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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

ONIB NO. 1343-0047
2023
Open to Public
Inspection

<u>A I</u>	or the	e 2023 calendar year, or tax year beginning and ending									
В	Check if applicabl	C Name of organization YOUNG MEN'S CHRISTIAN ASSOCIATION	D Employer identif	ication number							
	Addre chang	S OF THE VIRGINIA PENINSULAS									
	Name chang	Doing business as	54-05249	05							
	Initial return Final return	Number and street (or P.O. box if mail is not delivered to street address) Room/s 41 OLD OYSTER POINT ROAD C	uite E Telephone numbe								
	termin ated										
	Amen		H(a) Is this a group r								
	Application	F Name and address of principal officer: ADAM KIDIIS	for subordinate	s? Yes X No							
	pendir	SAME AS C ABOVE	H(b) Are all subordinates i	ncluded? Yes No							
	Гах-ех	empt status: \mathbf{X} 501(c)(3) 501(c)() (insert no.) 4947(a)(1) or		a list. See instructions							
	Nebsi		H(c) Group exemption	on number							
			/ear of formation: 1896	M State of legal domicile: VA							
Pa	art I	Summary									
συ	1	Briefly describe the organization's mission or most significant activities: THE YOUN									
Activities & Governance		ASSOCIATION OF THE VIRGINIA PENINSULAS IS A V									
rns	2	Check this box if the organization discontinued its operations or disposed of n	nore than 25% of its net as								
Š	3		<u>3</u>	31							
න න	4	Number of independent voting members of the governing body (Part VI, line 1b)		31							
es	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)		1311							
₹	6	Total number of volunteers (estimate if necessary)	<u>6</u>	1014							
Act	7 a	Total unrelated business revenue from Part VIII, column (C), line 12									
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11									
			Prior Year	Current Year							
ē	8	Contributions and grants (Part VIII, line 1h)	5,059,252.	5,014,268.							
ēn	9	Program service revenue (Part VIII, line 2g)	16,108,051.	19,644,721.							
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	163,100.	398,541.							
_	וון	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	123,262.	168,949.							
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	21,453,665.	25,226,479.							
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	10,000.	7,000.							
		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.							
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	13,578,785.	15,838,778.							
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.							
ă	_b	Total fundraising expenses (Part IX, column (D), line 25) 784,212.	8,810,274.	9,782,981.							
_	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	22,399,059.	25,628,759.							
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	-945,394.	-402,280.							
0		Revenue less expenses. Subtract line 18 from line 12	Beginning of Current Year	End of Year							
Assets or		Total assets (Part X, line 16)	53,392,341.	52,435,815.							
ASSE	20 21	T - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	8,205,597.	6,474,940.							
Net/	22	Net assets or fund balances. Subtract line 21 from line 20	45,186,744.	45,960,875.							
	art II	Signature Block	13,100,711.	4373007073.							
		lties of perjury, I declare that I have examined this return, including accompanying schedules and sta	tements, and to the hest of m	v knowledge and helief it is							
		et, and complete. Declaration of preparer (other than officer) is based on all information of which prep		y intowiougo una bollot, it lo							
	, 00,,00	Adam R Klitts	aror mas any mismisage								
Sig	n	Signature of officer	Date								
Her		ADAM KLUTTS, PRESIDENT/CHIEF EXECUTIVE OFFICE	$_{ m IR}$ Ju	ne 2, 2024							
	•	Type or print name and title									
		Print/Type preparer's name Preparer's signature	Date Check	PTIN							
Paid	i		C 05/23/24 if self-emplo	P00716515							
	arer	Firm's name PBMARES, LLP		54-0737372							
	Only	Firm's address 4801 COURTHOUSE ST., SUITE 128									
	•	WILLIAMSBURG, VA 23188	Phone no. 75	57-229-7180							
Ma	/ the If	RS discuss this return with the preparer shown above? See instructions		X Yes No							
		Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23		Form 990 (2023)							

OF THE VIRGINIA PENINSULAS 54-0524905 Page 2 Form 990 (2023) Part III | Statement of Program Service Accomplishments X Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: OUR MISSION IS TO PUT CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT BUILD HEALTHY SPIRIT, MIND AND BODY FOR ALL. IS ON YOUTH DEVELOPMENT, HEALTHY LIVING AND SOCIAL RESPONSIBILITY. HELP KIDS SUCCEED, PREPARE TEENS FOR LIFE, PREVENT DROWNING, Did the organization undertake any significant program services during the year which were not listed on the Yes X No prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. Yes X No Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes." describe these changes on Schedule O. 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 11,006,881. 14,682,974. 4a) (Expenses \$ including grants of \$) (Revenue \$ HEALTHY LIVING: THE YMCA VIEWS HEALTH HOLISTICALLY: A HEALTHY PERSON HAS UNITY OF BODY, MIND, AND SPIRIT. THE YMCA HAS IDENTIFIED THE CRITICAL SOCIAL GROWING NATIONAL OBESITY RATES IN THIS COUNTRY AS A ISSUE THAT MUST BE ADDRESSED, AND OUR HEALTH AND WELL-BEING PROGRAMS DESIGNED TO HELP PEOPLE DEVELOP NEW SKILLS AND GROW IN SPIRIT, AND BODY BY SETTING REALISTIC GOALS FOR SELF-IMPROVEMENT AND DISEASE PREVENTION THROUGH AN ACTIVE LIFESTYLE, PROPER NUTRITION, STRESS MANAGEMENT, AND HEALTH EDUCATION. YMCA PROGRAMS PROMOTE INTERACTION TEAMWORK, AND THE DEVELOPMENT OF MORAL AND ETHICAL BEHAVIOR, SOCIAL SKILLS, AND SELF-ESTEEM. WE SERVE ALL AGES, ABILITIES, RACES NATIONALITIES, AND RELIGIONS AND PROVIDE FINANCIAL ASSISTANCE TO THOSE WHO NEED IT. THE FAMILIAR YMCA TRIANGLE EMPHASIZES THE ONENESS OF 6,425,987. including grants of \$ 8,350,940. 4h) (Expenses \$) (Revenue \$ YOUTH DEVELOPMENT: STRENGTHENING FAMILIES AND MEETING THE NEEDS OF CHILDREN HAVE ALWAYS BEEN CENTRAL TO THE YMCA'S MISSION OF BUILDING A HEALTHY SPIRIT, MIND, AND BODY FOR ALL. THE CENTRAL FOCUS OF ALL YMCA PRESCHOOL AND SCHOOL-AGED CHILDCARE PROGRAMS IS TO FOSTER GROWTH AND DEVELOPMENT, NOT ONLY IN CHILDREN BUT ALSO IN THEIR PARENTS AND FAMILIES. ACCORDINGLY PARENTS PLAY AN IMPORTANT ROLE IN POLICY PROGRAM DECISIONS. YMCA CHILDCARE CURRICULA HELP CHILDREN DEVELOP MORAL AND ETHICAL BEHAVIOR, SELF-ESTEEM, AND LEADERSHIP. Y CHILDCARE ALLOWS PARENTS TO REMAIN GAINFULLY EMPLOYED, KNOWING THAT THEIR CHILDREN ARE THRIVING IN A SAFE, SUPPORTIVE ENVIRONMENT. YMCA FINANCIAL ASSISTANCE POLICIES HELP ENSURE THAT THE YMCA IS A PLACE WHERE CHILDREN OF ALL FROM THE AFFLUENT ТО THE DISADVANTAGED, ECONOMIC LEVELS, RECEIVE THE $\overline{7}$, $\overline{000}$.) (Revenue \$ $\overline{3}67,269.$ 629,797. 4c including grants of \$ SOCIAL RESPONSIBILITY: YMCA IS MORE THAN THE FOUR WALLS THE OF OUR FACILITIES. WE ARE PARTNERS IN STRENGTHENING FAMILIES AND COMMUNITIES FOR MEMBERS AND NON-MEMBERS ALIKE. OUR YMCA PROMOTES COMMUNITY DEVELOPMENT THROUGH A SERIES OF PROGRAMS DESIGNED TO WORK WITH THE DISADVANTAGED, HEALTH AND SOCIAL DEPARTMENTS, PUBLIC SCHOOL SYSTEMS AND MANY OTHERS. WE HAVE COMMUNITY PARTNERSHIPS WITH AGENCIES SUCH AS ROTARY, KIWANIS, HOSPITALS, AND LOCAL MUNICIPALITIES. WE BELIEVE THAT OUR ROLE IN STIMULATING VOLUNTEERISM, TRAINING VOLUNTEER LEADERS AND PROVIDING VEHICLES FOR CHARITABLE WORK ADDRESSES AN IMPORTANT SOCIAL NEED. OF OUR OVER 46,543 MEMBERS, 41.23% ARE FAMILIES; OVER 13,500 YOUTH; AND 15.58% RECEIVE FINANCIAL ASSISTANCE FOR MEMBERSHIP, CHILDCARE, AND PROGRAMS VALUED AT \$1,644,821. Other program services (Describe on Schedule O.)

3

including grants of \$

21,738,758.

) (Revenue \$

Form **990** (2023)

Total program service expenses

Part IV | Checklist of Required Schedules

			Yes	No_
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u> </u>
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		37	
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			37
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	44.		v
4-	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	4-		x
46	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	46		x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		x
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		
18		18	Х	
10	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	ΙÓ	- 41	_
19		10		x
20-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 202		X
		20a 20b		
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		\vdash
۱ ۲	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x

YOUNG MEN'S CHRISTIAN ASSOCIATION

OF THE VIRGINIA PENINSULAS

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

	Check is echecule of contains a response of flots to any line in the fact v			<u> </u>		
					Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	45			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portab	le gaming			
	(gambling) winnings to prize winners?			1c	Х	

332004 12-21-23

Form 990 (2023)

O23) OF THE VIRGINIA PENINSULAS

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			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 1311			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a	Х	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b	Х	
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			l
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	•		
_	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	0-		
a	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a 9b		
b 10	Section 501(c)(7) organizations. Enter:	90		
а	Initiation fees and capital contributions included on Part VIII, line 12			
a 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:			
	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
-	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а		13a		
	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			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	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
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a	X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	401	v	
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X	
11a		11a		
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	40	Х	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	10-	Х	
10	on Schedule O how this was done	12c 13	X	
13	Did the organization have a written decument retention and destruction policy?	14	X	
14 15	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent	14	21	
IJ	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
a b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	.00		
16a				
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	100		
_	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	10.0		
17	List the states with which a copy of this Form 990 is required to be filed VA			
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)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.	,,		
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial	
	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			
	RICHARD SHAW, VP OF FINANCE/CONTROLLER - 757-952-2250			
	41 OLD OYSTER POINT ROAD, SHITE C. NEWPORT NEWS, VA. 23602			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0 in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEĆ) 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 ne	or any related	orga	niza	tion	con	nper	sate	ed any current officer, di	rector, or trustee.	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do		Posi		າ than d	one	Reportab l e	Reportab l e	Estimated
	hours per	box	, unles	ss per	son i	s both	n an	compensation	compensation	amount of
	week		l an	uau	ii ecic	I	(66)	from	from related	other
	(list any	irecto						the organization	organizations (W-2/1099-M I SC/	compensation from the
	hours for related	e or d	tee			sated		(W-2/1099-M I SC/	1099-NEC)	organization
	organizations	Individual trustee or director	Institutional trustee		yee	шрег		1099-NEC)	1000 (420)	and related
	below	qna	ution	J.	Key employee	est co	ы	,		organizations
	line)	Indiv	Instit	Officer	Кеу е	Highest compensated employee	Former			
(1) ADAM KLUTTS	40.00									
PRESIDENT AND CHIEF EXECUTIVE OFFICE				Х				277,735.	0.	45,781.
(2) RALPH FEREBEE	40.00									
SVP/CHIEF STRATEGY OFFICER				Х				135,237.	0.	30,539.
(3) DAVETTA RINEHART	40.00									
SVP/CHIEF HUMAN RESOURCES OFFICER				Х				130,750.	0.	27,039.
(4) NANCY BYRUM	40.00								_	
VP OF OPERATIONS/PROGRAMS	40.00					Х		125,055.	0.	22,486.
(5) ROSABETH KISSMAN	40.00					l		100 100	•	00 005
VP OF MISSSION ADVANCEMENT	40.00					Х		122,193.	0.	22,005.
(6) CRAIG PAYNE	40.00					,,		107 104	•	10 000
VP PROPERTY	40.00				_	X		107,124.	0.	12,939.
(7) MARCO RAMIREZ	40.00			7.7				02 057	0	14 067
SVP/CHIEF OPERATING OFFICER	1.00			Х	_			83,957.	0.	14,967.
(8) LAMONTE WILLIAMS CHAIR	1.00	Х		х				0.	0.	0.
(9) THOMAS TINGLE	1.00	Δ		Λ				0.	0.	0.
IMMEDIATE PAST CHAIR	1.00	Х		х				0.	0.	0.
(10) JOHN O'SHAUGHNESSY	1.00	^		Λ				0.	0.	0.
VICE CHAIR	1.00	х		Х				0.	0.	0.
(11) ERIC CLAVILLE	1.00	_								
SECRETARY		Х		х				0.	0.	0.
(12) DON BUCKLESS	1.00									
TREASURER		Х		Х				0.	0.	0.
(13) MASON BRETT	1.00									
BOARD MEMBER		Х						0.	0.	0.
(14) ROB BROWN, SR.	1.00									
BOARD MEMBER		Х						0.	0.	0.
(15) KAPUA CONLEY	1.00									
BOARD MEMBER		Х						0.	0.	0.
(16) MIKE DOUCETTE	1.00									
BOARD MEMBER		Х	$ldsymbol{ld}}}}}}$					0.	0.	0.
(17) BECKY FOSTER	1.00							_	_	_
BOARD MEMBER		Х						0.	0.	0.

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IRGINIA	PΕ	ΝI	NS	UL	AS			54-0524	905 Page 8
tees, Key Emp	oloye	ees,	anc	Ηiς	ghes	st C	ompensated Employee	s (continued)	
(B)			(0	C)			(D)	(E)	(F)
Average	(do					nne.	Reportab l e	Reportab l e	Estimated
	box,	, unle	ss per	son i	s both	n an	compensation	compensation	amount of
		cer ar	id a d	recto	r/trus	tee)	from	from related	other
1 '	irecto							J	compensation
	e or d	tee			sated		1	,	from the organization
organizations	ruste	trus		99/	mpen		l '	1033-1120)	and related
below	dualt	utiona	<u></u>	mplo)	st co	ь	10001120,		organizations
line)	ndivi	Instit	Office	Key e	Highe empl	Form			
1.00									
	Х						0.	0.	0.
1.00									
	Х						0.	0.	0.
1.00									
	Х						0.	0.	0.
1.00									
	Х						0.	0.	0.
1.00									
	Х						0.	0.	0.
1.00								_	_
	X						0.	0.	0.
1.00								_	_
	X						0.	0.	0.
1.00									_
	X						0.	0.	0.
1.00									•
<u> </u>	X								0.
									175,756.
									0.
									175,756.
ot limited to th	ose	liste	d ab	ove) wh	o re	ceived more than \$100,	000 of reportable	_
									6 Yes No
			_						Yes No
		еу е	empl	oye	e, or	nıg	nest compensated emp	loyee on	2 X
	(B) Average hours per week (list any hours for related organizations below line) 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.0	(do box office (do bo	(do not cobox, unleaded organizations below line) 1.00 X IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	(B) Average hours per week (list any hours for related organizations below line) 1.00 X IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	(B) Average hours per week (list any hours for related organizations below line) 1.00 X X 1.00 X X X X X X X X X X X X	(B) Average hours per week (list any hours for related organizations below line) 1.00 X Indicates the person is bott officer and a director/trus Balanta person is	(B) Average hours per week (list any hours for related organizations below line) 1.00 X 1.	tees, Key Employees, and Highest Compensated Employees (B)	tees, Key Employees, and Highest Compensated Employees (continued) (B) Average hours per week (list any hours for related organizations below line) 1.00 X 1.00

3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

5 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
OTTONIEL LARIOS		
1013 JOHNSTON RD, NORFOLK, VA 23513	POOL REPIARS	160,041.
2 Total number of independent contractors (including but not limited to those listed	Lahove) who received more than	

SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2023)

\$100,000 of compensation from the organization

Form 990

	VIRGINIA	ΡĒ	INI	<u>NS</u>	$\overline{ ext{UL}}$	<u>AS</u>			54-052	4905
Part VII Section A. Officers, Directors,	Trustees, Key Er	nplo	yee	s, ar	nd H	lighe	est (Compensated Employe	ees (continued)	
(A)	(B)			(((D)	(E)	(F)
Name and title	Average			Posi		ı		Reportable	Reportable	Estimated
	hours	(cl		all t			y)	compensation	compensation	amount of
	per							from	from related	other
	week					oyee		the	organizations	compensation
	(list any	director				emple		organization	(W-2/1099-MISC)	from the
	hours for related	or d	tee			sated		(W-2/1099-MISC)		organization and related
	organizations	ruste	trus		,ee	mpen				organizations
	below	Individual trustee or	Institutional trustee	<u>.</u>	Key employee	Highest compensated employee	er			organizatione
	line)	Indivi	Instit	Officer	Key e	Highe	Former			
(27) RON PERRY	1.00									
BOARD MEMBER		Х						0.	0.	0.
(28) MARGIE REDLIN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(29) RENEE ROUNTREE	1.00									
BOARD MEMBER		Х						0.	0.	0.
(30) PAUL SCIACCHITANO	1.00									
BOARD MEMBER		Х						0.	0.	0.
(31) GARNELL SCOTT	1.00									_
BOARD MEMBER		Х						0.	0.	0.
(32) TRACY SEITZ	1.00	ļ							_	
BOARD MEMBER		Х						0.	0.	0.
(33) RANDY SHEPLEY	1.00									
BOARD MEMBER		Х						0.	0.	0.
(34) DR. JEFFREY SMITH	1.00	١								
BOARD MEMBER	1 00	Х						0.	0.	0.
(35) DORETHA SPELLS	1.00	٠,,							_	
BOARD MEMBER	1 00	Х		Н		\vdash		0.	0.	0.
(36) LISA SURLES-LAW	1.00	X						0.	0.	0.
BOARD MEMBER (37) PAUL SZABO	1.00	^		Н		\vdash		0.	0.	· ·
BOARD MEMBER	1.00	X						0.	0.	0.
(38) DWIGHT WEST, III	1.00			Н		Н			0.	<u> </u>
BOARD MEMBER	1.00	x						0.	0.	0.
				Н				· ·	•	· •
		_								
		-								
		-	\vdash	Н		\vdash				
	-	-								
	+	\vdash	\vdash	Н		\vdash	_			
		1								
			L							
Total to Part VII, Section A, line 1c										
Total to Fait VII, Occitoff A, life TC								1		l

Form 990 (2023) OF THE Part VIII Statement of Revenue

		Check if Schedule O contains a response o	r note to any line	e in this Part VIII			
		<u> </u>	,	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
					function revenue	business revenue	sections 512 - 514
S (1 2	Federated campaigns 1a	72,519.				
ants	16	o Membership dues 1b	,2,015.				
5			215,189.				
ts,	C		213,103.				
ii Gi	C	Related organizations 1d	2 222 607				
ns, Jim	e	Government grants (contributions)	2,228,607.				
er S	f	All other contributions, gifts, grants, and					
ig A		similar amounts not included above 1f	2,497,953.				
Contributions, Gifts, Grants and Other Similar Amounts	ç	Noncash contributions included in lines 1a-1f 1g \$	354,588.				
<u>2 p</u>	r	n Total. Add lines 1a-1f		5,014,268.			
		-	Business Code				
မွ	2 a	MEMBERSHIP DUES	624100	12,626,780.	12626780.		
Program Service Revenue	b	ALL PROGRAMS	624100	6,571,121.	6,571,121.		
Sag	c	COMMUNITY FACILITY USE	624100	446,820.	446,820.		
am	c	l					
ogr B	e						
Ā	f	All other program service revenue					
		Total. Add lines 2a-2f		19,644,721.			
	3	Investment income (including dividends, interes					
		other similar amounts)		369,455.			369,455.
	4	Income from investment of tax-exempt bond pro					
	5	Royalties					
	•	(i) Real	(ii) Persona l				
	6 a	Gross rents 6a	()				
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
		Net rental income or (loss)					
		Gross amount from sales of (i) Securities	(ii) Other				
	1 8	.,	(ii) Oti ioi				
		,					
as l	E.	Less: cost or other basis and sales expenses 7b 6,032,638.					
ğ							
eve		. ,		20.096			20.096
her Revenue		l Net gain or (loss)		29,086.			29,086.
	8 a	Gross income from fundraising events (not					
Ó		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 188a	129,165.				
		Less: direct expenses8b	70,821.				
		Net income or (loss) from fundraising events		58,344.			58,344.
	9 a	Gross income from gaming activities. See					
		Part IV, line 19 9a					
	b	D Less: direct expenses9b					
	c	Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
		and allowances10a	31,318.				
	b	Less: cost of goods sold 10b	1,082.				
	c	Net income or (loss) from sales of inventory		30,236.			30,236.
			Business Code				
Miscellaneous Revenue	11 a	OTHER INCOME	624100	80,369.	80,369.		
ine Duc	b			-	-		
ella	c						
<u>8</u> 8	,	All other revenue					
Σ	-	Total. Add lines 11a-11d		80,369.			
	12	Total revenue. See instructions		25,226,479.	19725090.	0.	487,121.

332009 12-21-23

Form **990** (2023)

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).

ر م	Check if Schedule O contains a respon not include amounts reported on lines 6b,	(A)	(B)	(C)	(D) Fundraising
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	7,000.	7,000.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
ŀ	Benefits paid to or for members				
5	Compensation of current officers, directors,	-46 00-		-46 00-	
	trustees, and key employees	746,005.		746,005.	
3	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	40.045.000	11 511 500	1 105 000	
•	Other salaries and wages	12,915,980.	11,514,639.	1,125,082.	276,25
}	Pension plan accruals and contributions (include	602 455	600 050	E0 E10	14 61
	section 401(k) and 403(b) employer contributions)	683,175.	609,053.	59,510.	14,61 8,45
)	Other employee benefits	395,334.	352,441.	34,437.	8,45
1	Payroll taxes	1,098,284.	945,809.	130,787.	21,68
	Fees for services (nonemployees):				
а	Management	14 41 🖽	10 106	0.042	
b	Legal	14,417.	12,106.	2,243.	6
С	Accounting	45,195.	37,950.	7,031.	21
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	40.010		40.010	
f	Investment management fees	48,810.		48,810.	
g	Other. (If line 11g amount exceeds 10% of line 25,	1 004 540	1 666 401	200 540	0 20
	column (A), amount, list line 11g expenses on Sch O.)	1,984,540.	1,666,401.	308,742.	9,39
	Advertising and promotion	138,671.	33,471.	105,200.	0. 50
,	Office expenses	976,629.	829,350.	144,759.	2,52
ŀ	Information technology				
,	Royalties	1 507 765	1 560 264	10 401	
;	Occupancy	1,587,765.	1,569,364.	18,401.	2 06
	Travel	261,205.	180,335.	77,902.	2,96
3	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	266 262	206 042	<u> </u>	2 72
)	Conferences, conventions, and meetings	266,869.	206,043.	57,103.	3,72
	Interest	175,039.	113,116.	61,923.	
	Payments to affiliates	343,627.	343,627.	05 157	
	Depreciation, depletion, and amortization	1,946,854.	1,861,697. 293,252.	85,157. 54,332.	1 65
	Insurance	349,238.	433,434.	34,332.	1,65
	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	SUPPLIES	1,614,658.	1,158,306.	14,474.	441,87
b	DUES	29,464.	4,798.	23,891.	77
c		- , ·	, - , -	,	-
d					
	All other expenses				
	Total functional expenses. Add lines 1 through 24e	25,628,759.	21,738,758.	3,105,789.	784,21
	Joint costs. Complete this line only if the organization		, , , , , , , , ,	,,	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form **990** (2023)

Form 990 (2023)

Part X Balance Sheet

art	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
	1	Cash - non-interest-bearing	2,541,306.	1	1,622,439
	2	Savings and temporary cash investments		2	233,886
	3	Pledges and grants receivable, net		3	1,239,384
	4	Accounts receivable, net		4	
	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		5	
	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)		6	
'n	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
€	9	Prepaid expenses and deferred charges	1 100	9	179,171
.	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 63,507,051	•		
	b	Less: accumulated depreciation 10b 27,954,698	. 36,467,689.	10c	35,552,353
.	11	Investments - publicly traded securities	10,881,985.	11	11,787,838
.	12	Investments - other securities. See Part IV, line 11		12	
.	13	Investments - program-related. See Part IV, line 11		13	
.	14	Intangible assets		14	
.	15	Other assets. See Part IV, line 11		15	1,820,74
.	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	52,435,81
Τ.	17	Accounts payable and accrued expenses	601,199.	17	714,37
.	18	Grants payable		18	
.	19	Deferred revenue		19	270,22
2	20	Tax-exempt bond liabilities	2 500 626	20	1,256,77
2	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
, 2	22	Loans and other payables to any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		22	
<u>:</u> ا	23	Secured mortgages and notes payable to unrelated third parties		23	
2	24	Unsecured notes and loans payable to unrelated third parties	2,462,451.	24	2,439,43
2	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	1,206,502.	25	1,794,138
<u></u>	26	Total liabilities. Add lines 17 through 25	8,205,597.	26	6,474,940
		Organizations that follow FASB ASC 958, check here			
3		and complete lines 27, 28, 32, and 33.			
2	27	Net assets without donor restrictions		27	45,071,81
} 2	28	Net assets with donor restrictions	93,813.	28	889,058
2		Organizations that do not follow FASB ASC 958, check here			
:		and complete lines 29 through 33.			
5 2	29	Capital stock or trust principal, or current funds		29	
; ;	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
ê :	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets of Fulld Balances	32	Total net assets or fund balances	45,186,744.	32	45,960,875
			53,392,341.	33	52,435,815

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>	<u></u>			
		1				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		, 22		
2	Total expenses (must equal Part IX, column (A), line 25)	2	<u>25</u>	,62	8,7	<u>59.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3		-40	2,2	80.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		,18		
5	Net unrealized gains (losses) on investments	5	1	,17	6,4	<u> 11.</u>
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	45	,96	0,8	75.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>	<u></u>			X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.	ļ			
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?					
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,	ļ			
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis		ļ			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,	ļ			
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.	ļ			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the		ļ			
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			За		X
b						_
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>		3b		
				Form	990	(2023)

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.

2023

OMB No. 1545-0047

Open to Public Inspection

Name of the organization YOUNG MEN'S CHRISTIAN ASSOCIATION

OF THE VIRGINIA PENINSULAS

Employer identification number 54-0524905

Pai	tΙ	Reason for Public (Charity Status.	All organizations must c	omp l ete th	nis part.) S	ee instructions.			
The o	he organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)									
1										
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	,				•	the hospital's name		
4		=	ation operated in cor	ijunction with a nospital	described	III Sectio	ii iro(b)(i)(A)(iii). Litter	the hospital s hame,		
_		city, and state:						l 1		
5		An organization operated for		lege or university owned	or operat	ed by a go	vernmental unit describe	ea in		
		section 170(b)(1)(A)(iv). (C	•							
6		A federal, state, or local gov								
7	X	An organization that norma		ntial part of its support fr	om a gove	ernmental	unit or from the general	pub l ic described in		
		section 170(b)(1)(A)(vi). (C								
8		A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Part	: II.)					
9		An agricultural research org	anization described	in section 170(b)(1)(A)(i	x) operate	ed in conju	inction with a land-grant	college		
		or university or a non-land-g	rant college of agricu	ulture (see instructions).	Enter the	name, city	, and state of the college	or		
		university:								
10		An organization that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membership fees, an	d gross receipts from		
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its support f	rom gross investment		
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the organization a	after June 30, 1975.		
		See section 509(a)(2). (Cor	mplete Part III.)				,			
11		An organization organized a	and operated exclusi	vely to test for public saf	ety. See	section 50)9(a)(4).			
12		An organization organized a			-			purposes of one or		
		more publicly supported or			-		=	•		
		lines 12a through 12d that	=							
а		Type I. A supporting orga					=	aivina		
a		the supported organization		·		-				
		· · · · · · · · · · · · · · · · · · ·			majority C	i trie direc	tors or trustees or the st	арроппід		
		organization. You must o	· · · · ·		رعا جاهارات جاجا		al avaranimatian/a\ lavelaa	de e		
b			·					=		
		control or management o			ame perso	ns that coi	ntrol or manage the sup	oortea		
		organization(s). You mus								
С			-					ed with,		
		its supported organization								
d			-					* *		
		that is not functionally int	egrated. The organiz	ation generally must sati	sfy a distr	ibution rec	luirement and an attenti	veness		
	_	requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.			
е		☐ Check this box if the orga	anization received a v	vritten determination froi	m the IRS	that it is a	Type I, Type II, Type III			
		functionally integrated, or	Type III non-function	nally integrated supportir	ng organiz	ation.				
f	Ente	er the number of supported o	organizations							
g		ride the following information								
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(IV) I S the orga in your governi	anization listed ing document?	(v) Amount of monetary	(vi) Amount of other		
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)		
								+		

54-0524905 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	3430829.	3135113.	6321394.	5059252.	5014268.	22960856.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	3430829.	3135113.	6321394.	5059252.	5014268.	22960856.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						22960856.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	3430829.	3135113.	6321394.	5059252.	5014268.	22960856.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	289,997.	238,051.	247,757.	243,619.	369,455.	1388879.
9	Net income from unrelated business		-	-	-	-	
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	220,764.	108,685.	41,294.	50,893.	80,369.	502,005.
11	Total support. Add lines 7 through 10		•	·		·	24851740.
	Gross receipts from related activities,	etc. (see instruction	ns)			12 79	,316,808.
	First 5 years. If the Form 990 is for the	•	,				· · · · · · · · · · · · · · · · · · ·
	organization, check this box and stor						
Sec	ction C. Computation of Publi						
14	Public support percentage for 2023 (I	ine 6, co l umn (f), d	vided by line 11, c	olumn (f))		14	92.39 %
15	Public support percentage from 2022	Schedule A, Part	I, line 14			15	91.87 %
	33 1/3% support test - 2023. If the o					ore, check this bo	x and
	stop here. The organization qualifies	as a publicly suppo	orted organization				X
b	33 1/3% support test - 2022. If the o						
	and stop here. The organization qual	ifies as a pub l icly s	upported organiza	tion			
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact						
	meets the facts-and-circumstances te	st. The organizatio	n qua l ifies as a pu	blicly supported or	ganization		
b	10% -facts-and-circumstances test	· ·		,			
	more, and if the organization meets the	•					
	organization meets the facts-and-circu				•		
18	Private foundation. If the organization		,	, ,			s
			, ,	, ,, ,	,		(Form 990) 2023

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

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	ļ ļ					
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the	ļ ļ					
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business	ļ ļ					
	activities not included on line 10b, whether or not the business is	ļ ļ					
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third, t	fourth, or fifth tax	year as a section 5	01(c)(3) organization	on,
	check this box and stop here						
	ction C. Computation of Publi						
15	Public support percentage for 2023 (I	ine 8, co l umn (f), d	livided by line 13, o	co l umn (f))		15	%
	Public support percentage from 2022					16	%
	ction D. Computation of Inves						
17	Investment income percentage for 20					17	<u>%</u>
18	Investment income percentage from					18	%
19a	33 1/3% support tests - 2023. If the						7 is not
	more than 33 1/3%, check this box ar						
k	33 1/3% support tests - 2022. If the	•					
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check th	nis box and see ins	tructions	

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

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

 If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		V	
ſ		Yes	NO
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Schedule A (Form 990) 2023

Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
000	tion of Type in Supporting Organizations		Yes	NI-
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		res	No
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a b	The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	etruction	c)	
2	Activities Test. Answer lines 2a and 2b below.	il action	Yes	No
– a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2 a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	0.		
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b	i	

OF THE VIRGINIA PENINSULAS 54-0524905 Page 6 Schedule A (Form 990) 2023 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3. 5 Depreciation and depletion 5 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 Other expenses (see instructions) 7 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1d. 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. Recoveries of prior-year distributions 7 7 8 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, column A) 1 1 2 Enter 0.85 of line 1. 2 Minimum asset amount for prior year (from Section B, line 8, column A) 3

Schedule A (Form 990) 2023

5

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

4

5

Enter greater of line 2 or line 3.

instructions).

Income tax imposed in prior year

emergency temporary reduction (see instructions)

Distributable Amount. Subtract line 5 from line 4, unless subject to

OF THE VIRGINIA PENINSULAS

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations _{(continue}	d)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpose	3			
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	•	(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2023		Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
a	From 2018				
b	From 2019				
c	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i_	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
	Excess from 2023				

Schedule A (Form 990) 2023

Part IV, Section A, I line 1; Part IV, Secti	Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; 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, ion 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, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
SCHEDULE A, PART	II, LINE 10, EXPLANATION FOR OTHER INCOME:
OTHER INCOME	
2019 AMOUNT: \$	220,764.
2020 AMOUNT: \$	108,685.
2021 AMOUNT: \$	41,294.
2022 AMOUNT: \$	50,893.
2023 AMOUNT: \$	80,369.

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

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

527 | 2023

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

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

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

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

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

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

 Section 501(c)(4), (5), or (6) organizations: Complete Part III. Employer identification number YOUNG MEN'S CHRISTIAN ASSOCIATION 54-0524905 OF THE VIRGINIA PENINSULAS Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. 2 Political campaign activity expenditures Volunteer hours for political campaign activities Complete if the organization is exempt under section 501(c)(3). 1 Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ______\$ ____ 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? No 4a Was a correction made? Nο Yes b If "Yes," describe in Part IV. Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities ______\$ 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? Enter the names, addresses, and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (d) Amount paid from (a) Name (b) Address (c) EIN (e) Amount of political contributions received and filing organization's promptly and directly funds. If none, enter -0-. delivered to a separate political organization. If none, enter -0-.

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

Schedule C (Form 990) 2023

			<u>INIA PENINS</u>			1524905 Page 2
Part II-A Complete if the org	ganization	ıs exen	npt under sectioi	1 501(c)(3) and file	d Form 5/68 (el	ection under
	ation belongs	to an affi	liated group (and list in	n Part IV each affiliated	group member's nam	ne address FIN
expenses, and sha	•		• , ,	That IV each anniated	group member 3 han	ie, address, Liiv,
		, ,	nd "limited control" pro	ovisions apply.		
Limi	its on Lobby	ing Expe			(a) Filing organization's totals	(b) Affiliated group totals
					เบเสเร	
1a Total lobbying expenditures to infl	•					
b Total lobbying expenditures to infl	J		, , , , , ,			
c Total lobbying expenditures (add I		lb)				
d Other exempt purpose expenditur						
e Total exempt purpose expenditure	•					
f Lobbying nontaxable amount. Ent						
If the amount on line 1e, column (a) o	or (b) is:		bying nontaxable am			
not over \$500,000,			the amount on line 1e.			
over \$500,000 but not over \$1,000			00 plus 15% of the exc			
over \$1,000,000 but not over \$1,5			00 plus 10% of the exc			
over \$1,500,000 but not over \$17,	,000,000,		00 plus 5% of the exce	ss over \$1,500,000.		
over \$17,000,000,		\$1,000,	000.			
g Grassroots nontaxable amount (er		,				
h Subtract line 1g from line 1a. If zer		_				
i Subtract line 1f from line 1c. If zero						
j If there is an amount other than ze			,			
reporting section 4911 tax for this				O :: 50.41.		Yes No
(Some organizations t			eraging Period Under 01(h) election do not		f the five columns b	elow.
(505 5. 3424.55 5			ate instructions for li	•		
	Lobby	ing Expe	nditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 20)20	(b) 2021	(c) 2022	(d) 2023	(e) Total
2a Lobbying nontaxable amount						
b Lobbying ceiling amount						
(150% of line 2a, column(e))						
c Total lobbying expenditures						
, ,						
d Grassroots nontaxable amount						
e Grassroots ceiling amount						
(150% of line 2d, column (e))						
f Grassroots lobbying expenditures						1

Schedule C (Form 990) 2023

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a	n)	(b))
of the lobbying activity.	Yes	No	Amo	unt
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:				
· · · · · · · · · · · · · · · · · · ·		Х		
 a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? 		X		
c Media advertisements?		X		
d Mailings to members, legislators, or the public?		X		
e Publications, or published or broadcast statements?		X		
f Grants to other organizations for lobbying purposes?		X		
g Direct contact with legislators, their staffs, government officials, or a legislative body?	Х			355.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х		
i Other activities?		Х		
j Total. Add lines 1c through 1i				355.
2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		Х		
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Part III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5), or sec	tion	_
501(c)(6).				
			Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		1		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the	e prior year	? 3		
Part III-B Complete if the organization is exempt under section 501(c)(4), section				
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	"No" OR	(b) Part I	II-A, line	3, is
Dues, assessments and similar amounts from members		1		
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political				
expenses for which the section 527(f) tax was paid).				
a Current year		2a		
b Carryover from last year				
c Total				
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc	ess			
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	olitical			
expenditures next year?		4		
5 Taxable amount of lobbying and political expenditures. See instructions		5		
Part IV Supplemental Information				
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-	A, lines 1 a	nd 2 (see	
instructions); and Part II-B, line 1. Also, complete this part for any additional information. PART II-B, LINE 1, LOBBYING ACTIVITIES:				
IN 2023, THE YMCA OF THE VIRGINIA PENINSULAS CONTRIBUT	ED \$16	750	TO A	
CONSORTIUM OF VIRGINIA YMCAS. 2% OF THESE MEMBERSHIP I	OUES WE	ERE UT	ILIZED	
TO FOCUS ON NONPROFIT LEGISLATION IN THE STATE OF VIRO	SINIA.	THESE		
EFFORTS WERE COMPLETED VIA CONTRACT WITH TWO CAPITALS	CONSUI	TING.		

Schedule C (Form 990) 2023

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE VIRGINIA PENINSULAS

Employer identification number 54-0524905

Pai	Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		or Accounts. Complete if the
	C.gamzanon anovorou 165 on 10111 550, i alt IV, ilite	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	vriting that the assets held in donor advis	ed funds
	are the organization's property, subject to the organization's e	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ac	dvisors 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
D	impermissible private benefit?		Yes No
Pai	2		Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizatio		
	Preservation of land for public use (for example, recreat		f a historically important land area
	Protection of natural habitat	Preservation of	f a certified historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualification of the tax year.	ed conservation contribution in the form	Held at the End of the Tax Year
	•		
a	Total number of conservation easements		
b		onto una implicada de a lina Ca	
C	Number of conservation easements on a certified historic stru		2c
d	Number of conservation easements included on line 2c acquir	• • •	04
2	on a historic structure listed in the National Register		
3		eased, extinguished, or terminated by the	organization during the tax
4	year Number of states where property subject to conservation ease	ement is located	
5	Does the organization have a written policy regarding the period		
9	violations, and enforcement of the conservation easements it	· · · · · ·	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h		
·	g,	ianamig or rolanoro, and ornoronig cons	servation casements daring the year
7	Amount of expenses incurred in monitoring, inspecting, handle	ling of violations, and enforcing conserva	tion easements during the year
8	Does each conservation easement reported on line 2d above	satisfy the requirements of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue and expense	statement and
	balance sheet, and include, if applicable, the text of the footnote	ote to the organization's financial statem	ents that describes the
	organization's accounting for conservation easements.		
Pai	TIII Organizations Maintaining Collections of		ther Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 958		
	of art, historical treasures, or other similar assets held for publ	,	·
	service, provide in Part XIII the text of the footnote to its finance		
b	If the organization elected, as permitted under FASB ASC 958	•	
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	nerance of public service,
	provide the following amounts relating to these items.		•
	(i) Revenue included on Form 990, Part VIII, line 1		
_			
2	If the organization received or held works of art, historical trea		ıl gaın, provide
	the following amounts required to be reported under FASB AS	•	Φ.
a	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		\$

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

Schedule D (Form 990) 2023

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chedule D (Form 990) 2023	OF	THE	VIRG	INIA	PENINS	SULAS	

Pai	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Oth	ner Si	milar Ass	ets (conti	inued)			
3	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).										
а	a Public exhibition d Loan or exchange program										
b	b Scholarly research e Other										
С	Preservation for future generations										
4											
5	During the year, did the organization solicit or	r receive donations o	f art, historical treas	sures, or other sim	ilar ass	ets					
	to be sold to raise funds rather than to be ma	intained as part of th	e organization's co	llection?			Yes		No		
Pai	t IV Escrow and Custodial Arrang	gements Complet	e if the organizatior	answered "Yes" o	on Forr	n 990, Part I	V, line 9, or				
	reported an amount on Form 990, Par	t X, line 21.									
1a	Is the organization an agent, trustee, custodia	an, or other intermed	iary for contribution	s or other assets r	not incl	uded					
	on Form 990, Part X?						Yes		No		
b	If "Yes," explain the arrangement in Part XIII a				-						
							Amour	nt			
С	Beginning balance				[1c					
d	Additions during the year					1d					
е	Distributions during the year					1e					
f	Ending balance					1f					
2a	Did the organization include an amount on Fo						Yes		No		
b	If "Yes," explain the arrangement in Part XIII.	Check here if the exp	olanation has been	provided in Part XI	II						
Pai	TV Endowment Funds Complete if	the organization ans	wered "Yes" on For	m 990, Part IV, line	e 10.						
		(a) Current year	(b) Prior year	(c) Two years back	(d)	Three years ba	ack (e) Fou	ur years	back		
1a	Beginning of year balance	3,920,302.	4,757,261.	4,269,000).	3,486,09	4. 3	3,075,	,888.		
b	50 200 222 420 94 002 14F 524							54,	,607.		
С	Net investment earnings, gains, and losses								,607.		
d	Grants or scholarships	7,000.	10,000.	10,000).	5,00	0.	15,	,000.		
е	Other expenditures for facilities										
	and programs	158,724. 114,252. 73,665. 108,760. 290,5					,579.				
f	Administrative expenses	4,700.	4,463.	11,338	3.	4,81	.8.	25,	,429.		
g	End of year balance	4,399,951.	3,920,302.	4,757,261	١.	4,269,00	0. 3	3,486,	,094.		
2	Provide the estimated percentage of the curre	ent year end ba l ance	(line 1g, column (a)) held as:							
а	Board designated or quasi-endowment	99.8400	_%								
b	Permanent endowment1600	%	_								
С	Term endowment .0000										
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.									
За	Are there endowment funds not in the posses	ssion of the organizat	tion that are he l d ar	nd administered for	r the						
	organization by:							Yes	No		
	(i) Unrelated organizations?						3a(i)		X		
)	X		
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule R?				3b				
4	Describe in Part XIII the intended uses of the	organization's endov	vment funds.								
Pai	t VI Land, Buildings, and Equipm										
	Complete if the organization answered	d "Yes" on Form 990,	Part IV, line 11a. S	ee Form 990, Part	X, line	10.					
	Description of property	(a) Cost or ot basis (investm	` ') Accu depred	mulated	(d) Boo	ok va l u	ie		
10	Land	`		4,076.	,5.50		1,41	4 0	76 -		
ia b	Land Buildings				23	6,710.	30,09				
C	Leasehold improvements										
d						7,589.	1,07				
	Equipment Other	I		9,280.	, 55	. , 5 5 5 •		$\frac{7,2}{.9,2}$			
	. Add lines 1a through 1e. (Column (d) must ee		•				35,55				
TOLA	- Add intes ta tittought le. (Column (a) must e	<u>uuai Form 990. Part)</u>	<u>. iine ruc. column</u>	(<u>D))</u>			55,55	<u> </u>	55.		

Schedule D (Form 990) 2023

	CHRISTIAN ASS		
	SINIA PENINSULA	<u> </u>	-0524905 Page 3
Part VII Investments - Other Securities Complete if the organization answered "Yes"	on Form 990 Part IV line 1	1h See Form 990 Part Y line 12	
(a) Description of Security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-vear market value
	(b) Book value	(c) Method of Valuation. Cost of cha	or year market value
(2) Closely held equity interests			
(3) Other			
(A) (B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990. Part IV. line 1	1c. See Form 990. Part X. line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1)	 ``	.,	
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, column (b) Total. (Column (b) must equal Form 990, Part X, line 15, column (b)	ol. (B))		
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) CHARITABLE GIFT ANNUITY O	BLIGATION		40,916.
(3) LEASE LIABILITY			1,753,222.
(4)			

Total. (Column (b) must equal Form 990. Part X. line 25, col. (B)) 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

Schedule D (Form 990) 2023

1,794,138.

(5) (6) (7) (8) OF THE VIRGINIA PENINSULAS

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return							
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.						
1	Total revenue, gains, and other support per audited financial statements			1	28,206,995.		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:						
а	Net unrealized gains (losses) on investments	2a	1,173,202.				
b	Donated services and use of facilities	2b	1,781,012.				
С	Recoveries of prior year grants	2c					
d	Other (Describe in Part XIII.)	2d	75,112.				
е	Add lines 2a through 2d			2e	3,029,326.		
3	Subtract line 2e from line 1			3	25,177,669.		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:						
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
b	Other (Describe in Part XIII.)	4b	48,810.				
С	Add lines 4a and 4b		·	4c	48,810.		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)			5	48,810.		
	t XII Reconciliation of Expenses per Audited Financial Statemer	nts Wi	th Expenses per F		n		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.						
1	Total expenses and losses per audited financial statements			1	27,432,864.		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:						
а	Donated services and use of facilities	2a	1,781,012.				
b	Prior year adjustments	2b					
С	Other losses	2c					
d	Other (Describe in Part XIII.)		71,903.				
e	Add lines 2a through 2d			2e	1,852,915.		
3	Subtract line 2e from line 1			3	25,579,949.		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:						
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
b	Other (Describe in Part XIII.)	4b	48,810.				
C			·	4c	48,810.		
5	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	25,628,759.		
	rt XIII Supplemental Information				1 23 / 62 6 / 7 63 6		
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV	/ lines 1	b and 2b: Part V line 4	Part	X line 2 [.] Part XI		
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addition			, , , , , , ,	7, III 2, 1 art 71,		
	Za and 15, and 1 at 741, into Za and 15.7400 complete time part to provide any addition	ona ma	orridation.				
PAF	RT V, LINE 4:						
THE	E ENDOWMENT FUND OF THE YMCA OF THE VIRGINIA	A PEI	NINSULAS WAS	ES	TABLISHED		
TO	SUPPORT THE MISSION OF THE Y. THE ENDOWMENT	r FUI	ND BUILDS LO	NG-	TERM		
STA	ABILITY FOR THE FUTURE OF THE Y BY PROVIDING	3 AN	ADDITIONAL	SOU	RCE OF		
INC	COME TO MEET AN INCREASING DEMAND FOR LOCAL	PRO	GRAMS AND SE	RVI	CES. THE		
ENI	DOWMENT FUND INCLUDES BOTH DONOR-RESTRICTED	FUN	DS AND FUNDS	DE	SIGNATED		
BY	THE BOARD OF DIRECTORS TO FUNCTION AS ENDOV	VMEN'	rs. The Asso	CIA	TION BOARD		
<u>OF</u>	DIRECTORS GOVERNS THE USE OF THE ENDOWMENT	FUN	D BY IDENTIF	YIN	G MISSION		
_				_			
REI	LATED PROGRAMS AND SERVICES FOR WHICH THE FU	JNDS	WILL BE USE	D.			

PART X, LINE 2:

THE Y IS CLASSIFIED AS AN EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF

1		
	Part XIII	Supplemental Information (continued)

THE INTERNAL REVENUE CODE FOR FEDERAL INCOME TAX PURPOSES. CONTRIBUTIONS

TO THE Y QUALIFY AS CHARITABLE CONTRIBUTION DEDUCTIONS TO THE EXTENT

PROVIDED BY LAW.

FASB ASC 740, INCOME TAXES, PRESCRIBES A RECOGNITION THRESHOLD AND

MEASUREMENT ATTRIBUTE FOR THE FINANCIAL STATEMENT RECOGNITION AND

MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX

RETURN. THE Y'S MANAGEMENT HAS EVALUATED THE IMPACT OF THE GUIDANCE TO ITS

FINANCIAL STATEMENTS. THE Y'S INCOME TAX RETURNS ARE SUBJECT TO

EXAMINATION BY TAXING AUTHORITIES, GENERALLY FOR A PERIOD OF THREE YEARS

FROM THE DATE THEY WERE FILED.

THE Y'S POLICY IS TO CLASSIFY INCOME TAX RELATED INTEREST AND PENALTIES,

IF ANY, IN GENERAL AND ADMINISTRATIVE EXPENSES.

PART	ΧI,	LINE	2D	_	OTHER	ADJUSTMENTS:
------	-----	------	----	---	-------	--------------

DIRECT FUNDRAISING EXPENSES	70,821.			
COGS	1,082.			
CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT	3,209.			
TOTAL TO SCHEDULE D, PART XI, LINE 2D 75,112.				

PART XI, LINE 4B - OTHER ADJUSTMENTS:

INVESTMENT MGMT FEES	48,810.
----------------------	---------

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RECLASS DI	RECT FUNDRAISING	EXPENSES	70,821.
•			
COGS			1,082.

TOTAL TO SCHEDULE D, PART XII, LINE 2D 71,903.

Schedule D (Form 990) 2023

YOUNG MEN'S CHRISTIAN ASSOCIATION

Schedule D (Form 990) 2023 OF THE VIRGINIA PENINSULAS Part XIII Supplemental Information (continued)	54-0524905 Page 5
Part XIII Supplemental Information (continued)	
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
TARLE CENTRAL MOVE FIRE	40.010
INVESTMENT MGMT FEES	48,810.
	-

SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

	EN'S CHRISTIAN ASSO)ITA	ON			ntification number
OF THE	<u>VIRGINIA PENINSULAS</u>	S				54-0524	905
Part I Fundraising Activities. required to complete this part	Complete if the organization answert.	red "Y	es" or	n Form 990, Part IV, I	ine 17	7. Form 990-EZ	filers are not
 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, Poly Bif "Yes," list the 10 highest paid individual 	eed funds through any of the following e Solicitat f Solicitat g Special or oral agreement with any individual of art VII) or entity in connection with providuals or entities (fundraisers) pursual	ion of ion of fundra (inc l uc	non-g gover aising of ling of ona l fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes	
compensated at least \$5,000 by the	organization.						
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or con contrib	ustody itro l of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
Total							
3 List all states in which the organizatio or licensing.	n is registered or licensed to solicit c	ontrib	utions	or has been notified	it is e	exempt from reg	gistration

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

Schedule G (Form 990) 2023

Pa	ırt I	Fundraising Events. Complete if the of fundraising event contributions and groups are the contributions.	-							
			(a) Event #1 NORTHERN NECK FESTIVA	(b) Event #2 MIDDLESEX GOLF TOURNAM	(c) Other events	(d) Total events (add col. (a) through col. (c))				
ne			(event type)	(event type)	(total number)					
Revenue	1	Gross receipts	279,980.	33,365.	31,009.	344,354.				
_	2	Less: Contributions	176,214.	22,100.	16,875.	215,189.				
	3	Gross income (line 1 minus line 2)	103,766.	11,265.	14,134.	129,165.				
	4	Cash prizes								
ω	5	Noncash prizes								
xpense	6	Rent/facility costs								
Direct Expenses	7	Food and beverages								
	8	Entertainment		12.050	10.001	70 001				
	9	Other direct expenses				70,821. 70,821.				
	10 11	Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from li	. ,			58,344.				
Pa	rt I			 1 990, Part IV, l ine 19, or i		30,311				
		\$15,000 on Form 990-EZ, line 6a.		, , , ,	•					
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))				
	1	Gross revenue								
es	2	Cash prizes								
Direct Expenses	3	Noncash prizes								
Direct	4	Rent/facility costs								
	5	Other direct expenses								
	6	Volunteer labor	Yes % No	Yes % No	Yes % No					
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)							
8 Net gaming income summary. Subtract line 7 from line 1, column (d)										
а	9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain:									
		ere any of the organization's gaming licenses re Yes," explain:	•	= -	/ear?	Yes No				
3320	32 09	1-13-23			Sche	dule G (Form 990) 2023				

YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE VIRGINIA PENINSULAS

Sch	edule G (Form 990) 2023 OF THE VIRGINIA PENINSULAS 54	<u>4-05</u>	24	<u>905</u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?			Yes	No
	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?	Г		Yes	No
13	Indicate the percentage of gaming activity conducted in:	L		. 03	
		1.	40	I	07
	The organization's facility		13a		<u>%</u>
	An outside facility	L	13b		<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:				
	Name				
	Address				
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	[Yes	No No
b	If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount	ıt			
	of gaming revenue retained by the third party \$				
С	If "Yes," enter name and address of the third party:				
	Name				
	Address				
	Address				
16	Gaming manager information:				
	Name				
		-			
	Gaming manager compensation \$				
	Description of somiose muscided				
	Description of services provided				
	Director/officer Employee Independent contractor				
17	Mandatory distributions:				
	Is the organization required under state law to make charitable distributions from the gaming proceeds to				
	retain the state gaming license?	Γ		Yes	☐ No
D	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	е			
Do	organization's own exempt activities during the tax year \$ rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and				
Га		ı Part II	II, IIn	es 9, 1	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.				
_			_		

YOUNG MEN'S CHRISTIAN ASSOCIATION

Schedule G (Form 990) OF THE VIRGINIA PENINSULAS	54-0524905 Page 4
Schedule G (Form 990) OF THE VIRGINIA PENINSULAS Part IV Supplemental Information (continued)	
<u> </u>	
	_

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047

Open to Public

Inspection

Attach to Form 990.

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

≗ Employer identification number Schedule I (Form 990) 2023 54-0524905 (h) Purpose of grant or assistance X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table YOUNG MEN'S CHRISTIAN ASSOCIATION (c) IRC section (if applicable) OF THE VIRGINIA PENINSULAS For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization or government Name of the organization Part Part II

332101 11-01-23 LΗΑ

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Schedule I (Form 990) 2023 OF THE VIRGINIA PENINSULAS

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIP	1	5,000.	0		
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	quired in Part I, line	2; Part III, column	(b); and any other ad	ditional information.	
PART I, LINE 2:					
A SCHOLARSHIP COMMITTEE REVIEWS CANDIDATES		FOR THE NI	FOR THE NICOLE WHITE		
SCHOLARSHIP. THE RECIPIENT MUST BE	E A STUDENT	AT	SMITHFIELD HIGH	н зсноог.	
THE COMMITTEE ALSO CONSIDERS REQUESTS	I	FOR NONPROFIT S	SUPPORT IN	ISLE OF	
WIGHT, SMITHFIELD, AND WINDSOR.					

SCHEDULE J (Form 990)

Department of the Treasury

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.

Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service

Name of the organization

Questions Regarding Compensation

YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE VIRGINIA PENINSULAS

Employer identification number 54-0524905

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments X Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	Х	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	Х	
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.			
	X Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X 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:			
а	Receive a severance payment or change-of-control payment?	4a		_X_
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b_		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	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:			
а	The organization?	5a		_X_
b	Any related organization?	5b		X
	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:			
а	The organization?	6a		_X_
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2023

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OF THE VIRGINIA PENINSULAS

Schedule J (Form 990) 2023

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 Tide ADAM KLUTTS			compensation	11 O 111	other deferred	benefits	(B)(i)(D)	in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				on prior Form 990
	Ξ	277,735.	0.	0.	33,975.	11,806.	323,516.	0
PRESIDENT AND CHIEF EXECUTIVE OFFICE	(ii)	0.	0.	0.		0.		0
)	(E)	135,237.	0.	0.	17,153.	13,386.	165,776.	0.
SVP/CHIEF STRATEGY OFFICER	⊞	- 1	0.	0.	- 1	0.		0.
	Ξ	130,750.	0.	0	16,450.	10,589.	157,789.	0
SVP/CHIEF HUMAN RESOURCES OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
	Ξ							
)	(ii)							
	Ξ							
	(ii)							
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)((ii)							

OF THE VIRGINIA PENINSULAS

54-0524905

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Schedule J (Form 990) 2023

Part III Supplemental Information

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

											Schedule J (Form 990) 2023
ART I, LINE 1A:	EALTH OR SOCIAL CLUB DUES AND INITIATION FEES, ROTARY CLUB DUES ARE	UTHORIZED THROUGH PERSONNEL POLICY TO FACILITATE COMMUNITY LEADERSHIP	RESENCE.								

SCHEDULEK

(Form 990)

Supplemental Information on Tax-Exempt Bonds

Open to Public Inspection

2023

Employer identification number OMB No. 1545-0047 54-0524905 Complete if the organization answered "Yes" on Form 990, Part IV, line 24a, Provide descriptions, explanations, and any additional information in Part VI.

Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

YOUNG MEN'S CHRISTIAN ASSOCIATION SEE PART VI FOR COLUMNS (A) AND (F) CONTINUATIONS OF THE VIRGINIA PENINSULAS Name of the organization Bond Issues Department of the Treasury Internal Revenue Service Part I

Part Bond Issues	FART VI	FOR COLUMNS	UNIA (A) CI	(F) CONTEN	CONTINONTONS	_	ŀ			
(a) Issuer name	(b) Issuer EIN	(c) CUSIP#	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased (h) On behalf (i) Pooled of issuer	sed (h) C) On behalf of issuer	(i) Pooled financing	ooled Icina
						Yes	No Yes	2	Yes	2
A AUTHORITY OF MIDDLESEX C	C 54-1963905	NONE	11/06/15	8,800,000.	TO REFUND PRIOR ISSUE AND PROVIDE	DE	1			×
В										
S										
c										
Part II Proceeds										
			٧		В	ပ		۵		
1 Amount of bonds retired			5,253	,047.						
2 Amount of bonds legally defeased			:							
3 Total proceeds of issue			6,509	,819.						
4 Gross proceeds in reserve funds			:							
5 Capitalized interest from proceeds			:							
6 Proceeds in refunding escrows			:							
7 Issuance costs from proceeds			85	,102.						
8 Credit enhancement from proceeds			:							
9 Working capital expenditures from proceeds			:							
10 Capital expenditures from proceeds			3,252	'						
11 Other spent proceeds			3,171	,783.						
12 Other unspent proceeds			:							
13 Year of substantial completion			20	2017						
			Yes	No Yes	No Yes	No	Yes		Š	
14 Were the bonds issued as part of a refunding issue of tax-exempt bonds if issued prior to 2018. a current refunding issue)?	ssue of tax-exempt bo	onds (or,	×							
15 Were the bonds issued as part of a refunding issue of taxable bonds (or, issued prior to 2018, an advance refunding issue)?	ssue of taxable bonds ue)?	s (or, if		×						
16 Has the final allocation of proceeds been made?) ¿e		X							
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	s and records to sup	oort the	X							
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ructions for Form 99	.00				Š	Schedule K (Form 990) 2023	K (For	m 990)	2023

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YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE VIRGINIA PENINSULAS

Page 2

Schedule K (Form 990) 2023

54-0524905 Part III Private Business Use

Schedule K (Form 990) 2023 % % % ŝ ŝ Yes Yes % % % % £ ŝ O Yes Yes % % % % ŝ ŝ Yes Yes % % % % å ŝ × × × × × × × × × × Yes Yes counsel to review any management or service contracts relating to the financed property? b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside governmental person other than a 501(c)(3) organization since the bonds were issued? outside counsel to review any research agreements relating to the financed property? Enter the percentage of financed property used in a private business use by entities 8a Has there been a sale or disposition of any of the bond-financed property to a nond If "Yes" to line 3c, does the organization routinely engage bond counsel or other Enter the percentage of financed property used in a private business use as a c Are there any research agreements that may result in private business use of result of unrelated trade or business activity carried on by your organization, Are there any lease arrangements that may result in private business use of **b** If "Yes" to line 8a, enter the percentage of bond-financed property sold or c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations If "Yes" to line 2c, provide in Part VI the date the rebate computation was Are there any management or service contracts that may result in private other than a section 501(c)(3) organization or a state or local government Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Was the organization a partner in a partnership, or a member of an LLC, nonqualified bonds of the issue are remediated in accordance with the Has the organization established written procedures to ensure that all another section 501(c)(3) organization, or a state or local government requirements under Regulations sections 1.141-12 and 1.145-2? Does the bond issue meet the private security or payment test? which owned property financed by tax-exempt bonds? business use of bond-financed property? If "No" to line 1, did the following apply? 3 Is the bond issue a variable rate issue? Penalty in Lieu of Arbitrage Rebate? sections 1 141 12 and 1 145 2? bond-financed property? bond-financed property? Total of lines 4 and 5 **b** Exception to rebate? a Rebate not due yet? c No rebate due? Part IV Arbitrage disposed of performed 332122 09-15-23 0 Q 2 စ 4 9

Schedule K (Form 990) 2023

54-0524905

Page 3

ŝ ŝ ۵ Yes Yes ŝ ŝ O Yes Yes ŝ ŝ TO REFUND PRIOR ISSUE AND PROVIDE FOR NEW CONSTRUCTION AND RENOVATION Ω ISSUER NAME: ECONOMIC DEVELOPMENT AUTHORITY OF MIDDLESEX COUNTY Yes Yes **Supplemental Information.** Provide additional information for responses to questions on Schedule K. See instructions. å ŝ × × × × Yes Yes d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? Has the organization established written procedures to ensure that violations voluntary closing agreement program if self-remediation isn't available under of federal tax requirements are timely identified and corrected through the 5a Were gross proceeds invested in a guaranteed investment contract (GIC)? Were any gross proceeds invested beyond an available temporary period? 4a Has the organization or the governmental issuer entered into a qualified Has the organization established written procedures to monitor the SCHEDULE K, PART I, BOND ISSUES: Part V Procedures To Undertake Corrective Action DESCRIPTION OF PURPOSE hedge with respect to the bond issue? **d** Was the hedge superintegrated? requirements of section 148? e Was the hedge terminated? Part IV Arbitrage (continued) applicable regulations? **b** Name of provider **b** Name of provider c Term of hedge c Term of GIC (A) (H ဖ

Schedule K (Form 990) 2023

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

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 THE VIRGINIA PENINSULAS

Employer identification number 54-0524905

	TI Types of Property							
		(a)	(b)	(c)	(d)			
		Check if	Number of contributions or	Noncash contribution amounts reported on	Method of de			_
		applicable		Form 990, Part VIII, line 1g	noncash contribu	tion an	nounts	5
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	8	229,802.	COMPARABLE	SALI	₹S	
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	37	150	104 706	DATE MARKER	773 T		
25	Other (VARIOUS SUPPLIE)	X	150	124,/86.	FAIR MARKET	VAI	10E	
26	Other ()							
27	Other ()							
<u>28</u>	Other ()							
29	Number of Forms 8283 received by the organiz for which the organization completed Form 828	-						
	for which the organization completed Form 626	oo, rait v, L	onee Acknowledg	ement 29			Yes	No
302	During the year, did the organization receive by	, contributio	n any property rep	orted in Part I lines 1 throug	h 28 that it		163	INO
ooa	must hold for at least 3 years from the date of t							
	exempt purposes for the entire holding period?			•		30a		х
b	If "Yes," describe the arrangement in Part II.		•••••			JJa		
31	Does the organization have a gift acceptance p	olicv that re	auires the review o	of any nonstandard contribut	ions?	31	х	
	Does the organization hire or use third parties of	•	•	•				
	contributions?		=	•		32a		Х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	o l umn (c) foi	a type of property	for which column (a) is chec	ked,			
	describe in Part II.				·			

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

Schedule M (Form 990) 2023

Part	111	is repo	rting in	ntal Inf Part I, c ny additi	olumn ((b), the	numbe	le the er of c	informat ontribut	tion requirions, the	uired by e numb	/ Part er of it	I, lines 3 tems red	30b, 32b beived, o	, and 3 or a co	33, and mbina	d whether the tion of both.	e organizatio Also comple	ก te
SCH:	EDU	LE M	, PA	RT I	., C	OLUM	<u>1</u> N (в):											
THE	OR	GANI	ZATI	ONIS	RE	PORT	ING	A	СОМВ	INAT	'ION	OF	THE	NUM	3ER	OF	DONATI	ONS	
AND	TH	E NU	MBER	OF	ITE	MS I	ONA	TED	•										
332142	09-11-2	3															Schedule	e M (Form 99	 90) 2023

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2023
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE VIRGINIA PENINSULAS

Employer identification number 54-0524905

PARTI, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: CHARITY THAT IS COMMITTED TO STRENGTHENING COMMUNITY THROUGH YOUTH DEVELOPMENT, HEALTHY LIVING, AND SOCIAL RESPONSIBILITY. WE BELIEVE STRONG COMMUNITIES ARE POSSIBLE ONLY WHEN WE INVEST IN OUR KIDS, OUR THE Y HAS A LONG-STANDING TRACK RECORD AND HEALTH AND OUR NEIGHBORS. ON THE GROUND PRESENCE NECESSARY TO ADDRESS OUR COMMUNITY'S MOST PRESSING SOCIAL ISSUES RELATED TO YOUTH, HEALTH AND QUALITY OF LIFE WITH A MISSION TO PUT CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT BUILD HEALTHY SPIRIT, MIND AND BODY FOR ALL. WE WORK SIDE-BY-SIDE WITH OUR NEIGHBORS TO MAKE SURE EVERYONE, REGARDLESS OF AGE, INCOME OR BACKGROUND, HAS THE OPPORTUNITY TO LEARN, GROW AND THRIVE.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: PEOPLE GROW HEALTHIER IN SPIRIT, MIND WE HELP MEMBERS AND AND BODY. PROGRAM PARTICIPANTS GROW PERSONALLY: BUILD SELF-ESTEEM AND SELF-RELIANCE; DEVELOP VALUES FOR DAILY LIVING: DEVELOP MORAL AND ETHICAL BEHAVIOR BASED ON CHRISTIAN PRINCIPLES; IMPROVE PERSONAL AND FAMILY RELATIONS: LEARN TO CARE, COMMUNICATE AND COOPERATE WITH OTHERS CLOSE TO THEM; APPRECIATE DIVERSITY: RESPECT PEOPLE OF DIFFERENT INCOMES, RACES, RELIGIONS, CULTURES, AND BELIEFS; BECOME LEADERS AND SUPPORTERS: LEARN THE GIVE AND TAKE NECESSARY TO WORK TOWARD THE COMMON GOOD; DEVELOP SPECIFIC SKILLS: ACQUIRE NEW KNOWLEDGE AND WAYS TO GROW IN SPIRIT, MIND, AND BODY; AND HAVE FUN: ENJOY LIFE.

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

Schedule O (Form 990) 2023

Name of the organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE VIRGINIA PENINSULAS

Employer identification number 54-0524905

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

SPIRIT, MIND, AND BODY. YMCA HEALTH ENHANCEMENT PROGRAMS HELP ACHIEVE

THIS UNITY THROUGH MEDICALLY BASED PROGRAMS THAT STRESS PROPER

EXERCISE, NUTRITION, STRESS MANAGEMENT, AVOIDANCE OF DRUG AND ALCOHOL

ABUSE, AND HEALTH EDUCATION.

THE YMCA OF THE VIRGINIA PENINSULAS OFFERS A LIFELONG PROGRESSION OF

MEDICALLY BASED HEALTH AND WELLNESS ACTIVITIES, EXPERIENCES, AND

EDUCATION, INCLUDING PROGRAMS FOR CHILDREN, TEENS, FAMILIES, AND

SENIORS. IN 2023, THERE WAS 1,097,096 SERVICE OPPORTUNITIES FOR

INDIVIDUALS TO ENGAGE IN HEALTH, WELL-BEING, AND FITNESS PROGRAMS.

HEALTHY HABITS CAN PROTECT KIDS FROM LIFE-THREATENING DISEASES.

CHILDHOOD OBESITY IS IN DANGER OF REACHING EPIDEMIC PROPORTIONS ACROSS

THE UNITED STATES. OBESITY AND BEING OVERWEIGHT CREATE AN ENHANCED

RISK FOR SERIOUS HEALTH PROBLEMS THAT MANIFEST IN CHILDHOOD AND LATER

IN LIFE. VIRGINIA RANKS 36TH IN OVERALL PREVALENCE, WITH 13.2% OF

CHILDREN CONSIDERED OVERWEIGHT OR OBESE.

HEPA EDUCATION IS PROVIDED IN ALL YMCA SCHOOL-AGE CHILDCARE AND

PRESCHOOL CHILD DEVELOPMENT PROGRAMS. IT TEACHES CHILDREN ABOUT MAKING

HEALTHY CHOICES AND PROVIDES TAKE-HOME EDUCATIONAL MATERIALS SO

FAMILIES CAN MAKE HEALTHY CHOICES TOGETHER. HEPA IS BUILT ON FOUR MAIN

PILLARS THAT HELP CHILDREN LIVE HEALTHY EVERY DAY: 5 SERVINGS OF

FRUITS AND VEGETABLES EACH DAY, 2 HOURS OR LESS OF SCREEN TIME DAILY, 1

HOUR OR MORE OF PHYSICAL ACTIVITY EACH DAY, AND 0 SUGARY DRINKS.

YMCA HEALTHY KIDS DAY IS DESIGNED TO HIGHLIGHT A WIDE RANGE OF WELLNESS

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ACTIVITIES, SPORTS, AND OTHER PHYSICAL ACTIVITIES AVAILABLE TO KIDS AT

THEIR LOCAL YMCAS. WITH OVER 9 MILLION OVERWEIGHT CHILDREN IN THE

UNITED STATES, INCREASING PHYSICAL ACTIVITY LEVELS IN CHILDREN'S LIVES

IS A CRITICAL COMPONENT OF OUR COUNTRY'S AND OUR YMCA'S EFFORT TO FIGHT

CHILDHOOD OBESITY. BOTH THE NATIONAL YMCA AND OUR YMCA ARE DEDICATED TO

HELPING COMBAT CHILDHOOD OBESITY YEAR-ROUND. ACTIVITIES INCLUDED GAMES,

PHYSICAL CHALLENGES, CRAFTS, HEALTHY SNACKS, AND HANDOUTS FOR HOME. THE

GOAL IS TO SHOW KIDS THAT PHYSICAL ACTIVITY CAN BE FUN. HEALTHY KIDS

DAY WAS A GREAT SUCCESS, WITH 743 PEOPLE PARTICIPATING AT 5 DIFFERENT

LOCATIONS.

PEOPLE WITH DISABILITIES AND THOSE WITH CHRONIC AILMENTS, SUCH AS

ARTHRITIS, CANCER, AND HEART DISEASE FIND YMCA PROGRAM OPPORTUNITIES IN

YMCA AND COMMUNITY-BASED POOLS. YMCA AQUATICS PROGRAMS ARE A MAJOR PART

OF THE Y'S OVERALL GOAL OF BUILDING A HEALTHY SPIRIT, MIND, AND BODY.

IN 2023, THE YMCA PROVIDED AQUATICS PROGRAMS FOR 5,562 PEOPLE. INFANTS

THROUGH SENIORS TOOK PROGRESSIVE SWIM CLASSES, PARTICIPATED IN OUR

AQUATIC EXERCISE PROGRAMS, AND PARTICIPATED IN OUR ARTHRITIS AQUATICS

CLASSES. TEENS LEARNED LIFEGUARDING SKILLS IN OUR LIFEGUARD CLASSES.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

SAME QUALITY CARE IN THE SAME SETTING. IN 2023, 39,606 OPPORTUNITIES

FOR CHILDREN TO ATTEND AFTERSCHOOL PROGRAMS AT SIXTEEN DIFFERENT

CHILDCARE SITES AND 5,940 OPPORTUNITIES FOR CHILDREN TO ATTEND

PRESCHOOL PROGRAMS AT THREE PRESCHOOL LOCATIONS.

OUR YMCA ALSO GIVES FAMILIES SAFE, RELIABLE, AND AFFORDABLE
RECREATIONAL OPPORTUNITIES SUCH AS FAMILY SWIM NIGHT AND VOLLEYBALL

WHICH LET FAMILIES RELAX AND ENJOY TIME WITH EACH OTHER. YMCA FAMILY

LIFE PROGRAMS, PARENTING CLASSES, AND FAMILY VOLUNTEER PROGRAMS HELP

PEOPLE GROW AS RESPONSIBLE MEMBERS OF FAMILIES. WE PROVIDE CHILDREN AND

THEIR PARENTS WITH ACTIVITIES THAT FOSTER UNDERSTANDING AND

COMPANIONSHIP. ACTIVITIES ARE PLANNED TO BRING GROUPS OF FAMILIES

TOGETHER TO SUPPORT EACH OTHER. PARENTS HAVE THE OPPORTUNITY TO LEARN

FROM EACH OTHER AND FROM THEIR CHILDREN IN AN ENJOYABLE WAY.

THE YMCA PROVIDES FAMILY PROGRAMMING YEAR-ROUND. DAY CAMPS DEVELOP SELF-CONFIDENCE AND SELF-RESPECT WHEN CAMPERS MEET CHALLENGES AND LEARN TO COOPERATE. Y CAMPING PROGRAMS ARE EDUCATIONAL; THEY PROMOTE SPIRITUAL AWARENESS, MENTAL DEVELOPMENT, PHYSICAL WELL-BEING, SOCIAL GROWTH, AND RESPECT FOR THE ENVIRONMENT. THROUGH A VARIETY OF ACTIVITIES AND THE USE OF NATURAL SURROUNDINGS, YMCA CAMPING SEEKS TO HELP PARTICIPANTS ACHIEVE THEIR FULLEST POTENTIAL IN SPIRIT, MIND, AND BODY. LOW-COST YMCA CAMPING PROGRAMS ALSO ARE A SAFE, HIGH-QUALITY ALTERNATIVE FOR WORKING PARENTS. KNOWING THAT A CHILD IS BEING CARED FOR IN A Y CAMP PROGRAM ENABLES THESE PARENTS TO REMAIN GAINFULLY AND PRODUCTIVELY EMPLOYED. IN 2023, THERE WERE 13,705 OPPORTUNITIES FOR CHILDREN TO PARTICIPATE IN YMCA DAY CAMP AND TEEN CAMP PROGRAMS. AS IN THE CASE OF ALL YMCA PROGRAMS, FINANCIAL ASSISTANCE IS AVAILABLE FOR THOSE WHO CANNOT AFFORD THE CUSTOMARY FEE. YMCA YOUTH AND TEEN PROGRAMS HELP CHILDREN DEVELOP SELF-ESTEEM AND GOOD VALUES, INCLUDING, COOPERATION, RESPECT FOR THE BODY, GOOD CITIZENSHIP, AND A STRONG WORK ETHIC. TEEN ACTIVITIES ARE AMONG THE MOST RAPIDLY GROWING YMCA IN 2023, MIDDLE AND HIGH SCHOOL TEENS ATTENDED TEEN NIGHTS PROGRAMS. REFLECTING THE GROWING AWARENESS THAT ADOLESCENTS NEED STRUCTURE AND ACTIVITIES, ESPECIALLY IN THE AFTER-SCHOOL HOURS.

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YMCA SPORTS AND RECREATIONAL PROGRAMS PROMOTE AN APPRECIATION OF ONE'S OWN WORTH. YOUTH SPORTS FOCUS ON THE FULL AND EQUAL PARTICIPATION OF ALL: EVERY CHILD PLAYS IN EVERY GAME. YMCA YOUTH SPORTS PROGRAMS ALSO HELP TO STRENGTHEN FAMILIES. PARENTS COACH TEAMS AND TURN OUT, OFTEN WITH BROTHERS AND SISTERS, TO WATCH KIDS PLAY. YOUNG PEOPLE PARTICIPATING IN SPORTS BUILD LIFELONG POSITIVE ATTITUDES, HABITS OF HEALTHY EXERCISE, AND GOOD NUTRITION, AND LEARN WAYS TO HAVE FUN AS ADULTS. THERE IS LITTLE COACHING ON ADULT TEAMS, BUT THE SAME VALUES APPLYNO PUTDOWNS, NO NAME-CALLING, NO PROFANITY, AND RESPECT FOR OTHERS, GIVING EVERYONE A CHANCE TO PLAY. IN 2023, 4,559 YOUTH PARTICIPATED IN A MYRIAD OF SPORTS PROGRAMS THAT VALUE COOPERATION OVER COMPETITION, FAIR PLAY OVER WINNING AT ANY COST, GOOD FEELING, GOOD HEALTH OVER A GOOD SCORE, AND BUILDING SELF-ESTEEM OVER BEATING THE OPPONENT. THE YMCA KNOWS THAT WITH THIS APPROACH EVERYONE WINS--UNDEFEATED IN SPIRIT, MIND, AND BODY.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

THE Y ACHIEVERS PROGRAM PURPOSE IS TO HELP TEENS PURSUE HIGH

EDUCATIONAL AND CAREER GOALS RESULTING IN GRADUATION AND ACCEPTANCE TO

AN INSTITUTION OF HIGHER LEARNING OR VOCATIONAL TRADE SCHOOL. THE

PROGRAM IS BASED ON FIVE PILLARS: ACADEMICS, COLLEGE KNOWLEDGE,

POSITIVE RELATIONSHIPS, LIFE SKILLS, AND POSITIVE IDENTITY.

ACTIVITIES, PROJECTS, SPEAKERS, FIELD TRIPS, EVENTS, ETC. ARE

PURPOSEFULLY DESIGNED TO ADVANCE LEADERSHIP AND ACADEMIC SKILLS AS WELL

AS STIR UP A THIRST FOR DISCOVERING THE VAST ARRAY OF CAREER

OPPORTUNITIES AWAITING THEM IN THEIR FUTURE. TUTORING, SAT/ACT

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PREPARATION CLASSES, STUDY TECHNIQUE SEMINARS, HOMEWORK HELP, COMPUTER

TECH CLASSES, FINANCIAL LITERACY, ARE EXAMPLES OF SESSIONS THAT

VOLUNTEERS AND YMCA STAFF CONDUCT.

RESEARCH ALSO SHOWS THAT TEENS ARE MORE MOTIVATED TO SUCCEED

ACADEMICALLY WHEN ENCOURAGED AND GUIDED BY ADULTS WHO ARE ACCOMPLISHED

COMMUNITY MEMBERS THAT CARE. THE Y ACHIEVERS PROGRAM ADDRESSES THESE

ISSUES BY PAIRING STUDENTS WITH SUCCESSFUL ROLE MODELS AND PROVIDING

ACADEMIC AND CAREER-RELATED MENTORING AND SUPPORT SERVICES.

BRIGHT BEGINNINGS IS A YMCA PROGRAM THAT HELPS PROVIDE NEW CLOTHES AND

SCHOOL SUPPLIES TO CHILDREN IN NEED IN OUR COMMUNITY. THE GOAL IS TO

HELP CHILDREN HAVE A GREAT START IN SCHOOL BY GIVING THEM THE

CONFIDENCE AND THE TOOLS THEY NEED TO LEARN. YMCA VOLUNTEERS TAKE

CHILDREN SHOPPING FOR SCHOOL CLOTHES; THEY ALSO RECEIVE A BACKPACK

FILLED WITH SCHOOL SUPPLIES. SCHOOL SUPPLY LISTS ARE OBTAINED FROM AREA

SCHOOLS. CLOTHES PURCHASED INCLUDE AT LEAST ONE OUTFIT, SHOES,

UNDERWEAR AND SOCKS, AND A SWEATER OR JACKET. THE AVERAGE COST TO SHOP

FOR ONE CHILD IS \$150. BEGINNING IN AUGUST OF 2023, 619 FAMILIES

PARTICIPATED. VOLUNTEERS FROM CNU, BAYPORT, CHESAPEAKE BANK, FERGUSON,

LOCAL HIGH SCHOOLS, POLICE DEPARTMENTS, AND FIRE DEPARTMENTS, YMCA

BOARDS MEMBERS AND YMCA MEMBERS ARE PAIRED WITH A CHILD TO SHOP FOR

THESE ITEMS AT KOHL'S, TARGET OR WAL-MART.

THE FIRST TEE OF THE VIRGINIA PENINSULA IS A PROGRAM CENTER OF OUR Y

THAT REINFORCES VALUES AND PROVIDES HEALTHY BENEFITS THROUGH THE MEDIUM

OF GOLF. BY PARTICIPATING IN THE FIRST TEE, YOUNG PEOPLE ARE

INTRODUCED TO THE NINE CORE VALUES OF HONESTY, INTEGRITY,

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SPORTSMANSHIP, RESPECT, CONFIDENCE, RESPONSIBILITY, PERSEVERANCE,
COURTESY, AND JUDGMENT WHICH ARE INCORPORATED THROUGHOUT THE PROGRAM.

PARENTS ARE ENCOURAGED TO REINFORCE THESE BEHAVIORS BY TALKING ABOUT

THEM, WHAT THEY MEAN, AND WHAT THESE BEHAVIORS CAN LOOK LIKE AT HOME.

PLAYING THE GAME OF GOLF CAN IMPROVE YOUR QUALITY OF LIFE AS THERE ARE

MANY PHYSICAL, EMOTIONAL, AND SOCIAL BENEFITS. OUR PROGRAM INTEGRATES

THE POSITIVE CONCEPTS OF ENERGY, PLAY, SAFETY, VISION, MIND, FAMILY,

FRIENDS, SCHOOL, AND COMMUNITY WITH GOLF INSTRUCTION. IN 2023, WE

OFFERED 616 OPPORTUNITIES FOR YOUTH TO IMPROVE THEIR PERSPECTIVE ON

LIFE. WE ARE CURRENTLY SEEKING OUT WAYS TO DELIVER FIRST TEE

PROGRAMMING TO DISADVANTAGED YOUTH FOR LITTLE TO NO PARTICIPANT COST.

WE STRENGTHEN OUR COMMUNITIES WITH INITIATIVES DESIGNED TO SERVE THE

EVER-CHANGING NEEDS OF INDIVIDUALS AND FAMILIES. OUR SUMMER

LEARNING-LOSS PREVENTION PROGRAM GIVES HUNDREDS OF CHILDREN THE TOOLS

THEY NEED TO STAY ON TRACK ACADEMICALLY THROUGH THE SUMMER MONTHS. IN

2023, YOUTH PARTICIPATED IN OUR SUMMER LEARNING LOSS PREVENTION PROGRAM

THROUGH Y SUMMER CAMP.

OUR SERVICE AREA CONSISTS OF 989 SQUARE MILES OF WATER, NOT INCLUDING

PUBLIC AND PRIVATE POOLS. DROWNING IS THE SECOND LEADING CAUSE OF

ACCIDENTAL DEATH AMONG CHILDREN IN THE STATE OF VIRGINIA. FOR EVERY

CHILD WHO DIES FROM DROWNING, ANOTHER FIVE RECEIVE EMERGENCY DEPARTMENT

CARE FOR NONFATAL SUBMERSION INJURIES. CHILDREN AGES 5-14 MOST OFTEN

DROWN IN SWIMMING POOLS AND OPEN WATER. SURPRISINGLY, 58% OF PARENTS

DO NOT CONSIDER DROWNING A THREAT TO THEIR CHILDREN. TO HELP REDUCE

THIS DREADFUL STATISTIC, OUR ENDOWMENT FUND HAS PLEDGED TO OFFER

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AQUATIC SAFETY CLASSES AT NO COST FOR ALL SECOND GRADERS IN OUR SERVICE

AREA. OUR GOAL IS TO REACH EACH ONE OF THE 7,000 SECOND GRADERS THAT

LIVE IN OUR SERVICE AREA. IN 2023, 2,111 SECOND-GRADE STUDENTS

PARTICIPATED IN OUR SAFETY AROUND WATER PROGRAM THROUGH THIS COMMUNITY

SERVICE OFFERING.

PROGRAM PROVIDES A VEHICLE FOR YMCA VOLUNTEERS TO GIVE BACK TO THE

COMMUNITY BY DONATING THEIR TIME AND WARM THOUGHTS. EACH YMCA BRANCH

COLLECTS NON-PERISHABLE FOOD ITEMS IN THEIR LOBBIES BEGINNING AT THEIR

OCTOBER BRANCH FALL FESTIVALS. THE BRANCHES COLLABORATE WITH LOCAL

SERVICE ORGANIZATIONS TO COLLECT FOOD ITEMS AND RECRUIT VOLUNTEERS. ON

FAMILY VOLUNTEER DAY FAMILIES COME TOGETHER TO WRAP, DECORATE BOXES AND

FILL THEM WITH FOOD. THE Y WORKS TOGETHER WITH LOCAL AGENCIES SUCH AS

SOCIAL SERVICES, LINK, HELP, AND CHRISTIAN OUTREACH TO SELECT FAMILIES

THAT WILL RECEIVE THE FOOD BOXES.

CANCER IS THE SECOND LEADING CAUSE OF DEATH IN THE UNITED STATES.

CANCER AND ITS TREATMENT CAN TAKE A TREMENDOUS TOLL ON A PERSON'S

SPIRIT, MIND, AND BODY. THEY JUST WANT TO BEGIN TO HEAL AND RECLAIM

THEIR HEALTH. NO ONE EXPERIENCES CANCER IN THE SAME WAY. PARTICIPANTS

COME TO THE PROGRAM WITH DIFFERENT PHYSICAL CHALLENGES AND LIFESTYLE

GOALS.

LIVESTRONG AT THE YMCA OFFERS A NO COST, CARING, SUPPORTIVE EXERCISE

PROGRAM FILLED WITH HOPE AND LOVE FOR CANCER SURVIVORS. PARTICIPANTS

TAKE THE FRIENDSHIPS AND ENCOURAGEMENT THEY EXPERIENCE IN THE 12-WEEK

PROGRAM AND SHARE THE POWER OF THE PROGRAM WITH OTHERS. LIVESTRONG AT

THE YMCA HAS PROVIDED 24 PARTICIPANTS WITH INDIVIDUALIZED ATTENTION AND

AN APPROACH TO RECOVERY THAT TARGETS THE AREAS THEY NEED TO REBUILD

SINCE 2014. ONE PARTICIPANT SAID, "I WENT TO THE CANCER CENTER FOR

TREATMENT. I CAME TO THE Y TO HEAL."

NICOLE WHITE WAS A GRADUATE OF SMITHFIELD HIGH SCHOOL AND A JUNIOR AT

VIRGINIA TECH MAJORING IN INTERNATIONAL STUDIES WHEN HER LIFE WAS TAKEN

DURING THE SHOOTINGS AT TECH ON APRIL 16, 2007. SHE WAS A LIFEGUARD

FOR OUR LUTER FAMILY YMCA AND VOLUNTEERED MANY HOURS IN THE COMMUNITY.

TO HONOR NICOLE'S PASSION TO MAKE HER COMMUNITY A BETTER PLACE, OUR Y

AWARDS AT LEAST ONE COLLEGE SCHOLARSHIP ANNUALLY TO A SMITHFIELD HIGH

SCHOOL STUDENT WITH DEMONSTRATED SERVICE TO COMMUNITY.

FORM 990, PART VI, SECTION A, LINE 2:

OUR BOARD OF DIRECTORS CONSISTS OF LOCAL BUSINESS PROFESSIONALS. THE

INDUSTRY MIX CONSISTS OF BANKING, INVESTMENT, LAW, CONSTRUCTION, AND LOCAL

GOVERNMENT TO NAME A FEW. IT IS PROBABLE THAT A MAJORITY OF THE MEMBERS

PATRONIZE THE BUSINESSES REPRESENTED ON THE BOARD. HOWEVER, WE ARE NOT

AWARE OF ANY RELATIONSHIP WHERE ONE INDIVIDUAL WOULD BE ABLE TO EXERCISE

INFLUENCE OVER ANOTHER WHEN DEALING WITH THE BUSINESS OF OUR YMCA. TO ADD,

INDEPENDENT COMMITTEES ARE UTILIZED TO DETERMINE RECOMMENDATIONS TO THE

BOARD REGARDING FINANCIAL AND LEGAL MATTERS.

FORM 990, PART VI, SECTION B, LINE 11B:

BOARD REVIEW OF FORM 990. THE AUDIT & FINANCE COMMITTEE IS CHARGED WITH

MONITORING AND GUIDING THE FINANCIAL ACTIVITY OF THE YMCA OF THE VIRGINIA

PENINSULAS. THE TREASURER REVIEWS THE BALANCE SHEET AND INCOME STATEMENT OF

THE ORGANIZATION ON A MONTHLY BASIS AND REPORTS TO THE FULL BOARD

REGULARLY. THE FULL COMMITTEE MEETS 2 TO 3 TIMES PER YEAR. THE COMMITTEE

IS RESPONSIBLE FOR ENGAGING AN ACCOUNTING FIRM TO AUDIT EACH FISCAL YEAR'S

FINANCIAL STATEMENT AND PREPARE THE RELATED TAX RETURN(S). EACH MEMBER OF

THE BOARD OF DIRECTORS RECEIVES A COPY OF THE AUDITED FINANCIAL STATEMENTS

AND A DRAFT COPY OF THE FORM 990. AN AUDIT & FINANCE COMMITTEE MEETING IS

SCHEDULED AND HELD. ALL MEMBERS OF THE BOARD OF DIRECTORS ARE INVITED TO

THIS MEETING. DURING A PORTION OF THE MEETING, REPRESENTATIVES FROM THE

ACCOUNTING FIRM, AS WELL AS STAFF OF THE YMCA OF THE VIRGINIA PENINSULAS,

ANSWER QUESTIONS ON THE PREVIOUSLY RECEIVED DRAFT TAX RETURNS. THE TAX

RETURNS ARE FILED ONCE THE AUDIT & FINANCE COMMITTEE IS SATISFIED AND

ACCEPTS THE DRAFT.

FORM 990, PART VI, SECTION B, LINE 12C:

CONFLICT OF INTEREST: MONITORING COMPLIANCE: OUR CONFLICT OF INTEREST

POLICY, WHISTLEBLOWER POLICY, AND ETHICS POLICY ARE DISSEMINATED TO THE

BOARD OF DIRECTORS ON AN ANNUAL BASIS. A FOLLOW UP ACKNOWLEDGEMENT FORM

DOCUMENTING POLICY RECEIPT AS WELL AS ANY CONFLICT OF INTEREST DISCLOSURES

IS USED FOR TRACKING. THE BOARD GOVERNANCE COMMITTEE OF THE YMCA OF THE

VIRGINIA PENINSULAS REVIEWS THE RESULTS ON AN ANNUAL BASIS. ADDITIONALLY,

DURING BOARD OF DIRECTORS MEETINGS, THE QUESTION OF CONFLICT OF INTEREST IS

ASKED BEFORE A VOTE IS CALLED.

FORM 990, PART VI, SECTION B, LINE 15:

TO ENSURE THAT THE YMCA OF THE VIRGINIA PENINSULAS REMAINS IN COMPLIANCE
WITH IRS RULES ON INTERMEDIATE SANCTIONS/EXCESSIVE COMPENSATION, THE YMCA'S
BOARD OF DIRECTORS HAS APPOINTED AN EXECUTIVE COMPENSATION COMMITTEE. THIS
COMMITTEE CONDUCTS AN INDEPENDENT REVIEW OF THE TOTAL COMPENSATION OF
SENIOR EXECUTIVES AND OTHER "DISQUALIFIED PERSONS", IF ANY. COMPENSATION

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COMMITTEE STRUCTURE: 1) MEMBERS ARE APPOINTED BY THE YMCA'S BOARD OF DIRECTORS; 2) MEMBERS HAVE A PREDETERMINED ROTATION ON THE COMMITTEE; 3) COMMITTEE IS COMPRISED OF THREE TO FOUR INDEPENDENT INDIVIDUALS FREE FROM ANY CONFLICT OF INTEREST; 4) MEMBERS ARE FREE OF ANY RELATIONSHIPS WITH THE YMCA OR ITS MANAGEMENT THAT MAY IMPAIR THE COMMITTEE MEMBER'S ABILITY TO MAKE INDEPENDENT JUDGMENTS (E.G., EMPLOYMENT RELATIONSHIPS, BUSINESS RELATIONSHIPS, CLOSE PERSONAL RELATIONSHIPS BETWEEN EXECUTIVES AND BOARD MEMBERS); 5) MEETING IS HELD ANNUALLY AFTER SENIOR EXECUTIVES' ANNUAL REVIEW AND COMPENSATION CHANGE; 6) MATERIALS/DOCUMENTATION ARE PROVIDED TO COMMITTEE MEMBERS ONE WEEK PRIOR TO THE MEETING TO PROVIDE ADEQUATE TIME FOR REVIEW; 7) MEMBERS ARE PROVIDED WITH SALARY HISTORY, BENEFIT HISTORY, RANK AND FILE SALARY INCREASES, COMPARABILITY DATA OF LIKE-SIZED ORGANIZATIONS LOCALLY AND REGIONALLY (E.G., SULLIVAN COTTER YMCA SURVEY, CANDID COMPENSATION REPORT); 8) MEMBERS REVIEW: EXECUTIVE'S PERFORMANCE AND RECOMMENDATION OF THE EXECUTIVE COMMITTEE FOR CEO COMPENSATION AND BENEFITS, ORGANIZATION'S PERFORMANCE INCLUDING FINANCIAL AND MISSION RELATED PERFORMANCE, CEO'S SALARY RECOMMENDATIONS FOR EXECUTIVE POSITIONS, COO, CSO, CHRO, AND VP OF FINANCE/CONTROLLER, RATHER THAN SIMPLY RATIFY THE CEO'S RECOMMENDATIONS; 9) DECISION MAKING PROCESS IS DOCUMENTED AT THE TIME OF APPROVAL AND COMPLETE DOCUMENTATION PACKAGE/MINUTES ARE FILED IN THE HR DEPARTMENT; AND 10) COMMITTEE PROVIDES COMMITTEE REPORT TO THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION C, LINE 19:

OUR AUDITED FINANCIAL STATEMENTS AND IRS FORM 990 ARE AVAILABLE ON OUR
WEBSITE. OUR GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE
AVAILABLE TO THE PUBLIC UPON REQUEST. REQUESTS ARE ACCEPTED VIA TELEPHONE,
EMAIL, AND OUR WEBSITE. REQUESTS MADE AT THE CENTER LEVEL ARE FORWARDED TO

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THE CORPORATE OFFICE, WHERE THEY ARE FULFILLED.	
OUR YMCA ALSO PROVIDES THIS INFORMATION TO GRANTING ORGANI	ZATIONS,
GOVERNMENT ENTITIES, AND FINANCIAL INSTITUTIONS ON A REGUL	AR BASIS.
FORM 990, PART XII, LINE 2C	
THE ORGANIZATION DID NOT CHANGE ITS OVERSIGHT OR SELECTION	PROCESS FROM
THE PRIOR YEAR.	