> Issuance costs from proceeds . . . . .	189,793		0					
<b>8</b> Credit enhancement from proceeds . . . . .	0		0					
<b>9</b> Working capital expenditures from proceeds . . . . .	0		0					
<b>10</b> Capital expenditures from proceeds . . . . .	21,810,207		19,125,000					
<b>11</b> Other spent proceeds . . . . .	20,135,000		0					
<b>12</b> Other unspent proceeds . . . . .	0		0					
<b>13</b> Year of substantial completion . . . . .	2018		2019					
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>14</b> Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? . . . . .	✓			✓				
<b>15</b> Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)? . . . . .		✓		✓				
<b>16</b> Has the final allocation of proceeds been made? . . . . .	✓		✓					
<b>17</b> 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
<b>1</b> Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? . . . . .		✓		✓				
<b>2</b> Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .		✓		✓				
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .		✓		✓				
<b>b</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?								
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .		✓		✓				
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
<b>4</b> 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 %		%		%
<b>5</b> 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 %		%		%
<b>6</b> Total of lines 4 and 5 . . . . .		0.00 %		0.00 %		%		%
<b>7</b> Does the bond issue meet the private security or payment test? . . . . .		✓		✓				
<b>8a</b> 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>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . . .				%		%		%
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .								
<b>9</b> 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
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . . .		✓		✓				
<b>2</b> If "No" to line 1, did the following apply?								
<b>a</b> Rebate not due yet? . . . . .		✓		✓				
<b>b</b> Exception to rebate? . . . . .	✓		✓					
<b>c</b> No rebate due? . . . . .		✓		✓				
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
<b>3</b> Is the bond issue a variable rate issue? . . . . .	✓		✓					

**Part IV Arbitrage (continued)**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Name of provider . . . . .	SUNTRUST BANK		SUNTRUST BANK					
<b>c</b> Term of hedge . . . . .	13.0		15.0					
<b>d</b> Was the hedge superintegrated? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>e</b> Was the hedge terminated? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Name of provider . . . . .								
<b>c</b> Term of GIC . . . . .								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>6</b> Were any gross proceeds invested beyond an available temporary period? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

(SEE STATEMENT)

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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 I, COLUMN (F) - DESCRIPTION OF PURPOSE - NC CAPITAL FACILITIES FINANCE AGENCY	(1) REDEEM \$7,410,000 OUTSTANDING AMOUNT OF NORTH CAROLINA CAPITAL FACILITIES FINANCE AGENCY (THE "ISSUER") VARIABLE RATE DEMAND REVENUE BONDS (THE CAPITAL AREA YMCA PROJECT), SERIES 2002, (2) REDEEM \$12,725,000 OF THE ISSUER'S REVENUE BONDS (YMCA OF THE TRIANGLE), SERIES 2006 AND (3) REIMBURSEMENT FOR VARIOUS CAPITAL PROJECTS, AND (4) ACQUISITION, CONSTRUCTION AND RENOVATION OF VARIOUS YMCA CAPITAL FACILITIES, INCLUDING NEW FACILITY IN GARNER, NC, RENOVATION OF FACILITY IN LEE COUNTY AND OTHER CAPITAL PROJECTS.
SCHEDULE K, PART I, COLUMN (F) - DESCRIPTION OF PURPOSE ISSUER NAME: PUBLIC FINANCE AUTHORITY	ACQUIRE PROPERTY ON CARPENTER FIRE STATION RD, CARY, NC
SCHEDULE K, PART II, LINE 11 - OTHER SPENT PROCEEDS	OTHER SPENT PROCEEDS OF \$20,135,000 TO REFUND SERIES 2002 AND SERIES 2006 BONDS.
SCHEDULE K, PART IV, LINE 4C - TERM OF HEDGE	SERIES C, 13.0 YEARS; SERIES B, 10.0 YEARS; SERIES A, 5.0 YEARS

**SCHEDULE L  
(Form 990)**

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

**Open To Public Inspection**

Name of the organization <b>THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE TRIANGLE AREA, INC. (4598)</b>	Employer identification number <b>56-0591307</b>
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**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

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

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

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

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

**Part II Loans to and/or From Interested Persons.**

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

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

**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** (continued)

(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) HIGHWOODS REALTY LIMITED PARTNERSHIP	ED FRITSCH IS A BOARD MEMBER AND A SHAREHOLDER IN HIGHWOODS PROPERTIES.	\$768,388	RENT FOR OFFICE AT 801 CORPORATE CENTER DRIVE, RALEIGH NC		✓

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

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](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization

THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE TRIANGLE AREA, INC. (4598)

Employer identification number

56-0591307

**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 . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .	✓	61	556,769	MARKET VALUE
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .	✓	5	2,624,000	MARKET VALUE
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ( <u>FIXED ASSET (BOATS)</u> ) . . . . .	✓	3	6,800	MARKET VALUE
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	5
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	Yes	No
30a		✓
30a		✓
31	✓	
32a		✓
32a		✓
33		

**Part II**

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

Return Reference - Identifier	Explanation
SCHEDULE M, PART I - EXPLANATIONS OF REPORTING METHOD FOR NUMBER OF CONTRIBUTIONS	REAL ESTATE - RESIDENTIAL - NUMBER OF PROPERTIES SECURITIES - PUBLICLY TRADED - NUMBER OF CONTRIBUTIONS OTHER - FIXED ASSET (BOATS) NUMBER OF CONTRIBUTIONS

**SCHEDULE O  
(Form 990)**

Department of 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 990-EZ.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Open to Public Inspection

Name of the Organization

THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE TRIANGLE AREA, INC. (4598)

Employer Identification Number

56-0591307

Return Reference - Identifier	Explanation				
FORM 990, PART I, LINE 1 - BRIEF MISSION	RELIGIONS. OUR MISSION IS TO PUT CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT BUILD HEALTHY SPIRIT, MIND AND BODY FOR ALL.				
FORM 990, PART III, LINE 4A - PROGRAM SERVICE DESCRIPTION	INDIVIDUAL SKILLS ARE OTHER SIGNIFICANT GOALS. THERE WERE 1,572 SWIM TEAM PARTICIPANTS THIS YEAR. IN SPECIALIZED DAY CAMPS, 1,638 YOUTH WERE SERVED, AND 3,457 YOUTH WERE SERVED IN ACADEMIC TUTORIAL PROGRAMS. Y-GUIDES IS A PROGRAM DEDICATED TO BUILDING STRONG RELATIONSHIPS BETWEEN FATHERS AND THEIR CHILDREN. 9,308 YOUTH PARTICIPATED IN THIS PROGRAM. YMCA YOUTH AND GOVERNMENT IS A STATE-WIDE NC PROGRAM FOR TEENS THAT DEVELOPS THE UNDERSTANDING OF LEGISLATURE AND GOVERNMENT, CULMINATING IN A CONFERENCE HELD EACH FEBRUARY. 633 YOUTH PARTICIPATED THIS YEAR.				
FORM 990, PART VI, LINE 1A - DELEGATE BROAD AUTHORITY TO A COMMITTEE	MEMBERS OF THE EXECUTIVE COMMITTEE SHALL BE APPOINTED BY RESOLUTION OF THE BOARD TO SERVE FOR A TERM AS DESIGNATED BY THE BOARD. ALL MEMBERS SHALL BE DIRECTORS. THE CHAIRMAN OF THE BOARD SHALL BE CHAIRMAN OF THE EXECUTIVE COMMITTEE.  THE EXECUTIVE COMMITTEE SHALL HAVE AND MAY EXERCISE ALL POWERS OF THE BOARD EXCEPT THOSE POWERS AS MAY BE RESERVED BY THE BOARD. A MAJORITY OF MEMBERS SHALL CONSTITUTE A QUORUM.				
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	THE FINANCE COMMITTEE IS RESPONSIBLE FOR THE REVIEW OF THE 990. THEY WILL RECEIVE A COPY OF THE FORM BEFORE IT IS FILED. THE COPY DOES NOT INCLUDE CONTRIBUTORS. THE BOARD WILL RECEIVE A SIMILAR COPY AT A LATER DATE.				
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	THE ASSOCIATION HAS EACH BOARD MEMBER READ AND COMPLETE THE CONFLICT OF INTEREST POLICY AND QUESTIONNAIRE. BOARD MEMBERS ARE ALLOWED TO BID FOR PROJECTS. ALL PROJECTS UP FOR BID ARE REQUESTED OF AT LEAST 3 LIKELY VENDORS. IF A VENDOR IS A BOARD MEMBER AND HAS SUBMITTED A BID, THE BOARD MEMBER LEAVES THE ROOM AND IS NOT PART OF THE VOTING PROCESS OR DISCUSSIONS OF ACCEPTING VENDOR BID APPLICATIONS. VENDOR BID APPLICATIONS ARE JUDGED ON A MULTITUDE OF CRITERIA.				
FORM 990, PART VI, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	THE HUMAN RESOURCES COMMITTEE EVALUATES CEO, TOP MANAGEMENT AND EMPLOYEE PAY ANNUALLY. SALARY ADJUSTMENTS ARE EVALUATED AND APPROVED BY THE HUMAN RESOURCES COMMITTEE. ONCE THEY APPROVE IT, IT GOES TO THE FULL BOARD FOR APPROVAL. PAY IS EVALUATED AGAINST MARKET STUDIES AND SURVEYS OF COMPARABLE PAY IN THE AREA AND OF COMPARABLE DATA IN THE INDUSTRY.				
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	THE ASSOCIATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.				
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">(a) Description</th> <th style="text-align: center;">(b) Amount</th> </tr> </thead> <tbody> <tr> <td>CHANGE IN MARKET VALUE OF INTEREST RATE SWAPS AND COLLARS</td> <td style="text-align: right;">- 475,124</td> </tr> </tbody> </table>	(a) Description	(b) Amount	CHANGE IN MARKET VALUE OF INTEREST RATE SWAPS AND COLLARS	- 475,124
(a) Description	(b) Amount				
CHANGE IN MARKET VALUE OF INTEREST RATE SWAPS AND COLLARS	- 475,124				

**SCHEDULE R  
(Form 990)**

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

**Open to Public Inspection**

Name of the organization

THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE TRIANGLE AREA, INC. (4598)

Employer identification number

56-0591307

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) SER DEVELOPMENT I, INC. (82-4464493) 801 CORPORATE CENTER DRIVE, RALEIGH, NC 27607-5073	HOLDING REAL ESTATE LOCATED AT 1436 ROCK QUARRY ROAD, RALEIGH, NC	NC	501(C)(2)		THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE TRIANGLE AREA, INC.	✓	
(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?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) -----												
(2) -----												
(3) -----												
(4) -----												
(5) -----												
(6) -----												
(7) -----												

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

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

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

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
<b>1</b> 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?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .	<input checked="" type="checkbox"/>	
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .		<input checked="" type="checkbox"/>
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<input checked="" type="checkbox"/>	
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<input checked="" type="checkbox"/>	
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .		<input checked="" type="checkbox"/>
<b>f</b> Dividends from related organization(s) . . . . .		<input checked="" type="checkbox"/>
<b>g</b> Sale of assets to related organization(s) . . . . .		<input checked="" type="checkbox"/>
<b>h</b> Purchase of assets from related organization(s) . . . . .		<input checked="" type="checkbox"/>
<b>i</b> Exchange of assets with related organization(s) . . . . .		<input checked="" type="checkbox"/>
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<input checked="" type="checkbox"/>	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<input checked="" type="checkbox"/>	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<input checked="" type="checkbox"/>	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .		<input checked="" type="checkbox"/>
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .		<input checked="" type="checkbox"/>
<b>o</b> Sharing of paid employees with related organization(s) . . . . .		<input checked="" type="checkbox"/>
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .		<input checked="" type="checkbox"/>
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .		<input checked="" type="checkbox"/>
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .		<input checked="" type="checkbox"/>
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .		<input checked="" type="checkbox"/>

**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
<b>(1)</b> SER DEVELOPMENT I, INC.	K	881,175	BOOK
<b>(2)</b> SER DEVELOPMENT I, INC.	A	15,914	BOOK
<b>(3)</b> SER DEVELOPMENT I, INC.	J	15,914	BOOK
<b>(4)</b> SER DEVELOPMENT I, INC.	C	679,957	BOOK
<b>(5)</b> SER DEVELOPMENT I, INC.	L	50,000	BOOK
<b>(6)</b> SER DEVELOPMENT I, INC.	D	14,713,500	BOOK

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

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

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

**Tax Exempt Entity Declaration and Signature for E-file**

For calendar year 2023, or tax year beginning \_\_\_\_\_, 2023, and ending \_\_\_\_\_, 20\_\_\_\_\_

**2023**

Department of the Treasury  
Internal Revenue Service

For use with Forms 990, 990-EZ, 990-PF, 990-T, 1120-POL, 4720, 8868, 5227, 5330, and 8038-CP  
Go to [www.irs.gov/Form8453TE](http://www.irs.gov/Form8453TE) for the latest information.

Name of filer

EIN or SSN

THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE TRIANGLE AREA, INC. (4598)

56-0591307

**Part I Type of Return and Return Information**

Check the box for the type of return being filed with Form 8453-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a	Form 990 check here	<input checked="" type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	111,709,448
2a	Form 990-EZ check here	<input type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here	<input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here	<input type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part V, line 5)	4b	
5a	Form 8868 check here	<input type="checkbox"/>	b	Balance due (Form 8868, line 3c)	5b	
6a	Form 990-T check here	<input type="checkbox"/>	b	Total tax (Form 990-T, Part III, line 4)	6b	
7a	Form 4720 check here	<input type="checkbox"/>	b	Total tax (Form 4720, Part III, line 1)	7b	
8a	Form 5227 check here	<input type="checkbox"/>	b	FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a	Form 5330 check here	<input type="checkbox"/>	b	Tax due (Form 5330, Part II, line 19)	9b	
10a	Form 8038-CP check here	<input type="checkbox"/>	b	Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

**Part II Declaration of Officer or Person Subject to Tax**

11a  I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

b  If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that  I am an officer of the above named entity or  I am the person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_,

and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.

Sign Here *Bruce Han* | 10/15/2024 | CEO  
Signature of officer or person subject to tax | Date | Title, if applicable

**Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)**

I declare that I have reviewed the above return and that the entries on Form 8453-TE are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The entity officer or person subject to tax will have signed this form before I submit the return. I will give a copy of all forms and information to be filed with the IRS to the officer or person subject to tax, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

<b>ERO's Use Only</b>	ERO's signature <u><i>Melanie J. McPeak</i></u>   Date <u>2024.10.08</u>   Time <u>5:25:28 -04'00'</u>   Check if also paid preparer <input type="checkbox"/>   Check if self-employed <input type="checkbox"/>   ERO's SSN or PTIN _____
	Firm's name (or yours if self-employed), address, and ZIP code _____   EIN _____   Phone no. _____

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

<b>Paid Preparer Use Only</b>	Print/Type preparer's name   Preparer's signature   Date   Check if self-employed <input type="checkbox"/>   PTIN
	MELANIE MCPEAK   _____   _____   _____   P01346034
	Firm's name   Firm's EIN   Firm's address   Phone no.
CHERRY BEKAERT ADVISORY LLC   88-2730877   3800 GLENWOOD AVENUE, SUITE 200, RALEIGH, NC 27612   (919) 782-1040	

PUBLIC DISCLOSURE COPY

Form 990-T

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No. 1545-0047

2023

For calendar year 2023 or other tax year beginning, 2023, and ending, 20

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Department of the Treasury Internal Revenue Service

Open to Public Inspection for 501(c)(3) Organizations Only

Form header section containing fields A through F: Check box if address changed, Exempt under section, Name of organization, Employer identification number, etc.

Field G: Check organization type (501(c) corporation, 501(c) trust, etc.)

Field H: Check if filing only to claim (Credit from Form 8941, Refund shown on Form 2439, etc.)

Field I: Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation

Field J: Enter the number of attached Schedules A (Form 990-T)

Field K: During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?

Field L: The books are in care of (SEE STATEMENT) Telephone number (919) 719-9310

Part I Total Unrelated Business Taxable Income

Table for Part I with 11 rows: Total of unrelated business taxable income computed from all unrelated trades or businesses, Charitable contributions, Total unrelated business taxable income before net operating losses, etc.

Part II Tax Computation

Table for Part II with 7 rows: Organizations taxable as corporations, Trusts taxable at trust rates, Proxy tax, Other tax amounts, Alternative minimum tax, Tax on noncompliant facility income, Total.

Part III Tax and Payments

Table for Part III with 5 main rows: Foreign tax credit, Other credits, General business credit, Credit for prior-year minimum tax, Total credits, Subtract line 1e from Part II, line 7, Amount due from various forms, Total tax, Current net 965 tax liability paid.

**Part III Tax and Payments** (continued)

<b>6a</b>	Payments: Preceding year's overpayment credited to the current year . . . . .	<b>6a</b>	0	
<b>b</b>	Current year's estimated tax payments. Check if section 643(g) election applies . . . . . <input type="checkbox"/>	<b>6b</b>	0	
<b>c</b>	Tax deposited with Form 8868 . . . . .	<b>6c</b>	0	
<b>d</b>	Foreign organizations: Tax paid or withheld at source (see instructions) . . . . .	<b>6d</b>	0	
<b>e</b>	Backup withholding (see instructions). . . . .	<b>6e</b>	0	
<b>f</b>	Credit for small employer health insurance premiums (attach Form 8941) . . . . .	<b>6f</b>	0	
<b>g</b>	Elective payment election amount from Form 3800 . . . . .		77,408	
<b>h</b>	Payment from Form 2439 . . . . .	<b>6h</b>	0	
<b>i</b>	Credit from Form 4136 . . . . .	<b>6i</b>	0	
<b>j</b>	Other (see instructions) . . . . .	<b>6j</b>	0	
<b>7</b>	<b>Total payments.</b> Add lines 6a through 6j . . . . .	<b>7</b>		77,408
<b>8</b>	Estimated tax penalty (see instructions). Check if Form 2220 is attached . . . . . <input type="checkbox"/>	<b>8</b>		0
<b>9</b>	<b>Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed . . . . .	<b>9</b>		0
<b>10</b>	<b>Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid . . . . .	<b>10</b>		77,408
<b>11</b>	Enter the amount of line 10 you want: <b>Credited to 2024 estimated tax</b> 0 <b>Refunded</b>	<b>11</b>		77,408

**Part IV Statements Regarding Certain Activities and Other Information** (see instructions)

<b>1</b>	At any time during the 2023 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes	No
<b>2</b>	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		
<b>3</b>	Enter the amount of tax-exempt interest received or accrued during the tax year . . . . . \$		
<b>4</b>	Enter available pre-2018 NOL carryovers here \$ . Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
<b>5</b>	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17, for the tax year. See instructions.		
	Business Activity Code	Available post-2017 NOL carryover	
		\$	
		\$	
		\$	
		\$	
<b>6a</b>	Reserved for future use . . . . .		
<b>b</b>	Reserved for future use . . . . .		

**Part V Supplemental Information**

Provide any additional information. See instructions.

**Sign Here**

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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer	Date	Title
		CEO

May the IRS discuss this return with the preparer shown below (see instructions)?  Yes  No

<b>Paid Preparer Use Only</b>	Print/Type preparer's name MELANIE MCPEAK	Preparer's signature MELANIE MCPEAK	Date 09/14/2024	Check <input type="checkbox"/> if self-employed	PTIN P01346034
	Firm's name CHERRY BEKAERT ADVISORY LLC			Firm's EIN 88-2730877	
	Firm's address 3800 GLENWOOD AVENUE, SUITE 200, RALEIGH, NC 27612			Phone no. (919) 782-1040	

**SCHEDULE A  
(Form 990-T)**

**Unrelated Business Taxable Income  
From an Unrelated Trade or Business**

OMB No. 1545-0047

**2023**

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.  
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for  
501(c)(3) Organizations Only

<b>A</b> Name of the organization <b>THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE TRIANGLE AREA, INC. (4598)</b>	<b>B</b> Employer identification number <b>56-0591307</b>
<b>C</b> Unrelated business activity code (see instructions) . . . . . <b>624110</b>	<b>D</b> Sequence: <b>1</b> of <b>1</b>

**E** Describe the unrelated trade or business **NONE - CREDIT ONLY**

<b>Part I</b>	<b>Unrelated Trade or Business Income</b>		(A) Income	(B) Expenses	(C) Net
<b>1a</b> Gross receipts or sales	0				
<b>b</b> Less returns and allowances	0	<b>c</b> Balance	0		
<b>2</b> Cost of goods sold (Part III, line 8)			0		
<b>3</b> Gross profit. Subtract line 2 from line 1c			0		0
<b>4a</b> Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions			0		0
<b>b</b> Net gain (loss) (Form 4797) (attach Form 4797). See instructions			0		0
<b>c</b> Capital loss deduction for trusts			0		0
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement)			0		0
<b>6</b> Rent income (Part IV)			0	0	0
<b>7</b> Unrelated debt-financed income (Part V)			0	0	0
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Part VI)			0	0	0
<b>9</b> Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)			0	0	0
<b>10</b> Exploited exempt activity income (Part VIII)			0	0	0
<b>11</b> Advertising income (Part IX)			0	0	0
<b>12</b> Other income (see instructions; attach statement)			0		0
<b>13 Total.</b> Combine lines 3 through 12			0	0	0

<b>Part II</b>	<b>Deductions Not Taken Elsewhere.</b> See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income.				
<b>1</b> Compensation of officers, directors, and trustees (Part X)					0
<b>2</b> Salaries and wages					0
<b>3</b> Repairs and maintenance					0
<b>4</b> Bad debts					0
<b>5</b> Interest (attach statement). See instructions					0
<b>6</b> Taxes and licenses					0
<b>7</b> Depreciation (attach Form 4562). See instructions			0		
<b>8</b> Less depreciation claimed in Part III and elsewhere on return			0	<b>8b</b>	0
<b>9</b> Depletion					0
<b>10</b> Contributions to deferred compensation plans					0
<b>11</b> Employee benefit programs					0
<b>12</b> Excess exempt expenses (Part VIII)					0
<b>13</b> Excess readership costs (Part IX)					0
<b>14</b> Other deductions (attach statement)					0
<b>15 Total deductions.</b> Add lines 1 through 14					0
<b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)					0
<b>17</b> Deduction for net operating loss. See instructions					0
<b>18 Unrelated business taxable income.</b> Subtract line 17 from line 16					0

**Part III Cost of Goods Sold** Enter method of inventory valuation

<b>1</b>	Inventory at beginning of year . . . . .	<b>1</b>	0
<b>2</b>	Purchases . . . . .	<b>2</b>	0
<b>3</b>	Cost of labor . . . . .	<b>3</b>	0
<b>4</b>	Additional section 263A costs (attach statement) . . . . .	<b>4</b>	0
<b>5</b>	Other costs (attach statement) . . . . .	<b>5</b>	0
<b>6</b>	<b>Total.</b> Add lines 1 through 5 . . . . .	<b>6</b>	0
<b>7</b>	Inventory at end of year . . . . .	<b>7</b>	0
<b>8</b>	<b>Cost of goods sold.</b> Subtract line 7 from line 6. Enter here and in Part I, line 2 . . . . .	<b>8</b>	0
<b>9</b>	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>		

**Part IV Rent Income (From Real Property and Personal Property Leased With Real Property)**

**1** Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

**A**  \_\_\_\_\_

**B**  \_\_\_\_\_

**C**  \_\_\_\_\_

**D**  \_\_\_\_\_

	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>
<b>2</b> Rent received or accrued				
<b>a</b> From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) . . . . .				
<b>b</b> From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) . . . . .				
<b>c</b> Total rents received or accrued by property. Add lines 2a and 2b, columns A through D . . . . .				
<b>3</b> Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A) . . . . .				0
<b>4</b> Deductions directly connected with the income in lines 2a and 2b (attach statement) . . . . .				
<b>5</b> <b>Total deductions.</b> Add line 4, columns A through D. Enter here and on Part I, line 6, column (B) . . . . .				0

**Part V Unrelated Debt-Financed Income** (see instructions)

**1** Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

**A**  \_\_\_\_\_

**B**  \_\_\_\_\_

**C**  \_\_\_\_\_

**D**  \_\_\_\_\_

	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>
<b>2</b> Gross income from or allocable to debt-financed property . . . . .				
<b>3</b> Deductions directly connected with or allocable to debt-financed property				
<b>a</b> Straight line depreciation (attach statement) . . . . .				
<b>b</b> Other deductions (attach statement) . . . . .				
<b>c</b> Total deductions (add lines 3a and 3b, columns A through D) . . . . .				
<b>4</b> Amount of average acquisition debt on or allocable to debt-financed property (attach statement) . . . . .				
<b>5</b> Average adjusted basis of or allocable to debt-financed property (attach statement) . . . . .				
<b>6</b> Divide line 4 by line 5 . . . . .	%	%	%	%
<b>7</b> Gross income reportable. Multiply line 2 by line 6 . . . . .				
<b>8</b> <b>Total gross income</b> (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) . . . . .				0
<b>9</b> Allocable deductions. Multiply line 3c by line 6 . . . . .				
<b>10</b> <b>Total allocable deductions.</b> Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) . . . . .				0
<b>11</b> <b>Total dividends – received deductions</b> included in line 10 . . . . .				0



**Part VI Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
<b>7. Taxable income</b>	<b>8. Net unrelated income (loss) (see instructions)</b>	<b>9. Total of specified payments made</b>	<b>10. Part of column 9 that is included in the controlling organization's</b>	<b>11. Deductions directly connected with income in column 10</b>	
(1)					
(2)					
(3)					
(4)					
<b>Totals</b>				Add columns 5 and 10. Enter here and on Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on Part I, line 8, column (B).
				0	0

**Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)
(1)				
(2)				
(3)				
(4)				
<b>Totals</b>				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A).		Add amounts in column 5. Enter here and on Part I, line 9, column (B).
		0		0

**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

<b>1</b>	Description of exploited activity: _____	
<b>2</b>	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	<b>2</b>
<b>3</b>	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	<b>3</b>
<b>4</b>	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	<b>4</b>
<b>5</b>	Gross income from activity that is not unrelated business income	<b>5</b>
<b>6</b>	Expenses attributable to income entered on line 5	<b>6</b>
<b>7</b>	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	<b>7</b>

**Part IX Advertising Income**

**1** Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

- A**
- B**
- C**
- D**

Enter amounts for each periodical listed above in the corresponding column.

	A	B	C	D
<b>2</b> Gross advertising income . . . . .				
<b>a</b> Add columns A through D. Enter here and on Part I, line 11, column (A) . . . . .				0
<b>3</b> Direct advertising costs by periodical . . . . .				
<b>a</b> Add columns A through D. Enter here and on Part I, line 11, column (B) . . . . .				0
<b>4</b> Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter -0- on line 8 . . . . .				
<b>5</b> Readership costs . . . . .				
<b>6</b> Circulation income . . . . .				
<b>7</b> Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter -0- . . . . .				
<b>8</b> Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7 . . . . .				
<b>a</b> Add line 8, columns A through D. Enter the greater of the line 8a columns total or -0- here and on Part II, line 13 . . . . .				0

**Part X Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total.</b> Enter here and on Part II, line 1 . . . . .			0

**Part XI Supplemental Information** (see instructions)

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Return Reference - Identifier	Explanation
BOOK CARE - NAME AND ADDRESS	CHRISTOPHER MCKENZIE, 801 CORPORATE CENTER DR, #200, RALEIGH, NC 27607-5073

Description	Amount
(1) FOOD FOR STAFF	0
(2) PROGRAM EXPENSES	0
(3) INDIRECT SALARIES & BENEFITS	0
(4) AMORTIZATION (FORM 4562, PART VI, LINE 44)	0
(5) EXTRATERRITORIAL INCOME EXCLUSION (FORM 8873, LINE 52)	0
<b>Total</b>	<b>0</b>

Name(s) shown on return

Identifying number

THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE TRIANGLE AREA, INC. (4598)

56-0591307

**A Corporate Alternative Minimum Tax (CAMT) and Base Erosion Anti-Abuse Tax (BEAT).** Are you both (a) an "applicable corporation" within the meaning of section 59(k)(1) for the CAMT, and (b) an "applicable taxpayer" within the meaning of section 59A(e) for the BEAT? See instructions . . . . .  Yes  No

**Part I Current Year Credit for Credits Not Allowed Against Tentative Minimum Tax (TMT)**  
Go to Part III before Parts I and II. See instructions.

<b>1</b>	Non-passive credits from Part III, line 2: combine column (e) with non-passive amounts from column (g). See instructions . . . . .	<b>1</b>	0
<b>2</b>	Passive credits from Part III, line 2: combine column (f) with passive amounts in column (g). See instructions . . . . .	<b>2</b>	0
<b>3</b>	Enter the applicable passive activity credits allowed for 2023. See instructions . . . . .	<b>3</b>	
<b>4</b>	Carryforward of general business credit to 2023. See instructions for statement to attach . . . . . Check this box if the carryforward was changed or revised from the original reported amount . . . . . <input type="checkbox"/>	<b>4</b>	0
<b>5</b>	Carryback of general business credit from 2024. See instructions . . . . .	<b>5</b>	0
<b>6</b>	Add lines 1, 3, 4, and 5 . . . . .	<b>6</b>	0

**Part II Allowable Credit**

<b>7</b>	Regular tax before credits: • Individuals. Enter the sum of the amounts from Form 1040, 1040-SR, or 1040-NR, line 16; and Schedule 2 (Form 1040), line 2. • Corporations. Enter the amount from Form 1120, Schedule J, Part I, line 1; or the applicable line of your return. • Estates and trusts. Enter the sum of the amounts from Form 1041, Schedule G, lines 1a and 1b, plus any Form 8978 amount included on line 1d; or the amount from the applicable line of your return.	<b>7</b>	0
<b>8</b>	Alternative minimum tax: • Individuals. Enter the amount from Form 6251, line 11. • Corporations. Enter the amount from Form 4626, Part II, line 13. • Estates and trusts. Enter the amount from Schedule I (Form 1041), line 54.	<b>8</b>	0
<b>9</b>	Add lines 7 and 8 . . . . .	<b>9</b>	0
<b>10a</b>	Foreign tax credit . . . . .	<b>10a</b>	
<b>b</b>	Certain allowable credits (see instructions) . . . . .	<b>10b</b>	
<b>c</b>	Add lines 10a and 10b . . . . .	<b>10c</b>	0
<b>11</b>	<b>Net income tax.</b> Subtract line 10c from line 9. If zero, skip lines 12 through 15 and enter -0- on line 16 . . . . .	<b>11</b>	0
<b>12</b>	<b>Net regular tax.</b> Subtract line 10c from line 7. If zero or less, enter -0- . . . . .	<b>12</b>	
<b>13</b>	Enter 25% (0.25) of the excess, if any, of line 12 (line 11 for corporations) over \$25,000. See instructions . . . . .	<b>13</b>	
<b>14</b>	Tentative minimum tax: • Individuals. Enter the amount from Form 6251, line 9. • Corporations. Enter -0-. • Estates and trusts. Enter the amount from Schedule I (Form 1041), line 52.	<b>14</b>	
<b>15</b>	Enter the greater of line 13 or line 14 . . . . .	<b>15</b>	
<b>16</b>	Subtract line 15 from line 11. If zero or less, enter -0- . . . . .	<b>16</b>	0
<b>17</b>	Enter the <b>smaller</b> of line 6 or line 16 . . . . . <b>C corporations:</b> See the line 17 instructions if there has been an ownership change, acquisition, or reorganization.	<b>17</b>	0

**Part II Allowable Credit** *(continued)*

**Note:** If you are not required to report any amounts on line 22 or line 24 below, skip lines 18 through 25 and enter -0- on line 26.

<b>18</b>	Multiply line 14 by 75% (0.75). See instructions . . . . .	<b>18</b>	0
<b>19</b>	Enter the greater of line 13 or line 18 . . . . .	<b>19</b>	0
<b>20</b>	Subtract line 19 from line 11. If zero or less, enter -0- . . . . .	<b>20</b>	0
<b>21</b>	Subtract line 17 from line 20. If zero or less, enter -0- . . . . .	<b>21</b>	0
<b>22</b>	Combine the amounts from line 3 of Part III, column (e), with the sum of the non-passive activity credit amounts in Part IV, line 3, column (e) plus column (f) . . . . .	<b>22</b>	0
<b>23</b>	Passive activity credit from line 3 of Part III, column (f) plus the sum of the passive activity credit amounts in Part IV, line 3, column (e) plus column (f) . . . . .	<b>23</b>	0
<b>24</b>	Enter the applicable passive activity credit allowed for 2023. See instructions . . . . .	<b>24</b>	
<b>25</b>	Add lines 22 and 24 . . . . .	<b>25</b>	0
<b>26</b>	Empowerment zone and renewal community employment credit allowed. Enter the smaller of line 21 or line 25 . . . . .	<b>26</b>	0
<b>27</b>	Subtract line 13 from line 11. If zero or less, enter -0- . . . . .	<b>27</b>	0
<b>28</b>	Add lines 17 and 26 . . . . .	<b>28</b>	0
<b>29</b>	Subtract line 28 from line 27. If zero or less, enter -0- . . . . .	<b>29</b>	0
<b>30</b>	Enter the general business credit from line 5 of Part III: combine column (e) with non-passive amounts in column (g). See instructions . . . . .	<b>30</b>	77,408
<b>31</b>	Reserved . . . . .	<b>31</b>	
<b>32</b>	Passive activity credits from line 5 of Part III: combine column (f) with passive amounts in column (g). See instructions . . . . .	<b>32</b>	0
<b>33</b>	Enter the applicable passive activity credits allowed for 2023. See instructions . . . . .	<b>33</b>	
<b>34</b>	Carryforward of business credit to 2023. Enter the amount from line 5 of Part IV, column (f), and line 6 of Part IV, column (g). See instructions for statement to attach . . . . . Check this box if the carryforward was changed or revised from the original reported amount . . . <input type="checkbox"/>	<b>34</b>	0
<b>35</b>	Carryback of business credit from 2024. Enter the amount from line 5 of Part IV, column (e). See instructions . . . . .	<b>35</b>	0
<b>36</b>	Add lines 30, 33, 34, and 35 . . . . .	<b>36</b>	77,408
<b>37</b>	Enter the <b>smaller</b> of line 29 or line 36 . . . . .	<b>37</b>	0
<b>38</b>	<b>Credit allowed for the current year.</b> Add lines 28 and 37. Report the amount from line 38 (if smaller than the sum of Part I, line 6, and Part II, lines 25 and 36; see instructions) as indicated below or on the applicable line of your return. <ul style="list-style-type: none"> <li>• Individuals. Schedule 3 (Form 1040), line 6a.</li> <li>• Corporations. Form 1120, Schedule J, Part I, line 5c.</li> <li>• Estates and trusts. Form 1041, Schedule G, line 2b.</li> </ul>	<b>38</b>	0

**Part III** **Current Year General Business Credits (GBCs)** (see instructions). If there is more than one credit amount to report on lines 1a through 1zz, line 3, or lines 4a through 4z, enter the number of items you have for that line in column (c) and complete Part V.

	(a) Current year credits from:	(b) Elective payment or transfer registration number	(c) # items	(d) Pass-through or transfer credit entity EIN	(e) Credits from non-passive activities	(f) Credits from passive activities	(g) Credit transfer election amount (enter amounts transferred out as a negative amount)	(h) Gross elective payment election amount	(i) Net elective payment election amount	(j) Combine columns (e), (f), and (g), less column (i)
<b>1a</b>	Form 3468, Part II . . . . .									
<b>b</b>	Form 7207 . . . . .									
<b>c</b>	Form 6765 . . . . .									
<b>d</b>	Form 3468, Part III . . . . .									
<b>e</b>	Form 8826 . . . . .									
<b>f</b>	Form 8835, Part II . . . . .									
<b>g</b>	Form 7210 . . . . .									
<b>h</b>	Form 8820 . . . . .									
<b>i</b>	Form 8874 . . . . .									
<b>j</b>	Form 8881, Part I . . . . .									
<b>k</b>	Form 8882 . . . . .									
<b>l</b>	Form 8864 (diesel) . . . . .									
<b>m</b>	Form 8896 . . . . .									
<b>n</b>	Form 8906 . . . . .									
<b>o</b>	Form 3468, Part IV . . . . .									
<b>p</b>	Form 8908 . . . . .									
<b>q</b>	Reserved (45Z) . . . . .									
<b>r</b>	Form 8910 . . . . .									
<b>s</b>	Form 8911, Part II . . . . .									
<b>t</b>	Form 8830 . . . . .									
<b>u</b>	Form 7213, Part II . . . . .									
<b>v</b>	Form 3468, Part V . . . . .									
<b>w</b>	Form 8932 . . . . .									
<b>x</b>	Form 8933 . . . . .									
<b>y</b>	Form 8936, Part II . . . . .									
<b>z</b>	Reserved . . . . .									
<b>aa</b>	Form 8936, Part V . . . . .									
<b>bb</b>	Form 8904 . . . . .									
<b>cc</b>	Form 7213, Part I . . . . .									
<b>dd</b>	Form 8881, Part II . . . . .									
<b>ee</b>	Form 8881, Part III . . . . .									
<b>ff</b>	Form 8864, line 8 . . . . .									
<b>gg</b>	Reserved (1gg) . . . . .									
<b>hh</b>	Reserved (1hh) . . . . .									
<b>ii</b>	Reserved (1ii) . . . . .									
<b>jj</b>	Reserved (1jj) . . . . .									
<b>zz</b>	Other credits . . . . .									
<b>2</b>	Add lines 1a through 1zz . . . . .									

**Part III** **Current Year General Business Credits (GBCs)** (see instructions). If there is more than one credit amount to report on lines 1a through 1zz, line 3, or lines 4a through 4z, enter the number of items you have for that line in column (c) and complete Part V. (continued)

(a) Current year credits from:	(b) Elective payment or transfer registration number	(c) # items	(d) Pass-through or transfer credit entity EIN	(e) Credits from non-passive activities	(f) Credits from passive activities	(g) Credit transfer election amount (enter amounts transferred out as a negative amount)	(h) Gross elective payment election amount	(i) Net elective payment election amount	(j) Combine columns (e), (f), and (g), less column (i)
<b>3</b> Form 8844 . . . . .									
<b>4</b> <b>Specified credits:</b>									
<b>a</b> Form 3468, Part VI . . . . .	PJ00123001N9	1		77,408			77,408	77,408	
<b>b</b> Form 5884 . . . . .									
<b>c</b> Form 6478 . . . . .									
<b>d</b> Form 8586 . . . . .									
<b>e</b> Form 8835, Part II . . . . .									
<b>f</b> Form 8846 . . . . .									
<b>g</b> Form 8900 . . . . .									
<b>h</b> Form 8941 . . . . .									
<b>i</b> Form 6765 ESB credit . . . . .									
<b>j</b> Form 8994 . . . . .									
<b>k</b> Form 3468, Part VII . . . . .									
<b>l</b> Reserved (4l) . . . . .									
<b>m</b> Reserved (4m) . . . . .									
<b>z</b> Other specified credits . . . . .									
<b>5</b> Add lines 4a through 4z . . . . .				77,408			77,408	77,408	
<b>6</b> Add lines 2, 3, and 5 . . . . .		1		77,408			77,408	77,408	



**Part IV Carryovers of General Business Credits (GBCs) or Eligible Small Business Credits (ESBCs)**  
(see instructions)

(a) Credits carried over to tax year 2023	(b) Check if non- passive	(c) Year	(d) Pass-through entity EIN	(e) Credit carrybacks to current year	(f) Carryforwards (excluding ESBCs)	(g) Eligible small business credit (ESBC) carryforwards
<b>1a</b> Form 3468, Part II (coal, gasification) . . . . .						
<b>b</b> Form 7207 (manufacturing production) . . . . .						
<b>c</b> Form 6765 (research) . . . . .						
<b>d</b> Form 3468, Part III (advanced energy) . . . . .						
<b>e</b> Form 8826 (disabled access) . . . . .						
<b>f</b> Form 8835, Part II (renewable electricity) . . . . .						
<b>g</b> Form 7210 (clean hydrogen) . . . . .						
<b>h</b> Form 8820 (orphan drug) . . . . .						
<b>i</b> Form 8874 (new markets) . . . . .						
<b>j</b> Form 8881, Part I (pension plan startup) . . . . .						
<b>k</b> Form 8882 (employer-provided childcare) . . . . .						
<b>l</b> Form 8864 (biodiesel and renewable diesel) . . . . .						
<b>m</b> Form 8896 (low sulfur diesel fuel) . . . . .						
<b>n</b> Form 8906 (distilled spirits) . . . . .						
<b>o</b> Form 3468, Part IV (advanced manufacturing) . . . . .						
<b>p</b> Form 8908 (energy-efficient home) . . . . .						
<b>q</b> Reserved . . . . .						
<b>r</b> Form 8910 (alternative motor vehicle) . . . . .						
<b>s</b> Form 8911, Part II (alternative fuel refueling) . . . . .						
<b>t</b> Form 8830 (enhanced oil recovery) . . . . .						
<b>u</b> Form 7213, Part II (zero-emission nuclear production) . . . . .						
<b>v</b> Form 3468, Part V (reserved) . . . . .						
<b>w</b> Form 8932 (differential wage) . . . . .						
<b>x</b> Form 8933 (carbon oxide sequestration) . . . . .						
<b>y</b> Form 8936, Part II (clean vehicle) . . . . .						
<b>z</b> Reserved . . . . .						
<b>aa</b> Form 8936, Part V (commercial clean vehicle) . . . . .						
<b>bb</b> Form 8904 (oil and gas production) . . . . .						
<b>cc</b> Form 7213, Part I (advanced nuclear production) . . . . .						
<b>dd</b> Form 8881, Part II (pension auto enrollment) . . . . .						
<b>ee</b> Form 8881, Part III (military spouse) . . . . .						
<b>ff</b> Form 8864 (sustainable aviation fuel mixture) . . . . .						
<b>gg</b> Reserved . . . . .						
<b>hh</b> Reserved . . . . .						
<b>ii</b> Reserved . . . . .						
<b>jj</b> Reserved . . . . .						
<b>zz</b> Other . . . . .						
<b>2 Credits for which only carryforwards are allowed:</b>						
<b>a</b> Form 5884-A (employee retention) . . . . .						
<b>b</b> Form 8586 (low-income housing) (pre-2008) . . . . .						
<b>c</b> Form 8845 (Indian employment) . . . . .						
<b>d</b> Form 8907 (nonconventional source fuel) . . . . .						
<b>e</b> Form 8909 (energy efficient appliance) . . . . .						
<b>f</b> Form 8923 (mine rescue team training) . . . . .						
<b>g</b> Form 8834 (qualified plug-in electric vehicle) . . . . .						
<b>h</b> Form 8931 (agricultural chemicals security) . . . . .						
<b>i</b> Form 1065-B (GBCs from electing partnership) . . . . .						
<b>j</b> Form 5884 (work opportunity) (pre-2007) . . . . .						
<b>k</b> Form 6478 (alcohol fuel) (pre-2005) . . . . .						
<b>l</b> Form 8846 (employer taxes) (pre-2007) . . . . .						

**Part IV Carryovers of General Business Credits (GBCs) or Eligible Small Business Credits (ESBCs)**  
(see instructions) *(continued)*

(a) Credits carried over to tax year 2023	(b) Check if non- passive	(c) Year	(d) Pass-through entity EIN	(e) Credit carrybacks to current year	(f) Carryforwards (excluding ESBCs)	(g) Eligible small business credit (ESBC) carryforwards
<b>m</b> Form 8900 (railroad track maintenance) (pre-2008) . . . . .						
<b>n</b> Trans-Alaska pipeline liability fund credit . . . . .						
<b>o</b> Form 5884-A, Section A (employers affected by Hurricane Katrina, Rita, or Wilma) . . . . .						
<b>p</b> Form 5884-A, Section B (Hurricane Katrina housing) . . . . .						
<b>q</b> Form 5884-A, Section A (affected Midwestern disaster area employers) . . . . .						
<b>r</b> Form 5884-A, Section B (employer housing) . . . . .						
<b>s</b> Form 5884-B (new hire retention) . . . . .						
<b>t</b> Form 8847 (contributions to community development corporations) . . . . .						
<b>u</b> Form 8861 (welfare to work) . . . . .						
<b>v</b> Form 8884 (New York Liberty Zone business employee)						
<b>w</b> Form 8942 (therapeutic drug) . . . . .						
<b>yy</b> Other credits (see instructions) . . . . .						
<b>zz</b> Add lines 1a through 1zz and 2a through 2yy . . . . .						
<b>3</b> Form 8844 (empowerment zone) . . . . .						
<b>4 Specified credits:</b>						
<b>a</b> Form 3468, Part VI (energy) . . . . .						
<b>b</b> Form 5884 (work opportunity) . . . . .						
<b>c</b> Form 6478 (biofuel producer) . . . . .						
<b>d</b> Form 8586 (low-income housing) (post-2007) . . . . .						
<b>e</b> Form 8835 (renewable electricity) . . . . .						
<b>f</b> Form 8846 (employer taxes) . . . . .						
<b>g</b> Form 8900 (railroad track maintenance) . . . . .						
<b>h</b> Form 8941 (employer health insurance) . . . . .						
<b>i</b> Form 6765 ESB credit (research) . . . . .						
<b>j</b> Form 8994 (paid family and medical leave) . . . . .						
<b>k</b> Form 3468, Part VII (rehabilitation) (post-2007) . . . . .						
<b>l</b> Reserved (4l) . . . . .						
<b>m</b> Reserved (4m) . . . . .						
<b>z</b> Other specified credits . . . . .						
<b>5</b> Add lines 4a through 4z . . . . .						
<b>6</b> Add lines 2zz, 3, and 5 . . . . .						

**Part V** Breakdown of Aggregate Amounts on Part III for Facility-by-Facility, Multiple Pass-Through Entities, etc. (see instructions)

	<b>(a)</b> Line number from Part III	<b>(b)</b> Elective payment or transfer registration number	<b>(c)</b> Pass-through or transfer credit entity EIN	<b>(d)</b> Current year credits from non-passive activities	<b>(e)</b> Current year credits from passive activity before passive activity credit limitation	<b>(f)</b> Credit transfer election amount	<b>(g)</b> Gross elective payment election amount	<b>(h)</b> Net elective payment election amount	<b>(i)</b> Carryover of passive activity credit allowable in current year
1									
2									
3									
4									
5									
6									
7									
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9									
10									
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36									
37									
38									

**Part VI** Breakdown of Aggregate Amounts in Part IV (see instructions)

	(a) Line number from Part IV	(b) Check if non-passive	(c) Year	(d) Pass-through entity EIN	(e) Credit carrybacks to current year	(f) Carryforwards (excluding ESBCs)	(g) Eligible small business credit (ESBC) carryforwards
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
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50							

# Tax Exempt Entity Declaration and Signature for E-file

For calendar year 2023, or tax year beginning \_\_\_\_\_, 2023, and ending \_\_\_\_\_, 20\_\_\_\_\_

# 2023

Department of the Treasury  
Internal Revenue Service

For use with Forms 990, 990-EZ, 990-PF, 990-T, 1120-POL, 4720, 8868, 5227, 5330, and 8038-CP  
Go to [www.irs.gov/Form8453TE](http://www.irs.gov/Form8453TE) for the latest information.

Name of filer

EIN or SSN

**THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE TRIANGLE AREA, INC. (4598)**

56-0591307

## Part I Type of Return and Return Information

Check the box for the type of return being filed with Form 8453-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a	Form 990 check here	<input type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	
2a	Form 990-EZ check here	<input type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here	<input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here	<input type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part V, line 5)	4b	
5a	Form 8868 check here	<input type="checkbox"/>	b	Balance due (Form 8868, line 3c)	5b	
6a	Form 990-T check here	<input checked="" type="checkbox"/>	b	Total tax (Form 990-T, Part III, line 4)	6b	0
7a	Form 4720 check here	<input type="checkbox"/>	b	Total tax (Form 4720, Part III, line 1)	7b	
8a	Form 5227 check here	<input type="checkbox"/>	b	FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a	Form 5330 check here	<input type="checkbox"/>	b	Tax due (Form 5330, Part II, line 19)	9b	
10a	Form 8038-CP check here	<input type="checkbox"/>	b	Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

## Part II Declaration of Officer or Person Subject to Tax

11a  I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

b  If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that  I am an officer of the above named entity or  I am the person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_,

and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.

Sign Here Bruce Hill 10/15/2023 CEO  
Signature of officer or person subject to tax Date Title, if applicable

## Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above return and that the entries on Form 8453-TE are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The entity officer or person subject to tax will have signed this form before I submit the return. I will give a copy of all forms and information to be filed with the IRS to the officer or person subject to tax, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's Use Only	ERO's signature	Date	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP code				EIN Phone no.

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	MELANIE MCPEAK	<u>Melanie A. McPeak</u>	2024-10-08 15:26:22 -04'00'		P01346034
	Firm's name	Firm's EIN		88-2730877	
	Firm's address	Phone no.		(919) 782-1040	
	3800 GLENWOOD AVENUE, SUITE 200, RALEIGH, NC 27612				

Name(s) shown on return

Identifying number

**Young Men's Christian Association of the Triangle Area, Inc**

**56-0591307**

**Part I Facility Information** (see instructions)

**A** Check this box if you have petitioned for provisional emission rates and have also received written approval from a certified third-party verifier or a letter from the IRS

**1** Description of the facility: Rooftop solar PV system

**2a** IRS-issued registration number for the facility: PJ00123001N9

**b** Type of facility (solar, geothermal, etc.): Solar

**3** Location of facility, including coordinates (latitude and longitude).

**a** Address of the facility (if applicable): 6903 Carpenter Fire Station Road Cary, NC 27519

**b** Coordinates (if applicable). Latitude:    .       Longitude:    .        
Enter a "+" (plus) or "-" (minus) sign in the first box. Enter a "+" (plus) or "-" (minus) sign in the first box.

**4** Date construction began (MM/DD/YYYY): 05/16/2022

**5** Date placed in service (MM/DD/YYYY): 10/11/2023

**6** Is the facility part of an expansion of an existing closed-loop biomass or open-loop biomass facility?  Yes  No

**7** Does the project produce a net output of less than 1 megawatt (MW) alternating current (ac), or equivalent thermal energy?

**a**  Yes.

**b**  No.

**c**  Not applicable, the facility doesn't produce electricity.

**8** Does the project satisfy the prevailing wage and apprenticeship requirements?

**a**  Yes, and sections 48C(e)(5) and (6) apply, and it was declared as provided per Notice 2023-18.

**b**  Yes, and either (i) section 48(a)(9)(B)(ii) applies if construction began before January 29, 2023; or (ii) sections 48(a)(10) and (11) apply.

**c**  No.

**d**  Not applicable.

**9** Does the property qualify for a domestic content bonus credit per section 45(b)(9)(B)?

**a**  Yes, and section 48(a)(9)(B) is satisfied (10% bonus). Attach the required information.

**b**  Yes, and section 48(a)(9)(B) is **not** satisfied (2% bonus). Attach the required information.

**c**  No.

**10** Does the project qualify for an energy community bonus credit per section 48(a)(14)?

**a**  Yes, and section 48(a)(9)(B) is satisfied (10% bonus).

**b**  Yes, and section 48(a)(9)(B) is **not** satisfied (2% bonus).

**c**  No.

**11** Does the project qualify as a solar or wind facility in connection with low-income communities bonus credit per section 48(e)(2)?

**a**  Yes, and the facility is located in a low-income community per section 45D(e) (10% bonus).

**b**  Yes, and the facility is located on Indian land per section 2601(2) of P.L. 102-486 (10% bonus).

**c**  Yes, and the facility is part of a qualified low-income residential building project facility per section 48(e)(2)(B) (20% bonus).

**d**  Yes, and the facility is part of a qualified low-income economic benefit project facility per section 48(e)(2)(C) (20% bonus).

**e** If "Yes" to 11a, 11b, 11c, or 11d, enter your 48(e) Control Number: \_\_\_\_\_

**f**  No.

**12** Enter the nameplate capacity or storage capacity.

**a**  Solar energy property or facility nameplate capacity: \_\_\_\_\_ kilowatt (kW) direct current (dc)

**b**  Small wind energy property or facility nameplate capacity: \_\_\_\_\_ kW

**c**  Wind energy property or facility nameplate capacity: \_\_\_\_\_ kW

**d**  Energy storage power capacity rating \_\_\_\_\_ kW, and energy storage capacity, if applicable, associated with the energy property or facility: \_\_\_\_\_ kWh (hour)

**e**  Solar or wind nameplate capacity is 5MW ac or more

**f**  Not applicable.

**Part I Facility Information** (see instructions) *(continued)*

- 13** Enter the nameplate capacity, alternating current (ac) for all electricity generating energy properties or facilities in kW.
- a**  Solar energy property: 120kW
  - b**  Wind energy property: \_\_\_\_\_
  - c**  Other: \_\_\_\_\_
  - d**  Not applicable.
- 14** Are you claiming the investment credit as a lessee based on a section 48(d) (as in effect on November 4, 1990) election?  Yes  No  
If "Yes," complete lines 14a through 14e. If you acquired more than one property as a lessee, attach a statement showing the information below separately reported for each property.
- a** Name of lessor: \_\_\_\_\_
  - b** Address of lessor: \_\_\_\_\_
  - c** Description of property: \_\_\_\_\_
  - d** Amount for which you were treated as having acquired the property . . . . . \$ \_\_\_\_\_
  - e** Income inclusion amount reported for tax year under Regulations section 1.50-1 . . . . . \$ \_\_\_\_\_

**Part II Qualifying Advanced Coal Project Credit and Qualifying Gasification Project Credit**

**Section A—Qualifying Advanced Coal Project Credit Under Section 48A** (see instructions)

<b>1a</b> Enter the qualified investment in integrated gasification combined cycle property placed in service during the tax year for projects described in section 48A(d)(3)(B)(i)	<b>1a</b>				
<b>b</b> Multiply line 1a by 20% (0.20)			<b>1b</b>		
<b>2a</b> Enter the qualified investment in advanced coal-based generation technology property placed in service during the tax year for projects described in section 48A(d)(3)(B)(ii)	<b>2a</b>				
<b>b</b> Multiply line 2a by 15% (0.15)			<b>2b</b>		
<b>3a</b> Enter the qualified investment in advanced coal-based generation technology property placed in service during the tax year for projects described in section 48A(d)(3)(B)(iii)	<b>3a</b>				
<b>b</b> Multiply line 3a by 30% (0.30)			<b>3b</b>		

**Section B—Qualifying Gasification Project Credit Under Section 48B** (see instructions)

<b>4a</b> Enter the qualified investment in qualified gasification property placed in service during the tax year for which credits were allocated or reallocated after October 3, 2008, and that includes equipment that separates and sequesters at least 75% of the project's carbon dioxide emissions	<b>4a</b>				
<b>b</b> Multiply line 4a by 30% (0.30)			<b>4b</b>		
<b>5a</b> Enter the qualified investment in property other than in 4a above placed in service during the tax year	<b>5a</b>				
<b>b</b> Multiply line 5a by 20% (0.20)			<b>5b</b>		
<b>6</b> Enter the applicable unused investment credit from cooperatives (see instructions)			<b>6</b>		
<b>7</b> Add lines 1b, 2b, 3b, 4b, 5b, and 6. Report this amount on Form 3800, Part III, line 1a				<b>7</b>	

**Part III Qualifying Advanced Energy Project Credit Under Section 48C** (see instructions)

<b>1a</b> Enter the qualified investment in advanced energy project property placed in service during the tax year	<b>1a</b>				
<b>b</b> If you checked the box in Part I, line 8a, and it's consistent with your 48C application per Notice 2023-18, enter 30%. If you checked the box in Part I, line 8c, enter 6%	<b>1b</b>		%		
<b>c</b> Multiply line 1a by line 1b			<b>1c</b>		
<b>d</b> Enter your 48C Allocation control number _____					
<b>e</b> Is the facility in a section 48C energy community census tract? <input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>2</b> Enter the applicable unused investment credit from cooperatives (see instructions)			<b>2</b>		
<b>3</b> Add lines 1c and 2. Report this amount on Form 3800, Part III, line 1d				<b>3</b>	

**Part IV Advanced Manufacturing Investment Credit Under Section 48D** (see instructions)

<b>1a</b>	Check the box below that applies to your advanced manufacturing investment project. <input type="checkbox"/> Semiconductor manufacturing facility <input type="checkbox"/> Semiconductor equipment manufacturing facility			
<b>b</b>	Enter the basis in qualified property as part of an advanced manufacturing facility, placed in service during the tax year . . . . .	<b>1b</b>		
<b>c</b>	Multiply line 1b by 25% (0.25) . . . . .		<b>1c</b>	
<b>2</b>	Enter the applicable unused investment credit from cooperatives (see instructions) . . . . .		<b>2</b>	
<b>3</b>	Add lines 1c and 2. Report this amount on Form 3800, Part III, line 1o . . . . .			<b>3</b>

**Part V Reserved for Future Use**

<b>1</b>	Reserved for future use . . . . .		<b>1</b>
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**Part VI Energy Credit Under Section 48**

**Section A—Geothermal Energy Credit** (see instructions)

<b>1a</b>	Enter the basis of property using geothermal energy placed in service during the tax year . . . . .	<b>1a</b>		
<b>b</b>	If you checked the box in Part I, line 7a or 8b, enter 30%. If you checked the box in Part I, line 7b or 8c, enter 6% . . . . .	<b>1b</b>		%
<b>c</b>	Multiply line 1a by line 1b . . . . .		<b>1c</b>	
<b>d</b>	If you checked the box in Part I, line 9a, enter 10%. If you checked the box in Part I, line 9b, enter 2%. Otherwise, go to line 1f . . . . .	<b>1d</b>		%
<b>e</b>	Multiply line 1a by line 1d . . . . .		<b>1e</b>	
<b>f</b>	If you checked the box in Part I, line 10a, enter 10%. If you checked the box in Part I, line 10b, enter 2%. Otherwise, go to line 2 . . . . .	<b>1f</b>		%
<b>g</b>	Multiply line 1a by line 1f . . . . .		<b>1g</b>	
<b>2</b>	Add lines 1c, 1e, and 1g . . . . .			<b>2</b>

**Section B—Solar Energy Credit** (see instructions)

<b>3a</b>	Enter the basis of property using solar illumination (including electrochromic glass) or either solar energy property or solar facility placed in service during the tax year . . . . .	<b>3a</b>	258025	
<b>b</b>	If you checked the box in Part I, line 7a or 8b, enter 30%. If you checked the box in Part I, line 7b or 8c, enter 6% . . . . .	<b>3b</b>	30 %	
<b>c</b>	Multiply line 3a by line 3b . . . . .		<b>3c</b>	77408

**Caution:** Property described under section 48(a)(3)(ii) does not qualify for the solar facility in connection with low-income community bonus credit under section 48(e). If completing Section B for a section 48(a)(3)(ii) property, skip lines 3d through 3j, and go to line 3k.

<b>d</b>	If you checked the box in Part I, line 11a or 11b, enter 10%. If you checked the box in Part I, line 11c or 11d, enter 20%. However, if you checked the box in Part I, line 11f; or Part I, line 12e (in relation to lines 11a, 11b, 11c, or 11d), you don't qualify for the bonus credit. In that situation, enter 0% here, go to line 3j and enter -0- (zero), and then go to line 3k . . . . .	<b>3d</b>	0 %	
<b>e</b>	Enter the nameplate capacity you were allocated in the allocation letter . . . . .	<b>3e</b>		
<b>f</b>	If the entry on Part I, line 12a, equals the entry on line 3e, multiply line 3a by line 3d and go to line 3j. Otherwise, continue to line 3g . . . . .	<b>3f</b>		
<b>g</b>	If the entry on Part I, line 12a, is more than the entry on line 3e, divide line 3e by Part I, line 12a . . . . .	<b>3g</b>		
<b>h</b>	Multiply line 3d by line 3g . . . . .	<b>3h</b>		



**Part VI Energy Credit Under Section 48** (continued)

**Section B—Solar Energy Credit** (see instructions) (continued)

<b>i</b>	Multiply line 3a by line 3h . . . . .	<b>3i</b>		<b>0</b>			
<b>j</b>	If Part I, line 12a, is more than the entry on line 3e, enter the amount from line 3i. Otherwise, enter the amount from line 3f . . . . .				<b>3j</b>		
<b>k</b>	If you checked the box in Part I, line 9a, enter 10%. If you checked the box in Part I, line 9b, enter 2%. Otherwise, go to line 3m . . . . .	<b>3k</b>		%			
<b>l</b>	Multiply line 3a by line 3k . . . . .				<b>3l</b>		
<b>m</b>	If you checked the box in Part I, line 10a, enter 10%. If you checked the box in Part I, line 10b, enter 2%. Otherwise, go to line 4. . . . .	<b>3m</b>		%			
<b>n</b>	Multiply line 3a by line 3m . . . . .				<b>3n</b>		
<b>4</b>	Add lines 3c, 3j, 3l, and 3n . . . . .					<b>4</b>	<b>77408</b>

**Section C—Qualified Fuel Cell Property** (see instructions)

<b>5a</b>	Enter the basis of property using qualified fuel cell property placed in service during the tax year that was acquired after 2005 and before October 4, 2008, and the basis attributable to construction, reconstruction, or erection by the taxpayer after 2005 and before October 4, 2008 . . . . .	<b>5a</b>					
<b>b</b>	Multiply line 5a by 30% (0.30) . . . . .	<b>5b</b>					
<b>c</b>	Enter the applicable kilowatt capacity of property on line 5a (see instructions) . . . . .	<b>5c</b>					
<b>d</b>	Multiply line 5c by \$1,000. . . . .	<b>5d</b>					
<b>e</b>	Enter the smaller of line 5b or line 5d . . . . .				<b>5e</b>		
<b>f</b>	Enter the basis of property using qualified fuel cell property placed in service during the tax year that is attributable to periods after October 3, 2008 . . . . .	<b>5f</b>					
<b>g</b>	If you checked the box in Part I, line 7a or 8b, enter 30%. If you checked the box in Part I, line 7b or 8c, enter 6% . . . . .	<b>5g</b>		%			
<b>h</b>	Multiply line 5f by line 5g . . . . .	<b>5h</b>					
<b>i</b>	If you checked the box in Part I, line 9a, enter 10%. If you checked the box in Part I, line 9b, enter 2%. Otherwise, go to line 5l . . . . .	<b>5i</b>		%			
<b>j</b>	Multiply line 5f by line 5i . . . . .	<b>5j</b>					
<b>k</b>	Reserved for future use . . . . .				<b>5k</b>		
<b>l</b>	If you checked the box in Part I, line 10a, enter 10%. If you checked the box in Part I, line 10b, enter 2%. Otherwise, go to line 5n . . . . .	<b>5l</b>		%			
<b>m</b>	Multiply line 5f by line 5l . . . . .	<b>5m</b>					
<b>n</b>	Add lines 5h, 5j, and 5m . . . . .	<b>5n</b>					
<b>o</b>	Enter the applicable kilowatt capacity of property on line 5f (see instructions) . . . . .	<b>5o</b>					
<b>p</b>	Multiply line 5o by \$3,000 . . . . .	<b>5p</b>					
<b>q</b>	Enter the smaller of line 5n or line 5p . . . . .				<b>5q</b>		
<b>6</b>	Add lines 5e and 5q . . . . .					<b>6</b>	

**Section D—Qualified Microturbine Property** (see instructions)

<b>7a</b>	Enter the basis of property using microturbine property placed in service during the tax year that was acquired after 2005, and the basis attributable to construction, reconstruction, or erection by the taxpayer after 2005 . . . . .	<b>7a</b>					
<b>b</b>	If you checked the box in Part I, line 7a or 8b, enter 10%. If you checked the box in Part I, line 7b or 8c, enter 2% . . . . .	<b>7b</b>		%			
<b>c</b>	Multiply line 7a by line 7b . . . . .	<b>7c</b>					
<b>d</b>	If you checked the box in Part I, line 9a, enter 10%. If you checked the box in Part I, line 9b, enter 2%. Otherwise, go to line 7g . . . . .	<b>7d</b>		%			

**Part VI Energy Credit Under Section 48** (continued)

**Section D—Qualified Microturbine Property** (see instructions) (continued)

<b>e</b> Multiply line 7a by line 7d . . . . .	<b>7e</b>			
<b>f</b> Reserved for future use . . . . .			<b>7f</b>	
<b>g</b> If you checked the box in Part I, line 10a, enter 10%. If you checked the box in Part I, line 10b, enter 2%. Otherwise, go to line 7i . . . . .	<b>7g</b>	%		
<b>h</b> Multiply line 7a by line 7g . . . . .	<b>7h</b>			
<b>i</b> Add lines 7c, 7e, and 7h . . . . .			<b>7i</b>	
<b>j</b> Enter the applicable kilowatt capacity of property on line 7a (see instructions) . . . . .	<b>7j</b>			
<b>k</b> Reserved for future use . . . . .	<b>7k</b>			
<b>l</b> Multiply line 7j by \$200 . . . . .			<b>7l</b>	
<b>8</b> Enter the smaller of line 7i or line 7l . . . . .				<b>8</b>

**Section E—Combined Heat and Power System Property** (see instructions)

**Caution:** You can't claim this credit if the electrical capacity of the property is more than 50 megawatts or has a mechanical energy capacity of more than 67,000 horsepower or an equivalent combination of electrical and mechanical energy capabilities.

<b>9a</b> Enter the basis of property using combined heat and power system placed in service during the tax year . . . . .	<b>9a</b>			
<b>b</b> If the electrical capacity of the property is measured in: • Megawatts, divide 15 by the megawatt capacity. Enter 1.0 if the capacity is 15 megawatts or less. • Horsepower, divide 20,000 by the horsepower. Enter 1.0 if the capacity is 20,000 horsepower or less . . . . .	<b>9b</b>			
<b>c</b> Multiply line 9a by line 9b . . . . .	<b>9c</b>			
<b>d</b> If you checked the box in Part I, line 7a or 8b, enter 30%. If you checked the box in Part I, line 7b or 8c, enter 6% . . . . .	<b>9d</b>	%		
<b>e</b> Multiply line 9c by line 9d . . . . .			<b>9e</b>	
<b>f</b> If you checked the box in Part I, line 9a, enter 10%. If you checked the box in Part I, line 9b, enter 2%. Otherwise, go to line 9h . . . . .	<b>9f</b>	%		
<b>g</b> Multiply line 9c by line 9f . . . . .			<b>9g</b>	
<b>h</b> If you checked the box in Part I, line 10a, enter 10%. If you checked the box in Part I, line 10b, enter 2%. Otherwise, go to line 10 . . . . .	<b>9h</b>	%		
<b>i</b> Multiply line 9c by line 9h . . . . .			<b>9i</b>	
<b>10</b> Add lines 9e, 9g, and 9i . . . . .				<b>10</b>

**Section F—Qualified Small Wind Energy Property** (see instructions)

<b>11a</b> Enter the basis of property using small wind energy property placed in service during the tax year that was acquired after October 3, 2008, and before 2009 and the basis attributable to the construction, reconstruction, or erection by the taxpayer after October 3, 2008, and before 2009 . . . . .	<b>11a</b>			
<b>b</b> Multiply line 11a by 30% (0.30) . . . . .	<b>11b</b>			
<b>c</b> Enter the smaller of line 11b or \$4,000 . . . . .			<b>11c</b>	
<b>d</b> Enter the basis of property using small wind energy property placed in service during the tax year that is attributable to periods after 2008 . . . . .	<b>11d</b>			
<b>e</b> If you checked the box in Part I, line 7a or 8b, enter 30%. If you checked the box in Part I, line 7b or 8c, enter 6% . . . . .	<b>11e</b>	%		
<b>f</b> Multiply line 11d by line 11e . . . . .			<b>11f</b>	

**Part VI Energy Credit Under Section 48** (continued)

**Section F—Qualified Small Wind Energy Property** (see instructions) (continued)

<b>g</b>	If you checked the box in Part I, line 11a or 11b, enter 10%. If you checked the box in Part I, line 11c or 11d, enter 20%. However, if you checked the box in Part I, line 11f; or Part I, line 12e (in relation to lines 11a, 11b, 11c, or 11d), you don't qualify for the bonus credit. In that situation, enter 0% here, go to line 11m and enter -0- (zero), and then go to line 11n . . . . .	<b>11g</b>	%		
<b>h</b>	Enter the nameplate capacity you were allocated in the allocation letter . . . . .	<b>11h</b>			
<b>i</b>	If the entry on Part I, line 12b, equals the entry on line 11h, multiply line 11d by 11g and go to line 11m. Otherwise, continue to line 11j . . . . .	<b>11i</b>			
<b>j</b>	If the entry on Part I, line 12b, is more than the entry on line 11h, divide line 11h by Part I, line 12b . . . . .	<b>11j</b>			
<b>k</b>	Multiply line 11g by line 11j . . . . .	<b>11k</b>			
<b>l</b>	Multiply line 11d by line 11k . . . . .	<b>11l</b>			
<b>m</b>	If Part I, line 12b, is more than the entry on line 11h, enter the amount from line 11l. Otherwise, enter the amount from line 11i . . . . .			<b>11m</b>	
<b>n</b>	If you checked the box in Part I, line 9a, enter 10%. If you checked the box in Part I, line 9b, enter 2%. Otherwise, go to line 11p . . . . .	<b>11n</b>	%		
<b>o</b>	Multiply line 11d by line 11n . . . . .			<b>11o</b>	
<b>p</b>	If you checked the box in Part I, line 10a, enter 10%. If you checked the box in Part I, line 10b, enter 2%. Otherwise, go to line 12 . . . . .	<b>11p</b>	%		
<b>q</b>	Multiply line 11d by line 11p . . . . .			<b>11q</b>	
<b>12</b>	Add lines 11c, 11f, 11m, 11o, and 11q . . . . .				<b>12</b>

**Section G—Waste Energy Recovery Property** (see instructions)

<b>13a</b>	Enter the basis of property using waste energy recovery placed in service during the tax year . . . . .	<b>13a</b>			
<b>b</b>	If you checked the box in Part I, line 7a or 8b, enter 30%. If you checked the box in Part I, line 7b or 8c, enter 6% . . . . .	<b>13b</b>	%		
<b>c</b>	Multiply line 13a by line 13b . . . . .			<b>13c</b>	
<b>d</b>	If you checked the box in Part I, line 9a, enter 10%. If you checked the box in Part I, line 9b, enter 2%. Otherwise, go to line 13f . . . . .	<b>13d</b>	%		
<b>e</b>	Multiply line 13a by line 13d . . . . .			<b>13e</b>	
<b>f</b>	If you checked the box in Part I, line 10a, enter 10%. If you checked the box in Part I, line 10b, enter 2%. Otherwise, go to line 14 . . . . .	<b>13f</b>	%		
<b>g</b>	Multiply line 13a by line 13f . . . . .			<b>13g</b>	
<b>14</b>	Add lines 13c, 13e, and 13g . . . . .				<b>14</b>

**Section H—Geothermal Heat Pump Systems** (see instructions)

<b>15a</b>	Enter the basis of property using geothermal heat pump systems placed in service during the tax year . . . . .	<b>15a</b>			
<b>b</b>	If you checked the box in Part I, line 7a or 8b, enter 30%. If you checked the box in Part I, line 7b or 8c, enter 6% . . . . .	<b>15b</b>	%		
<b>c</b>	Multiply line 15a by line 15b . . . . .			<b>15c</b>	
<b>d</b>	If you checked the box in Part I, line 9a, enter 10%. If you checked the box in Part I, line 9b, enter 2%. Otherwise, go to line 15f . . . . .	<b>15d</b>	%		
<b>e</b>	Multiply line 15a by line 15d . . . . .			<b>15e</b>	
<b>f</b>	If you checked the box in Part I, line 10a, enter 10%. If you checked the box in Part I, line 10b, enter 2%. Otherwise, go to line 16 . . . . .	<b>15f</b>	%		

**Part VI Energy Credit Under Section 48** (continued)

**Section H—Geothermal Heat Pump Systems** (see instructions) (continued)

<b>g</b> Multiply line 15a by line 15f . . . . .	<b>15g</b>	
<b>16</b> Add lines 15c, 15e, and 15g . . . . .		<b>16</b>

**Section I—Energy Storage Technology Property** (see instructions)

<b>17a</b> Enter the basis of property using energy storage technology placed in service during the tax year . . . . .	<b>17a</b>		
<b>b</b> If you checked the box in Part I, line 7a or 8b, enter 30%. If you checked the box in Part I, line 7b or 8c, enter 6% . . . . .	<b>17b</b>	%	
<b>c</b> Multiply line 17a by line 17b . . . . .		<b>17c</b>	
<p><b>Caution:</b> For lines 17d through 17j, the energy storage technology property must be installed in connection with a solar or wind energy property under section 45(d)(1), 48(a)(3)(A)(i), or 48(a)(3)(A)(vi) that qualifies for the low-income community bonus credit under section 48(e) to also qualify for the bonus credit. If the energy storage technology property is not installed in connection with such solar or wind energy property, then skip lines 17d through 17j, and go to line 17k.</p>			
<b>d</b> If you checked the box in Part I, line 11a or 11b, enter 10%. If you checked the box in Part I, line 11c or 11d, enter 20%. However, if you checked the box in Part I, line 11f; or Part I, line 12e (in relation to lines 11a, 11b, 11c, or 11d), you don't qualify for the bonus credit. In that situation, enter 0% here, go to line 17j and enter -0- (zero), and then go to line 17k . . . . .	<b>17d</b>	%	
<b>e</b> Enter the nameplate capacity you were allocated in the allocation letter for the solar or wind energy property in connection with the energy storage technology . . . . .	<b>17e</b>		
<b>f</b> If the relevant entry on Part I, line 12a, line 12b, or line 12c, equals the entry on line 17e, multiply line 17a by line 17d and go to line 17j. Otherwise, continue to line 17g . . . . .	<b>17f</b>		
<b>g</b> If the relevant entry on Part I, line 12a, line 12b, or line 12c, is more than the entry on line 17e, divide line 17e by Part I, line 12a, line 12b, or line 12c . . . . .	<b>17g</b>		
<b>h</b> Multiply line 17d by line 17g . . . . .	<b>17h</b>		
<b>i</b> Multiply line 17a by line 17h . . . . .	<b>17i</b>		
<b>j</b> If the entry for the solar or wind energy property in connection with the energy storage technology on Part I, line 12a, line 12b, or line 12c, is more than the entry on line 17e, enter the amount from line 17i. Otherwise, enter the amount from line 17f . . . . .		<b>17j</b>	
<b>k</b> If you checked the box in Part I, line 9a, enter 10%. If you checked the box in Part I, line 9b, enter 2%. Otherwise, go to line 17m . . . . .	<b>17k</b>	%	
<b>l</b> Multiply line 17a by line 17k . . . . .		<b>17l</b>	
<b>m</b> If you checked the box in Part I, line 10a, enter 10%. If you checked the box in Part I, line 10b, enter 2%. Otherwise, go to line 18 . . . . .	<b>17m</b>	%	
<b>n</b> Multiply line 17a by line 17m . . . . .		<b>17n</b>	
<b>18</b> Add lines 17c, 17j, 17l, and 17n . . . . .		<b>18</b>	

**Part VI Energy Credit Under Section 48** (continued)

**Section J—Qualified Biogas Property** (see instructions)

<b>19a</b>	Enter the basis of property using biogas placed in service during the tax year . . . . .	<b>19a</b>			
<b>b</b>	If you checked the box in Part I, line 7a or 8b, enter 30%. If you checked the box in Part I, line 7b or 8c, enter 6% . . . . .	<b>19b</b>		%	
<b>c</b>	Multiply line 19a by line 19b . . . . .				<b>19c</b>
<b>d</b>	If you checked the box in Part I, line 9a, enter 10%. If you checked the box in Part I, line 9b, enter 2%. Otherwise, go to line 19f . . . . .	<b>19d</b>		%	
<b>e</b>	Multiply line 19a by line 19d . . . . .				<b>19e</b>
<b>f</b>	If you checked the box in Part I, line 10a, enter 10%. If you checked the box in Part I, line 10b, enter 2%. Otherwise, go to line 20 . . . . .	<b>19f</b>		%	
<b>g</b>	Multiply line 19a by line 19f . . . . .				<b>19g</b>
<b>20</b>	Add lines 19c, 19e, and 19g . . . . .				<b>20</b>

**Section K—Microgrid Controllers Property** (see instructions)

<b>21a</b>	Enter the basis of property using microgrid controllers placed in service during the tax year . . . . .	<b>21a</b>			
<b>b</b>	If you checked the box in Part I, line 7a or 8b, enter 30%. If you checked the box in Part I, line 7b or 8c, enter 6% . . . . .	<b>21b</b>		%	
<b>c</b>	Multiply line 21a by line 21b . . . . .				<b>21c</b>
<b>d</b>	If you checked the box in Part I, line 9a, enter 10%. If you checked the box in Part I, line 9b, enter 2%. Otherwise, go to line 21f . . . . .	<b>21d</b>		%	
<b>e</b>	Multiply line 21a by line 21d . . . . .				<b>21e</b>
<b>f</b>	If you checked the box in Part I, line 10a, enter 10%. If you checked the box in Part I, line 10b, enter 2%. Otherwise, go to line 22 . . . . .	<b>21f</b>		%	
<b>g</b>	Multiply line 21a by line 21f . . . . .				<b>21g</b>
<b>22</b>	Add lines 21c, 21e, and 21g . . . . .				<b>22</b>

**Section L—Qualified Investment Credit Facility Property** (see instructions)

<b>23a</b>	Enter the basis of property using investment credit facility property placed in service during the tax year . . . . .	<b>23a</b>			
<b>b</b>	If you checked the box in Part I, line 7a or 8b, enter 30%. If you checked the box in Part I, line 7b or 8c, enter 6% . . . . .	<b>23b</b>		%	
<b>c</b>	Multiply line 23a by line 23b . . . . .				<b>23c</b>
<b>Caution:</b> For property other than that described under section 45(d)(1), the property does not qualify for the wind facility in connection with low-income community bonus credit under section 48(e). Skip lines 23d through 23j, and go to line 23k.					
<b>d</b>	If you checked the box in Part I, line 11a or 11b, enter 10%. If you checked the box in Part I, line 11c or 11d, enter 20%. However, if you checked the box in Part I, line 11f; or Part I, line 12e (in relation to lines 11a, 11b, 11c, or 11d), you don't qualify for the bonus credit. In that situation, enter 0% here, go to line 23j and enter -0- (zero), and then go to line 23k . . . . .	<b>23d</b>		%	
<b>e</b>	Enter the nameplate capacity you were allocated in the allocation letter . . . . .	<b>23e</b>			
<b>f</b>	If the entry on Part I, line 12c, equals the entry on line 23e, multiply line 23a by 23d and go to line 23j. Otherwise, continue to line 23g . . . . .	<b>23f</b>			
<b>g</b>	If the entry on Part I, line 12c, is more than the entry on line 23e, divide line 23e by Part I, line 12c . . . . .	<b>23g</b>			
<b>h</b>	Multiply line 23d by line 23g . . . . .	<b>23h</b>			
<b>i</b>	Multiply line 23a by line 23h . . . . .	<b>23i</b>			

**Part VI Energy Credit Under Section 48** (continued)

**Section L—Qualified Investment Credit Facility Property** (see instructions) (continued)

<b>j</b>	If Part I, line 12c, is more than the entry on line 23e, enter the amount from line 23i. Otherwise, enter the amount from line 23f . . . . .			<b>23j</b>	
<b>k</b>	If you checked the box in Part I, line 9a, enter 10%. If you checked the box in Part I, line 9b, enter 2%. Otherwise, go to line 23m . . . . .	<b>23k</b>		%	
<b>l</b>	Multiply line 23a by line 23k . . . . .			<b>23l</b>	
<b>m</b>	If you checked the box in Part I, line 10a, enter 10%. If you checked the box in Part I, line 10b, enter 2%. Otherwise, go to line 24 . . . . .	<b>23m</b>		%	
<b>n</b>	Multiply line 23a by line 23m . . . . .			<b>23n</b>	
<b>24</b>	Add lines 23c, 23j, 23l, and 23n . . . . .				<b>24</b>

**Section M—Clean Hydrogen Production Facilities as Energy Property** (see instructions)

**Caution:** If you choose to treat specified clean hydrogen production property as energy property, you cannot also take the credit under section 45V or 45Q.

<b>25a</b>	Enter the basis of property placed in service during the tax year for the facility that is designed and reasonably expected to produce qualified clean hydrogen per section 45V(b)(2)(A) . . . . .	<b>25a</b>			
<b>b</b>	If you checked the box in Part I, line 8b, enter 6%. If you checked the box in Part I, line 8c, enter 1.2% . . . . .	<b>25b</b>		%	
<b>c</b>	Multiply line 25a by line 25b . . . . .			<b>25c</b>	
<b>d</b>	Enter the basis of property placed in service during the tax year for the facility that is designed and reasonably expected to produce qualified clean hydrogen per section 45V(b)(2)(B) . . . . .	<b>25d</b>			
<b>e</b>	If you checked the box in Part I, line 8b, enter 7.5%. If you checked the box in Part I, line 8c, enter 1.5% . . . . .	<b>25e</b>		%	
<b>f</b>	Multiply line 25d by line 25e . . . . .			<b>25f</b>	
<b>g</b>	Enter the basis of property placed in service during the tax year for the facility that is designed and reasonably expected to produce qualified clean hydrogen per section 45V(b)(2)(C) . . . . .	<b>25g</b>			
<b>h</b>	If you checked the box in Part I, line 8b, enter 10%. If you checked the box in Part I, line 8c, enter 2% . . . . .	<b>25h</b>		%	
<b>i</b>	Multiply line 25g by line 25h . . . . .			<b>25i</b>	
<b>j</b>	Enter the basis of property placed in service during the tax year for the facility that is designed and reasonably expected to produce qualified clean hydrogen per section 45V(b)(2)(D) . . . . .	<b>25j</b>			
<b>k</b>	If you checked the box in Part I, line 8b, enter 30%. If you checked the box in Part I, line 8c, enter 6% . . . . .	<b>25k</b>		%	
<b>l</b>	Multiply line 25j by line 25k . . . . .			<b>25l</b>	
<b>m</b>	Reserved for future use . . . . .	<b>25m</b>			
<b>n</b>	Reserved for future use . . . . .	<b>25n</b>			
<b>o</b>	Reserved for future use . . . . .			<b>25o</b>	
<b>p</b>	Reserved for future use . . . . .	<b>25p</b>			
<b>q</b>	Reserved for future use . . . . .			<b>25q</b>	
<b>26</b>	Add lines 25c, 25f, 25i, and 25l . . . . .				<b>26</b>

**Part VI Energy Credit Under Section 48** (continued)

**Section N—Totals and Credit Reduction for Tax-Exempt Bonds** (see instructions)

<b>27</b>	Add Part VI, lines 2, 4, 6, 8, 10, 12, 14, 16, 18, 20, 22, 24, and 26 . . . . .	<b>27</b>			
<b>28</b>	If proceeds of tax-exempt bonds were <b>not</b> used to finance your facility, skip line 29, and go to line 30.				
<b>29a</b>	Divide. Sum, for the tax year and all prior tax years, of all proceeds of tax-exempt bonds (within the meaning of section 103) used to finance the qualified facility . . . . . Aggregate amount of additions to the capital account for the qualified facility, for the tax year and all prior tax years, as of the close of the tax year	<b>29a</b>			
<b>b</b>	Multiply line 27 by line 29a . . . . .	<b>29b</b>			
<b>c</b>	Multiply line 27 by 15% (0.15) . . . . .	<b>29c</b>			
<b>d</b>	Enter the smaller of line 29b or line 29c . . . . .	<b>29d</b>			
<b>e</b>	Subtract line 29d from line 27 . . . . .	<b>29e</b>			
<b>30</b>	If proceeds of tax-exempt bonds were used to finance your facility, enter the amount from line 29e. Otherwise, enter the amount from line 27 . . . . .		<b>30</b>		
<b>31</b>	Enter the applicable unused investment credit from cooperatives (see instructions) . . . . .		<b>31</b>		
<b>32</b>	Add lines 30 and 31. Report this amount on Form 3800, Part III, line 4a . . . . .			<b>32</b>	<b>77408</b>

**Part VII Rehabilitation Credit Under Section 47** (see instructions)

<b>1a</b>	Was there a prior 170(h) deduction on this property? <input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>b</b>	If "Yes" to line 1a, then provide the prior NPS number . . . . .				
<b>c</b>	Check this box if you are electing under section 47(d)(5) to take your qualified rehabilitation expenditures into account for the tax year in which paid (or, for self-rehabilitated property, when capitalized). This election applies to the current tax year and to all later tax years. You may not revoke this election without IRS consent . . . . . <input type="checkbox"/>				
<b>d</b>	Enter the dates for the 24- or 60-month measuring period. Beginning date: _____ End date: _____				
<b>e</b>	Enter the adjusted basis of the building as of the beginning date above (or the first day of your holding period, if later) . . . . .				\$ _____
<b>f</b>	Enter the amount of the qualified rehabilitation expenditures incurred, or treated as incurred, during the period on line 1d above . . . . .				\$ _____
<b>g</b>	Enter the amount of qualified rehabilitation expenditures <b>1g</b>				
<b>h</b>	For pre-1936 buildings under the transition rule, multiply line 1g by 10% (0.10)	<b>1h</b>			
<b>i</b>	For certified historic structures under the transition rule, multiply line 1g by 20% (0.20) . . . . .	<b>1i</b>			
<b>j</b>	For certified historic structures with expenditures paid or incurred after 2017 and not under the transition rule, multiply line 1g by 4% (0.04) . . . . . <b>Note:</b> This credit is allowed for a 5-year period beginning in the tax year that the qualified rehabilitated building is placed in service.	<b>1j</b>			
<b>k</b>	If you completed line 1i or 1j, enter the assigned NPS project number or the pass-through entity's employer identification number _____ and the date the NPS approved the Request for Certification of Completed Work _____.				
<b>2</b>	Enter the applicable unused investment credit from cooperatives (see instructions)		<b>2</b>		
<b>3</b>	Add lines 1h, 1i, 1j, and 2. Report this amount on Form 3800, Part III, line 4k . . . . .			<b>3</b>	