

**Young Men's Christian
Association of Metropolitan
Atlanta**

Public Inspection Copy
For the Year Ended
December 31, 2022

TAX RETURNS



SMITH+HOWARD
Advisory LLC

YOUNG MEN'S CHRISTIAN ASSOCIATION OF
METROPOLITAN ATLANTA
INSTRUCTIONS FOR FILING
FORM 8879-TE
IRS E-FILE SIGNATURE AUTHORIZATION FOR FORM 990
FOR THE YEAR ENDED DECEMBER 31, 2022

THE ORIGINAL IRS E-FILE SIGNATURE AUTHORIZATION FORM SHOULD BE SIGNED (USE FULL NAME) AND DATED BY AN AUTHORIZED OFFICER OF THE ORGANIZATION.

RETURN YOUR SIGNED IRS E-FILE SIGNATURE AUTHORIZATION FORM 8879-TE TO:

SMITH & HOWARD ADVISORY, LLC
271 17TH STREET, NW SUITE 1600
ATLANTA GA 30363

THERE IS NO TAX DUE WITH THE FILING OF THIS RETURN.

AN ADDITIONAL COPY OF THE RETURN SHOULD BE FILED WITH:
GEORGIA DEPARTMENT OF REVENUE
P.O. BOX 740395
ATLANTA, GA 30374-0395

DO NOT SEPARATELY FILE FORM 990 WITH THE INTERNAL REVENUE SERVICE. DOING SO WILL DELAY THE PROCESSING OF YOUR RETURN. WE MUST RECEIVE YOUR SIGNED FORM BEFORE WE CAN ELECTRONICALLY TRANSMIT YOUR RETURN, WHICH IS DUE ON OR BEFORE NOVEMBER 15, 2023. WE WOULD APPRECIATE YOU RETURNING THIS FORM AS SOON AS POSSIBLE AS THIS WILL EXPEDITE THE PROCESSING OF YOUR RETURN. THE INTERNAL REVENUE SERVICE WILL NOTIFY US WHEN YOUR RETURN IS ACCEPTED. YOUR RETURN IS NOT CONSIDERED FILED UNTIL THE INTERNAL REVENUE SERVICE CONFIRMS THEIR ACCEPTANCE, WHICH MAY OCCUR AFTER THE DUE DATE OF YOUR RETURN.

PUBLIC INSPECTION COPY

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2022, or fiscal year beginning _____ and ending _____

2022

Department of the Treasury
Internal Revenue Service

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

Name of filer

EIN or SSN

YOUNG MEN'S CHRISTIAN ASSOCIATION OF

58-0566253

Name and title of officer or person subject to tax

LAUREN KOONTZ, PRESIDENT & CEO

Part I Type of Return and Return Information

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

1a Form 990 check here <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b <u>99697549.</u>
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 and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2022 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. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize SMITH & HOWARD ADVISORY, ERO firm name to enter my PIN 17213 as my signature. Enter five numbers, but do not enter all zeros

on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date 11/15/2023

Part III Certification and Authentication

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

67882792074

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature Selva Imahan

Date 11/15/2023

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Form **8879-TE** (2022)

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

- ▶ Do not enter Social Security numbers on this form as it may be made public.
- ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2022

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF METROPOLITAN ATLANTA		D Employer identification number 58-0566253
	Doing Business As		E Telephone number (404) 588-9622
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 569 MARTIN LUTHER KING JR. DRIVE NW		
	City or town, state or province, country, and ZIP or foreign postal code ATLANTA, GA 30314-4164		G Gross receipts \$ 100,071,822.
F Name and address of principal officer: LAUREN KOONTZ 569 MARTIN LUTHER KING JR. DRIVE NW, ATLANTA, GA 303		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶	
J Website: ▶ WWW.YMCAATLANTA.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1858	M State of legal domicile: GA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>THE YMCA OF METROPOLITAN ATALANTA, INC. REFLECTING ITS JUDEO-CHRISTIAN HERITAGE, IS AN ASSOCIATION OF VOLUNTEERS, MEMEBERS, AND STAFF OPEN TO AND SERVING ALL.</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	44
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	41
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	3,384
	6 Total number of volunteers (estimate if necessary)	6	3,500
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	
b Net unrelated business taxable income from Form 990-T, line 34	7b		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	61,314,617.	43,391,530.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	39,089,411.	55,097,543.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,960,688.	1,194,056.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	27,978.	14,420.
		102,392,694.	99,697,549.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	21,160.	46,100.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	NONE	NONE
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	47,438,412.	54,585,302.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	208,360.	332,489.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>1,389,508.</u>		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	50,126,194.	58,058,424.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	97,794,126.	113,022,315.	
19 Revenue less expenses. Subtract line 18 from line 12	4,598,568.	-13,324,766.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	319,280,484.	302,122,431.
	22 Net assets or fund balances. Subtract line 21 from line 20.	73,444,341.	76,298,207.
	245,836,143.	225,824,224.	

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	11/15/2023	
	LAUREN KOONTZ Type or print name and title	PRESIDENT & CEO	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	SABRE J LINAHAN	<i>Sabre Linahan</i>	11/15/2023
	Firm's name ▶ SMITH & HOWARD ADVISORY, LLC	Firm's EIN ▶ 92-0749631	Check <input type="checkbox"/> if self-employed
	Firm's address ▶ 271 17TH STREET, NW SUITE 1600 ATLANTA, GA 30363	Phone no. 404-874-6244	PTIN P01372980

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2022)

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:

SEE SCHEDULE O

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

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 56,607,822. including grants of \$ 46,100.) (Revenue \$ 32,475,781.)

SEE SCHEDULE O

4b (Code:) (Expenses \$ 27,048,921. including grants of \$) (Revenue \$ 15,517,906.)

SEE SCHEDULE O

4c (Code:) (Expenses \$ 12,382,576. including grants of \$) (Revenue \$ 7,103,856.)

SEE SCHEDULE O

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

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

4e Total program service expenses 96,039,319.

Part IV Checklist of Required Schedules

Table with 3 columns: Question Number, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

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 []

Table with 3 columns: Question number, Yes, No. Rows 1a-1c regarding Form 1096, W-2G forms, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2a 3,384		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
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>		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7 Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10 Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11 Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders 11a		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
c	Enter the amount of reserves on hand 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.		

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

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

Section A. Governing Body and Management

Table with columns for line numbers (1a, 1b, 2-9), descriptions of questions, and Yes/No columns. Includes questions about voting members, independent members, family relationships, management control, governance changes, asset diversions, and meeting documentation.

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

Table with columns for line numbers (10a-16b), descriptions of policies, and Yes/No columns. Includes questions about local chapters, written policies, Form 990 distribution, conflict of interest, whistleblower, document retention, and compensation review.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed GA,
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.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

LAUREN KOONTZ 569 MARTIN LUTHER KING JR. DRIVE NW ATLANTA, GA 30314 404-588-9622

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 X

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) LAUREN KOONTZ CHIEF EXECUTIVE OFFICER	40.00 3.00			X				426,460.	NONE	35,777.
(2) KRISTIN MCEWEN CHIEF EXPERIENCE OFFICER	40.00 NONE			X				282,000.	NONE	32,081.
(3) ALISHA PENICK CHIEF HUMAN RESOURCES OFFICER	40.00 NONE			X				255,000.	NONE	21,029.
(4) PARRISH UNDERWOOD CHIEF ADVANCEMENT OFFICER	40.00 NONE			X				216,000.	NONE	41,214.
(5) PAUL NGUYEN CHIEF FINANCIAL OFFICER	40.00 3.00			X				253,500.	NONE	650.
(6) STAN KUBIS CHIEF TECHNOLOGY OFFICER	40.00 NONE			X				244,700.	NONE	9,181.
(7) ALLISON TOLLER CHIEF SOCIAL IMPACT OFFICER	40.00 NONE			X				229,000.	NONE	22,372.
(8) ANDRIA MCMICHAEL SR. VICE PRESIDENT OF EARLY LE	40.00 NONE			X				189,000.	NONE	29,168.
(9) KIMBERLY NELSON SR. VICE PRESIDENT OF PROGRAM	40.00 NONE			X				166,000.	NONE	20,911.
(10) REBECCA SHIPLEY VICE PRESIDENT OF LEARNING & D	40.00 NONE						X	161,473.	NONE	22,335.
(11) JILL MOORE GROUP VP	40.00 NONE						X	152,452.	NONE	28,737.
(12) TENEEISHIA BROWN CONTROLLER	40.00 2.00						X	154,601.	NONE	26,089.
(13) CHRISTOPHER BECTON DIRECTOR OF HR EMPLOYEE SERVIC	40.00 NONE						X	152,560.	NONE	25,396.
(14) MAREY WAGNER VICE PRESIDENT OF INSTITUIONAL	40.00 NONE						X	166,001.	NONE	11,795.

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)	(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			
(15) KEVIN GREINER DIRECTOR, CHAIRMAN	5.00 NONE	X					NONE	NONE	NONE	
(16) RON ALSTON DIRECTOR	5.00 NONE	X					NONE	NONE	NONE	
(17) RICHARD GERAKITIS DIRECTOR	5.00 NONE	X					NONE	NONE	NONE	
(18) BRAD ALEXANDER DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
(19) LISA AMAN DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
(20) ELDRIDGE BANKS DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
(21) DONALD BARDEN DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
(22) KELLY BARRETT DIRECTOR,	1.00 NONE	X					NONE	NONE	NONE	
(23) JEFFREY BECKHAM DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
(24) WARREN CARSON DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
(25) CLARK DEAN DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
1b Sub-total							3,048,747.	NONE	326,735.	
c Total from continuation sheets to Part VII, Section A							NONE	NONE	NONE	
d Total (add lines 1b and 1c)							3,048,747.	NONE	326,735.	

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 ▶ 45

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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

Table with 7 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Rows list individuals like Kelly Elliott, Kali Franklin, Sonya Halpern, etc.

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

Table with 3 columns: Question number, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

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.

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Includes a total row for independent contractors.

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



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)	(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			
(37) DAVID NELSON DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
(38) MICHAEL NIES DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
(39) JOHN PEMBERTON DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
(40) MARCIA SPILLER DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
(41) SPENCE PRYOR DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
(42) ANTONIO ROBINSON DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
(43) JOAN ROHS DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
(44) JEROME RUSSELL DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
(45) ANDREW SALTZMAN DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
(46) IVAN SHAMMAS DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
(47) NZINGA SHAW DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 ▶

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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)	(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			
(48) MICHAEL SMITH DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
(49) KIRK SOMERS DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
(50) CHYNNA STEELE-JOHNSON DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
(51) RYAN TEAGUE DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
(52) KARTHIK VALLURU DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
(53) TAMMY VANWANBEKE DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
(54) CAROL WADDY DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
(55) THAD WILSON DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
(56) YOLANDA WIMBERLY DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
(57) THOMAS WORTHY DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
(58) JOHN YATES DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

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
SEE SCHEDULE O		

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

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Part VIII Statement of Revenue

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

Table with columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512-514. Rows include Contributions, Grants, and Other Similar Amounts; Program Service Revenue; Other Revenue; and Miscellaneous Revenue.

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 [X]

Table with 5 columns: (A) Total expenses, (B) Program service expenses, (C) Management and general expenses, (D) Fundraising expenses. Rows include categories like Grants, Compensation, Salaries, Pension, Payroll taxes, Advertising, etc.

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	23,294,887.	1	21,287,295.
	2 Savings and temporary cash investments	171,800.	2	24,455,238.
	3 Pledges and grants receivable, net	8,219,600.	3	1,669,220.
	4 Accounts receivable, net	2,774,274.	4	2,358,508.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	NONE	5	NONE
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	NONE	6	NONE
	7 Notes and loans receivable, net	22,247,200.	7	29,427,200.
	8 Inventories for sale or use	NONE	8	NONE
	9 Prepaid expenses and deferred charges	2,041,254.	9	1,531,973.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 394,157,562.		
	b Less: accumulated depreciation	10b 184,237,196.		
	11 Investments - publicly traded securities.	214,210,294.	10c	209,920,366.
	12 Investments - other securities. See Part IV, line 11	13,318,275.	11	9,682,221.
	13 Investments - program-related. See Part IV, line 11.	32,935,976.	12	1,723,486.
	14 Intangible assets	NONE	13	NONE
	15 Other assets. See Part IV, line 11	NONE	14	NONE
16 Total assets. Add lines 1 through 15 (must equal line 33)	66,924.	15	66,924.	
	319,280,484.	16	302,122,431.	
Liabilities	17 Accounts payable and accrued expenses	337,104.	17	1,684,797.
	18 Grants payable	NONE	18	NONE
	19 Deferred revenue	5,123,021.	19	7,643,133.
	20 Tax-exempt bond liabilities	NONE	20	NONE
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	236,661.	21	286,976.
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	NONE	22	NONE
	23 Secured mortgages and notes payable to unrelated third parties	67,857,022.	23	66,106,706.
	24 Unsecured notes and loans payable to unrelated third parties	-846,378.	24	NONE
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	736,911.	25	576,595.
	26 Total liabilities. Add lines 17 through 25.	73,444,341.	26	76,298,207.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. <input checked="" type="checkbox"/>			
	27 Net assets without donor restrictions	159,355,505.	27	150,778,758.
	28 Net assets with donor restrictions	86,480,638.	28	75,045,466.
	Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. <input type="checkbox"/>			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	245,836,143.	32	225,824,224.
33 Total liabilities and net assets/fund balances	319,280,484.	33	302,122,431.	

Part XI Reconciliation of Net Assets

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

Table with 10 rows for reconciliation of net assets. Line 1: Total revenue 99,697,549. Line 2: Total expenses 113,022,315. Line 3: Revenue less expenses -13,324,766. Line 4: Net assets at beginning 245,836,143. Line 5: Net unrealized gains -6,097,470. Line 6: Donated services. Line 7: Investment expenses. Line 8: Prior period adjustments -750,000. Line 9: Other changes 160,317. Line 10: Net assets at end of year 225,824,224.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: [] Cash [X] Accrual [] Other
2a Were the organization's financial statements compiled or reviewed by an independent accountant?
2b Were the organization's financial statements audited by an independent accountant?
2c 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?
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?
3b 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.

Table with 3 columns: Question, Yes, No. Row 2a: Yes [], No [X]. Row 2b: Yes [X], No []. Row 2c: Yes [X], No []. Row 3a: Yes [X], No []. Row 3b: Yes [X], No [].

**SCHEDULE A
(Form 990)**

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization **YOUNG MEN'S CHRISTIAN ASSOCIATION OF
METROPOLITAN ATLANTA**

Employer identification number
58-0566253

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization 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)							
Total							

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

Schedule A (Form 990) 2022

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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

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc.; 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Rows include: 14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) 95.82%; 15 Public support percentage from 2021 Schedule A, Part II, line 14 94.35%; 16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. [X]; 16b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. []; 17a 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. []; 17b 10%-facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. []; 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. []

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	48,884,029.	39,148,281.	63,998,572.	61,314,617.	43,391,530.	256,737,029.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	70,317,813.	71,896,466.	38,098,947.	39,089,411.	55,097,543.	274,500,180.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						NONE
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE
5 The value of services or facilities furnished by a governmental unit to the organization without charge	2,960,090.	2,939,256.	2,916,175.	2,749,778.	2,179,757.	13,745,056.
6 Total. Add lines 1 through 5	122,161,932.	113,984,003.	105,013,694.	103,153,806.	100,668,830.	544,982,265.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	451,193.	349,495.	538,445.	450,500.	394,505.	2,184,138.
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	30,846,412.	19,341,200.	36,864,247.	24,347,194.	24,636,689.	136,035,742.
c Add lines 7a and 7b.	31,297,605.	19,690,695.	37,402,692.	24,797,694.	25,031,194.	138,219,880.
8 Public support. (Subtract line 7c from line 6.)						406,762,385.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6.	122,161,932.	113,984,003.	105,013,694.	103,153,806.	100,668,830.	544,982,265.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	806,341.	822,830.	813,735.	727,863.	510,597.	3,681,366.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						NONE
c Add lines 10a and 10b	806,341.	822,830.	813,735.	727,863.	510,597.	3,681,366.
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						NONE
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	1,077,884.	859,115.	168,801.	150,801.	145,545.	2,402,146.
13 Total support. (Add lines 9, 10c, 11, and 12.)	124,046,157.	115,665,948.	105,996,230.	104,032,470.	101,324,972.	551,065,777.

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	73.81%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	74.10%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)),	17	0.67%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	0.71%

19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . .

b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . .

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows include questions 1 through 10b regarding supported organizations, such as 'Are all of the organization's supported organizations listed by name...' and 'Did the organization have any supported organization that does not have an IRS determination of status...'

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, 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.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3	Excess distributions carryover, if any, to 2022			
a	From 2017			
b	From 2018			
c	From 2019			
d	From 2020			
e	From 2021			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i	Carryover from 2017 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2018			
b	Excess from 2019			
c	Excess from 2020			
d	Excess from 2021			
e	Excess from 2022			

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

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2018	2019	2020	2021	2022	TOTAL
OTHER INCOME	175,779.	425,826.	80,400.	NONE	91,961.	773,966.
FUNDRAISING REVENUE	490,169.	15,931.	10,975.	NONE	NONE	517,075.
GROSS SALE OF INVENTORY	411,936.	417,358.	77,426.	150,801.	53,584.	1,111,105.
TOTALS	1,077,884.	859,115.	168,801.	150,801.	145,545.	2,402,146.

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

SCHEDULE A, PART III - OTHER INCOME

DESCRIPTION	2018	2019	2020	2021	2022	TOTAL
OTHER INCOME	175,779.	425,826.	80,400.	NONE	91,961.	773,966.
FUNDRAISING REVENUE	490,169.	15,931.	10,975.	NONE	NONE	517,075.
GROSS SALE OF INVENTORY	411,936.	417,358.	77,426.	150,801.	53,584.	1,111,105.
TOTALS	1,077,884.	859,115.	168,801.	150,801.	145,545.	2,402,146.

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

Table with 2 columns: Name of the organization (YOUNG MEN'S CHRISTIAN ASSOCIATION OF METROPOLITAN ATLANTA) and Employer identification number (58-0566253)

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 YOUNG MEN'S CHRISTIAN ASSOCIATION OF METROPOLITAN ATLANTA	Employer identification number 58-0566253
---	---

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	N/A	\$ 22,653,023.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	N/A	\$ 3,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	N/A	\$ 2,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	N/A	\$ 1,884,448.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	N/A	\$ 1,500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	N/A	\$ 1,477,893.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF METROPOLITAN ATLANTA	Employer identification number 58-0566253
---	---

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

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

Name of organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF METROPOLITAN ATLANTA	Employer identification number 58-0566253
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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 D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF METROPOLITAN ATLANTA

Employer identification number 58-0566253

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 include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

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

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

Schedule D (Form 990) 2022

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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?

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?

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

Table with 2 columns: Description, Amount. Rows: 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance.

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

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

Part V Endowment Funds.

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

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

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

- a Board designated or quasi-endowment 26.0800 %
b Permanent endowment 73.9200 %
c Term endowment %

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

Table with 2 columns: Yes, No. Rows: 3a(i), 3a(ii), 3b

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.

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total.

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.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include (1) Financial derivatives, (2) Closely held equity interests, (3) Other (A-H), and Total.

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.

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Rows (1) through (9) and Total.

Part IX Other Assets.

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

Table with 2 columns: (a) Description, (b) Book value. Rows (1) through (9) and Total.

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.

Table with 2 columns: (a) Description of liability, (b) Book value. Row 1 includes Federal income taxes and INTEREST RATE SWAP AGREEMENT. Total row shows 576,595.

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

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-headers (2a-2d, 4a-4b), and totals (2e, 3, 4c, 5).

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-headers (2a-2d, 4a-4b), and totals (2e, 3, 4c, 5).

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 SUPPLEMENTAL PAGE

Part XIII Supplemental Information (continued)

SCHEDULE D, PART II, LINE 5

THE ASSOCIATION MONITORS THE USE AND CONDITION OF REAL PROPERTY RESTRICTED BY EASEMENT TO DETERMINE ADHERENCE AND COMPLIANCE YEARLY. THE ASSOCIATION INSPECTS THE PROPERTY VIA AN ONSITE VISIT YEARLY. CORRECTIVE ACTION IS TAKEN WITHIN 60 DAYS OF A KNOWN VIOLATION.

SCHEDULE D, PART II, LINE 9

THE ASSOCIATION HOLDS ONE EASEMENT TIED TO LAND UPON WHICH WE HAVE CONSTRUCTED A PROGRAM SERVICE LOCATION. THE LAND IS RECORDED ON THE BALANCE SHEET AT ACQUISITION COST. THERE ARE NO PLANS TO SELL THIS LAND AND ITS RELATED EASEMENT, THEREFORE, THERE IS NO REVENUE OR EXPENSE ASSOCIATED WITH SAID EASEMENT PERSE.

SCHEDULE D, PART IV, LINE 2B

CUSTODIAL LIABILITIES REPRESENT CASH HELD FOR OTHER IN WHICH THE YMCA ACTS AS A FISCAL AGENT.

SCHEDULE D, PART V, LINE 4

Part XIII Supplemental Information (continued)

CERTAIN FINANCIAL ASSETS ARE SUBJECT TO DONOR RESTRICTIONS FOR TIME OR PURPOSE. THE BOARD MAY ALSO RESTRICT THE USE OF ASSETS FOR FACILITIES MAINTENANCE OR PROGRAM EXPENSES.

SCHEDULE D, PART X, LINE 2

THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF METROPOLITAN ATLANTA, INC. IS AN ORGANIZATION EXEMPT FROM FEDERAL INCOME TAXATION UNDER SECTION 501(A) AS AN ORGANIZATION DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED. EARLY CHILDHOOD DEVELOPMENT CO., LLC; YMCA COMMUNITY DEVELOPMENT CO., LLC; YMCA EAST LAKE YOUTH CENTER, LLC AND YMCA EAST LAKE CAPITAL, LLC ARE SINGLE MEMBER ORGANIZATIONS. THE ATLANTA YMCA WESTSIDE QALICB, INC., YMCA WOODSON PARK QALICB, INC., AND YMCA YOUNG QALICB, INC. ARE 501(C)(3) ORGANIZATIONS ESTABLISHED WITH THEIR SOLE PURPOSE TO CARRY OUT THE PURPOSES OF THE YMCA OF METRO ATLANTA.

THE FASB GUIDANCE REQUIRES TAX EFFECTS FROM UNCERTAIN TAX POSITIONS TO BE RECOGNIZED IN THE CONSOLIDATED FINANCIAL STATEMENTS ONLY IF THE POSITION IS MORE LIKELY THAN NOT TO BE SUSTAINED IF THE POSITION WERE TO BE CHALLENGED BY A TAXING AUTHORITY. MANAGEMENT HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN POSITIONS THAT REQUIRE RECOGNITION IN THE CONSOLIDATED FINANCIAL STATEMENTS. ADDITIONALLY, NO PROVISION FOR INCOME TAXES IS REFLECTED IN THESE CONSOLIDATED FINANCIAL STATEMENTS. INTEREST AND PENALTIES WOULD BE RECOGNIZED AS TAX EXPENSE; HOWEVER, THERE IS NO INTEREST OR PENALTIES RECOGNIZED IN THE CONSOLIDATED STATEMENTS OF ACTIVITIES. IN GENERAL, THE ASSOCIATION IS NOT SUBJECT TO TAX EXAMINATIONS FOR THE TAX YEARS ENDING BEFORE DECEMBER 31, 2019.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization **YOUNG MEN'S CHRISTIAN ASSOCIATION OF METROPOLITAN ATLANTA**

Employer identification number
58-0566253

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) EUROPE			PROGRAM SERVICES	SERVICE LEADERSHIP	21,100.
(2) SUB-SAHARAN AFRICA			PROGRAM SERVICES	SERVICE LEADERSHIP	25,000.
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal					46,100.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					46,100.

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

Schedule F (Form 990) 2022

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EUROPE/ICELAND/GREENLAND	GENERAL SUPP	21,100.	WIRE PAYMENT			
(2)			SUB-SAHARAN AFRICA	GENERAL SUPP	25,000.	CHECK			
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

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

3 Enter total number of other organizations or entities ▶ _____

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

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

Part IV Foreign Forms

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

Part V Supplemental Information

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

SCHEDULE F, PART I, LINE 2

WE HAVE RELATIONSHIPS WITH TWO 'SISTER YMCAS' IN TWO COUNTRIES: SOUTH AFRICA AND GEORGIA. WE HAVE STAFF WHO PERIODICALLY VISIT THESE YMCAS AS WELL AS EXCHANGE PROGRAMS WITH YOUTH GROUPS. WHILE STAFF IS ON SITE, THEY REVIEW ACTIVITIES THAT ARE SUPPORTED BY OUR SMALL DONATIONS.

SCHEDULE F, PART I, LINE 3

EUROPE (INCLUDING ICELAND AND GREENLAND): ACCRUAL

SUB-SAHARAN AFRICA: ACCRUAL

**SCHEDULE G
(Form 990)**

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2022

Department of the Treasury
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

**Open to Public
Inspection**

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

Name of the organization **YOUNG MEN'S CHRISTIAN ASSOCIATION OF METROPOLITAN ATLANTA** Employer identification number **58-0566253**

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a Mail solicitations
 - b Internet and email solicitations
 - c Phone solicitations
 - d In-person solicitations
 - e Solicitation of non-government grants
 - f Solicitation of government grants
 - g Special fundraising events
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
SEE SUPPLEMENT INFORMATION 1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total					332,489.	

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

GA,

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		GOLF TOURNAMENT (event type)	GOOD FRIDAY BRK (event type)	12 (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	288,000.	80,650.	75,000.	443,650.
	2	Less: Contributions	288,000.	80,650.	75,000.	443,650.
	3	Gross income (line 1 minus line 2)				
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	10,000.	40,725.		50,725.
	7	Food and beverages	5,000.	15,000.		20,000.
	8	Entertainment				
	9	Other direct expenses	1,000.		8,250.	9,250.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				79,975.
11	Net income summary. Subtract line 10 from line 3, column (d)				-79,975.	

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b If "Yes," explain: _____



- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

FORM 990, SCHEDULE G, LINE 2B - HIGHEST PAID INDIVIDUALS/ENTITIES

NAME:

COXE CURRY & ASSOCIATES

ADDRESS:

191 PEACHTREE ST NE, STE 450
ATLANTA, GA 30303

ACTIVITY :

FUNDRAISING

CUSTODY OR CONTROL OF CONTRIBUTION?

NO

AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER : 200,995.

NAME:

NANCY LEIGH BLANK

ADDRESS:

509 COLLIER RD
ATLANTA, GA 30318

ACTIVITY :

FUNDRAISING CONSULTING

CUSTODY OR CONTROL OF CONTRIBUTION?

NO

AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER : 36,556.

NAME:

THE GRANT PARTNERS

ACTIVITY :

FUNDRAISING

CUSTODY OR CONTROL OF CONTRIBUTION?

NO

AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER : 45,888.

FORM 990, SCHEDULE G, LINE 2B - HIGHEST PAID INDIVIDUALS/ENTITIES

=====

NAME:

GRANTSCRIBES, INC

ADDRESS:

2998 PARK LN
ATLANTA, GA 30341

ACTIVITY :

FUNDRAISING CONSULTING

CUSTODY OR CONTROL OF CONTRIBUTION?

NO

AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER : 35,250.

NAME:

WEALTHENGINE, INC

ADDRESS:

PO BOX 775980
CHICAGO, IL 60677

ACTIVITY :

DONOR ID

CUSTODY OR CONTROL OF CONTRIBUTION?

NO

AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER : 13,800.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization **YOUNG MEN'S CHRISTIAN ASSOCIATION OF
METROPOLITAN ATLANTA**

Employer identification number
58-0566253

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <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 checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|--|
| <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 type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b	X	
2	X	
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2022

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 KRISTIN MCEWEN CHIEF EXPERIENCE OFFICER	(i)	281,000.	1,000.	NONE	22,480.	11,883.	316,363.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
2 PAUL NGUYEN CHIEF FINANCIAL OFFICER	(i)	252,500.	1,000.	NONE	NONE	2,823.	256,323.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
3 ALISHA PENICK CHIEF HUMAN RESOURCES OFFICER	(i)	254,000.	1,000.	NONE	20,157.	3,045.	278,202.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
4 LAUREN KOONTZ CHIEF EXECUTIVE OFFICER	(i)	425,460.	1,000.	NONE	24,400.	13,969.	464,829.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
5 ALLISON TOLLER CHIEF SOCIAL IMPACT OFFICER	(i)	228,000.	1,000.	NONE	18,080.	6,242.	253,322.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
6 PARRISH UNDERWOOD CHIEF ADVANCEMENT OFFICER	(i)	215,000.	1,000.	NONE	18,080.	25,084.	259,164.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
7 STAN KUBIS CHIEF TECHNOLOGY OFFICER	(i)	243,700.	1,000.	NONE	NONE	11,221.	255,921.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
8 ANDRIA MCMICHAEL SR. VICE PRESIDENT OF EARLY LE	(i)	188,000.	1,000.	NONE	15,158.	15,667.	219,825.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
9 KIMBERLY NELSON SR. VICE PRESIDENT OF PROGRAM	(i)	165,000.	1,000.	NONE	NONE	22,468.	188,468.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
10 MAREY WAGNER VICE PRESIDENT OF INSTITUTIONAL	(i)	166,001.	NONE	NONE	NONE	13,264.	179,265.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
11 REBECCA SHIPLEY VICE PRESIDENT OF LEARNING & D	(i)	160,473.	1,000.	NONE	12,838.	10,917.	185,228.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
12 CHRISTOPHER BECTON DIRECTOR OF HR EMPLOYEE SERVIC	(i)	151,560.	1,000.	NONE	12,125.	14,434.	179,119.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
13 TENEEISHIA BROWN CONTROLLER	(i)	133,601.	21,000.	NONE	11,859.	15,363.	181,823.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
14 JILL MOORE GROUP VP	(i)	151,452.	1,000.	NONE	12,116.	17,960.	182,528.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

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

SCHEDULE J, PART I, LINE 1A

THE YMCA PAYS FOR SOCIAL CLUB DUES FOR A YMCA KEY EMPLOYEE, THE BENEFIT
WAS NOT TREATED AS TAXABLE COMPENSATION.

SCHEDULE J, PART I, LINE 7

YEAR END BONUSES WERE PAID BASED ON PERFORMANCE.

**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 for instructions and the latest information.

OMB No. 1545-0047

2022

**Open To Public
Inspection**

Name of the organization **YOUNG MEN'S CHRISTIAN ASSOCIATION OF METROPOLITAN ATLANTA** Employer identification number **58-0566253**

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)												
Total						\$						

Part III Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) JOHN PEMBERTON	DIRECTOR	2,249,440.	UTILITIES		X
(2) KEVIN GREINER	BOARD CHAIRMAN	386,750.	UTILITIES		X
(3) RICHARD GERAKITIS	DIRECTOR	148,675.	LEGAL SERVICES		X
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

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

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

Name of the organization **YOUNG MEN'S CHRISTIAN ASSOCIATION OF METROPOLITAN ATLANTA** Employer identification number **58-0566253**

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	X	19	61,118.	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (PLAYGROUND)	X	1	100,000.	COST OF DONATED PROP
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**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2022

JSA

2E1298 1.000

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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.

SCHEDULE M, PART I, COLUMN (B)

THE AMOUNT REPORTED IN THIS COLUMN REPRESENTS THE NUMBER OF CONTRIBUTIONS RECEIVED.

SCHEDULE M, PART I, LINE 32B

MORGAN STANLEY RECEIVES AND SELLS ALL STOCK CONTRIBUTIONS.

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Name of the organization

YOUNG MEN'S CHRISTIAN ASSOCIATION OF

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Employer identification number

58-0566253

FORM 990, PART VI, LINE 11B

THE BOARD OF DIRECTORS DELEGATES THE DETAILED REVIEW OF THE 990 TO THE FINANCE/AUDIT COMMITTEE. THE CFO DISTRIBUTES THE 990 TO THE COMMITTEE AND POINTS OUT CRITICAL AREAS, GIVING THEM TIME TO REVIEW AND SUBMIT QUESTIONS AND COMMENTS. ALL QUESTIONS ARE RESOLVED PRIOR TO FILING THE 990, AND THE COMPLETE BOARD RECEIVES A REPORT FROM THE FINANCE/AUDIT COMMITTEE CHAIR. EACH BOARD MEMBER RECEIVES A COPY OF THE COMPLETED FORM 990 FOR THEIR REVIEW PRIOR TO FILING.

FORM 990, PART VI, LINE 12C

ALL BOARD MEMBERS AND SENIOR STAFF RECEIVE THE CONFLICT-OF-INTEREST FORM AND QUESTIONNAIRE ANNUALLY. THEY RETURN THEM TO THE CFO WHO REVIEWS AND COMPILES A REPORT FOR THE FINANCE/AUDIT COMMITTEE. POTENTIAL CONFLICTS ARE DISCUSSED AND RESOLVED BY THE COMMITTEE. THE FINANCE/AUDIT COMMITTEE CHAIR THEN REPORTS TO THE FULL BOARD WITH ANY FINDINGS AND RESOLUTIONS. BOARD MEMBERS RECUSE THEMSELVES FROM DISCUSSIONS AND ABSTAIN FROM VOTING WHEN THEY HAVE A CONFLICT OF INTEREST.

FORM 990, PART VI, LINE 15A

THE ASSOCIATION DESIRES TO ENSURE THAT ITS EXECUTIVE COMPENSATION PROGRAM IS COMPETITIVE, FAIR AND EQUITABLE, AS WELL AS COMPLIANT WITH REGULATORY GUIDELINES AND REPRESENTATIVE OF MARKET BEST PRACTICES. KEY PRINCIPLES THAT GUIDE THE YMCA'S EXECUTIVE COMPENSATION PROGRAM INCLUDE THE FOLLOWING: - EXECUTIVE COMPENSATION PROGRAMS MUST SUPPORT THE YMCA'S MISSION, VISION, VALUES, STRATEGIC DIRECTION, AND TAX-EXEMPT STATUS.

- THE YMCA COMPETES IN A NATIONAL LABOR MARKET FOR ITS EXECUTIVES AND

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

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58-0566253

THUS WILL CONSIDER PAY PRACTICES REPRESENTATIVE OF THOSE USED BY
TAX-EXEMPT AND FOR-PROFIT (AS NEEDED) ORGANIZATIONS FROM ACROSS THE U.S.

- THE RELATIVE PAY LEVELS OF THE YMCA EXECUTIVES WILL, OVER TIME, REFLECT
BOTH INDIVIDUAL AND ORGANIZATION PERFORMANCE.

- THE YMCA INTENDS TO ESTABLISH THE REBUTTABLE PRESUMPTION OF
REASONABLENESS UNDER INTERMEDIATE SANCTIONS REGULATIONS. THUS, EXECUTIVE
COMPENSATION PROGRAMS AND RECOMMENDATIONS WILL BE PREPARED BY THE
COMPENSATION COMMITTEE AND APPROVED BY THE EXECUTIVE COMMITTEE, IN
ADVANCE OF THEIR IMPLEMENTATION.

- THE YMCA'S EXECUTIVE TOTAL COMPENSATION PROGRAM MAY CONSIST OF THE
FOLLOWING COMPONENTS: (1) BASE SALARY, (2) ANNUAL INCENTIVE COMPENSATION,
(3) STANDARD (ALL-EMPLOYEE) BENEFITS, (4) SUPPLEMENTAL BENEFITS AND
PREREQUISITES, AND (5) SEVERANCE.

ANNUALLY, THE COMPENSATION COMMITTEE WILL DIRECT THE REVIEW OF THE
COMPONENTS OF THE EXECUTIVE COMPENSATION PROGRAM AND APPROVED PROGRAM
MODIFICATIONS AS APPROPRIATE. THE COMMITTEE MAY RECOMMEND TO THE
EXECUTIVE COMMITTEE UNIQUE PROGRAM COMPONENTS WHICH SUPPORT THE
ACHIEVEMENT OF THE YMCA'S MISSION.

MARKET COMPARISON - THE YMCA WILL CONSIDER A NATIONAL PEER GROUP OF
TAX-EXEMPT ORGANIZATIONS COMPARABLE TO THE YMCA IN SIZE (I.E., REVENUES,
CONSTITUENTS, OR NUMBER OF EMPLOYEES) AND COMPLEXITY TO DETERMINE THE
MARKET VALUES FOR EACH OF ITS EXECUTIVE POSITIONS. THIS PEER GROUP WILL
PRIMARILY BE COMPRISED OF TAX-EXEMPT ASSOCIATIONS, OTHER NOT-FOR-PROFITS,

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Name of the organization

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Complete to provide information for responses to specific questions on
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AND FOR-PROFITS (AS NEEDED). MARKET DATA FOR YMCA POSITIONS WILL BE
COLLECTED AND ANALYZED FOR FUNCTIONALLY COMPARABLE POSITIONS AS REPORTED
IN SURVEYS CONDUCTED BY INDEPENDENT FIRMS.

MARKET POSITION TARGETS - THE YMCA HAS ESTABLISHED A TARGET MARKET
POSITION FOR EACH OF THE COMPONENTS OF ITS EXECUTIVE TOTAL COMPENSATION
PROGRAM.

BASE SALARIES - THE YMCA MANAGES ITS EXECUTIVES' BASE SALARIES AROUND THE
50TH PERCENTILE OF BASE SALARIES PAID IN THE MARKET. SALARIES WILL VARY
FROM THE 50TH PERCENTILE BASED ON AN EXECUTIVE'S EXPERIENCE AND
PERFORMANCE.

FORM 990, PART VI, LINE 15B

THE PROCESS TO ESTABLISH COMPENSATION OF OTHER KEY EMPLOYEES IS THE SAME
PROCESS AS THAT OF TOP MANAGEMENT POSITIONS AS DESCRIBED IN PART VI, SEC
B, LINE 15A.

FORM 990, PART VI, LINE 19

THE YMCA'S 990 AND ANNUAL REPORT (INCLUDING FINANCIAL INFORMATION) ARE
LOCATED ON OUR PUBLIC WEBSITE. OUR AUDITED FINANCIAL STATEMENTS,
GOVERNING DOCUMENTS AND CONFLICT OF INTEREST STATEMENT ARE AVAILABLE TO
THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 8

(\$750,000) - BAD DEBT EXPENSE

FORM 990, PART XI, LINE 9

\$160,317 = GAIN ON SWAP

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FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION
=====

THE YMCA OF METROPOLITAN ATLANTA, INC., REFLECTING ITS
JUDEO-CHRISTIAN HERITAGE, IS AN ASSOCIATION OF VOLUNTEERS, MEMBERS
AND STAFF OPEN TO AND SERVING ALL, PROVIDING PROGRAMS AND SERVICES
WHICH DEVELOP SPIRIT, MIND AND BODY. THE Y'S VISION IS TO BE THE
ORGANIZATION IN METRO ATLANTA RECOGNIZED FOR BRINGING PEOPLE TOGETHER
TO CHAMPION COMMUNITIES WHERE EVERYONE BELONGS. WE BELIEVE ALL
PEOPLE, ESPECIALLY CHILDREN, DESERVE AN EQUAL CHANCE TO REACH THEIR
FULL POTENTIAL AND SHOULD PREPARE THEMSELVES TO CONNECT TO AND SERVE
COMMUNITY. FINANCIAL ASSISTANCE IS AVAILABLE BASED ON NEED. THE YMCA
ACTIVELY SEEKS TO IDENTIFY AND INVOLVE THOSE IN NEED. IN ALL OF OUR
CORE PROGRAMS, WE ARE DEDICATED TO USING A RESEARCH-TO-PRACTICE MODEL
WHERE WE STRIVE TO MAKE A MEANINGFUL IMPACT IN HEALTH, EDUCATION AND
YOUTH DEVELOPMENT, AND WE MEASURE THE IMPACT IN THOSE AREAS.

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FORM 990, PART III - PROGRAM SERVICE
=====

LINE 4A, PROGRAM SERVICE

HEALTHY LIVING AND WELL-BEING:

THE YMCA OF METRO ATLANTA BEGAN IN 1858 WITH A VISION TO CREATING AN ORGANIZATION THAT WOULD WELCOME INDIVIDUALS AS THEY CAME TO ATLANTA AND PROVIDE A SAFE PLACE FOR GROWTH, COMMUNITY, AND FAITH. OVER THE YEARS, THE Y HAS GROWN TO MEET THE CITY'S NEEDS, TODAY SERVING HUNDREDS OF THOUSANDS OF INDIVIDUALS THROUGH NUMEROUS MEMBERSHIP BRANCHES AND PROGRAM SITES ACROSS GREATER ATLANTA. SERVING THE ATLANTA METROPOLITAN REGION FOR MORE THAN 160 YEARS, THE Y HAS BEEN AN ESSENTIAL COMMUNITY ORGANIZATION, OFFERING HEALTH AND WELLBEING OPPORTUNITIES FOR CHILDREN, TEENS, ADULTS, AND SENIORS TO LEARN, GROW, SERVE, AND THRIVE. BY PROVIDING HIGH-QUALITY PROGRAMS THAT HISTORICALLY ENGAGE 250,000 CHILDREN, FAMILIES, AND COMMUNITIES THROUGH EVERY STAGE OF DEVELOPMENT, THE Y STRENGTHENS INDIVIDUALS AND FAMILIES THROUGH EDUCATION, WELLNESS, AND YOUTH DEVELOPMENT, ESPECIALLY IN OUR CITY'S MOST UNDER-RESOURCED COMMUNITIES.

THE YMCA OF METRO ATLANTA CONTINUES TO LEVERAGE PARTNERSHIPS TO DELIVER AND EXPAND EXISTING HUNGER RELIEF EFFORTS TO SUPPORT MORE THAN 8,000 FAMILIES WEEKLY, WITH MANY PEOPLE SERVED NOT HAVING ANY PREVIOUS AFFILIATION WITH THE Y. IN ADDITION TO LEVERAGING FACILITIES FOR DRIVE-THROUGH MEAL PICK-UP PROGRAMS, THE Y TOOK FOOD OUT TO THE COMMUNITY-TO MOBILE HOME PARKS, LOW-INCOME APARTMENT COMPLEXES, SENIOR HIGH RISES, AND EXTENDED STAY HOTELS THROUGHOUT METRO ATLANTA. Y FACILITIES, PROGRAM SITES, AND CAMP LOCATIONS SERVED AS FOOD DISTRIBUTION AND PACKING CENTERS, AND DEPOTS FOR MOBILE MEALS. IN TOTAL, WE PROVIDED NEARLY 488,400 MUCH-NEEDED MEALS AND SNACKS IN 2022.

THE POSITIVE COMMUNITY IMPACT OF THE YMCA OF METRO ATLANTA'S PROGRAMS IS DEPENDENT UPON OUR ABILITY TO ENGAGE THOSE WITH THE GREATEST NEEDS. THE WHY IT MATTERS ANNUAL CAMPAIGN ALLOWS US TO MEET THIS GOAL BY PROVIDING FINANCIAL ASSISTANCE TO ENSURE CHILDREN, ADULTS, AND FAMILIES-REGARDLESS OF BACKGROUND, ZIP CODE, OR ABILITY TO PAY-HAVE ACCESS TO Y FACILITIES AND PROGRAMS. FOR PROGRAM ENROLLMENT, WE WORK WITH MEMBERS, COMMUNITY LEADERS, AND PARTNERS TO DELIVER OUR PROGRAMS. SCHOLARSHIP OPPORTUNITIES ARE REGULARLY SHARED ON COMMUNITY MESSAGE BOARDS AND GATHERINGS TO BROADEN OUR REACH AND TO ENSURE THOSE LESS FAMILIAR WITH OUR

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FORM 990, PART III - PROGRAM SERVICE

PROGRAMS LEARN ABOUT OPPORTUNITIES TO ENGAGE AT LITTLE OR NO COST. FINANCIAL ASSISTANCE IS AWARDED ON A SLIDING SCALE BASED ON INCOME, NUMBER OF DEPENDENTS, AND OTHER FACTORS. ALL Y FACILITIES ALLOCATE SUPPORT IN THIS MANNER, AS OVERSEEN BY BRANCH EXECUTIVE LEADERSHIP. ADDITIONALLY, WE ENGAGE UNDER-RESOURCED COMMUNITIES THROUGH WATER-SAFETY INITIATIVES AND HUNGER RELIEF PROGRAMS.

LINE 4B, PROGRAM SERVICE

SCHOOL READINESS & YOUTH DEVELOPMENT:

THE Y IS ONE OF THE LARGEST PROVIDERS OF EARLY LEARNING IN ATLANTA, HISTORICALLY SERVING 2,850 CHILDREN, AGES SIX WEEKS TO FOUR YEARS OLD. NOT ONLY IS THE YS REACH BROAD, BUT THE YS PROGRAMS ARE BEST-IN-CLASS. THIS INITIATIVE IS ACCOMPLISHED THROUGH A FLEXIBLE, FOUR-PRONGED APPROACH: HEAD START AND EARLY HEAD START PROGRAMMING; GEORGIA PRE-KINDERGARTEN, IN PARTNERSHIP WITH LOCAL SCHOOL SYSTEMS; TRADITIONAL FEE-FOR-SERVICE PRESCHOOLS, SUBSIDIZED BY SCHOLARSHIPS; AND EARLY LEARNING READINESS, AND MOBILE PRESCHOOLS DESIGNED TO ENGAGE THOSE NOT SERVED BY MORE TRADITIONAL LEARNING MODELS. WHILE THE Y OF METRO ATLANTA DEPLOYS DIFFERENT MODELS FOR DIFFERENT COMMUNITIES AND ACCORDING TO AVAILABLE FUNDING AND SPACE, THEY ALL SHARE A COMMON PHILOSOPHY OF PREPARING CHILDREN AND THEIR FAMILIES FOR KINDERGARTEN WITH PROVEN, RESEARCH-BASED METHODS.

INFORMED BY COMMUNITY NEEDS RESULTING FROM THE COVID PANDEMIC, THE Y OF METRO ATLANTA SAFELY EXPANDED EARLY LEARNING PROGRAMS IN 2021. OUR EARLY LEARNING PROGRAM'S GOAL IS TO PREPARE OUR YOUNGEST LEARNERS FOR KINDERGARTEN AND LONG-TERM ACADEMIC SUCCESS THROUGH ACCESS TO HIGHLY TRAINED TEACHERS, RESEARCH-BASED CURRICULUM AND DYNAMIC LEARNING ENVIRONMENTS. TO ACHIEVE THIS GOAL, THE Y OF METRO ATLANTA HAS INTEGRATED THE FOLLOWING SIGNATURE EARLY LEARNING PROGRAMS:

- READ RIGHT FROM THE START, CREATED IN PARTNERSHIP WITH THE ATLANTA SPEECH SCHOOL, IS A PROFESSIONAL DEVELOPMENT PROGRAM FOCUSED ON BUILDING THE LANGUAGE AND LITERACY TEACHING SKILLS OF EARLY LEARNING TEACHERS. IT ENRICHES Y EARLY LEARNING PROGRAMS WITH RESEARCH-BASED TRAINING AND PRACTICE-BASED COACHING AND MENTORING.
- RECOGNIZING THAT EARLY EXPOSURE TO SCIENCE, TECHNOLOGY,

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FORM 990, PART III - PROGRAM SERVICE
=====

ENGINEERING, ART, AND MATH (STEAM) IS CRITICAL TO HELPING CHILDREN DEVELOP SKILLS THROUGH EXPERIENTIAL LEARNING, THE Y'S EARLY LEARNING CURRICULUM IS INFUSED WITH STEAM CONCEPTS AND ACTIVITIES. THROUGH DEDICATED STEAM EXPERIENCES AND A DEVELOPMENTALLY APPROPRIATE CURRICULUM, CHILDREN WILL LEARN THE SKILLS THEY NEED TO BECOME FUTURE STEAM LEADERS.

- EARLY LEARNERS ALSO BENEFIT FROM START FOR LIFE, A RESEARCH-BASED WELLNESS PROGRAM DESIGNED TO ADDRESS THE ACTIVITY LEVELS OF PRESCHOOLERS DURING PLANNED PLAY TIME. THE PROGRAM DEVELOPS GROSS MOTOR SKILL MOVEMENT AND TEACHES CHILDREN TO MAKE HEALTHY CHOICES THROUGH POSITIVE SELF-MANAGEMENT SKILLS.

THE YMCA OF METRO ATLANTA CHILDCARE AND EARLY LEARNING PROGRAMS ENGAGED NEARLY 3,000 YOUNG CHILDREN IN 2022.

LINE 4C, PROGRAM SERVICE

AFTERSCHOOL & DAY CAMP:

ALL OUT OF SCHOOL ACTIVITIES HAVE AN INTENTIONAL FOCUS OF FOSTERING SOCIAL-EMOTIONAL DEVELOPMENT. CHILDREN AND YOUTH CAN TRY NEW ACTIVITIES AND EXPLORE IDEAS IN A SAFE ENVIRONMENT, SET AND MANAGE GOALS, AND BUILD UPON THEIR DEVELOPING PASSIONS. FOR EXAMPLE, ON THE ROPES COURSE, STUDENTS WORK TOGETHER AS A TEAM TO CHALLENGE AND SUPPORT EACH OTHER TO COMPLETE COURSE ELEMENTS. THROUGH GROUP ACTIVITIES, YOUTH BUILD SELF-AWARENESS, IMPROVE COMMUNICATIONS, AND LEARN CRITICAL RELATIONSHIP SKILLS. COUNSELORS GUIDE TEENS THROUGH SELF-REFLECTIVE CONVERSATIONS, ASK INTROSPECTIVE QUESTIONS AND ENCOURAGE THEM TO THINK ABOUT THEIR STRENGTHS AND AREAS FOR GROWTH WITHOUT JUDGMENT.

AS A RESULT, CHILDREN AND TEENS IN Y OUT OF SCHOOL PROGRAMS GAIN THE KNOWLEDGE AND SKILLS TO DEVELOP HEALTHY IDENTITIES, MANAGE EMOTIONS, EXPERIENCE AND SHOW EMPATHY FOR OTHERS, ESTABLISH AND MAINTAIN SUPPORTIVE RELATIONSHIPS, AND MAKE RESPONSIBLE AND CARING DECISIONS.

THE Y HAS PROVIDED HIGH-QUALITY AFTERSCHOOL PROGRAMS SINCE THE LATE 1970S. THESE PROGRAMS BEGAN AS A SAFE PLACE FOR CHILDREN TO GO DURING THE CRITICAL HOURS BETWEEN WHEN THE SCHOOL DAY ENDS AND WHEN THE TYPICAL WORKDAY ENDS. CURRENTLY AT MORE THAN 50 SCHOOLS ACROSS 8 SCHOOL SYSTEMS, THE YMCA OF METRO ATLANTA WORKS CLOSELY

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FORM 990, PART III - PROGRAM SERVICE
=====

WITH SCHOOL PERSONNEL AND SCHOOL DISTRICT LEADERSHIP TO ENSURE OUR AFTERSCHOOL PROGRAMS MEET THE UNIQUE NEEDS OF STUDENTS AND PROVIDE PROGRAMMING THAT IS ADDITIVE, NOT DUPLICATIVE, WITH THE SCHOOL-DAY CURRICULUM. IN ADDITION TO HOMEWORK ASSISTANCE, WE PROVIDED HANDS-ON STEAM LEARNING, HEALTHY SNACKS, AND OPPORTUNITIES TO PARTICIPATE IN PHYSICAL ACTIVITIES TO OVER 1,600 STUDENTS IN 2022.

AT 18 SUMMER DAY CAMP SITES AND TWO RESIDENTS CAMPS ACROSS THE GREATER ATLANTA AREA, THE Y REACHED OVER 5,300 YOUTH IN 2022, ENGAGING THEM IN FUN ACTIVITIES THAT DEVELOP VALUES, LEADERSHIP SKILLS, AND LIFE SKILLS, WHILE CREATING LASTING FRIENDSHIPS AND MEMORIES. FOCUSING ON SOCIAL-EMOTIONAL DEVELOPMENT, YMCA OF METRO ATLANTA DAY CAMP ALSO PROVIDES AN EXCITING, SAFE COMMUNITY FOR YOUNG PEOPLE TO EXPLORE THE OUTDOORS AND BUILD SELF-CONFIDENCE WHILE GIVING WORKING PARENTS AN EASE OF MIND THAT THEIR CHILDREN ARE IN A SAFE AND CARING ENVIRONMENT DURING THE SUMMER OUT OF SCHOOL MONTHS. FEES ARE OFFERED ON A BELOW COST BASIS TO PARENTS THAT ARE UNABLE TO AFFORD FULL CAMP COSTS. MOST CAMP COUNSELORS ARE FORMER YMCA CAMPERS WHO OFTEN DECLINE ALTERNATIVE HIGHER-PAYING JOBS TO BECOME ROLE MODELS FOR YOUNGER CAMPERS THEREBY POSITIVELY IMPACTING A CHILD'S LIFE IN A SIMILAR MANNER AS THEY WERE IMPACTED DURING THEIR CAMP PARTICIPATION YEARS. IN 2022, 44% OF PARTICIPANTS IN BOTH PROGRAMS RECEIVED FINANCIAL ASSISTANCE.

Name of the organization

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YOUNG MEN'S CHRISTIAN ASSOCIATION OF**58-0566253**

FORM 990, PART VII-COMPENSATION OF THE 5 HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
THE SERVICE FORT, LLC 4153 ROSWELL ROAD ATLANTA, GA 30342	JANITORIAL SERVICES	2,823,462.
DALE SIMS INC. PO BOX 450823 ATLANTA, GA 31145	HEATING & A/C	1,612,588.
JONES LANGE LASALLE AMERICAS, INC. 33845 TREASURY CENTER CHICAGO, IL 60694	FACILITY MANAGEMENT	1,373,451.
SECURITAS SECURITY SERVICES USA, INC. PO BOX 403412 ATLANTA, GA 30326	SECURITY SERVICES	380,083.
COLLINS COOPER CARUSI ARCHITECTS, INC. 3391 PEACHTREE RD NE ATLANTA, GA 30326	ARCHITECTURE SERVICE	373,931.

Name of the organization

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FORM 990, PART IX - OTHER FEES

=====

DESCRIPTION	(A) TOTAL FEES	(B) PROGRAM SERVICE EXP.	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING EXPENSES
-----	-----	-----	-----	-----
	13,860,708.	12,661,054.	1,161,339.	38,315.
TOTALS	----- 13,860,708. =====	----- 12,661,054. =====	----- 1,161,339. =====	----- 38,315. =====

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FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

=====

DESCRIPTION	ENDING BOOK VALUE	COST OR FMV
-----	-----	-----
U.S. GOV'T & CORP BONDS	9,682,221.	
TOTALS	9,682,221.	

9,682,221.
=====

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization **YOUNG MEN'S CHRISTIAN ASSOCIATION OF
METROPOLITAN ATLANTA**

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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) EARLY CHILDHOOD DEVELOPMENT CO LLC 58-2479523 569 MARTIN LUTHER KING JR. DRI ATLANTA, GA 30314	CHILD CARE	GA	34,766,281.	4,560,500.	YMCA OF METR
(2) YMCA COMMUNITY DEVELOPMENT LLC 58-0566253 569 MARTIN LUTHER KING JR. DRI ATLANTA, GA 30314	COMM PROGRAM	GA	NONE	NONE	YMCA OF METR
(3) YMCA EAST LAKE YOUTH CENTER LLC 45-3685287 569 MARTIN LUTHER KING JR. DRI ATLANTA, GA 30314	FUND MANAGER	GA	NONE	NONE	YMCA OF METR
(4) YMCA EAST LAKE CAPITAL LLC 04-5368713 569 MARTIN LUTHER KING JR. DRI ATLANTA, GA 30314	INVESTING	GA	NONE	NONE	YMCA OF METR
(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) ATLANTA YMCA WESTSIDE QALICB, INC. 82-2266076 569 MARTIN LUTHER KING, JR. DR ATLANTA, GA 30314	PROJECTS	GA	501(C)(3)	12	YMCA OF METR	X	
(2) ATLANTA YMCA WOODSON PARK QALICB, INC. 84-2247928 569 MARTIN LUTHER KING, JR. DR ATLANTA, GA 30314	PROJECTS	GA	501(C)(3)	12	YMCA OF METR	X	
(3) ATLANTA YMCA YOUNG QALICB INC. 88-2135482 569 MARTIN LUTHER KING, JR. DR ATLANTA, GA 30314	PROJECTS	GA	501(C)(3)	12	YMCA OF METR	X	
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2022

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

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

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

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

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

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

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

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

(a) Name of related organization	(b) Transaction type (a - s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
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Part VII Supplemental Information

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