

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2012

OMB No 1545-0047

Open to Public Inspection ▶ The organization may have to use a copy of this return to satisfy state reporting requirements

| | | pplicable | c Name of organization YOUNG MEN'S CHRISTIAN ASSOCIATION RETIREMENT FUND | D Emp | loyer ide | entification number |
|--------------------------------|------------------------|--------------------|---|-----------------------------|---------------|---------------------------------------|
| ┌ Ad | dress ch | ange | | 13-5 | 556240 | 1 |
| ∏ Na | me char | nge | Doing Business As YMCA RETIREMENT FUND | | | |
| _ | tial retur rminated | | Number and street (or P O box if mail is not delivered to street address) Room/suite 140 BROADWAY | E Telep | hone nur | nber |
| | nninated nended r | | City or town, state or country, and ZIP + 4 | (646 |) 458- | 2400 |
| | | pending | NEW YORK, NY 10005 | G Gross | receipts | \$ 4,385,567,133 |
| | | | F Name and address of principal officer H(a) | Is this a grou | | · · · · · · · · · · · · · · · · · · · |
| | | | JOHN M PREIS 140 BROADWAY | affiliates? | | Γ Yes Γ No |
| | | | NEW YORK, NY 10005 H(b) | | | uded? 「Yes 「No |
| I Ta | ıx-exem | ıpt status | ▼ 501(c)(3) | If "No," attac | h a list | (see instructions) |
| J W | ebsite | : ► WW | /W YRETIREMENT ORG | Group exem | otion nu | ımber ► |
| | | ganization | ✓ Corporation Trust Association Other ► L Ye | ar of formation | 1921 N | 1 State of legal domicile NY |
| Pa | rt I | Sum | mary | | | |
| Governance | T E | THE PUF BENEFIT | escribe the organization's mission or most significant activities RPOSE OF THE YMCA RETIREMENT FUND IS TO SUPPORT YMCAS BY PROFESS OF THE YMCAS BY PROFESS OF ACHIEVE ECONOMIC TIREMENT YEARS, THEREBY RESULTING IN LOYALTY TO THE YMCA MOY | SECURITY D | | |
| 30Ve | 2 0 | Check th | nis box 📭 if the organization discontinued its operations or disposed of more | than 25% of i | s net a | ssets |
| | 3 1 | Number | of voting members of the governing body (Part VI, line 1a) | | з | 16 |
| Activities & | | | of independent voting members of the governing body (Part VI, line 1b) | | 4 | 11 |
| ک | | | mber of individuals employed in calendar year 2012 (Part V, line 2a) | | 5 | 109 |
| ∢. | | | mber of volunteers (estimate if necessary) | | 6 | 16 |
| | | | related business revenue from Part VIII, column (C), line 12 | | 7a | 0 |
| | b | Net unre | lated business taxable income from Form 990-T, line 34 | Prior Year | 7b | -4,000,000 Current Year |
| | 8 | Contri | butions and grants (Part VIII, line 1h) | | ,487 | 183,688 |
| 皇 | 9 | | m service revenue (Part VIII, line 2g) | 165,566 | | 175,306,543 |
| Ravenue | 10 | Invest | ment income (Part VIII, column (A), lines 3, 4, and 7d) | 81,229, | | 271,078,081 |
| 茁 | 11 | | revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | -45,470 | | -36,261 |
| | 12 | | revenue—add lines 8 through 11 (must equal Part VIII, column (A), line | 246,879 | ,354 | 446,532,051 |
| | 13 | | and similar amounts paid (Part IX, column (A), lines 1–3) | 262 | ,010 | 174,952 |
| | 14 | Benefi | ts paid to or for members (Part IX, column (A), line 4) | 454,709 | ,137 | 446,828,816 |
| 88 | 15 | Salarıe 5-10) | es, other compensation, employee benefits (Part IX, column (A), lines | 12,983 | ,158 | 13,958,239 |
| Expenses | 16a | Profes | sional fundraising fees (Part IX, column (A), line 11e) | | 0 | 0 |
| ਡੌ | Ь | Total fu | ndraising expenses (Part IX, column (D), line 25) 🛌 | | | |
| | 17 | | expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 20,050 | | 22,451,428 |
| | 18 19 | | expenses Add lines 13-17 (must equal Part IX, column (A), line 25) | 488,005 | | 483,413,435 |
| <u> </u> | 13 | Reven | ue less expenses Subtract line 18 from line 12 | -241,125 ginning of Curi | | -36,881,384 End of Year |
| Net Assets or Fund Balances | 20 | Total | assets (Part X, line 16) | Year 5,351,178 | UU 8 | 5,856,440,812 |
| A B | 20 | | rabilities (Part X, line 26) | 5,832,215 | _ | 6,076,290,786 |
| 25 25 25 | 22 | | sets or fund balances Subtract line 21 from line 20 | -481,037 | | -219,849,974 |
| Pa | rt II | | ature Block | • | | |
| my k | nowled | lge and i | perjury, I declare that I have examined this return, including accompanying sobelief, it is true, correct, and complete Declaration of preparer (other than office nowledge | | n all ınf | |
| Sigr Her | | VINC | eture of officer ENT M DE SIO CHIEF FINANCIAL OFFICER or print name and title | Date | | |
| | | | Preparer's signature Date | Check I If | PTIN | NEC 4.2 |
| Pai | | F | AYMOND LY irm's name KPMG LLP | self-employed | | |
| | pare Onl | | irm's address ► 345 PARK AVENUE | Phone no (2 | 12) 758-9 | 9700 |
| Mav | the IRS | S discus | NEW YORK, NY 101540102 ss this return with the preparer shown above? (see instructions) | | | 🗸 Yes 🗆 No |

| Par | t III | Statement of Check if Schedu | f Program Serv le 0 contains a res | | lishments Jestion in this Part III | | · · · · · · |
|-----|---------|---------------------------------|---------------------------------------|------------------|--|---|---------------|
| 1 | Briefl | y describe the org | ganızatıon's mıssıo | n | | | |
| PRO | GRAMS | TO EMPOWER Y | | TO ACHIEVE | ECONOMIC SECURI | ROVIDING PENSION AND WELF ITY DURING THEIR WORKING A | |
| 2 | | | | | ervices during the yea | r which were not listed on | ┌ Yes ┌ No |
| | If "Yes | s," describe these | new services on S | chedule O | | | |
| 3 | servic | es? | | | nt changes in how it co | onducts, any program | ┌ Yes ┌ No |
| | If "Yes | s," describe these | changes on Scheo | lule O | | | |
| 4 | expen | ses Section 501 | | 4) organizations | s are required to repor | nree largest program services, as It the amount of grants and alloca | |
| 4a | (Code | CHEDULE O |) (Expenses \$ | 475,020,449 | including grants of \$ | 174,952) (Revenue \$ | 446,384,624) |
| 4b | (Code | |) (Expenses \$ | | including grants of \$ |) (Revenue \$ |) |
| | | | | | | | |
| 4c | (Code | , |) (Expenses \$ | | including grants of \$ |) (Revenue \$ |) |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 4d | | r program service enses \$ | es (Describe in Sch inc | ledule O) | f \$ |) (Revenue \$ |) |
| 4e | Tota | l program service | expenses 🟲 | 475,020,449 | | | |

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 | Yes | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏 | 2 | Yes | |
| 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^{\bullet} | 3 | | No |
| 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 | Yes | |
| 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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | No |
| 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 1 | 6 | | No |
| 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 | | No |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 | | No |
| 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 | | No |
| LO | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V. | 10 | | No |
| L1 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable | | | |
| 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 | Yes | |
| 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 | Yes | |
| C | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | No |
| 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 | | No |
| e | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏 | 11e | Yes | |
| 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 | Yes | |
| L2a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | 12a | Yes | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | No |
| L3 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | No |
| l4a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | No |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b | Yes | |
| L5 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV | 15 | | No |
| L6 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV | 16 | | No |
| L7 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) | 17 | | No |
| L8 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | Yes | |
| L9 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 19 | | No |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | No |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |

| Par | t IV Checklist of Required Schedules (continued) | | | |
|-----|---|-----|-----|----|
| 21 | Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1^2 If "Yes," complete Schedule I, Parts I and II | 21 | Yes | |
| 22 | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | Yes | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J | 23 | Yes | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25 | 24a | | No |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3) and 501(c)(4) 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 | | No |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 25b | | No |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II | 26 | | No |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | No |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) | | | |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | No |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | Yes | |
| c | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | No |
| 29 | Did the organization receive more than $\$25,000$ in non-cash contributions? If "Yes," complete Schedule M | 29 | | Νo |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 30 | | No |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | Νo |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | 32 | | No |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I | 33 | | No |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 | 34 | Yes | |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | No |
| b | If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | No |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | No |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | 38 | Yes | |

| | Check if Schedule O contains a response to any question in this Part V | | Yes | No. |
|----|--|------------|-----|------|
| 1a | Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 20,726 | | 163 | 140 |
| | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0 | | | |
| | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable | | | |
| ٠ | gaming (gambling) winnings to prize winners? | 1c | Yes | |
| 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 | | | |
| h | by this return | 1 | | |
| ט | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | 2b | Yes | |
| 3а | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | Yes | |
| b | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | 3b | | Ν |
| 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 | Yes | |
| b | | | | |
| _ | If "Yes," enter the name of the foreign country LCA, CJ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts | | | |
| | | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | N |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | N |
| c | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | | | |
| - | , | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | 6a | | N |
| L. | organization solicit any contributions that were not tax deductible as charitable contributions? | | | |
| D | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| 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 | Yes | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | Yes | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to | | | |
| | file Form 8282? | 7c | | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | |
| _ | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit | | | |
| _ | contract? | 7e | | N |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7 f | | N |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as | | | |
| | required? | 7g | | |
| | 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 and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess | | | |
| | business holdings at any time during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| а | Did the organization make any taxable distributions under section 4966? | 9a | | |
| | Did the organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 0 | Section 501(c)(7) organizations. Enter | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 10a | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | | |
| 1 | Section 501(c)(12) organizations. Enter | | | |
| | Gross income from members or shareholders | | | |
| | Gross income from other sources (Do not net amounts due or paid to other sources | | | |
| | against amounts due or received from them) | | | |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the | | | |
| 3 | year | - | | |
| | Is the organization licensed to issue qualified health plans in more than one state? | | | |
| a | Note. See the instructions for additional information the organization must report on Schedule O | 13a | | |
| b | Enter the amount of reserves the organization is required to maintain by the states | | | |
| | ın which the organization is licensed to issue qualified health plans | | | |
| | Enter the amount of reserves on hand | | | |
| 4a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | N |
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 14b | ı | ı |

Form 990 (2012) Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a Part VI "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management

| | | | Yes | No |
|-------------------------------|--|--------------------------------------|--------------------------|-----|
| 1a | Enter the number of voting members of the governing body at the end of the tax year | | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O | | | |
| b | Enter the number of voting members included in 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 | | No |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | 3 | | No |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | No |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? . | 5 | | Νo |
| 6 | Did the organization have members or stockholders? | 6 | Yes | |
| 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 | Yes | |
| 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 | Yes | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | | |
| а | The governing body? | 8a | Yes | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | Yes | |
| 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 in Schedule O | 9 | | No |
| Se | ection B. Policies (This Section B requests information about policies not required by the Internal R | evenu | ıe Cod | e.) |
| | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | Νo |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | Yes | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990 | | | |
| 12a | Dod the agreement of the first of ordered and the first of the second ordered and the second order ordered and the second order ordered and the second ordered a | | | |
| | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | Yes | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12a 12b | Yes Yes | |
| | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give | | | |
| c | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Yes | |
| c 13 | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b 12c | Yes Yes | |
| c 13 14 | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b 12c 13 | Yes Yes Yes | |
| c 13 14 15 | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b 12c 13 | Yes Yes Yes | |
| c 13 14 15 a | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b 12c 13 14 | Yes Yes Yes Yes | |
| c 13 14 15 a | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b 12c 13 14 | Yes Yes Yes Yes | |
| c 13 14 15 a b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b 12c 13 14 | Yes Yes Yes Yes | No |
| c 13 14 15 a b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b 12c 13 14 15a 15b | Yes Yes Yes Yes | No |
| c 13 14 15 a b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? 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 persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the | 12b 12c 13 14 15a 15b | Yes Yes Yes Yes | No |
| c 13 14 15 a b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b 12c 13 14 15a 15b | Yes Yes Yes Yes | No |
| c 13 14 15 a b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b 12c 13 14 15a 15b | Yes Yes Yes Yes | No |

- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►VINCENT DE SIO THE YOUNG MEN'S CHRISTIAN ASSOCIATION RETIREMENT FUND 140 BROADWAY NEW YORK, NY (646) 458-2400

| Form 990 | (2012 | • |
|----------|-------|---|
|----------|-------|---|

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

Check if Schedule O contains a response to any question 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 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or 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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

| | 1 | 1 | | | | | | | | |
|---------------------------|---|-----------------------------------|-----------------------|---------|--------------|------------------------------|--------|--|--|---|
| (A) Name and Title | A verage hours per week (list any hours for related (A) (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099- | (F) Estimated amount of other compensation from the |
| | organizations below dotted line) | Individual trustae or director | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | , | MISC) | organization and related organizations |
| See Additional Data Table | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | • | • | • | | | | | | | Form 990 (2012) |

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

| | (A) Name and Title | (B) A verage hours per week (list any hours | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | | (F) Estima amount o compens from t | ited fother sation :he |
|-------|---|---|--|-----------------------|----------------|--------------|------------------------------|----------|---|---|-----|--|---------------------------------|
| | | for related organizations below dotted line) | Individual trustie or director | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | 2/1099-MISC) | 2/1099-MISC) |) (| organizati relati organiza | ed |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 1b | Sub-Total | | | | | <u> </u> | | | | | | | |
| c | Total from continuation sheet Total (add lines 1b and 1c) . | s to Part VII, S | ection A | ١. | • | • | | • | 5,274,205 | 1,649,5 | 30 | | 1,040,532 |
| d | Total number of individuals (in | | | | | | d abov | | | | 30 | | 1,010,332 |
| | \$100,000 of reportable compe | ensation from th | e organ | ızatıc | on F -3 | 31 | | | | | | 1 | T |
| 3 | Did the organization list any fo on line 1a? <i>If</i> "Yes," complete S | | | | | key - | emplo | yee, | or highest compen | sated employee | | Yes | No_ |
| 4 | For any individual listed on line organization and related organ individual | e 1a, is the sum | of repo | rtabl | e co | | | | | | 3 | Yes | |
| 5 | Did any person listed on line 1 services rendered to the organ | | | | | | | | | | 5 | | No |
| Se | ection B. Independent Co | ntractors | | | | | | | | | | | |
| 1 | Complete this table for your five | | | | | | | | | | | tax vear | |

| (A) | (B) | (C) |
|--|----------------------------------|--------------|
| Name and business address | Description of services | Compensation |
| MFS INSTITUTIONAL ADVISORS POBOX 8500-54417 PHILADELPHIA PA 191784417 | INVESTMENT MANAGEMENT | 1,133,215 |
| LSV ASSET MANAGEMENT 4842 PAYSPHERE CIRCLE CHICAGO IL 60674 | INVESTMENT MANAGEMENT | 1,034,828 |
| WELLINGTON TRUST COMPANY POBOX 13766 NEWARK NJ 071880766 | INVESTMENT MANAGEMENT | 918,636 |
| ARROWSTREET CAPITAL LP 200 CLARENDON STREET 30TH FLOOR BOSTON MA 02116 | INVESTMENT MANAGEMENT | 780,773 |
| WELLINGTON MANAGMENT COMPANY PO BOX 13694 NEWARK NJ 071880766 | INVESTMENT MANAGEMENT | 778,764 |
| Total number of independent contractors (including but not limited to these list | ad above \ who recoved more than | |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization >35

| Part V | | Statement o | it Revenue ule O contains a respoi | ase to any question | in this Part VIII | | | |
|---|---------|----------------------------------|--|---------------------------------------|----------------------|--|--------------------------------|---|
| | | Check if Select | are o contains a respon | ise to any question | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512,513,or 514 |
| w 28 | 1a | Federated cam | paigns 1a | | | | | |
| ants unt | ь | Membership du | es 1b | | | | | |
| Gr? mo | c | Fundraising eve | ents 1c | 183,688 | | | | |
| fts, r A | d | | zations 1d | | | | | |
| Gi rila | | Government grants | | | | | | |
| ns, Sin | е | _ | | | | | | |
| utic ier | f | similar amounts no | ons, gifts, grants, and 1f ot included above | | | | | |
| rib Oth | g | Noncash contribute | ons included in lines | İ | İ | į | | j j |
| Contributions, Gifts, Grants and Other Similar Amounts | h | • | s 1a-1f | | 183,688 | | | |
| C | | | | Business Code | | | | |
| Elle. | 2a | LIFE ANNUITIES | | Business Code 525990 | 175,306,543 | 175,306,543 | | |
| ever | b | ET L'ANNOTTES | | 323990 | 175,306,543 | 173,306,343 | | |
| e E | c | | | | | | | |
| rwc | d | | | | | | | |
| Program Serwce Revenue | e | | | | | | | |
| ran. | f | All other progra | am service revenue | | | | | |
| • | | - | | L . | | | | |
| | g 3 | | s 2a-2f ome (including dividen | | 175,306,543 | | | |
| | | | ar amounts) | | 79,729,352 | 79,729,352 | | |
| | 4 | Income from inves | stment of tax-exempt bond | proceeds | | | | |
| | 5 | Royalties | | | | | | |
| | | Cross rants | (ı) Real | (II) Personal | | | | |
| | 6a b | Gross rents Less rental | | | | | | |
| | _ | expenses Rental income | | | | | | |
| | C | or (loss) | | | | | | |
| | d | Net rental incoi | me or (loss) | · · · · · · · · · · · · · · · · · · · | | | | |
| | 7a | Gross amount | (ı) Securities | (II) O ther | | | | |
| | ′" | from sales of assets other | 4,130,321,000 | | | | | |
| | ١. | than inventory Less cost or | | | | | | |
| | b | other basis and | 3,938,972,271 | | | | | |
| | c | sales expenses Gain or (loss) | 191,348,729 | | | | | |
| | d | Net gain or (los | s) | | 191,348,729 | 191,348,729 | | |
| . . | 8a | Gross income f | | | | | | |
| Other Revenue | | events (not inc \$ 183 | _ | | | | | |
| ₹ | | of contributions | reported on line 1c) | | | | | |
| Ä | | See Part IV, lin | ie 18 a | 26,550 | | | | |
| her | ь | Less direct ex | penses b | 62,811 | | | | |
| ŏ | c | | (loss) from fundraising | | -36,261 | | | -36,261 |
| | 9a | | rom gaming activities | | | | | |
| | | See Part IV, lin | ie 19 a | | | | | |
| | ь | Less direct ex | penses b | | | | | |
| | c | Net income or (| (loss) from gamıng actı | vities | | | | |
| | 10a | Gross sales of | | | | | | |
| | | returns and allo | owances . a | | | | | |
| | ь | Less cost of a | oods sold b | | | | | |
| | С | | (loss) from sales of inv | entory | | | | |
| | | Miscellaneous | s Revenue | Business Code | | | | |
| | 11a | | | | | | | |
| | b | | | | | | | |
| | С | | | | | | | |
| | d | All other revenue | | | | | | ļ |
| | е | Total. Add lines | s 11a-11d | · · · • | | | | |
| | 12 | Total revenue. | See Instructions . | | 446,532,051 | 446,384,624 | | -36,261 |
| | | | | | <u> </u> | | | Form 990 (2012) |

| | | Statement of Functional Expenses | | | | |
|-------|--------|--|-----------------------|---|-------------------------------------|--|
| ectio | | (c)(3) and $501(c)(4)$ organizations must complete all columns All | | | lete column (A) | |
| | (| Check if Schedule O contains a response to any question in this Pa | rt IX | | | <u> </u> |
| | | ude amounts reported on lines 6b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | | ts and other assistance to governments and organizations 2 United States See Part IV, line 21 | 142,990 | 142,990 | | |
| 2 | | ts and other assistance to individuals in the id States See Part IV, line 22 | 31,962 | 31,962 | | |
| 3 | organ | ts and other assistance to governments, nizations, and individuals outside the United is See Part IV, lines 15 and 16 | 31,302 | 31,302 | | |
| 4 | Benet | fits paid to or for members | 446,828,816 | 446,828,816 | | |
| 5 | | pensation of current officers, directors, trustees, and employees | 3,504,386 | 1,749,231 | 1,755,155 | |
| 6 | (as de | pensation not included above, to disqualified persons efined under section 4958(f)(1)) and persons ribed in section 4958(c)(3)(B) | 113,454 | 84,698 | 28,756 | |
| 7 | Other | r salarıes and wages | 8,119,279 | 5,696,700 | 2,422,579 | |
| 8 | | on plan accruals and contributions (include section 401(k) 03(b) employer contributions) | 709,664 | 466,392 | 243,272 | |
| 9 | Othe | r employee benefits | 884,555 | 531,103 | 353,452 | |
| 10 | Payro | oll taxes | 626,901 | 403,282 | 223,619 | |
| 11 | | for services (non-employees) | | | | |
| а | | gement | | | | |
| b | | | 200,724 | 200,724 | | |
| c | - | unting | 225,190 | 45,029 | 180,161 | |
| d | | ying | | , | | |
| e | | ssional fundraising services See Part IV, line 17 | | | | |
| f | | stment management fees | 14,626,425 | 14,568,806 | 57,619 | |
| g | Other | r (If line 11g amount exceeds 10% of line 25, nn (A) amount, list line 11g expenses on | | | | |
| | | dule O) | 507,212 | 68,389 | 438,823 | |
| 12 | | rtising and promotion | 181,422 | 47,268 | 134,154 | |
| | | e expenses | 797,834 | 362,289 | 435,545 | |
| 14 | | mation technology | 1,087,846 | 1,031,943 | 55,903 | |
| 15 | Royal | lties | | | | |
| 16 | Occu | pancy | 2,938,018 | 2,001,661 | 936,357 | |
| 17 | Trave | | 485,799 | 344,896 | 140,903 | |
| 18 | | nents of travel or entertainment expenses for any federal, , or local public officials | | | | |
| 19 | Confe | erences, conventions, and meetings | 471,345 | 68,177 | 403,168 | |
| 20 | Inter | est | | | | |
| 21 | Paym | nents to affiliates | | | | |
| 22 | Depre | eciation, depletion, and amortization | 561,265 | 346,093 | 215,172 | |
| 23 | Insur | ance | 318,126 | | 318,126 | |
| 24 | misce | r expenses Itemize expenses not covered above (List ellaneous expenses in line 24e If line 24e amount exceeds 10% e 25, column (A) amount, list line 24e expenses on Schedule O) | | | | |
| а | | RCH ALLIANCE DUES | 50,222 | 0 | 50,222 | |
| b | | | | | | |
| С | | | | | | |
| d | | | | | | |
| | All ot | ther expenses | | | | |
| 25 | | functional expenses. Add lines 1 through 24e | 483,413,435 | 475,020,449 | 8,392,986 | (|
| 26 | Joint | costs. Complete this line only if the organization | 705,715,455 | 7/3,020,449 | 0,392,300 | |
| | educa | ted in column (B) joint costs from a combined ational campaign and fundraising solicitation. Check T if following SOP 98-2 (ASC 958-720) | | | | |

Part X Balance Sheet

| Га | rt X | Check if Schedule O contains a response to any question in this Pa | rt X | | | |
|--------------|------|---|--------------------------|--------------------------|---------------|--------------------|
| | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash—non-interest-bearing | | 19,761,769 | 1 | 16,924,476 |
| | 2 | Savings and temporary cash investments | | | 2 | |
| | 3 | Pledges and grants receivable, net | | | 3 | |
| | 4 | Accounts receivable, net | | 121,717,989 | 4 | 121,011,664 |
| | 5 | Loans and other receivables from current and former officers, direct key employees, and highest compensated employees Complete Pa Schedule L | rt II of | | 5 | |
| Assets | 6 | Loans and other receivables from other disqualified persons (as desection 4958(f)(1)), persons described in section 4958(c)(3)(B), a employers and sponsoring organizations of section 501(c)(9) volumemployees' beneficiary organizations (see instructions) Complete I Schedule L | nd contributing itary | | 6 | |
| 8 | _ | Natas and large granustic nat | | | 7 | |
| ⋖ | 7 | Notes and loans receivable, net | | | 8 | |
| | 8 | Inventories for sale or use | | 1,281,560 | 9 | 1,052,050 |
| | 9 | Prepaid expenses and deferred charges | | 1,261,560 | 9 | 1,052,050 |
| | 10a | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a | 6,521,741 4,836,418 | | | |
| | Ь | Less accumulated depreciation 10b | · ' | | 1,685,323 | |
| | 11 | Investments—publicly traded securities | | 3,959,503,260 | 11 | 4,317,630,922 |
| | 12 | Investments—other securities See Part IV, line 11 | 1,247,985,102 | 12 | 1,398,136,377 | |
| | 13 | Investments—program-related See Part IV, line 11 | | | 13 | |
| | 14 | Intangible assets | | | 14 | |
| | 15 | Other assets See Part IV, line 11 | | | 15 | |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | | 5,351,178,008 | 16 | 5,856,440,812 |
| | 17 | Accounts payable and accrued expenses | | 476,875,848 | 17 | 520,709,270 |
| | 18 | Grants payable | | | 18 | |
| | 19 | Deferred revenue | | | 19 | |
| | 20 | Tax-exempt bond liabilities | | | 20 | |
| 8 | 21 | Escrow or custodial account liability Complete Part IV of Schedule | e D | | 21 | |
| Liabilities | 22 | Loans and other payables to current and former officers, directors, key employees, highest compensated employees, and disqualified | trustees, | | | |
| je | | persons Complete Part II of Schedule L | | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | • | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties . | | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to related tand other liabilities not included on lines $17-24$) Complete Part X | of Schedule | 5 055 000 077 | | 5 555 504 540 |
| | | D | | 5,355,339,277 | 25 | 5,555,581,516 |
| | 26 | Total liabilities. Add lines 17 through 25 | | 5,832,215,125 | 26 | 6,076,290,786 |
| Φ S | | Organizations that follow SFAS 117 (ASC 958), check here ► at lines 27 through 29, and lines 33 and 34. | na complete | | | |
| Ĕ | 27 | Unrestricted net assets | | | 27 | |
| <u>평</u> | 28 | Temporarily restricted net assets | | | 28 | |
| | 29 | Permanently restricted net assets | | | 29 | |
| Fund Balance | | Organizations that do not follow SFAS 117 (ASC 958), check here is | | | | |
| 9. F | | complete lines 30 through 34. | • | | | |
| <u>9</u> | 30 | Capital stock or trust principal, or current funds | | 0 | 30 | 0 |
| Assets | 31 | Paid-in or capital surplus, or land, building or equipment fund . | | 0 | 31 | 0 |
| | 32 | Retained earnings, endowment, accumulated income, or other funds | ; | -481,037,117 | 32 | -219,849,974 |
| Ř | 33 | Total net assets or fund balances | | -481,037,117 | 33 | -219,849,974 |
| _ | 34 | Total liabilities and net assets/fund balances | | 5,351,178,008 | 34 | 5,856,440,812 |

| Par | Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI | | | | ্য. |
|-----|--|---------|----|--------|---------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | | | | |
| • | Total revenue (must equal rait viii, column (A), me 12) | 1 | | 446,5 | 32,051 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | 483,4 | 13,435 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | | -36.8 | 881,384 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | | | 37,117 |
| 5 | Net unrealized gains (losses) on investments | 5 | | | 041,000 |
| 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 in Schedule O) | 9 | | | 27,527 |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | | -219,8 | 349,974 |
| Par | t XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response to any question in this Part XII | | | | . Г |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990 | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | No |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both | ved on | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | Yes | |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separabasis, consolidated basis, or both | ate | | | |
| | ▼ Separate basis | | | 1 | |
| c | If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight audit, review, or compilation of its financial statements and selection of an independent accountant? | of the | 2c | Yes | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O | | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | ! | 3a | | No |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the re | equired | 3b | | |

Software ID: **Software Version:**

EIN: 13-5562401

Name: YOUNG MEN'S CHRISTIAN ASSOCIATION RETIREMENT

FUND

| Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors | | | | | | | | | | | | |
|---|--|--------------------------------------|-----------------------|-------------------------------------|-----------------------------|------------------------------|--------|--|---|--|--|--|
| (A) Name and Title | (B) Average hours per week (list any | Positio more unless an dire | than | not one on i r an trust | box s bot d a tee) | , th | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related | | |
| | hours for related organizations below dotted line) | Individual trustae or director | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | | | organizations | | |
| DENISE DAY TRUSTEE VOLUNTEER | 2 00 40 00 | × | | | | | | 0 | 310,136 | 41,374 | | |
| KRISTIANNE BLAKE TRUSTEE VOLUNTEER | 2 00 | х | | | | | | 0 | 0 | 0 | | |
| JOHN CLYMER TRUSTEE VOLUNTEER | 2 00 | х | | | | | | 0 | 0 | 0 | | |
| JURIJ Z KUSHNER TRUSTEE VOLUNTEER | 2 00 | х | | | | | | 0 | 0 | 0 | | |
| ELIZABETH T FRANK TRUSTEE VOLUNTEER | 2 00 | х | | | | | | 0 | 0 | 0 | | |
| CARMELITA GALLO TRUSTEE VOLUNTEER | 2 00 40 00 | х | | | | | | 0 | 241,668 | 41,549 | | |
| CARLOS GONZALEZ TRUSTEE VOLUNTEER | 2 00 | Х | | | | | | 0 | 0 | 0 | | |
| WILLIAM A HOLBY TRUSTEE VOLUNTEER | 2 00 | х | | | | | | 0 | 0 | 0 | | |
| JOHN MARK JOHNSON TRUSTEE VOLUNTEER | 2 00 40 00 | х | | | | | | 0 | 382,748 | 67,785 | | |
| ERIC MANN TRUSTEE VOLUNTEER | 2 00 40 00 | х | | | | | | 0 | 371,527 | 35,722 | | |
| ERIC MULLINS TRUSTEE VOLUNTEER | 2 00 | х | | | | | | 0 | 0 | 0 | | |
| GEORGANNE PERKINS TRUSTEE VOLUNTEER | 2 00 | х | | | | | | 0 | 0 | 0 | | |
| D SCOTT LUTTRELL TRUSTEE VOLUNTEER | 2 00 | × | | | | | | 0 | 0 | 0 | | |
| ROBERT T LUTTS TRUSTEE VOLUNTEER | 2 00 | х | | | | | | 0 | 0 | 0 | | |
| REID THEBAULT VICE CHAIRMAN | 2 00 40 00 | х | | х | | | | 0 | 343,451 | 30,598 | | |
| G RAINEY WILLIAMS JR CHAIRMAN | 2 00 | х | | х | | | | 0 | 0 | 0 | | |
| HAROLD DAVIS TRUSTEE VOLUNTEER UNTIL - 12/31/2012 | 2 00 | х | | | | | | 0 | 0 | 0 | | |
| PETER ZEIGLER TRUSTEE VOLUNTEER UNTIL - 12/31/2012 | 2 00 | х | | | | | | 0 | 0 | 0 | | |
| JOHN M PREIS PRESIDENT AND CHIEF EXECUT | 40 00 | | | Х | | | | 929,070 | 0 | 75,930 | | |
| VANESSA BOULOUS CHIEF OPERATIONS OFFICER - EXTERNAL | 40 00 | | | Х | | | | 283,247 | 0 | 68,504 | | |
| ELLIOTT BUCHHOLZ CHIEF OPERATIONS OFFICER - INTERNAL | 40 00 | | | Х | | | | 302,638 | 0 | 65,031 | | |
| VINCENT M DE SIO CHIEF FINANCIAL OFFICER | 40 00 | | | х | | | | 295,443 | 0 | 69,733 | | |
| JAMES G KIRSCHNER CHIEF STRATEGY OFFICER | 40 00 | | | Х | | | | 278,210 | 0 | 68,011 | | |
| JOHN QUINONES GENERAL COUNSEL | 40 00 | | | х | | | | 333,406 | 0 | 70,051 | | |
| HUNTER REISNER CHIEF INVESTMENT OFFICER | 40 00 | | | x | | | | 691,889 | 0 | 57,195 | | |

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| (A) Name and Title | (B) A verage hours per week (list any hours for related organizations below dotted line) | more unless an o | than pers office | do not check in one box, rson is both cer and a r/trustee) | | | Former | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|------------------------|------------------------|--|---|---|--------|--|---|--|
| LISA WORTHY VP & CONTROLLER | 40 00 | | | | Х | | | 162,140 | 0 | 47,525 |
| ELIZABETH DELGADO VICE PRESIDENT - HUMAN RESOURCES | 40 00 | | | | х | | | 152,378 | 0 | 37,670 |
| MARCELA DEITRICH VICE PRESIDENT - CUSTOMER SERVICE | 40 00 | | | | х | | | 159,057 | 0 | 23,875 |
| DAVID I LANDAU VICE PRESIDENT PRIVATE EQU | 40 00 | | | | | х | | 460,807 | 0 | 82,143 |
| LOUISE A HOWARD VICE PRESIDENT - FIXED INCOME & PERFORMANCE | 40 00 | | | | | х | | 300,837 | 0 | 46,885 |
| DAVID SLIFKA VICE PRESIDENT - REAL ASSETS | 40 00 | | | | | х | | 354,005 | 0 | 34,682 |
| GEORGE BRIM APPLICATIONS MANAGER | 40 00 | | | | | х | | 153,239 | 0 | 46,745 |
| ROBERT HASTEDT DIRECTOR OF EDUCATION | 40 00 | | | | | х | | 147,839 | 0 | 29,524 |
| BRIGETTE RENAUD FORMER GENERAL COUNSEL | 0 00 | | | | | | х | 270,000 | 0 | 0 |
| | | | | | | | | | | |

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493310014833

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Total

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. ▶ See separate instructions.

Open to Public Inspection

| 'OUN | G MEN'S | CHRISTIAN ASSO | CIATION RETIREMENT FU | ND | | | | | | | | |
|--------|--------------------------------|--|--|--|--------------------------------|---|---------------------------------------|--|-----------------|-------------|--------------------------------|-------|
| - | | | D 1-11:- 01 11 4 | 3. / A !! | | | | 13-5562 | | | | |
| | rt I | | r Public Charity S | | | | _ | | instruc | tions. | | |
| | | | rivate foundation bec | | | | | | | | | |
| 1 | | • | vention of churches, o | | | | section 1/0 | (b)(1)(A)(i). | 1 | | | |
| 2 | | | ribed in section 170(I | | • | • | | | | | | |
| 3 | | A hospital or a | a cooperative hospita | l service org | anızatıon des | cribed in sect | ion 170(b)(| 1)(A)(iii). | | | | |
| 4 | | | earch organization op | erated in cor | njunction with | ı a hospıtal de | escribed in s | ection 170(b) | (1)(A) | (iii). Ente | er the | |
| 5 | | | ne, city, and state on operated for the be | nefit of a coll | ege or univer | rsity owned oi | operated by | y a governme | ntal unit | describ | ed in | _ |
| | : | section 170(b) | (1)(A)(iv). (Complet | te Part II) | | | | | | | | |
| 6 | _ | | e, or local governmer | • | nental unit de | scribed in se | ction 170(b) | (1)(A)(v). | | | | |
| 7 | _ | • | n that normally recei | _ | | | | | from the | e aenera | l public | : |
| | | | ection 170(b)(1)(A)(| | | | y | | | <i>y</i> | , | |
| 8 | Γ. | A community | trust described in sec | tion 170(b)(| 1)(A)(vi) (C | omplete Part | II) | | | | | |
| 9 | Γ. | An organizatio | n that normally recei | ves (1) mor | e than 331/3% | of its suppo | rt from contr | ributions, mer | mbershij | p fees, aı | nd gros | ss |
| | | receipts from | activities related to it | s exempt fur | nctions—subj | ect to certain | exceptions | , and (2) no m | ore thai | n 331/3% | of | |
| | | its support fro | m gross investment i | ncome and u | nrelated busı | ness taxable | ıncome (les | s section 511 | L tax) fro | om busın | esses | |
| | i | acquired by th | e organızatıon after J | une 30, 197 | 5 See sect io | n 509(a)(2). | (Complete P | art III) | | | | |
| 10 | | An organizatio | n organized and oper | ated exclusiv | vely to test fo | or public safet | y See secti | on 509(a)(4) | | | | |
| 11 | | one or more pu | on organized and oper ublicly supported organized organi | anızatıons de uppor <u>tı</u> ng or | scribed in se ganization an | ction 509(a)(d complete li | (1) or sectio nes 11e th <u>ro</u> | n 509(a)(2) ough 11h | See sec | tion 509(| a)(3). | Check |
| e f | | other than fou section 509(a If the organiza check this box | tion received a writte | d other than o | one or more p | oublicly suppo | a Type I, Ty | pe II, or Typ | bed in s | ection 5 | 09(a)(| 1) or |
| g | | Since August following perso | 17, 2006, has the or | ganızatıon ac | cepted any g | jift or contribu | ition from an | y of the | | | | |
| | | | tho directly or indirect | tly controls. | either alone o | or together wi | th persons d | escribed in (i | 1) | | Yes | No |
| | | | , the governing body (| | | | po | (. | • , | 11g(i) | 103 | No |
| | | | ember of a person de | | | | | | | 11g(ii) | | No |
| | | | ontrolled entity of a pe | | | ı) above? | | | | 11g(iii) | | No |
| h | | | llowing information ab | | | | | | | g() | | |
| •• | , | TOTAL LITE TO | noving information as | out the supp | orted organiz | acion(5) | | | | | | |
| su | Name of pported anizatio | ` ´ | (iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions)) | (iv) Is t organızatı col (i) lıst your gove docume | on in ed in rning | (v) Did you the organiz in col (i) o support | atıon f your | (vi) Is to organizate col (i) organizate col (i) organizate col (ii) organizate col (iii) organizate col (iiii) in the U | on in anized | (1 | vii) Am mone supp | |
| | | | | Yes | No | Yes | No | Yes | No | | | |
| | ıtıonal a Table | | | | | | | | | | | |
| | | | | | | | | | | | | |

0

| Sch | edule A (Form 990 or 990-EZ) 2012 | | | | | | | Page 2 |
|--------|---|------------------|--------------------|------------------|--------------------|------------------|-----------|----------------|
| Pa | (Complete only if you o | hecked the bo | x on line 5, 7, | or 8 of Part I o | r if the organiza | ation faile | ed to q | |
| | Part III. If the organiza ection A. Public Support | tion fails to qu | alify under the | tests listed bel | ow, please com | <u>iplete Pa</u> | rt III.) | |
| | ection A. Public Support endar year (or fiscal year beginning | | | | | 1 | | |
| | in) ► | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2 | 312 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | | |
| | membership fees received (Do not include any "unusual | | | | | | | |
| | grants ") | | | | | | | |
| 2 | Tax revenues levied for the | | | | | | | |
| | organization'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 | | | | | | | |
| 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 | | | | | | | |
| 6 | (f) Public support. Subtract line 5 from | | | | | | | |
| | line 4 | | | | | | | |
| S | ection B. Total Support | | | | | | | |
| Cal | endar year (or fiscal year beginning | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 20 |)12 | (f) Total |
| _ | in) ► A mounts from line 4 | | . , | | . , | , , | | . , |
| 7 8 | Gross income from interest, | | | | | | | |
| 0 | dividends, payments received on | | | | | | | |
| | securities loans, rents, royalties | | | | | | | |
| | and income from similar | | | | | | | |
| 9 | sources Net income from unrelated | | | | | | | |
| 9 | 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 IV) | | | | | | | |
| 11 | Total support (Add lines 7 through | | | | | | | |
| 4.0 | 10) | | <u> </u> | | | | | |
| 12 | Gross receipts from related activitie | | | | | 12 | | |
| 13 | First five years. If the Form 990 is this box and stop here | | | | | | | ization, check |
| | ection C. Computation of Pub | | | | <u> </u> | <u> </u> | | |
| 14 | Public support percentage for 2012 | | | 11, column (f)) | | 14 | | |
| 15 | Public support percentage for 2011 | | | , , , , , , , | | 15 | | |
| | 33 1/3% support test—2012. If the o | · · | • | on line 13 and l | ine 14 is 33 1/20% | | chack ti | nie hov |
| 104 | and stop here. The organization qua | | | | me 1 1 13 33 1/3/0 | or more, | JIICCK CI | ► □ |
| b | 33 1/3% support test—2011. If the | | | | and line 15 is 33 | 3 1/3% or n | nore, ch | eck this |
| | box and stop here. The organization | | | | | | . 4 4 | ▶□ |
| 1/a | 10%-facts-and-circumstances test- is 10% or more, and if the organizat | | | | | | | • |
| | in Part IV how the organization mee | | | | | | | |
| | organization | | | | 4 | r | , | ▶ □ |
| b | 10%-facts-and-circumstances test- | | | | | | | |
| | 15 is 10% or more, and if the organ Explain in Part IV how the organizat | | | | | | | lv |
| | supported organization | ion meets the T | acts-ana-cncum: | stances test III | ic organization qu | uiiiiE5 45 i | a public | ·y ▶□ |
| 18 | Private foundation. If the organizat | on did not check | c a box on line 13 | , 16a, 16b, 17a, | or 17b, check thi | s box and | see | · |
| | instructions | | | | | | | ▶ ┌ |

Schedule A (Form 990 or 990-EZ) 2012 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt

| | purpose | | | | | | |
|------------|--|---------------------|--------------------|----------------------|-------------------|-----------------|-------------------------|
| 3 | Gross receipts from activities that | | | | | | |
| | are not an unrelated trade or | | | | | | |
| | business under section 513 | | | - | | | |
| 4 | Tax revenues levied for the | | | | | | |
| | organization's benefit and either | | | | | | |
| | paid to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities | | | | | | |
| 3 | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| | Amounts included on lines 1, 2, | | | | | | |
| <i>7</i> a | and 3 received from disqualified | | | | | | |
| | persons | | | | | | |
| b | Amounts included on lines 2 and 3 | | | | | | |
| _ | received from other than | | | | | | |
| | disqualified persons that exceed | | | | | | |
| | the greater of \$5,000 or 1% of the | | | | | | |
| | amount on line 13 for the year | | | | | | |
| С | Add lines 7a and 7b | | | | | | |
| 8 | Public support (Subtract line 7c | | | | | | |
| | from line 6) | | | | | | |
| _Se | ction B. Total Support | | | | | | |
| Cale | ndar year (or fiscal year beginning | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
| | in) ► | (u) 2000 | (6) 2003 | (6) 2010 | (4) 2011 | (6) 2012 | (1) 10tai |
| 9 | A mounts from line 6 | | | | | | |
| 10a | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties | | | | | | |
| | and income from similar | | | | | | |
| | sources | | | | | | |
| Ь | 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 | | | | | | |
| 11 | business activities not included | | | | | | |
| | in line 10b, whether or not the | | | | | | |
| | business is regularly carried on | | | | | | |
| 12 | Other income Do not include | | | | | | |
| | gain or loss from the sale of | | | | | | |
| | capital assets (Explain in Part | | | | | | |
| | IV) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, | | | | | | |
| | 11, and 12) | | | Librari Corretto con | 6.01 | E04(-)(2) | |
| 14 | First five years. If the Form 990 is for | or the organization | on's first, second | i, thira, fourth, or | ππη tax year as a | 1 501(c)(3) org | anization, ► |
| | check this box and stop here | a Cunnaut Da | | | | | <u> </u> |
| | ction C. Computation of Public | | | 1.2 | | T I | |
| 15 | Public support percentage for 2012 | | | 13, column (T)) | | 15 | |
| 16 | Public support percentage from 2011 | L Schedule A, Pa | art III, line 15 | | | 16 | |
| Se | ction D. Computation of Inve | stment Inco | me Percenta | ge | | | |
| 17 | Investment income percentage for 20 | | | | nn (f)) | 17 | |
| | | | | | . , , | | |
| 18 | Investment income percentage from | | | | | 18 | |
| 19a | 33 1/3% support tests—2012. If the o | | | | | | ıd lıne 17 ıs not ▶□ |

33 1/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18

is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

| Part IV | Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; |
|---------|---|
| | Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See |
| | instructions). |

Facts And Circumstances Test

Explanation

SCHEDULE A, PART IV, SUPPLEMENTAL INFORMATION THE SUPPORTED ORGANIZATIONS OF THE YMCA RETIREMENT FUND CONSIST OF 845 INDEPENDENTLY INCORPORATED YMCA'S ACROSS THE UNITED STATES AND PUERTO RICO, INCLUDING THE NATIONAL COUNCIL OF YMCA'S OF THE UNITED STATES OF AMERICA (YMCA OF THE USA) THE SUPPORTED ORGANIZATIONS ARE DESIGNATED AS A CLASS IN THE ARTICLES OF INCORPORATION OF THE YMCA RETIREMENT FUND IN ACCORDANCE WITH TREASURY REGULATION SECTION 1 509(A)-4(D)(2) THE YMCA RETIREMENT FUND SUPPORTS AND BENEFITS THE YMCA'S AND THE YMCA OF THE USA BY PROVIDING PENSION AND WELFARE BENEFIT PROGRAMS FOR THEIR EMPLOYEES AND FORMER EMPLOYEES, WHICH, BUT FOR THE YMCA RETIREMENT FUND, EACH YMCA AND THE YMCA OF THE USA WOULD HAVE TO PROVIDE ITSELF

Schedule A (Form 990 or 990-EZ) 2012

Software ID: Software Version:

EIN: 13-5562401

Name: YOUNG MEN'S CHRISTIAN ASSOCIATION RETIREMENT

FUND

| Form 990, Sc | h A, Part I, L | ine 11h - Provide the | | | ormatio | n abou | t the s | upporte | d organization(s). |
|---|--------------------|--|--|---------------------------------------|---|---|------------------------------------|-----------------------------|-------------------------------------|
| (i) Name of Supported Organization | (ii) EIN | (iii) Type of organization (described on lines 1- 9 above or IRC section) | Is organız (ı) lısted gove docui | v) the ation in d in your rning ment? | Did you the orga in (i) o supp | v) u notify inization of your port? | Is organız (ı) orga the l | the ation in nized in J S ? | (vii) A mount of support? |
| STATE YMCA OF MAINE | 010186800 | 9 | Yes Yes | No | Yes Yes | No | Yes Yes | No | 0 |
| MOUNT DESERT ISLAND YMCA | 010211486 | 9 | Yes | | Yes | | Yes | | 0 |
| AUBURN- LEWISTON YMCA | 010211567 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA OF SOUTHERN MAINE | 010211568 | 9 | Yes | | Yes | | Yes | | 0 |
| KENNEBEC VALLEY YMCA | 010211811 | 9 | Yes | | Yes | | Yes | | 0 |
| BATH AREA FAMILY YMCA | 010211812 | 9 | Yes | | Yes | | Yes | | 0 |
| PENOBSCOT BAY YMCA | 010211813 | 9 | Yes | | Yes | | Yes | | 0 |
| SANFORD- SPRINGVALE YMCA | 010211814 | 9 | Yes | | Yes | | Yes | | 0 |
| BOOTHBAY REGION YMCA | 010237912 | 9 | Yes | | Yes | | Yes | | 0 |
| DOWN EAST FAMILY YMCA | 010412269 | 9 | Yes | | Yes | | Yes | | 0 |
| WALDO COUNTY YMCA | 010493123 | 9 | Yes | | Yes | | Yes | | 0 |
| ALLIANCE OF NEW YORK STATE YMCAS INC | 010567018 | 9 | Yes | | Yes | | Yes | | 0 |
| CHESHIRE YMCA | 020222246 | 9 | Yes | | Yes | | Yes | | 0 |
| KEENE FAMILY YMCA | 020222247 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA OF GREATER MANCHESTER | 020222248 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA OF GREATER NASHUA | 020222250 | 9 | Yes | | Yes | | Yes | | 0 |
| CONCORD FAMILY YMCA | 020223358 | 9 | Yes | | Yes | | Yes | | 0 |
| CARROLL COUNTY YMCACAMP HUCKINS | 026001065 | 9 | Yes | | Yes | | Yes | | 0 |
| GREATER BURLINGTON YMCA | 030185810 | 9 | Yes | | Yes | | Yes | | 0 |
| MEETING WATERS YMCA | 030214294 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA OF GREATER SPRINGFIELD INC | 041859893 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA OF GREATER BOSTON | 042103551 | 9 | Yes | | Yes | | Yes | | 0 |
| ATHOL YMCA | 042103727 | 9 | Yes | | Yes | | Yes | | 0 |
| SOMERVILLE YMCA | 042103853 | 9 | Yes | | Yes | | Yes | | 0 |
| CAMBRIDGE YMCA | 042103960 | 9 | Yes | | Yes | | Yes | | 0 |
| MERRIMACK VALLEY YMCA INC | 042104378 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA SOUTHCOAST | 042104749 | 9 | Yes | | Yes | | Yes | | 0 |
| WEST SUBURBAN YMCA | 042104783 | 9 | Yes | | Yes | | Yes | | 0 |
| PITTSFIELD FAMILY YMCA | 042104837 | 9 | Yes | | Yes | | Yes | | 0 |
| GREATER LOWELL FAMILY YMCA | 042104898 | 9 | Yes | | Yes | | Yes | | 0 |

| (i) | | (iii) | (iv) Is the organization in | | | v) u notify | () Is | /i) the | ed organization(s). |
|---|-------------|--|-----------------------------|----------------|----------|-----------------------|------------------|----------------------|------------------------------|
| Name of Supported | (ii) EIN | Type of organization (described on lines 1-9 | (ı) lıste | d in your | the orga | nızatıon of your | organız | ation in nized in | (vii) A mount of support? |
| Organization | | above or IRC section) | | rning ment? | supp | | | JS? | The Strategic Support. |
| | | | Yes | No | Yes | No | Yes | No | |
| YMCA OF THE NORTH SHORE | 042104913 | 9 | Yes | | Yes | | Yes | | (|
| NORTHERN BERKSHIRE /MCA | 042105871 | 9 | Yes | | Yes | | Yes | | |
| TRI-COMMUNITY YMCA OF SOUTHBRIDGE INC | 042105872 | 9 | Yes | | Yes | | Yes | | |
| MALDEN YMCA | 042105874 | 9 | Yes | | Yes | | Yes | | |
| SOUTH SHORE /MCA | 042105881 | 9 | Yes | | Yes | | Yes | | |
| YMCA OF METRO NORTH | 042105883 | 9 | Yes | | Yes | | Yes | | |
| YMCA OF CENTRAL MASSACHUSETTS | 042105885 | 9 | Yes | | Yes | | Yes | | |
| HAMPSHIRE REGIONAL YMCA | 042105887 | 9 | Yes | | Yes | | Yes | | |
| BECKET- CHIMNEY CORNERS YMCA CAMPSOUTDOOR CTR | 042105946 | 9 | Yes | | Yes | | Yes | | , |
| OLD COLONY Y | 042125014 | 9 | Yes | | Yes | | Yes | | |
| YMCA OF GREATER WESTFIELD INC | 042126585 | 9 | Yes | | Yes | | Yes | | , |
| HOCKOMOCK AREA YMCA | 042131749 | 9 | Yes | | Yes | | Yes | | |
| GREENFIELD /MCA | 042149363 | 9 | Yes | | Yes | | Yes | | |
| WENDELL P CLARK MEMORIAL YMCA | 042173363 | 9 | Yes | | Yes | | Yes | | |
| GREATER HOLYOKE YMCA | 042192693 | 9 | Yes | | Yes | | Yes | | |
| YMCA OF ATTLEBORO | 042255819 | 9 | Yes | | Yes | | Yes | | |
| METROWEST YMCA INC | 042281530 | 9 | Yes | | Yes | | Yes | | |
| COMMUNITY YMCA OF DANVERS MA INC | 042308404 | 9 | Yes | | Yes | | Yes | | |
| CAPE COD YOUNG MEN'S CHRISTIAN ASSOCIATION | 042394925 | 9 | Yes | | Yes | | Yes | | |
| YMCA OF MARTHA'S VINEYARD | 043293959 | 9 | Yes | | Yes | | Yes | | |
| YMCA CAMP BELKNAP INC | 043356887 | 9 | Yes | | Yes | | Yes | | |
| YMCA CAMP CONISTON | 043357821 | 9 | Yes | | Yes | | Yes | | |
| SOUTHERN DISTRICT YMCACAMP LINCOLN INC | 043383996 | 9 | Yes | | Yes | | Yes | | |
| PROVIDENCE METROPOLITAN YMCA | 050258878 | 9 | Yes | | Yes | | Yes | | |
| NEWPORT COUNTY YMCA | 050258916 | 9 | Yes | | Yes | | Yes | | |
| PAWTUCKET CENTRAL FALLS METRO BD YMCA | 050259114 | 9 | Yes | | Yes | | Yes | | |
| OCEAN COMMUNITY YMCA | 050268126 | 9 | Yes | | Yes | | Yes | | |
| CAMP MOHAWK YMCA INC | 060646565 | 9 | Yes | | Yes | | Yes | | |
| NAUGATUCK YMCA | 060646770 | 9 | Yes | | Yes | | Yes | | |
| SOUTHINGTON- CHESHIRE COMMUNITY YMCAS INC | 060646905 | 9 | Yes | | Yes | | Yes | | |
| | | I | | | | | | | |

| Form 990, Sch | A, Part I, Lin | e 11h - Provide the | | | rmatio | n about | the su | pporte | d organization(s). |
|--|--------------------|---|-----------------------------|--------------------------------|---------------------------------|----------------------------------|---------------|-----------------------------|------------------------------|
| (i) Name of Supported O rganization | (ii) EIN | (iii) Type of organization (described on lines 1- 9 above or IRC section) | Is organiz (ı) listed | ation in 1 in your rning | Did you the orga in (i) o | u notify inization of your port? | Is organız | the ation in nized in J S ? | (vii) A mount of support? |
| YMCA OF GREENWICH INC | 060646976 | 9 | Yes | | Yes | | Yes | | 0 |
| MERIDEN YMCA | 060646977 | 9 | Yes | | Yes | | Yes | | 0 |
| VALLEY-SHORE YMCA | 060646979 | 9 | Yes | | Yes | | Yes | | 0 |
| NORTHERN MIDDLESEX COUNTY YMCA | 060646981 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA OF STAMFORD | 060646985 | 9 | Yes | | Yes | | Yes | | 0 |
| WALLINGFORD FAMILY YMCA | 060646987 | 9 | Yes | | Yes | | Yes | | 0 |
| GREATER WATERBURY YMCA | 060646988 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA OF WESTPORTWESTON CT INC | 060646989 | 9 | Yes | | Yes | | Yes | | 0 |
| CENTRAL CONNECTICUT COAST YMCA | 060662195 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA OF NORWALK INC | 060662196 | 9 | Yes | | Yes | | Yes | | 0 |
| NEW CANAAN COMMUNITY YMCA | 060763077 | 9 | Yes | | Yes | | Yes | | 0 |
| WILTON FAMILY YMCA INC | 060853258 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA OF DARIEN COMMUNITY INC | 060859795 | 9 | Yes | | Yes | | Yes | | 0 |
| CAMP HAZEN YMCA | 060860014 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA OF METROPOLITAN HARTFORD | 060881325 | 9 | Yes | | Yes | | Yes | | 0 |
| REGIONAL YMCA OF WESTERN CONNECTICUT INC | 066051610 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA OF LONG ISLAND | 111649914 | 9 | Yes | | Yes | | Yes | | 0 |
| THE FOUR SEASONS YMCA | 113774789 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA OF GREATER NEW YORK | 131624228 | 9 | Yes | | Yes | | Yes | | 0 |
| CAMP SLOANE YMCA INC | 131739939 | 9 | Yes | | Yes | | Yes | | 0 |
| ROCKLAND COUNTY YMCA | 131740513 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA OF RYE NY | 131740515 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA OF CENTRAL NORTHERN WESTCHESTER INC | 131740518 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA OF YONKERS INC | 131740520 | 9 | Yes | | Yes | | Yes | | 0 |
| NEW ROCHELLE YMCA | 131740542 | 9 | Yes | | Yes | | Yes | | 0 |
| BURLINGTON AREA COMMUNITY YMCA-YWCA | 134289848 | 9 | Yes | | Yes | | Yes | | 0 |
| SILVER BAY YMCA OF THE ADIRONDACKS | 135604788 | 9 | Yes | | Yes | | Yes | | 0 |
| ASSOCIATION OF YMCA PROFESSIONALS | 135616526 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA OF KINGSTON AND ULSTER COUNTY | 141338342 | 9 | Yes | | Yes | | Yes | | 0 |
| FAMILY YMCA OF GLENS FALLS AREA | 141340008 | 9 | Yes | | Yes | | Yes | | 0 |

| Form 990, Sc | h A, Part I, L | ine 11h - Provide th | | | ormatio | n abou | t the sı | upporte | d organization(s). |
|---|--------------------|---|-------------------------------------|-------------------------------------|---------------------|---|---------------------------|-----------------------------|------------------------------|
| (i) Name of Supported Organization | (ii) EIN | (iii) Type of organization (described on lines 1- 9 above or IRC section) | Is organız (ı) lısted gove | the ration in d in your rning ment? | Did you the orga | u notify inization of your port? | Is organız (ı) orga | the ation in nized in J S ? | (vii) A mount of support? |
| PLATTSBURGH YMCA | 141340011 | 9 | Yes | 140 | Yes | 140 | Yes | 140 | 0 |
| YMCA OF MIDDLETOWN NY | 141340134 | 9 | Yes | | Yes | | Yes | | 0 |
| FULTON COUNTY YMCA | 141374493 | 9 | Yes | | Yes | | Yes | | 0 |
| SARATOGA REGIONAL YMCA | 141427442 | 9 | Yes | | Yes | | Yes | | 0 |
| CAMP DUDLEY YMCA INC | 141504974 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA OF CAPITAL DISTRICT | 141726531 | 9 | Yes | | Yes | | Yes | | 0 |
| ONEONTA FAMILY YMCA | 150532270 | 9 | Yes | | Yes | | Yes | | 0 |
| GREATER SYRACUSE YMCA | 150532278 | 9 | Yes | | Yes | | Yes | | 0 |
| BROOME COUNTY YMCA | 150532282 | 9 | Yes | | Yes | | Yes | | 0 |
| CORTLAND COUNTY FAMILY YMCA | 150533570 | 9 | Yes | | Yes | | Yes | | 0 |
| ITHACA AND TOMPKINS COUNTY YMCA | 150545415 | 9 | Yes | | Yes | | Yes | | 0 |
| NORWICH YMCA | 150550177 | 9 | Yes | | Yes | | Yes | | 0 |
| GLOW YMCA INC | 160743230 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA BUFFALO NIAGARA | 160743231 | 9 | Yes | | Yes | | Yes | | 0 |
| HORNELL AREA FAMILY YMCA | 160743237 | 9 | Yes | | Yes | | Yes | | 0 |
| JAMESTOWN YMCA | 160743238 | 9 | Yes | | Yes | | Yes | | 0 |
| LOCKPORT FAMILY YMCA | 160743239 | 9 | Yes | | Yes | | Yes | | 0 |
| OLEAN- BRADFORD AREA YMCA | 160743241 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA OF GREATER ROCHESTER | 160743242 | 9 | Yes | | Yes | | Yes | | 0 |
| GREATER CANANDAIGUA FAMILY YMCA | 160755898 | 9 | Yes | | Yes | | Yes | | 0 |
| CORNING COMMUNITY YMCA | 160915490 | 9 | Yes | | Yes | | Yes | | 0 |
| AUBURN YMCA- WEIU | 160978301 | 9 | Yes | | Yes | | Yes | | 0 |
| CLIFTON SPRINGS AREA YMCA | 166000962 | 9 | Yes | | Yes | | Yes | | 0 |
| ILLINOIS YMCA YOUTH AND GOVERNMENT | 200270050 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA OF GEORGIA'S PIEDMONT INC | 201759275 | 9 | Yes | | Yes | | Yes | | 0 |
| ALEXANDRIA AREA YMCA | 202231427 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA OF AVERY COUNTY | 204910495 | 9 | Yes | | Yes | | Yes | | 0 |
| BURLINGTON COUNTY YMCA | 210634482 | 9 | Yes | | Yes | | Yes | | 0 |
| THE COMMUNITY YMCA | 210635051 | 9 | Yes | | Yes | | Yes | | 0 |
| TRENTON AREA FAMILY YMCA | 210635052 | 9 | Yes | | Yes | | Yes | | 0 |
| | | - | - | - | | | | | |

| | | | _ (i | (iv) Is the | | | | /i) | d organization(s). |
|--|--------------|--|---------------------|-------------------|--------------------|------------------------------------|----------|-----------------|---------------------|
| (i) Name of | (::) | (iii) | organization in | | Did you | Did you notify the organization | | the ation in | (vii) |
| Supported | (ii) EIN | Type of organization (described on lines 1-9 | (ı) lısted gove | lin your rning | ın (ı) d | fyour | (ı) orga | nızed ın | A mount of support? |
| Organization | | above or IRC section) | docur Yes | | supp Yes | No No | Yes | No No | |
| CUMBERLAND CAPE ATLANTIC YMCA | 210635053 | 9 | Yes | 140 | Yes | 140 | Yes | 140 | 0 |
| CAMP OCKANICKON YMCA | 210635054 | 9 | Yes | | Yes | | Yes | | 0 |
| PRINCETON FAMILY YMCA | 210639890 | 9 | Yes | | Yes | | Yes | | 0 |
| GLOUCESTER COUNTY YMCA | 210649032 | 9 | Yes | | Yes | | Yes | | 0 |
| HAMILTON AREA YMCA | 210702879 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA OF EASTERN UNION COUNTY | 221487381 | 9 | Yes | | Yes | | Yes | | 0 |
| HOBOKEN- NORTH HUDSON YMCA | 221487383 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA OF MADISON NJ INC | 221487385 | 9 | Yes | | Yes | | Yes | | 0 |
| METROPOLITAN YMCA OF THE ORANGES | 221487387 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA OF PATERSON NJ | 221487389 | 9 | Yes | | Yes | | Yes | | 0 |
| RARITAN BAY AREA YMCA | 221487390 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA OF SUMMIT NJ | 221487392 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA OF WESTFIELD | 221487393 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA OF METUCHEN YMCA OF | 221487616 | 9 | Yes | | Yes | | Yes | | 0 |
| MONTCLAIR THE GREATER | 221487617 | 9 | Yes | | Yes | | Yes | | 0 |
| MORRISTOWN YMCA INC | 221487618 | 9 | Yes | | Yes | | Yes | | 0 |
| RARITAN VALLEY YMCA | 221494457 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA OF RIDGEWOOD PLAINFIELD AREA | 221508752 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA HUNTERDON | 221515227 | 9 | Yes | | Yes | | Yes | | 0 |
| COUNTY YMCA SOMERSET | 221524183 | 9 | Yes | | Yes | | Yes | | 0 |
| VALLEY YMCA YMWCA NEWARK | 221537698 | 9 | Yes | | Yes | | Yes | | 0 |
| AND VICINITY LAKELAND HILLS FAMILY YMCA | 221552820 | 9 | Yes | | Yes | | Yes | | 0 |
| SOMERSET HILLS YMCA | 221559438 | 9 | Yes Yes | | Yes Yes | | Yes | | 0 |
| YMCA OF FANWOOD - SCOTCH PLAINS | 221589199 | 9 | Yes | | Yes | | Yes | | 0 |
| WEST MORRIS AREA YMCA | 221601259 | 9 | Yes | | Yes | | Yes | | 0 |
| FROST VALLEY YMCA | 221625176 | 9 | Yes | | Yes | | Yes | | 0 |
| CAMP RALPH S MASON YMCA | 221625643 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA OF GREATER BERGEN COUNTY | 221739117 | 9 | Yes | | Yes | | Yes | | 0 |
| SALEM COUNTY YMCA | 221815915 | 9 | Yes | | Yes | | Yes | | 0 |

| (i) Name of Supported Organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section) | (iv) Is the organization (i) listed in you governing document? | our Did yo | v) u notify anization of your port? | Is organız (ı) orga | vi) the ation in nized in JS? | (vii) A mount of support? |
|---|-------------|---|--|------------|---|---------------------------|---|-------------------------------------|
| CAMP SPEERS- ELJABAR YMCA | 221897170 | 9 | Yes No | Yes Yes | No | Yes Yes | No | |
| OCEAN COUNTY YMCA | 221900146 | 9 | Yes | Yes | | Yes | | C |
| MEADOWLANDS AREA YMCA | 221997720 | 9 | Yes | Yes | | Yes | | C |
| WYCKOFF FAMILY YMCA INC | 222011431 | 9 | Yes | Yes | | Yes | | C |
| YMCA OF GARFIELD | 222324697 | 9 | Yes | Yes | | Yes | | C |
| PISCATAQUIS REGIONAL YMCA | 222592628 | 9 | Yes | Yes | | Yes | | C |
| NEW BRITAIN- BERLIN YMCA | 222680676 | 9 | Yes | Yes | | Yes | | C |
| NORTHWESTERN CONNECTICUT YMCA | 222878484 | 9 | Yes | Yes | | Yes | | C |
| CENTRAL LINCOLN COUNTY YMCA | 222978129 | 9 | Yes | Yes | | Yes | | (|
| SOUTH BRUNSWICK FAMILY YMCA | 223740095 | 9 | Yes | Yes | | Yes | | (|
| YMCA OF WESTERN MONMOUTH COUNTY | 226069158 | 9 | Yes | Yes | | Yes | | (|
| YMCA OF PHILADELPHIA AND VICINITY | 231243965 | 9 | Yes | Yes | | Yes | | (|
| LANCASTER FAMILY YMCA | 231243970 | 9 | Yes | Yes | | Yes | | (|
| LEBANON VALLEY FAMILY YMCA | 231243980 | 9 | Yes | Yes | | Yes | | (|
| READING & BERKS METRO YMCA | 231244009 | 9 | Yes | Yes | | Yes | | |
| YORK YORK COUNTY YMCA | 231352600 | 9 | Yes | Yes | | Yes | | 1 |
| WAYNESBORO AREA YMCA | 231352601 | 9 | Yes | Yes | | Yes | | (|
| HOLLIDAYSBURG AREA YMCA | 231352603 | 9 | Yes | Yes | | Yes | | |
| ALLENTOWN YMCA | 231365989 | 9 | Yes | Yes | | Yes | | |
| STATE YMCA OF PENNSYLVANIA INC | 231365990 | 9 | Yes | Yes | | Yes | | |
| YMCA OF THE BRANDYWINE VALLEY | 231365994 | 9 | Yes | Yes | | Yes | | |
| CARLISLE FAMILY YMCA | 231386198 | 9 | Yes | Yes | | Yes | | |
| LOWER BUCKS FAMILY YMCA | 231433890 | 9 | Yes | Yes | | Yes | | |
| CHAMBERSBURG MEMORIAL YMCA | 231476339 | 9 | Yes | Yes | | Yes | | |
| NORTH PENN YMCA | 231489848 | 9 | Yes | Yes | | Yes | | |
| /MCA OF THE JPPER MAIN LINE | 231613647 | 9 | Yes | Yes | | Yes | | |
| COMMUNITY YMCA OF EASTERN DELAWARE COUNTY | 231614045 | 9 | Yes | Yes | | Yes | | |
| HARRISBURG AREA METROPOLITAN YMCA | 231665437 | 9 | Yes | Yes | | Yes | | (|
| UPPER BUCKS COUNTY YMCA | 231713382 | 9 | Yes | Yes | | Yes | | (|
| JUNIATA VALLEY YMCA | 231879734 | 9 | Yes | Yes | | Yes | | (|

| (i) Name of Supported | (ii) EIN | (iii) Type of organization (described on lines 1-9 | (i Is organız (ı) lısted | v) the ation in d in your | Dıd you the orga | v) u notify | (\ Is organız | ipporte /i) the ation in nized in | (vii) A mount of support? |
|--|-------------|--|-----------------------------------|---|---------------------|-----------------------|---------------------|-----------------------------------|---------------------------|
| Organization | | above or IRC section) | | rning nent? No | supp Yes | oort? | the l | J S ? No | |
| CENTRAL BUCKS FAMILY YMCA | 231903158 | 9 | Yes | - 115 | Yes | | Yes | | 0 |
| BLOOMSBURG AREA YMCA | 232085257 | 9 | Yes | | Yes | | Yes | | 0 |
| WAYNE COUNTY YMCA | 232122456 | 9 | Yes | | Yes | | Yes | | 0 |
| SOUTH MOUNTAIN YMCA | 232239299 | 9 | Yes | | Yes | | Yes | | 0 |
| BOYERTOWN AREA YMCA | 232510418 | 9 | Yes | | Yes | | Yes | | 0 |
| SCHUYLKILL YMCA | 232825683 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA OF THE PALMS | 237039993 | 9 | Yes | | Yes | | Yes | | 0 |
| COLE CENTER FAMILY YMCA | 237077600 | 9 | Yes | | Yes | | Yes | | 0 |
| OAHE YMCA INC | 237169291 | 9 | Yes | | Yes | | Yes | | 0 |
| HANOVER AREA YMCA | 237172265 | 9 | Yes | | Yes | | Yes | | 0 |
| CHARLOTTE COUNTY FAMILY YMCA-ADMIN OFFICE | 237193663 | 9 | Yes | | Yes | | Yes | | 0 |
| MUSKEGON FAMILY YMCA | 237229622 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA CAMP TECUMSEH INC | 237331099 | 9 | Yes | | Yes | | Yes | | 0 |
| HOPEWELL VALLEY YMCA | 237380624 | 9 | Yes | | Yes | | Yes | | 0 |
| CARBONDALE YMCA | 240795515 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA OF THE CITY OF SCRANTON | 240795516 | 9 | Yes | | Yes | | Yes | | 0 |
| POCONO FAMILY YMCA | 240795519 | 9 | Yes | | Yes | | Yes | | 0 |
| GREATER SUSQUEHANNA VALLEY YMCA | 240795634 | 9 | Yes | | Yes | | Yes | | 0 |
| BETHLEHEM YMCA | 240795635 | 9 | Yes | | Yes | | Yes | | 0 |
| WILKES-BARRE FAMILY YMCA | 240795638 | 9 | Yes | | Yes | | Yes | | 0 |
| RIVER VALLEY REGIONAL YMCA | 240795698 | 9 | Yes | | Yes | | Yes | | 0 |
| FREELAND YMCA | 240796037 | 9 | Yes | | Yes | | Yes | | 0 |
| HAZLETON YMCA | 240796038 | 9 | Yes | | Yes | | Yes | | 0 |
| GREATER PITTSTON YMCA | 240796039 | 9 | Yes | | Yes | | Yes | | 0 |
| LOCK HAVEN AREA YMCA | 240798644 | 9 | Yes | | Yes | | Yes | | 0 |
| NAZARETH YMCA | 240798706 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA OF CENTRE COUNTY | 240802437 | 9 | Yes | | Yes | | Yes | | 0 |
| BERWICK AREA YMCA | 240813665 | 9 | Yes | | Yes | | Yes | | 0 |
| REGIONAL FAMILY YMCA OF LAUREL HIGHLANDS | 250965554 | 9 | Yes | | Yes | | Yes | | 0 |
| BUTLER COUNTY FAMILY YMCA | 250965619 | 9 | Yes | | Yes | | Yes | | 0 |

| (i) Name of Supported Organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section) | (i Is organız (ı) lısted gove docur | the ation in d in your rning ment? | Did you the orga in (i) o | v) u notify inization of your port? | (v Is organız (ı) orga the l | vi) the ation in nized in J S ? | (vii) Amount of support? |
|---|-------------|--|--|--|---------------------------------|---|--|---|--------------------------|
| CLEARFIELD YMCA | 250965620 | 9 | Yes Yes | No | Yes Yes | No | Yes Yes | No | 0 |
| YMCA OF GREATER ERIE | 250965621 | 9 | Yes | | Yes | | Yes | | 0 |
| GREENSBURG YMCA | 250965622 | 9 | Yes | | Yes | | Yes | | 0 |
| GREATER JOHNSTOWN COMMUNITY YMCA | 250965623 | 9 | Yes | | Yes | | Yes | | 0 |
| VALLEY POINTS FAMILY YMCA | 250965625 | 9 | Yes | | Yes | | Yes | | 0 |
| OIL CITY AREA YMCA | 250965626 | 9 | Yes | | Yes | | Yes | | 0 |
| RIDGWAY YMCA | 250965629 | 9 | Yes | | Yes | | Yes | | 0 |
| ALLEGHENY VALLEY YMCA | 250965630 | 9 | Yes | | Yes | | Yes | | 0 |
| UNIONTOWN AREA YMCA | 250965631 | 9 | Yes | | Yes | | Yes | | 0 |
| DUBOIS AREA YMCA | 250969494 | 9 | Yes | | Yes | | Yes | | 0 |
| MEADVILLE YMCA | 250969495 | 9 | Yes | | Yes | | Yes | | 0 |
| NEW CASTLE COMMUNITY YMCA | 250969496 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA OF GREATER PITTSBURGH | 250969497 | 9 | Yes | | Yes | | Yes | | 0 |
| TITUSVILLE YMCA | 250969498 | 9 | Yes | | Yes | | Yes | | 0 |
| SEWICKLEY VALLEY YMCA | 250979384 | 9 | Yes | | Yes | | Yes | | 0 |
| BEAVER COUNTY YMCA | 250993391 | 9 | Yes | | Yes | | Yes | | 0 |
| FRANKLINGROVE CITY YMCA | 250995782 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA OF WARREN COUNTY | 250995783 | 9 | Yes | | Yes | | Yes | | 0 |
| BROOKVILLE YMCA | 251028128 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA OF CORRY | 251032621 | 9 | Yes | | Yes | | Yes | | 0 |
| RICHARD G SNYDER YMCA CAMPUS | 251034424 | 9 | Yes | | Yes | | Yes | | 0 |
| SHENANGO VALLEY YMCA | 251113698 | 9 | Yes | | Yes | | Yes | | 0 |
| INDIANA COUNTY YMCA | 251191545 | 9 | Yes | | Yes | | Yes | | 0 |
| LIGONIER VALLEY YMCA | 251428011 | 9 | Yes | | Yes | | Yes | | 0 |
| CADILLAC AREA YMCA | 300013507 | 9 | Yes | | Yes | | Yes | | 0 |
| GREAT MIAMI VALLEY YMCA | 310536719 | 9 | Yes | | Yes | | Yes | | 0 |
| SPRINGFIELD FAMILY YMCA | 310537169 | 9 | Yes | | Yes | | Yes | | 0 |
| MIAMI COUNTY YMCA AT PIQUA OHIO | 310537179 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA OF GREATER DAYTON | 310537517 | 9 | Yes | | Yes | | Yes | | 0 |
| CLINTON COUNTY COMMUNITY FAMILY YMCA | 311016764 | 9 | Yes | | Yes | | Yes | | 0 |

| Form 990, Sc | Form 990, Sch A, Part I, Line 11h - Provide the following information about the supported organization(s). | | | | | | | | | | |
|---|--|--|--|---------------------------------------|---|------------------|------------------------------------|-----------------------------|------------------------------|--|--|
| (i) Name of Supported Organization | (ii) EIN | (iii) Type of organization (described on lines 1- 9 above or IRC section) | Is organız (ı) lısted gove docur | v) the ation in d in your rning ment? | Did you the orga in (i) o supp | of your port? | Is organız (ı) orga the l | ation in nized in JS? | (vii) A mount of support? | | |
| FAMILY YMCA OF LANCASTER & FAIRFIELD COUNTY OH | 311132606 | 9 | Yes Yes | No | Yes | No | Yes | No | 0 | | |
| YMCA OF SOUTHERN INDIANA | 311183203 | 9 | Yes | | Yes | | Yes | | 0 | | |
| LAKOTA FAMILY YMCA | 311223296 | 9 | Yes | | Yes | | Yes | | 0 | | |
| UNION COUNTY FAMILY YMCA | 311355370 | 9 | Yes | | Yes | | Yes | | 0 | | |
| CHAMPAIGN FAMILY YMCA | 311506457 | 9 | Yes | | Yes | | Yes | | 0 | | |
| YMCA OF GREATER CINCINNATI | 311537178 | 9 | Yes | | Yes | | Yes | | 0 | | |
| WAPAKONETA FAMILY YMCA | 311568315 | 9 | Yes | | Yes | | Yes | | 0 | | |
| PIKE COUNTY YMCA | 311665134 | 9 | Yes | | Yes | | Yes | | 0 | | |
| HIGHLAND COUNTY FAMILY YMCA | 311677179 | 9 | Yes | | Yes | | Yes | | 0 | | |
| MUSKINGUM FAMILY YMCA | 311694045 | 9 | Yes | | Yes | | Yes | | 0 | | |
| YMCA OF CENTRAL OHIO | 314379594 | 9 | Yes | | Yes | | Yes | | 0 | | |
| YMCA OF ROSS COUNTY | 314379806 | 9 | Yes | | Yes | | Yes | | 0 | | |
| MARION FAMILY YMCA | 314380058 | 9 | Yes | | Yes | | Yes | | 0 | | |
| YMCA OF MARIETTA | 314386270 | 9 | Yes | | Yes | | Yes | | 0 | | |
| THE LICKING COUNTY FAMILY YMCA | 316053101 | 9 | Yes | | Yes | | Yes | | 0 | | |
| YMCA OF CENTRAL STARK COUNTY | 340714392 | 9 | Yes | | Yes | | Yes | | 0 | | |
| YMCA OF AKRON OHIO INC | 340714727 | 9 | Yes | | Yes | | Yes | | 0 | | |
| YMCA OF GREATER CLEVELAND | 340714728 | 9 | Yes | | Yes | | Yes | | 0 | | |
| YMCA OF YOUNGSTOWN OHIO | 340714730 | 9 | Yes | | Yes | | Yes | | 0 | | |
| ALLIANCE YMCA | 340714792 | 9 | Yes | | Yes | | Yes | | 0 | | |
| YMCA OF ASHLAND OHIO | 340714793 | 9 | Yes | | Yes | | Yes | | 0 | | |
| YMCA OF EAST LIVERPOOL OHIO | 340714794 | 9 | Yes | | Yes | | Yes | | 0 | | |
| YMCA OF MANSFIELD OHIO | 340714795 | 9 | Yes | | Yes | | Yes | | 0 | | |
| LAKE COUNTY YMCA | 340714796 | 9 | Yes | | Yes | | Yes | | 0 | | |
| TUSCARAWAS COUNTY YMCA INC | 340714797 | 9 | Yes | | Yes | | Yes | | 0 | | |
| YMCA OF WESTERN STARK COUNTY | 340719180 | 9 | Yes | | Yes | | Yes | | 0 | | |
| ASHTABULA COUNTY FAMILY YMCA | 340726066 | 9 | Yes | | Yes | | Yes | | 0 | | |
| YMCA OF WOOSTER OHIO | 340766172 | 9 | Yes | | Yes | | Yes | | 0 | | |
| SHELBY YMCA COMMUNITY CENTER | 340792928 | 9 | Yes | | Yes | | Yes | | 0 | | |
| YMCA OF DARKE COUNTY INC | 340969422 | 9 | Yes | | Yes | | Yes | | 0 | | |

| Form 990, Sc | Form 990, Sch A, Part I, Line 11h - Provide the following information about the supported organization(s). | | | | | | | | | | |
|---|--|--|--|--|------------------------------|---|------------------------------------|----|-------------------------------------|--|--|
| (i) Name of Supported Organization | (ii) EIN | (iii) Type of organization (described on lines 1- 9 above or IRC section) | Is organız (ı) lısted gove docur | the ation in d in your rning ment? | the orga in (i) o supp | u notify inization of your port? | Is organız (ı) orga the l | | (vii) A mount of support? | | |
| DEFIANCE AREA YMCA | 341014167 | 9 | Yes Yes | No | Yes Yes | No | Yes Yes | No | 0 | | |
| YMCA OF TRUMBULL COUNTY OHIO | 341120471 | 9 | Yes | | Yes | | Yes | | 0 | | |
| HARDIN COUNTY FAMILY YMCA | 341262702 | 9 | Yes | | Yes | | Yes | | 0 | | |
| GALION COMMUNITY CENTER YMCA INC | 341267646 | 9 | Yes | | Yes | | Yes | | 0 | | |
| AUGLAIZE- MERCER COUNTIES FAMILY YMCA | 341371829 | 9 | Yes | | Yes | | Yes | | 0 | | |
| WILLIAMS COUNTY FAMILY YMCA | 341448529 | 9 | Yes | | Yes | | Yes | | 0 | | |
| YMCA OF ORRVILLE OHIO | 341491294 | 9 | Yes | | Yes | | Yes | | 0 | | |
| DON M AND MARGARET HILLIKER YMCA | 341820020 | 9 | Yes | | Yes | | Yes | | 0 | | |
| PUTNAM COUNTY YMCA | 341946813 | 9 | Yes | | Yes | | Yes | | 0 | | |
| YMCA OF GREATER TOLEDO | 344428262 | 9 | Yes | | Yes | | Yes | | 0 | | |
| YMCA OF FINDLAY OHIO | 344428263 | 9 | Yes | | Yes | | Yes | | 0 | | |
| YMCA OF VAN WERT COUNTY OHIO | 344428264 | 9 | Yes | | Yes | | Yes | | 0 | | |
| YMCA OF BUCYRUS OHIO | 344428491 | 9 | Yes | | Yes | | Yes | | 0 | | |
| YMCA OF LIMA OHIO | 344431173 | 9 | Yes | | Yes | | Yes | | 0 | | |
| GEARY FAMILY YMCA OF FOSTORIA OHIO INC | 344439890 | 9 | Yes | | Yes | | Yes | | 0 | | |
| YMCA OF SANDUSKY COUNTY | 344444246 | 9 | Yes | | Yes | | Yes | | 0 | | |
| YMCA OF SANDUSKY OHIO INC | 344471834 | 9 | Yes | | Yes | | Yes | | 0 | | |
| TIFFIN COMMUNITY YMCA RECREATION CENTER INC | 344479386 | 9 | Yes | | Yes | | Yes | | 0 | | |
| YMCA OF SIDNEY AND SHELBY COUNTY OHIO | 346596911 | 9 | Yes | | Yes | | Yes | | 0 | | |
| WABASH COUNTY YMCA | 350733765 | 9 | Yes | | Yes | | Yes | | 0 | | |
| YMCA OF MADISON COUNTY INC | 350868206 | 9 | Yes | | Yes | | Yes | | 0 | | |
| YMCA OF CLAY COUNTY | 350868207 | 9 | Yes | | Yes | | Yes | | 0 | | |
| YMCA OF ELKHART COUNTY INC | 350868208 | 9 | Yes | | Yes | | Yes | | 0 | | |
| YMCA OF GREATER INDIANAPOLIS | 350868211 | 9 | Yes | | Yes | | Yes | | 0 | | |
| YMCA OF LAFAYETTE INDIANA | 350868213 | 9 | Yes | | Yes | | Yes | | 0 | | |
| YMCA OF MUNCIE INDIANA INC | 350868215 | 9 | Yes | | Yes | | Yes | | 0 | | |
| YMCA OF MICHIANA INC | 350868216 | 9 | Yes | | Yes | | Yes | | 0 | | |
| YMCA OF VINCENNES INDIANA | 350868218 | 9 | Yes | | Yes | | Yes | | 0 | | |
| YMCA OF DEKALB COUNTY INC | 350868958 | 9 | Yes | | Yes | | Yes | | 0 | | |
| YMCA OF SOUTHWESTERN INDIANA | 350869074 | 9 | Yes | | Yes | | Yes | | 0 | | |

| (i) Name of Supported Organization | (ii) EIN | (iii) Type of organization (described on lines 1- 9 above or IRC section) | Is organız (ı) lısted gove | the ration in d in your erning ment? | Did you the orga | v) u notify inization of your port? | Is organız (ı) orga | vi) the ation in nized in JS? | (vii) A mount of support? |
|---|-------------|--|-------------------------------------|--------------------------------------|---------------------|---|---------------------------|---|-------------------------------------|
| HENRY COUNTY | | | Yes | No | Yes | No | Yes | No | |
| CASS COUNTY | 350873347 | 9 | Yes | | Yes | | Yes | | 0 |
| FAMILY YMCA INC | 350874281 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA OF VALPARAISO INDIANA INC | 350876401 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA OF GREATER FORT WAYNE | 350886850 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA OF LA PORTE INDIANA | 350886851 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA OF GRANT COUNTY | 350886981 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA OF KOKOMO INDIANA | 350893511 | 9 | Yes | | Yes | | Yes | | 0 |
| MIAMI COUNTY YMCA | 350893512 | 9 | Yes | | Yes | | Yes | | 0 |
| HUNTINGTON YMCA | 350905959 | 9 | Yes | | Yes | | Yes | | 0 |
| DECATUR COUNTY FAMILY YMCA INC | 350919345 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA OF RICHMOND | 350984030 | 9 | Yes | | Yes | | Yes | | 0 |
| DAVIESS COUNTY FAMILY YMCA | 351050606 | 9 | Yes | | Yes | | Yes | | 0 |
| KOSCIUSKO COMMUNITY YMCA INC | 351068182 | 9 | Yes | | Yes | | Yes | | 0 |
| CROSSROADS YMCA INC | 351369437 | 9 | Yes | | Yes | | Yes | | 0 |
| HOBART FAMILY YMCA INC | 351382817 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA OF MONROE COUNTY INC | 351384859 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA OF PORTAGE TOWNSHIP INC | 351404478 | 9 | Yes | | Yes | | Yes | | 0 |
| DUNELAND FAMILY YMCA | 351404559 | 9 | Yes | | Yes | | Yes | | 0 |
| CLINTON COUNTY FAMILY YMCA | 351636774 | 9 | Yes | | Yes | | Yes | | 0 |
| SOUTHEASTERN INDIANA YMCA | 351855594 | 9 | Yes | | Yes | | Yes | | 0 |
| SCOTT COUNTY FAMILY YMCA | 351876673 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA OF STEUBEN COUNTY INC | 351999599 | 9 | Yes | | Yes | | Yes | | 0 |
| OWEN COUNTY FAMILY YMCA | 352017600 | 9 | Yes | | Yes | | Yes | | 0 |
| BARBARA B JORDAN YMCA INC | 352019312 | 9 | Yes | | Yes | | Yes | | 0 |
| BROWN COUNTY COMMUNITY YMCA | 352038783 | 9 | Yes | | Yes | | Yes | | 0 |
| SWITZERLAND COUNTY YMCA | 352090419 | 9 | Yes | | Yes | | Yes | | 0 |
| PULASKI COUNTY FAMILY YMCA | 352094935 | 9 | Yes | | Yes | | Yes | | 0 |
| WASHINGTON COUNTY FAMILY YMCA | 352097432 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA OF HARRISON COUNTY | 352122124 | 9 | Yes | | Yes | | Yes | | 0 |
| TRI-COUNTY YMCA | 352216734 | 9 | Yes | | Yes | | Yes | | 0 |
| | i | i | 1 | 1 | 1 | | | | <u> </u> |

| PRAIRIE VALLEY 362169193 9 Yes No Yes rii) f support? |
|--|---------------------------|
| YECA 362169193 9 Yes Ye | |
| NACH OF NORTHWEST Security | 0 |
| NORTHWEST 362169195 9 Yes Yes Yes Yes Yes | 0 |
| Name | 0 |
| YMCA 362169198 9 Yes Ye | 0 |
| YMCA 362169199 9 Yes Ye | 0 |
| New Name | 0 |
| YMCAS 362179780 9 Yes Y | 0 |
| METROPOLITAN 362179782 9 Yes 0 |
| FAMILY YMCA 362205999 9 Yes | 0 |
| FALLS FAMILY YMCA OF KEWANEE 362225496 9 Yes Yes <td< td=""><td>0</td></td<> | 0 |
| KEWANEE 362239384 9 Yes Yes Yes YMCA OF BELVIDERE 362287520 9 Yes Yes Yes YMCA OF OTTAWA OF OTTAWA ILLINOIS 362337893 9 Yes Yes Yes KISHWAUKEE KAMULKEE FAMILY YMCA INC 362379649 9 Yes Yes Yes YMCA OF NORTHWESTERN DUPAGE COUNTY 362470895 9 Yes Yes Yes DIXON FAMILY YMCA 362487927 9 Yes Yes Yes NORTH SUBURBAN YMCA 362546842 9 Yes Yes Yes TRI-TOWN YMCA 362643097 9 Yes Yes Yes | 0 |
| BELVIDERE 362287520 9 Yes | 0 |
| OTTAWA ILLINOIS 362337893 9 Yes Yes< | 0 |
| FAMILY YMCA INC 362379649 9 Yes Yes< | 0 |
| NORTHWESTERN DUPAGE COUNTY 362470895 9 Yes Yes Yes DIXON FAMILY YMCA 362487927 9 Yes Yes Yes NORTH SUBURBAN YMCA 362546842 9 Yes Yes Yes TRI-TOWN YMCA 362643097 9 Yes Yes Yes | 0 |
| YMCA 362487927 9 Yes Yes Yes NORTH SUBURBAN YMCA 362546842 9 Yes Yes Yes TRI-TOWN YMCA 362643097 9 Yes Yes Yes | 0 |
| SUBURBAN YMCA 362546842 9 Yes Yes Yes TRI-TOWN YMCA 362643097 9 Yes Yes Yes | 0 |
| 36264309/ 9 Yes Yes Yes | 0 |
| VMCA OF | 0 |
| PMCA OF BERWYN-CICERO 362702522 9 Yes Yes Yes | 0 |
| FOX VALLEY FAMILY YMCA INC 363028169 9 Yes Yes Yes | 0 |
| ALFRED CAMPANELLI YMCA 363234727 9 Yes Yes Yes | 0 |
| YMCA OF THE USA | 0 |
| ARMED SERVICES YMCA OF THE USA- NATIONAL HDQTRS ARMED Yes Yes Yes | 0 |
| ALLIANCE AREA FAMILY YMCA 363390518 9 Yes Yes Yes | 0 |
| MERCER COUNTY FAMILY YMCA Yes Yes Yes | 0 |
| ILLINOIS VALLEY YMCA INC 366218217 9 Yes Yes Yes Yes | 0 |
| YMCA OF THE UNIVERSITY OF ILLINOIS 370661257 9 Yes Yes Yes | 0 |
| DECATUR FAMILY YMCA 370661258 9 Yes Yes Yes Yes | 0 |
| EDWARDSVILLE YMCA 370661259 9 Yes Yes Yes | |

| Form 990, Sc | h A, Part I, L | ine 11h - Provide th | | | ormatio | n abou | t the sı | upporte | d organization(s). |
|---|----------------|---|--|--|---|--------|------------------------------------|---|-------------------------------------|
| (i) Name of Supported Organization | (ii) EIN | (iii) Type of organization (described on lines 1- 9 above or IRC section) | Is organız (ı) lısted gove docui | v) the tation in d in your rning ment? | Did you the orga in (i) o supp | | Is organız (ı) orga the l | vi) the ation in nized in J S ? | (vii) A mount of support? |
| YMCA OF KNOX COUNTY | 370661260 | 9 | Yes Yes | No | Yes Yes | No | Yes Yes | No | 0 |
| SHERWOOD EDDY MEMORIAL YMCA | 370661261 | 9 | Yes | | Yes | | Yes | | 0 |
| QUINCY YMCA | 370661262 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA OF SPRINGFIELD | 370661263 | 9 | Yes | | Yes | | Yes | | 0 |
| BLOOMINGTON YMCA | 370662603 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA OF DANVILLE | 370662604 | 9 | Yes | | Yes | | Yes | | 0 |
| GREATER PEORIA FAMILY YMCA | 370662605 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA OF WARREN COUNTY | 370663575 | 9 | Yes | | Yes | | Yes | | 0 |
| CHAMPAIGN COUNTY YMCA | 370673564 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA OF SOUTHWEST ILLINOIS | 370673565 | 9 | Yes | | Yes | | Yes | | 0 |
| TRI-CITY AREA YMCA | 370673566 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA OF CANTON | 370748000 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA OF MCDONOUGH COUNTY | 370792409 | 9 | Yes | | Yes | | Yes | | 0 |
| CLINTON COMMUNITY YMCA | 370812114 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA OF JEFFERSON COUNTY | 370863227 | 9 | Yes | | Yes | | Yes | | 0 |
| PARIS COMMUNITY YMCA | 370904142 | 9 | Yes | | Yes | | Yes | | 0 |
| CHRISTIAN COUNTY YMCA | 371071231 | 9 | Yes | | Yes | | Yes | | 0 |
| MATTOON AREA FAMILY YMCA | 371122559 | 9 | Yes | | Yes | | Yes | | 0 |
| LINCOLN AREA YMCA | 371353644 | 9 | Yes | | Yes | | Yes | | 0 |
| BENTON HARBOR-ST JOSEPH YMCA | 381358054 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA OF METROPOLITAN DETROIT | 381358055 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA OF GREATER FLINT | 381358056 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA OF GREATER GRAND RAPIDS | 381358058 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA OF BARRY COUNTY | 381358059 | 9 | Yes | | Yes | | Yes | | 0 |
| NILES- BUCHANAN YMCA | 381358236 | 9 | Yes | | Yes | | Yes | | 0 |
| KIMBALL CAMP YMCA NATURE CENTER | 381358416 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA OF THE BLUE WATER AREA | 381358417 | 9 | Yes | | Yes | | Yes | | 0 |
| STATE YMCA OF MICHIGAN | 381358418 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA OF METROPOLITAN LANSING | 381359576 | 9 | Yes | | Yes | | Yes | | 0 |
| SHIAWASSEE FAMILY YMCA | 381359577 | 9 | Yes | | Yes | | Yes | | 0 |
| , | | 1 | | | ı | | ı | ı | |

| Form 990, Sc | h A, Part I, L | ine 11h - Provide the | | ving inf | | | | | d organization(s). |
|--|----------------|---|---------------------|----------|--------------------|-----------------------|----------|------------------------|-------------------------------------|
| (i) | | (iii) | Is organiz | the | Did yo | v) u notify | Is | vi) the | |
| Name of Supported | (ii) EIN | Type of organization (described on lines 1-9 | (ı) İısted | in your | ın (ı) d | nization of your | (ı) orga | ration in inized in | (vii) A mount of support? |
| Organization | | above or IRC section) | docur Yes | | supp Yes | oort? | Yes | U S ? | |
| YMCA OF GREATER KALAMAZOO | 381360592 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA OF SAGINAW | 381360594 | 9 | Yes | | Yes | | Yes | | 0 |
| JACKSON YMCA CENTER INC | 381381139 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA OF LENAWEE COUNTY | 381393859 | 9 | Yes | | Yes | | Yes | | 0 |
| MONROE FAMILY YMCA | 381508585 | 9 | Yes | | Yes | | Yes | | 0 |
| ANN ARBOR YMCA | 381525162 | 9 | Yes | | Yes | | Yes | | 0 |
| GRAND TRAVERSE BAY YMCA | 381709640 | 9 | Yes | | Yes | | Yes | | 0 |
| TRI-CITIES FAMILY YMCA | 381717502 | 9 | Yes | | Yes | | Yes | | 0 |
| BATTLE CREEK FAMILY YMCA | 381986068 | 9 | Yes | | Yes | | Yes | | 0 |
| NORTHERN LIGHTS YMCA INC | 382615035 | 9 | Yes | | Yes | | Yes | | 0 |
| SHERMAN LAKE YMCA OUTDOOR CENTER | 383167869 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA OF MARQUETTE COUNTY | 383211419 | 9 | Yes | | Yes | | Yes | | 0 |
| GREATER MARINETTE- MENOMINEE YMCA INC | 386119445 | 9 | Yes | | Yes | | Yes | | 0 |
| LA CROSSE AREA FAMILY YMCA | 390806172 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA OF THE FOX CITIES INC | 390806191 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA OF DANE COUNTY INC | 390806253 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA OF METROPOLITAN MILWAUKEE INC | 390806314 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA OF EAU CLAIRE WISCONSIN | 390806351 | 9 | Yes | | Yes | | Yes | | 0 |
| FAMILY YMCA OF NORTHERN ROCK COUNTY | 390806368 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA AT PABST FARMS INC | 390806378 | 9 | Yes | | Yes | | Yes | | 0 |
| FOND DU LAC FAMILY YMCA | 390806436 | 9 | Yes | | Yes | | Yes | | 0 |
| STATELINE FAMILY YMCA OF BELOIT INC | 390806449 | 9 | Yes | | Yes | | Yes | | 0 |
| RACINE FAMILY YMCA | 390807254 | 9 | Yes | | Yes | | Yes | | 0 |
| WAUSAU - WOODSON YMCA | 390808463 | 9 | Yes | | Yes | | Yes | | 0 |
| GREATER GREEN BAY YMCA INC | 390813466 | 9 | Yes | | Yes | | Yes | | 0 |
| SUPERIOR- DOUGLAS COUNTY FAMILY YMCA | 390813468 | 9 | Yes | | Yes | | Yes | | 0 |
| LAKE GENEVA FAM YMCA | 390816867 | 9 | Yes | | Yes | | Yes | | 0 |
| KENOSHA YMCA | 390826296 | 9 | Yes | | Yes | | Yes | | 0 |
| SHEBOYGAN COUNTY YMCA | 390830271 | 9 | Yes | | Yes | | Yes | | 0 |
| WAUKESHA FAMILY YMCA | 390847658 | 9 | Yes | | Yes | | Yes | | 0 |
| | | | _ | _ | _ | | - | _ | |

| (i) Name of | (ii) | (iii) Type of organization (described on lines 1-9 | (i Is organız | ving info v) the ation in d in your | Did you the orga | on abou v) u notify inization of your | (\ Is organız | ipporte ii) the ation in nized in | d organization(s). (vii) A mount of support? |
|---|-----------|--|---------------------|---|---------------------|---|---------------------|------------------------------------|--|
| Supported Organization | EIN | above or IRC section) | docui | rning ment? | supp Yes | ort? | the l | JS? | A mount of support? |
| OSHKOSH COMMUNITY YMCA | 390878909 | 9 | Yes Yes | No | Yes | No | Yes Yes | No | 0 |
| SOUTH WOOD COUNTY YMCA | 390929462 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA OF DODGE COUNTY | 390975426 | 9 | Yes | | Yes | | Yes | | 0 |
| MANITOWOC- TWO RIVERS AREA YMCA | 391028773 | 9 | Yes | | Yes | | Yes | | 0 |
| STEVENS POINT AREA YMCA | 391102612 | 9 | Yes | | Yes | | Yes | | 0 |
| CAMP MANITO- WISH YMCA INC | 391136315 | 9 | Yes | | Yes | | Yes | | 0 |
| KETTLE MORAINE YMCA INC | 391175559 | 9 | Yes | | Yes | | Yes | | 0 |
| CHIPPEWA VALLEY FAMILY YMCA | 391308377 | 9 | Yes | | Yes | | Yes | | 0 |
| GREEN COUNTY FAMILY YMCA INC | 391405623 | 9 | Yes | | Yes | | Yes | | 0 |
| PHANTOM LAKE YMCA CAMP INC | 391501649 | 9 | Yes | | Yes | | Yes | | 0 |
| MARSHFIELD AREA YMCA | 391557086 | 9 | Yes | | Yes | | Yes | | 0 |
| DOOR COUNTY YMCA | 391738982 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA OF THE NORTHWOODS | 391942168 | 9 | Yes | | Yes | | Yes | | 0 |
| WINONA FAMILY YMCA INC | 410693890 | 9 | Yes | | Yes | | Yes | | 0 |
| DULUTH AREA FAMILY YMCA | 410693931 | 9 | Yes | | Yes | | Yes | | 0 |
| BRAINERD FAMILY YMCA INC | 410693938 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA OF RED WING MINNESOTA | 410695614 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA OF AUSTIN MINNESOTA | 410718359 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA OF MANKATO | 410739108 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA OF ROCHESTER INC | 410807581 | 9 | Yes | | Yes | | Yes | | 0 |
| FERGUS FALLS AREA FAMILY YMCA | 410940250 | 9 | Yes | | Yes | | Yes | | 0 |
| ST CLOUD AREA FAMILY YMCA | 410952420 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA CAMP OLSON | 410967781 | 9 | Yes | | Yes | | Yes | | 0 |
| ALBERT LEA FAMILY YMCA | 411000679 | 9 | Yes | | Yes | | Yes | | 0 |
| ITASCA COUNTY FAMILY YMCA | 411358634 | 9 | Yes | | Yes | | Yes | | 0 |
| MESABI FAMILY YMCA INC | 411460551 | 9 | Yes | | Yes | | Yes | | 0 |
| KANDIYOHI COUNTY AREA FAMILY YMCA | 411908049 | 9 | Yes | | Yes | | Yes | | 0 |
| MARSHALL AREA YMCA | 411984589 | 9 | Yes | | Yes | | Yes | | 0 |
| WORTHINGTON AREA YMCA | 416007569 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA OF THE CEDAR RAPIDS METROPOLITAN AREA | 420680306 | 9 | Yes | | Yes | | Yes | | 0 |
| | | Ī | I | I | 1 | ı | | ı | |

| Form 990, Sch A, Part I, Line 11h - Provide the following information about the supported organization(s). | | | | | | | | | | | |
|--|--------------------|--|-------------------------------------|--|---------------------------------|----------------------------------|---------------------------|-----------------------------|-------------------------------------|--|--|
| (i) Name of Supported Organization | (ii) EIN | (iii) Type of organization (described on lines 1- 9 above or IRC section) | Is organız (ı) lısted gove | v) the ation in d in your rning ment? No | Did you the orga in (i) o | u notify inization of your oort? | Is organız (ı) orga | the ation in nized in J S ? | (vii) A mount of support? | | |
| FAMILY YMCA OF CHARLES CITY IOWA | 420680309 | 9 | Yes | | Yes | | Yes | | 0 | | |
| MASON CITY FAMILY YMCA | 420680330 | 9 | Yes | | Yes | | Yes | | 0 | | |
| MUSCATINE COMMUNITY YMCA | 420680340 | 9 | Yes | | Yes | | Yes | | 0 | | |
| YMCA OF GREATER DES MOINES IOWA | 420680438 | 9 | Yes | | Yes | | Yes | | 0 | | |
| FAMILY YMCA OF BLACK HAWK COUNTY | 420681109 | 9 | Yes | | Yes | | Yes | | 0 | | |
| HOERNER YMCA | 420690393 | 9 | Yes | | Yes | | Yes | | 0 | | |
| YMCA OF WASHINGTON IOWA | 420698186 | 9 | Yes | | Yes | | Yes | | 0 | | |
| YMCA OF NEWTON IOWA INC | 420703250 | 9 | Yes | | Yes | | Yes | | 0 | | |
| SCOTT COUNTY FAMILY YMCA | 420703278 | 9 | Yes | | Yes | | Yes | | 0 | | |
| YMCA OF OTTUMWA IOWA | 420725202 | 9 | Yes | | Yes | | Yes | | 0 | | |
| SIOUXLAND YMCA | 420738980 | 9 | Yes | | Yes | | Yes | | 0 | | |
| MAHASKA COUNTY YMCA | 420741010 | 9 | Yes | | Yes | | Yes | | 0 | | |
| YMCA OF SPENCER IOWA | 420820570 | 9 | Yes | | Yes | | Yes | | 0 | | |
| NISHNA VALLEY FAMILY YMCA | 420844143 | 9 | Yes | | Yes | | Yes | | 0 | | |
| YMCA OF DUBUQUE IOWA | 420934471 | 9 | Yes | | Yes | | Yes | | 0 | | |
| CAMP FOSTER YMCA | 420958909 | 9 | Yes | | Yes | | Yes | | 0 | | |
| ALGONA FAMILY YMCA | 421225829 | 9 | Yes | | Yes | | Yes | | 0 | | |
| YMCA OF FOREST CITY IOWA | 421257332 | 9 | Yes | | Yes | | Yes | | 0 | | |
| LE MARS AREA FAMILY YMCA | 421413807 | 9 | Yes | | Yes | | Yes | | 0 | | |
| MONTGOMERY COUNTY FAMILY YMCA | 421433436 | 9 | Yes | | Yes | | Yes | | 0 | | |
| SOUTHERN PRAIRIE YMCA | 421436507 | 9 | Yes | | Yes | | Yes | | 0 | | |
| YMCA OF MARSHALLTOWN IOWA | 421478611 | 9 | Yes | | Yes | | Yes | | 0 | | |
| FORT MADISON FAMILY YMCA | 426080176 | 9 | Yes | | Yes | | Yes | | 0 | | |
| GREATER ST LOUIS YMCA | 430653616 | 9 | Yes | | Yes | | Yes | | 0 | | |
| YMCA OF HANNIBAL | 430663323 | 9 | Yes | | Yes | | Yes | | 0 | | |
| ADAIR COUNTY FAMILY YMCA | 430811428 | 9 | Yes | | Yes | | Yes | | 0 | | |
| JEFFERSON CITY AREA YMCA | 430953286 | 9 | Yes | | Yes | | Yes | | 0 | | |
| GRAND RIVER AREA FAMILY YMCA INC | 431493664 | 9 | Yes | | Yes | | Yes | | 0 | | |
| CALLAWAY COUNTY YMCA | 431552855 | 9 | Yes | | Yes | | Yes | | 0 | | |
| FAIR ACRES FAMILY YMCA | 431558437 | 9 | Yes | | Yes | | Yes | | 0 | | |
| • | - | - | | | • | | | | • | | |

| Form 990, Sch A, Part I, Line 11h - Provide the following information about the supported organization(s). | | | | | | | | | |
|--|-------------|--|---|----|-------------------|----|--|----|-------------------------------------|
| (i) Name of Supported Organization | (ii) EIN | (iii) Type of organization (described on lines 1- 9 above or IRC section) | (iv) Is the organization ii (i) listed in you governing document? | | support? | | (vi) Is the organization in (i) organized in the U S ? | | (vii) A mount of support? |
| OZARKS FAMILY YMCA INC | 431617662 | 9 | Yes Yes | No | Yes Yes | No | Yes Yes | No | 0 |
| YMCA OF SOUTHEAST MISSOURI | 431666987 | 9 | Yes | | Yes | | Yes | | 0 |
| TWIN PIKE FAMILY YMCA INC | 431675923 | 9 | Yes | | Yes | | Yes | | 0 |
| OSAGE PRAIRIE YMCA INC | 431706486 | 9 | Yes | | Yes | | Yes | | 0 |
| SALT FORK YMCA | 431710180 | 9 | Yes | | Yes | | Yes | | 0 |
| FREEMAN SOUTHWEST FAMILY YMCA | 431729473 | 9 | Yes | | Yes | | Yes | | 0 |
| LONG BRANCH AREA YMCA | 431761240 | 9 | Yes | | Yes | | Yes | | 0 |
| BOONSLICK HEARTLAND YMCA | 431798929 | 9 | Yes | | Yes | | Yes | | 0 |
| CAMERON REGIONAL YMCA | 431933672 | 9 | Yes | | Yes | | Yes | | 0 |
| OZARKS REGIONAL YMCA | 440545283 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA OF GREATER KANSAS CITY | 440546002 | 9 | Yes | | Yes | | Yes | | 0 |
| JOPLIN FAMILY YMCA | 440552026 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA OF ST JOSEPH MISSOURI | 440552491 | 9 | Yes | | Yes | | Yes | | 0 |
| GRAND FORKS YMCA FAMILY CENTER | 450226434 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA OF CASS AND CLAY COUNTIES | 450232096 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA OF MINOT NORTH DAKOTA | 450237612 | 9 | Yes | | Yes | | Yes | | 0 |
| MISSOURI VALLEY FAMILY YMCA | 450305520 | 9 | Yes | | Yes | | Yes | | 0 |
| JAMES RIVER FAMILY YMCA | 450337816 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA OF THE GREATER TWIN CITIES | 452563299 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA OF SIOUX FALLS | 460225021 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA OF RAPID CITY SOUTH DAKOTA | 460227218 | 9 | Yes | | Yes | | Yes | | 0 |
| ABERDEEN FAMILY YMCA | 460255779 | 9 | Yes | | Yes | | Yes | | 0 |
| GENERAL CONVENTION OF SIOUX YMCAS | 460336514 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA OF NORFOLK NEBRASKA | 470376546 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA OF LINCOLN NEBRASKA | 470376578 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA OF GREATER OMAHA | 470376586 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA OF FREMONT NEBRASKA | 470376600 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA OF HASTINGS NEBRASKA | 470376607 | 9 | Yes | | Yes | | Yes | | 0 |
| ED THOMAS YMCA | 470377999 | 9 | Yes | | Yes | | Yes | | 0 |
| COLUMBUS FAMILY YMCA INC | 470398817 | 9 | Yes | | Yes | | Yes | | 0 |

| Form 990, Sc | h A, Part I, L | ine 11h - Provide the | | | ormatic | on abou | t the s | upporte | d organization(s). |
|---|----------------|---|---|---------------------------------------|---------------------------------|---|---------------------------|--|-------------------------------------|
| (i) Name of Supported Organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section) | (i) Is organız (ı) lıstec gove docur | the ation in I in your rning | Did you the orga in (i) o | v) u notify anization of your port? | Is organız (ı) orga | vi) the ration in nized in JS? | (vii) A mount of support? |
| BEATRICE MARY | | | Yes | No | Yes | No | Yes | No | |
| FAMILY YMCA | 470415814 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA OF GRAND ISLAND NEBRASKA | 470425015 | 9 | Yes | | Yes | | Yes | | 0 |
| SCOTTSBLUFF FAMILY YMCA | 470439999 | 9 | Yes | | Yes | | Yes | | 0 |
| KEARNEY FAMILY YMCA | 470720055 | 9 | Yes | | Yes | | Yes | | 0 |
| BLAIR FAMILY YMCA | 470782711 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA OF THE PRAIRIE | 470807617 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA OF TOPEKA KANSAS | 480543757 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA OF SALINA KANSAS | 480544573 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA OF WICHITA KANSAS | 480554440 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA OF HUTCHINSON AND RENO COUNTY | 480556722 | 9 | Yes | | Yes | | Yes | | 0 |
| MCPHERSON FAMILY YMCA | 480650061 | 9 | Yes | | Yes | | Yes | | 0 |
| JUNCTION CITY FAMILY YMCA INC | 480677789 | 9 | Yes | | Yes | | Yes | | 0 |
| GARDEN CITY FAMILY YMCA | 480693241 | 9 | Yes | | Yes | | Yes | | 0 |
| CAMP WOOD YMCA | 480908238 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA OF DELAWARE | 510065748 | 9 | Yes | | Yes | | Yes | | 0 |
| RALPH J STOLLE COUNTRYSIDE YMCA OF WARREN CO | 510181689 | 9 | Yes | | Yes | | Yes | | 0 |
| OLD TOWN- ORONO YMCA | 510201156 | 9 | Yes | | Yes | | Yes | | 0 |
| PRINCETON YMCA-YWCA CORP | 510233934 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA OF CENTRAL MARYLAND | 520591699 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA OF CUMBERLAND MD | 520591700 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA OF HAGERSTOWN MARYLAND INC | 520591701 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA OF FREDERICK COUNTY MD INC | 520607953 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA OF CECIL COUNTY INC | 520620245 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA OF CHESAPEAKE INC | 520646895 | 9 | Yes | | Yes | | Yes | | 0 |
| DORCHESTER COUNTY FAMILY YMCA INC | 521359696 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA OF METROPOLITAN WASHINGTON | 530207403 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA OF SOUTH HAMPTON ROADS | 540445205 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA OF CENTRAL VIRGINIA | 540505924 | 9 | Yes | | Yes | | Yes | | 0 |
| DANVILLE YMCA | 540505982 | 9 | Yes | | Yes | | Yes | | 0 |
| HENSEL ECKMAN YMCA INC | 540505984 | 9 | Yes | | Yes | | Yes | | 0 |

Form 990, Sch A, Part I, Line 11h - Provide the following information about the supported organization(s).

| Form 990, Sch A | , Part I, Line | 11h - Provide the f | followir | g infor | mation | about | the su | pported | organization(s). |
|---|--------------------|---|-----------------------------|--|---|------------------|------------------------------------|--|-------------------------------------|
| (i) Name of Supported Organization | (ii) EIN | (iii) Type of organization (described on lines 1- 9 above or IRC section) | (ı) listed gove docui | the ation in I in your rning nent? | Did you the orga in (i) o supp | of your port? | Is organız (ı) orga the l | vi) the cation in nized in J S ? | (vii) A mount of support? |
| YMCA OF GREATER RICHMOND | 540505986 | 9 | Yes Yes | No | Yes Yes | No | Yes Yes | No | 0 |
| STAUNTON-AUGUSTA YMCA | 540506438 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA OF ROANOKE VALLEY | 540515736 | 9 | Yes | | Yes | | Yes | | 0 |
| PENINSULA METROPOLITAN YMCA | 540524905 | 9 | Yes | | Yes | | Yes | | 0 |
| PORTSMOUTH YMCA | 540534407 | 9 | Yes | | Yes | | Yes | | 0 |
| WAYNESBORO FAMILY YMCA | 540633243 | 9 | Yes | | Yes | | Yes | | 0 |
| MARTINSVILLE HENRY COUNTY FAMILY YMCA | 540839746 | 9 | Yes | | Yes | | Yes | | 0 |
| VIRGINIA YMCA | 540881950 | 9 | Yes | | Yes | | Yes | | 0 |
| ALTAVISTA AREA YMCA | 540895639 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA OF SOUTH BOSTON AND HALIFAX COUNTY INC | 540951231 | 9 | Yes | | Yes | | Yes | | 0 |
| RAPPAHANNOCK AREA YMCA | 540965826 | 9 | Yes | | Yes | | Yes | | 0 |
| BEDFORD AREA FAMILY YMCA | 541140513 | 9 | Yes | | Yes | | Yes | | 0 |
| MECKLENBURG COUNTY YMCA | 541351309 | 9 | Yes | | Yes | | Yes | | 0 |
| ALLEGHANY HIGHLANDS YMCA | 541637131 | 9 | Yes | | Yes | | Yes | | 0 |
| PIEDMONT FAMILY YMCA INC | 541717336 | 9 | Yes | | Yes | | Yes | | 0 |
| FRANKLIN COUNTY FAMILY YMCA | 541740065 | 9 | Yes | | Yes | | Yes | | 0 |
| SOUTH HILL YMCA | 541849696 | 9 | Yes | | Yes | | Yes | | 0 |
| FAMILY YMCA OF EMPORIAGREENSVILLE INC | 542005981 | 9 | Yes | | Yes | | Yes | | 0 |
| ROCKBRIDGE AREA YMCA | 542070140 | 9 | Yes | | Yes | | Yes | | 0 |
| CAMP JORN 2 YMCA INC | 542184387 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA OF KANAWHA INC | 550357058 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA OF PARKERSBURG WEST VIRGINIA | 550357059 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA OF WHEELING | 550357071 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA OF SOUTHERN WEST VIRGINIA | 550464596 | 9 | Yes | | Yes | | Yes | | 0 |
| HARRISON COUNTY YMCA INC | 550486791 | 9 | Yes | | Yes | | Yes | | 0 |
| TRI-COUNTY YMCA | 550702900 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA OF WESTERN NORTH CAROLINA INC | 560530013 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA OF HIGH POINT INC | 560530014 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA OF NORTHWEST NORTH CAROLINA | 560530015 | 9 | Yes | | Yes | | Yes | | 0 |
| BLUE RIDGE ASSEMBLY YMCA | 560532130 | 9 | Yes | | Yes | | Yes | | 0 |

| Form 990, Sc | h A, Part I, L | ine 11h - Provide the | | | ormatio | n abou | t the s | ipporte | d organization(s). |
|--|--------------------|--|-------------------------------------|---|----------|---------------------------------|---------------|----------------------|-------------------------------------|
| (i) Name of Supported Organization | (ii) EIN | (iii) Type of organization (described on lines 1- 9 above or IRC section) | Is organız (ı) lısteo gove | the sation in d in your erning | the orga | u notify nization of your | Is organız | atıon ın nızed ın | (vii) A mount of support? |
| Organización | | above of the section) | docur Yes | ment? No | Yes | No | Yes | No | |
| YMCA OF WILMINGTON INC | 560532317 | 9 | Yes | | Yes | | Yes | | 0 |
| GREENSBORO METROPOLITAN YMCA | 560543243 | 9 | Yes | | Yes | | Yes | | 0 |
| ROCKY MOUNT FAMILY YMCA INC | 560543251 | 9 | Yes | | Yes | | Yes | | 0 |
| EDEN FAMILY YMCA | 560547468 | 9 | Yes | | Yes | | Yes | | 0 |
| J SMITH YOUNG FAMILY YMCA | 560576153 | 9 | Yes | | Yes | | Yes | | 0 |
| FAYETTEVILLE YMCA | 560582025 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA OF THE TRIANGLE AREA | 560591307 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA OF ROWAN COUNTY | 560606313 | 9 | Yes | | Yes | | Yes | | 0 |
| ALAMANCE COUNTY COMMUNITY YMCA | 560611575 | 9 | Yes | | Yes | | Yes | | 0 |
| GASTON COUNTY FAMILY YMCA | 560655420 | 9 | Yes | | Yes | | Yes | | 0 |
| CHAPEL HILL- CARRBORO YMCA | 560899075 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA OF CATAWBA VALLEY | 560928743 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA OF ASHEBORO NC INC | 560991786 | 9 | Yes | | Yes | | Yes | | 0 |
| TOM A FINCH COMMUNITY YMCA | 561004370 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA OF GREATER CHARLOTTE | 561045299 | 9 | Yes | | Yes | | Yes | | 0 |
| GOLDSBORO FAMILY YMCA | 561285595 | 9 | Yes | | Yes | | Yes | | 0 |
| BERTIE COUNTY YMCA | 561738475 | 9 | Yes | | Yes | | Yes | | 0 |
| WILSON FAMILY YMCA | 562220375 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA OF SUMTER | 570314417 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA OF COLUMBIA SOUTH CAROLINA- METRO | 570314423 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA OF GREENVILLE | 570314424 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA OF GREATER SPARTANBURG | 570314425 | 9 | Yes | | Yes | | Yes | | 0 |
| ANDERSON AREA YMCA | 570314465 | 9 | Yes | | Yes | | Yes | | 0 |
| UPPER PALMETTO YMCA | 570335422 | 9 | Yes | | Yes | | Yes | | 0 |
| GREENWOOD YMCA | 570365055 | 9 | Yes | | Yes | | Yes | | 0 |
| PICKENS COUNTY YMCA | 570405623 | 9 | Yes | | Yes | | Yes | | 0 |
| CLINTON FAMILY YMCA | 570506273 | 9 | Yes | | Yes | | Yes | | 0 |
| FLORENCE FAMILY YMCA | 570516770 | 9 | Yes | | Yes | | Yes | | 0 |
| FAMILY YMCA OF GREATER LAURENS | 570517776 | 9 | Yes | | Yes | | Yes | | 0 |
| CHEROKEE COUNTY FAMILY YMCA | 570557200 | 9 | Yes | | Yes | | Yes | | 0 |

| Form 990, Sc | h A, Part I, L | ine 11h - Provide th | | | ormatio | n abou | t the su | upporte | d organization(s). |
|---|--------------------|--|---------------------------------|--------------------------|--------------------|----------------------------------|---------------------------|----------------------|-------------------------------------|
| (i) Name of Supported | (ii) EIN | (iii) Type of organization (described on lines 1- 9 | (iv) Is the organiza (i) listed | he tion in in your | ın (ı) c | u notify inization of your | Is organız (ı) orga | ation in nized in | (vii) A mount of support? |
| O rganization | | above or IRC section) | goverr docum Yes | | supp Yes | oort? | the l | JS? | |
| SUMMERVILLE FAMILY YMCA | 570643100 | 9 | Yes | .,,, | Yes | .,,5 | Yes | .,,5 | 0 |
| YMCA OF COASTAL CAROLINA | 570747196 | 9 | Yes | | Yes | | Yes | | 0 |
| NEWBERRY COUNTY FAMILY YMCA | 570783484 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA OF THE UPPER PEE DEE | 570794011 | 9 | Yes | | Yes | | Yes | | 0 |
| UNION COUNTY YMCA | 570832992 | 9 | Yes | | Yes | | Yes | | 0 |
| BEAUFORT COUNTY YMCA | 570910326 | 9 | Yes | | Yes | | Yes | | 0 |
| FOOTHILLS AREA FAMILY YMCA | 570934024 | 9 | Yes | | Yes | | Yes | | 0 |
| CANNON STREET YMCA | 570935533 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA OF NORTHEAST IOWA INC | 571167577 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCAS OF WAYCROSS GA INC | 580566129 | 9 | Yes | | Yes | | Yes | | 0 |
| STATE YMCA OF GEORGIA | 580566244 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA OF METROPOLITAN ATLANTA INC | 580566253 | 9 | Yes | | Yes | | Yes | | 0 |
| METROPOLITAN AUGUSTA YMCA | 580566254 | 9 | Yes | | Yes | | Yes | | 0 |
| THOMASVILLE YMCA YOUTH CENTER INC | 580566255 | 9 | Yes | | Yes | | Yes | | 0 |
| MOULTRIE YMCA | 580593424 | 9 | Yes | | Yes | | Yes | | 0 |
| ATHENS YMCA | 580593443 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA OF COASTAL GEORGIA INC | 580603160 | 9 | Yes | | Yes | | Yes | | 0 |
| ALBANY YMCA | 580610051 | 9 | Yes | | Yes | | Yes | | 0 |
| COLUMBUS METROPOLITAN YMCA | 580648697 | 9 | Yes | | Yes | | Yes | | 0 |
| ROME-FLOYD COUNTY YMCA | 580814549 | 9 | Yes | | Yes | | Yes | | 0 |
| TWIN RIVERS YMCA | 581402035 | 9 | Yes | | Yes | | Yes | | 0 |
| HENDERSON FAMILY YMCA | 581406066 | 9 | Yes | | Yes | | Yes | | 0 |
| GREATER KINGSPORT FAMILY YMCA | 581564232 | 9 | Yes | | Yes | | Yes | | 0 |
| CANNON MEMORIAL YMCA | 581574620 | 9 | Yes | | Yes | | Yes | | 0 |
| STANLY COUNTY FAMILY YMCA | 581582063 | 9 | Yes | | Yes | | Yes | | 0 |
| BAINBRIDGE- DECATUR COUNTY YMCA | 581608613 | 9 | Yes | | Yes | | Yes | | 0 |
| LAFAYETTE LOUISIANA YMCA | 581640136 | 9 | Yes | | Yes | | Yes | | 0 |
| TOCCOA- STEPHENS COUNTY YMCA INC | 581999379 | 9 | Yes | | Yes | | Yes | | 0 |
| CLEVELAND COUNTY FAMILY YMCA | 582016066 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA OF METROPOLITAN HUNTSVILLE AL | 582058795 | 9 | Yes | | Yes | | Yes | | 0 |

| Form 990, Sch A, Part I, Line 11h - Provide the following information about the supported organization(s). | | | | | | | | | | |
|--|--------------------|--|------------------------------------|--------------------------------------|---------------------------------|----------------------------------|---------------|----------------------|-------------------------------------|--|
| (i) Name of Supported Organization | (ii) EIN | (iii) Type of organization (described on lines 1- 9 above or IRC section) | Is organız (ı) lıste gove | the cation in d in your erning ment? | Did you the orga in (i) o | u notify anization of your oort? | Is organız | atıon ın nızed ın | (vii) A mount of support? | |
| GEORGIA MOUNTAINS YMCA | 582203268 | 9 | Yes | | Yes | | Yes | | 0 | |
| TIFTAREA YMCA INC | 582383631 | 9 | Yes | | Yes | | Yes | | 0 | |
| CENTRAL FLORIDA METRO YMCA | 590624430 | 9 | Yes | | Yes | | Yes | | 0 | |
| YMCA OF BROWARD COUNTY | 590624463 | 9 | Yes | | Yes | | Yes | | 0 | |
| YMCA OF GREATER MIAMI | 590624464 | 9 | Yes | | Yes | | Yes | | 0 | |
| YMCA OF NORTHWEST FLORIDA | 590624465 | 9 | Yes | | Yes | | Yes | | 0 | |
| YMCA OF GREATER ST PETERSBURG | 590624468 | 9 | Yes | | Yes | | Yes | | 0 | |
| PALM BEACHES METROPOLITAN YMCA | 590624470 | 9 | Yes | | Yes | | Yes | | 0 | |
| FLORIDA'S FIRST COAST YMCA - METROPOLITAN | 590638514 | 9 | Yes | | Yes | | Yes | | 0 | |
| CAPITAL REGION YMCA | 590808247 | 9 | Yes | | Yes | | Yes | | 0 | |
| YMCA OF THE SUNCOAST | 590810731 | 9 | Yes | | Yes | | Yes | | 0 | |
| FLORIDA'S EMERALD COAST YMCA | 590978077 | 9 | Yes | | Yes | | Yes | | 0 | |
| YMCA OF WEST CENTRAL FLORIDA | 591158144 | 9 | Yes | | Yes | | Yes | | 0 | |
| NORTH CENTRAL FLORIDA YMCA | 591195257 | 9 | Yes | | Yes | | Yes | | 0 | |
| YMCA OF SOUTH PALM BEACH COUNTY | 591416281 | 9 | Yes | | Yes | | Yes | | 0 | |
| SARASOTA FAMILY YMCA INC | 591618413 | 9 | Yes | | Yes | | Yes | | 0 | |
| MANATEE COUNTY FAMILY YMCA | 591626905 | 9 | Yes | | Yes | | Yes | | 0 | |
| SOUTH COUNTY FAMILY YMCA | 591629660 | 9 | Yes | | Yes | | Yes | | 0 | |
| LAKE WALES FAMILY YMCA | 591741481 | 9 | Yes | | Yes | | Yes | | 0 | |
| TAMPA METROPOLITAN AREA YMCA | 591742909 | 9 | Yes | | Yes | | Yes | | 0 | |
| YMCA OF THE TREASURE COAST | 591911653 | 9 | Yes | | Yes | | Yes | | 0 | |
| MARCO ISLAND YMCA | 592498619 | 9 | Yes | | Yes | | Yes | | 0 | |
| HIGHLANDS COUNTY FAMILY YMCA | 592859656 | 9 | Yes | | Yes | | Yes | | 0 | |
| VOLUSIAFLAGLER FAMILY YMCA | 593284968 | 9 | Yes | | Yes | | Yes | | 0 | |
| NORTHFIELD AREA FAMILY YMCA | 593817686 | 9 | Yes | | Yes | | Yes | | 0 | |
| ASHLAND AREA YMCA | 610444836 | 9 | Yes | | Yes | | Yes | | 0 | |
| KENTUCKY YMCA YOUTH ASSOCIATION INC | 610444841 | 9 | Yes | | Yes | | Yes | | 0 | |
| YMCA OF CENTRAL KENTUCKY | 610444842 | 9 | Yes | | Yes | | Yes | | 0 | |
| YMCA OF GREATER LOUISVILLE | 610444843 | 9 | Yes | | Yes | | Yes | | 0 | |
| YMCA OF OWENSBORODAVIESS COUNTY | 610561344 | 9 | Yes | | Yes | | Yes | | 0 | |

| Form 990, Sch A, | orm 990, Sch A, Part I, Line 11h - Provide the following information about the supported organization(s). | | | | | | | | | | | |
|---|---|---|---------------|--------------------------------|--------------------------|------------------|-----|----------------------|------------------------------|--|--|--|
| (i) Name of Supported Organization | (ii) EIN | (iii) Type of organization (described on lines 1- 9 above or IRC section) | Is organiz | ation in I in your rning | Did you th organiz | atıon ın your | Is | ation in nized in | (vii) A mount of support? | | | |
| FRANKFORT YMCA | 610562021 | 9 | Yes | | Yes | | Yes | | 0 | | | |
| HENDERSON COUNTY FAMILY YMCA | 610597114 | 9 | Yes | | Yes | | Yes | | 0 | | | |
| PARIS-BOURBON COUNTY YMCA | 610676727 | 9 | Yes | | Yes | | Yes | | 0 | | | |
| HOPKINS COUNTY FAMILY YMCA | 610904719 | 9 | Yes | | Yes | | Yes | | 0 | | | |
| WILDERNESS TRACE FAMILY YMCA | 611024933 | 9 | Yes | | Yes | | Yes | | 0 | | | |
| LIMESTONE FAMILY YMCA | 611080836 | 9 | Yes | | Yes | | Yes | | 0 | | | |
| UNION COUNTY YMCA | 611173801 | 9 | Yes | | Yes | | Yes | | 0 | | | |
| PIKEVILLE AREA FAMILY YMCA | 611177162 | 9 | Yes | | Yes | | Yes | | 0 | | | |
| YMCA OF MAYFIELDGRAVES COUNTY | 611204017 | 9 | Yes | | Yes | | Yes | | 0 | | | |
| YMCA OF WINCHESTER | 611206677 | 9 | Yes | | Yes | | Yes | | 0 | | | |
| HOPKINSVILLECHRISTIAN COUNTY FAMILY YMCA | 611297293 | 9 | Yes | | Yes | | Yes | | 0 | | | |
| FAYETTE COUNTY FAMILY YMCA | 611416843 | 9 | Yes | | Yes | | Yes | | 0 | | | |
| TELFORD COMMUNITY CENTER YMCA | 616000619 | 9 | Yes | | Yes | | Yes | | 0 | | | |
| YMCA OF METROPOLITAN CHATTANOOGA | 620475699 | 9 | Yes | | Yes | | Yes | | 0 | | | |
| YMCA OF EAST TENNESSEE | 620475700 | 9 | Yes | | Yes | | Yes | | 0 | | | |
| YMCA OF MIDDLE TENNESSEE | 620476243 | 9 | Yes | | Yes | | Yes | | 0 | | | |
| YMCA OF MEMPHIS & THE MID-SOUTH | 620476304 | 9 | Yes | | Yes | | Yes | | 0 | | | |
| UNICOI COUNTY FAMILY YMCA | 620478092 | 9 | Yes | | Yes | | Yes | | 0 | | | |
| YMCA OF BRISTOL | 620521204 | 9 | Yes | | Yes | | Yes | | 0 | | | |
| YMCA OF GREENE COUNTY | 620809014 | 9 | Yes | | Yes | | Yes | | 0 | | | |
| SOUTHSIDE VIRGINIA FAMILY YMCA | 621487256 | 9 | Yes | | Yes | | Yes | | 0 | | | |
| MILAN FAMILY YMCA | 621547529 | 9 | Yes | | Yes | | Yes | | 0 | | | |
| YMCA OF DYER COUNTY | 621616172 | 9 | Yes | | Yes | | Yes | | 0 | | | |
| LEGACY YMCA | 630288881 | 9 | Yes | | Yes | | Yes | | 0 | | | |
| MONTGOMERY YMCA METRO BOARD | 630288885 | 9 | Yes | | Yes | | Yes | | 0 | | | |
| BIRMINGHAM METROPOLITAN YMCA | 630299894 | 9 | Yes | | Yes | | Yes | | 0 | | | |
| YMCA OF SOUTH ALABAMA INC | 630302187 | 9 | Yes | | Yes | | Yes | | 0 | | | |
| TUSCALOOSA METROPOLITAN YMCA | 630302189 | 9 | Yes | | Yes | | Yes | | 0 | | | |
| YMCA OF CALHOUN COUNTY | 630332253 | 9 | Yes | | Yes | | Yes | | 0 | | | |
| YMCA OF SELMA-DALLAS COUNTY | 630414814 | 9 | Yes | | Yes | | Yes | | 0 | | | |

| Form 990, Sc | h A, Part I, L | ine 11h - Provide the | | | ormatio | n abou | t the s | upporte | d organization(s). |
|---|--------------------|---|-------------------------------------|--|---------------------------------|---|---------------------------|--|-------------------------------------|
| (i) Name of Supported Organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section) | Is organız (ı) lısteo gove | v) the ration in d in your rning ment? | Did you the orga in (i) o | v) u notify inization of your port? | Is organız (ı) orga | /i) the ation in nized in J S ? | (vii) A mount of support? |
| YMCA OF THE | | | Yes | No | Yes | No | Yes | No | |
| COOSA VALLEY INC | 630436456 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA OF THE SHOALS ENTERPRISE | 630545200 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA | 630589262 | 9 | Yes | | Yes | | Yes | | 0 |
| BREWTON AREA YMCA | 630999102 | 9 | Yes | | Yes | | Yes | | 0 |
| ATMORE AREA YMCA INC | 631151492 | 9 | Yes | | Yes | | Yes | | 0 |
| PRATTVILLE YMCA | 636052425 | 9 | Yes | | Yes | | Yes | | 0 |
| JACKSON METROPOLITAN YMCA | 640303099 | 9 | Yes | | Yes | | Yes | | 0 |
| JUNIUS WARD JOHNSON YMCA | 640303115 | 9 | Yes | | Yes | | Yes | | 0 |
| HODDING CARTER MEMORIAL YMCA | 640306257 | 9 | Yes | | Yes | | Yes | | 0 |
| FAMILY YMCA OF SOUTHEAST MISSISSIPPI INC | 640340760 | 9 | Yes | | Yes | | Yes | | 0 |
| MISSISSIPPI GULF COAST YMCA | 640584648 | 9 | Yes | | Yes | | Yes | | 0 |
| FRANK P PHILLIPS MEMORIAL YMCA | 646025994 | 9 | Yes | | Yes | | Yes | | 0 |
| MONROEVILLE AREA YMCA | 651058521 | 9 | Yes | | Yes | | Yes | | 0 |
| SAN JUAN - PUERTO RICO YMCA | 660190784 | 9 | Yes | | Yes | | Yes | | 0 |
| PONCE YMCA | 660204831 | 9 | Yes | | Yes | | Yes | | 0 |
| SISKIYOU FAMILY YMCA | 680294653 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA OF WARREN AND BRADLEY COUNTY | 700275848 | 9 | Yes | | Yes | | Yes | | 0 |
| THE DENNY PRICE FAMILY YMCA OF ENID OKLAHOMA | 700599309 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA OF HOT SPRINGS ARKANSAS INC | 710236925 | 9 | Yes | | Yes | | Yes | | 0 |
| JONESBORO YMCA | 710260184 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA OF CENTRAL LOUISIANA | 720408980 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA OF THE CAPITAL AREA | 720408994 | 9 | Yes | | Yes | | Yes | | 0 |
| SHREVEPORT BOSSIER METRO YMCA | 720408997 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA OF GREATER NEW ORLEANS | 720423490 | 9 | Yes | | Yes | | Yes | | 0 |
| DRYADES YMCA | 720428019 | 9 | Yes | | Yes | | Yes | | 0 |
| BAYOULAND YMCA | 720880478 | 9 | Yes | | Yes | | Yes | | 0 |
| OKMULGEE COUNTY FAMILY YMCA | 730106247 | 9 | Yes | | Yes | | Yes | | 0 |
| GREAT PLAINS FAMILY YMCA INC | 730149048 | 9 | Yes | | Yes | | Yes | | 0 |
| FAMILY YMCA OF BARTLESVILLE | 730521535 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA OF GREATER TULSA - METRO OFFICE | 730579269 | 9 | Yes | | Yes | | Yes | | 0 |

| Form 990, Sc | h A, Part I, Li | ine 11h - Provide the | | | ormatio | n abou | t the su | ipporte | d organization(s). |
|---|--------------------|--|-------------------------------------|-----------------------|---------------------------------|---|---------------------------|---|-------------------------------------|
| (i) Name of Supported Organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section) | Is organız (ı) lısted gove | ation in 1 in your | Did you the orga in (i) o | v) u notify inization of your port? | Is organız (ı) orga | vi) the ation in nized in JS? | (vii) A mount of support? |
| YMCA OF GREATER OKLAHOMA CITY | 730579270 | 9 | Yes Yes | No | Yes Yes | No | Yes Yes | No | 0 |
| SHAWNEE FAMILY YMCA | 730602462 | 9 | Yes | | Yes | | Yes | | 0 |
| ARDMORE FAMILY YMCA AT ARDMORE OKLAHOMA | 730603523 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA OF PONCA CITY OKLAHOMA | 730634724 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA OF LAWTON OKLAHOMA | 730642616 | 9 | Yes | | Yes | | Yes | | 0 |
| STILLWATER FAMILY YMCA | 730674204 | 9 | Yes | | Yes | | Yes | | 0 |
| NOBLE COUNTY FAMILY YMCA | 731099310 | 9 | Yes | | Yes | | Yes | | 0 |
| CLEVELAND COUNTY FAMILY YMCA | 731149824 | 9 | Yes | | Yes | | Yes | | 0 |
| TEXAS COUNTY FAMILY YMCA | 731464310 | 9 | Yes | | Yes | | Yes | | 0 |
| RANDOLPH AREA YMCA | 731663479 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA OF GREATER SAN ANTONIO | 741109634 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA OF THE GREATER HOUSTON AREA | 741109737 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA OF GREATER EL PASO TX & RIO GRANDE VALLEY | 741109880 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA OF PORT ARTHUR TEXAS | 741143027 | 9 | Yes | | Yes | | Yes | | 0 |
| AUSTIN METROPOLITAN YMCA | 741193464 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA OF THE COASTAL BEND | 741211670 | 9 | Yes | | Yes | | Yes | | 0 |
| THE YMCA OF THE GOLDEN CRESCENT INC | 741368574 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA OF GREATER WILLIAMSON COUNTY | 742206558 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA OF CENTRAL TEXAS | 742668685 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA OF AMARILLO TEXAS INC | 750800695 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA OF METROPOLITAN DALLAS | 750800696 | 9 | Yes | | Yes | | Yes | | 0 |
| SAN ANGELO YMCA | 750800698 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA OF CORSICANA | 750808817 | 9 | Yes | | Yes | | Yes | | 0 |
| WICHITA FALLS METROPOLITAN YMCA | 750808818 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA OF BIG SPRING TEXAS | 750827470 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA OF METROPOLITAN FORT WORTH | 750827471 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA OF ABILENE TEXAS | 750855638 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA OF MIDLAND TEXAS | 750871732 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA OF TYLER TEXAS INC | 750891469 | 9 | Yes | | Yes | | Yes | | 0 |
| GREENVILLEHUNT COUNTY YMCA | 750968474 | 9 | Yes | | Yes | | Yes | | 0 |

| form 990, Sch A, Part I, Line 11h - Provide the following information about the supported organization(s). | | | | | | | | | | | |
|--|-------------|--|-------------------------------------|--|---------------------|----------------------------------|---------------------------|-----------------------------|-------------------------------------|--|--|
| (i) Name of Supported Organization | (ii) EIN | (iii) Type of organization (described on lines 1- 9 above or IRC section) | Is organız (ı) lısteo gove | the ation in d in your rning ment? | Did you the orga | u notify inization of your oort? | Is organız (ı) orga | the ation in nized in J S ? | (vii) A mount of support? | | |
| PALESTINE YMCA | 750975622 | 9 | Yes | 140 | Yes | 140 | Yes | 140 | 0 | | |
| YMCA OF ARLINGTON | 751000839 | 9 | Yes | | Yes | | Yes | | 0 | | |
| YMCA OF MOORE COUNTY INC | 751073132 | 9 | Yes | | Yes | | Yes | | 0 | | |
| ODESSA FAMILY YMCA | 751187026 | 9 | Yes | | Yes | | Yes | | 0 | | |
| YMCA OF PLAINVIEW TEXAS | 756042150 | 9 | Yes | | Yes | | Yes | | 0 | | |
| CENTRAL COAST YMCA | 770202335 | 9 | Yes | | Yes | | Yes | | 0 | | |
| YMCA OF BILLINGS | 810229368 | 9 | Yes | | Yes | | Yes | | 0 | | |
| YMCA OF HELENA INC | 810231815 | 9 | Yes | | Yes | | Yes | | 0 | | |
| BUTTE FAMILY YMCA INC | 810233504 | 9 | Yes | | Yes | | Yes | | 0 | | |
| GREATER MISSOULA FAMILY YMCA | 810300829 | 9 | Yes | | Yes | | Yes | | 0 | | |
| SOUTHWESTERN MONTANA FAMILY YMCA INC | 810486053 | 9 | Yes | | Yes | | Yes | | 0 | | |
| GALLATIN VALLEY YMCA INC | 810542574 | 9 | Yes | | Yes | | Yes | | 0 | | |
| YMCA OF BOISE INC | 820200908 | 9 | Yes | | Yes | | Yes | | 0 | | |
| YMCA OF IDAHO FALLS INC | 820222174 | 9 | Yes | | Yes | | Yes | | 0 | | |
| YMCA OF TWIN FALLS INC | 820255460 | 9 | Yes | | Yes | | Yes | | 0 | | |
| WOOD RIVER COMMUNITY YMCA | 820481436 | 9 | Yes | | Yes | | Yes | | 0 | | |
| CHEYENNE FAMILY YMCA | 830179528 | 9 | Yes | | Yes | | Yes | | 0 | | |
| CASPER FAMILY YMCA | 830197773 | 9 | Yes | | Yes | | Yes | | 0 | | |
| JOHNSON COUNTY FAMILY YMCA | 830237890 | 9 | Yes | | Yes | | Yes | | 0 | | |
| YMCA OF METROPOLITAN DENVER | 840402696 | 9 | Yes | | Yes | | Yes | | 0 | | |
| YMCA OF THE PIKES PEAK REGION | 840404266 | 9 | Yes | | Yes | | Yes | | 0 | | |
| YMCA OF THE ROCKIES | 840404913 | 9 | Yes | | Yes | | Yes | | 0 | | |
| YMCA OF PUEBLO | 840404925 | 9 | Yes | | Yes | | Yes | | 0 | | |
| YMCA OF BOULDER VALLEY | 840459944 | 9 | Yes | | Yes | | Yes | | 0 | | |
| ED RUTH LEHMAN YMCA | 841129504 | 9 | Yes | | Yes | | Yes | | 0 | | |
| THE YMCA OF CENTRAL NEW MEXICO | 850105592 | 9 | Yes | | Yes | | Yes | | 0 | | |
| THE FAMILY YMCA | 850130054 | 9 | Yes | | Yes | | Yes | | 0 | | |
| VALLEY OF THE SUN YMCA | 860096799 | 9 | Yes | | Yes | | Yes | | 0 | | |
| YMCA OF SOUTHERN ARIZONA | 860101237 | 9 | Yes | | Yes | | Yes | | 0 | | |
| PRESCOTT YMCA OF YAVAPAI COUNTY | 860119151 | 9 | Yes | | Yes | | Yes | | 0 | | |

| Form 990, Sch A, Part I, Line 11h - Provide the following information about the supported organization(s). | | | | | | | | | |
|--|-------------|---|-----------------------------|--------------------------------|---------------------|---|---------------------------|---|------------------------------|
| (i) Name of Supported Organization | (ii) EIN | (iii) Type of organization (described on lines 1- 9 above or IRC section) | Is organiz (ı) listed | ation in 1 in your rning | Did you the orga | v) u notify inization of your port? | Is organız (ı) orga | vi) the ation in nized in JS? | (vii) A mount of support? |
| YMCA OF | | | Yes | No | Yes | No | Yes | No | |
| GREATER SALT LAKE AREA | 870212472 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA OF SOUTHERN NEVADA | 880059266 | 9 | Yes | | Yes | | Yes | | 0 |
| WHATCOM FAMILY YMCA | 910482690 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA OF GREATER SEATTLE | 910482710 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA OF SOUTHWEST WASHINGTON | 910565021 | 9 | Yes | | Yes | | Yes | | 0 |
| SKAGIT VALLEY FAMILY YMCA | 910565022 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA OF SNOHOMISH COUNTY | 910565561 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA OF PIERCE AND KITSAP COUNTIES | 910565562 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA OF YAKIMA | 910568717 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA AT WASHINGTON STATE UNIVERSITY | 910573117 | 9 | Yes | | Yes | | Yes | | 0 |
| WENATCHEE VALLEY YMCA | 910578224 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA OF WALLA WALLA | 910580856 | 9 | Yes | | Yes | | Yes | | 0 |
| SOUTH SOUND YMCA | 910586473 | 9 | Yes | | Yes | | Yes | | 0 |
| CLALLAM COUNTY YMCA INC | 910652924 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA OF THE INLAND NORTHWEST | 910827958 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA OF THE GREATER TRI- CITIES | 911655754 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA OF GRAYS HARBOR | 911984900 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA OF ANCHORAGE ALASKA | 920034878 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA OF ASHLAND | 930386976 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA OF KLAMATH COUNTY OREGON | 930386978 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA OF COLUMBIA- WILLAMETTE ASSOCIATION SERVICES | 930386981 | 9 | Yes | | Yes | | Yes | | 0 |
| FAMILY YMCA OF MARION AND POLK COUNTIES | 930386982 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA OF MEDFORD | 930391645 | 9 | Yes | | Yes | | Yes | | 0 |
| CENTRAL DOUGLAS COUNTY FAMILY YMCA | 930395593 | 9 | Yes | | Yes | | Yes | | 0 |
| TILLAMOOK COUNTY FAMILY YMCA | 930457167 | 9 | Yes | | Yes | | Yes | | 0 |
| MID- WILLAMETTE FAMILY YMCA | 930479079 | 9 | Yes | | Yes | | Yes | | 0 |
| EUGENE FAMILY YMCA | 930500679 | 9 | Yes | | Yes | | Yes | | 0 |
| BAKER COUNTY YMCA | 930621433 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA OF GRANTS PASS OREGON | 930848122 | 9 | Yes | | Yes | | Yes | | 0 |
| YMCA OF SAN FRANCISCO | 940997140 | 9 | Yes | | Yes | | Yes | | 0 |

| Form 990, Sc | h A, Part I, L | Form 990, Sch A, Part I, Line 11h - Provide the following information about the supported organization(s). | | | | | | | | | |
|---|----------------|--|-----------------------------|-----|---------------------------------|---|---------------------------|---|-------------------------------------|--|--|
| (i) Name of Supported | (ii) EIN | (iii) Type of organization (described on lines 1- 9 | Is organız (ı) lısted | the | Did you the orga in (i) o | v) u notify inization of your | Is organız (ı) orga | /i) the ation in nized in | (vii) A mount of support? | | |
| Organization | | above or IRC section) | docur Yes | | supp Yes | oort? | the (| J S ? No | | | |
| YMCA OF THE EAST BAY | 941156317 | 9 | Yes | | Yes | | Yes | | 0 | | |
| YMCA OF SILICON VALLEY | 941156318 | 9 | Yes | | Yes | | Yes | | 0 | | |
| YMCA OF SAN JOAQUIN COUNTY | 941156319 | 9 | Yes | | Yes | | Yes | | 0 | | |
| YMCA OF SUPERIOR CALIFORNIA | 941156634 | 9 | Yes | | Yes | | Yes | | 0 | | |
| YMCA OF THE CENTRAL BAY AREA | 941156635 | 9 | Yes | | Yes | | Yes | | 0 | | |
| SHASTA COUNTY YMCA | 941212141 | 9 | Yes | | Yes | | Yes | | 0 | | |
| SONOMA COUNTY FAMILY YMCA | 941265049 | 9 | Yes | | Yes | | Yes | | 0 | | |
| GREATER NEWBURGH YMCA | 941415304 | 9 | Yes | | Yes | | Yes | | 0 | | |
| GOLDEN STATE YMCA | 941459198 | 9 | Yes | | Yes | | Yes | | 0 | | |
| CALIFORNIA YMCA YOUTH AND GOVERNMENT | 943360482 | 9 | Yes | | Yes | | Yes | | 0 | | |
| YMCA OF POMONA VALLEY | 951641976 | 9 | Yes | | Yes | | Yes | | 0 | | |
| CHANNEL ISLANDS YMCA | 951643379 | 9 | Yes | | Yes | | Yes | | 0 | | |
| SANTA MONICA FAMILY YMCA | 951643380 | 9 | Yes | | Yes | | Yes | | 0 | | |
| YMCA OF GREATER LONG BEACH | 951643396 | 9 | Yes | | Yes | | Yes | | 0 | | |
| YMCA OF WEST SAN GABRIEL VALLEY | 951644051 | 9 | Yes | | Yes | | Yes | | 0 | | |
| YMCA OF METROPOLITAN LOS ANGELES | 951644052 | 9 | Yes | | Yes | | Yes | | 0 | | |
| YMCA OF ORANGE COUNTY | 951644055 | 9 | Yes | | Yes | | Yes | | 0 | | |
| YMCA OF GLENDALE | 951661118 | 9 | Yes | | Yes | | Yes | | 0 | | |
| YMCA OF BURBANK CALIFORNIA | 951664139 | 9 | Yes | | Yes | | Yes | | 0 | | |
| YMCA OF THE EAST VALLEY | 951684787 | 9 | Yes | | Yes | | Yes | | 0 | | |
| YMCA OF GREATER WHITTIER | 951684795 | 9 | Yes | | Yes | | Yes | | 0 | | |
| YMCA OF ANAHEIM | 951709299 | 9 | Yes | | Yes | | Yes | | 0 | | |
| WEST END YMCA | 951727678 | 9 | Yes | | Yes | | Yes | | 0 | | |
| YMCA OF ORANGE | 951816053 | 9 | Yes | | Yes | | Yes | | 0 | | |
| YMCA OF THE FOOTHILLS | 951976183 | 9 | Yes | | Yes | | Yes | | 0 | | |
| YMCA OF SAN DIEGO COUNTY | 952039198 | 9 | Yes | | Yes | | Yes | | 0 | | |
| SAN GABRIEL VALLEY YMCA | 952040876 | 9 | Yes | | Yes | | Yes | | 0 | | |
| SAN LUIS OBISPO COUNTY YMCA | 952147727 | 9 | Yes | | Yes | | Yes | | 0 | | |
| SANTA MARIA VALLEY YMCA | 952158363 | 9 | Yes | | Yes | | Yes | | 0 | | |
| SOUTHEAST VENTURA COUNTY YMCA | 952305501 | 9 | Yes | | Yes | | Yes | | 0 | | |

Form 990, Sch A, Part I, Line 11h - Provide the following information about the supported organization(s).

| (i) Name of Supported Organization | (ii) EIN | (iii) Type of organization (described on lines 1- 9 above or IRC section) | Is organız (ı) lısted gove | v) the ation in d in your rning ment? | (v) Did you notify the organization in (i) of your support? | | Did you notify the organization in (i) of your support? | | Did you notify the organization in (i) of your support? | | Is organız (ı) orga | vi) the ation in nized in J S ? | (vii) A mount of support? |
|---|--------------------|--|-------------------------------------|---------------------------------------|---|----|--|----|--|--|---------------------------|---|------------------------------|
| | | | Yes | No | Yes | No | Yes | No | | | | | |
| CORONA-NORCO FAMILY YMCA | 952879893 | 9 | Yes | | Yes | | Yes | | 0 | | | | |
| FAMILY YMCA OF THE DESERT | 953673295 | 9 | Yes | | Yes | | Yes | | 0 | | | | |
| YMCA OF HONOLULU | 990073533 | 9 | Yes | | Yes | | Yes | | 0 | | | | |
| YMCA OF KAUAI | 990074494 | 9 | Yes | | Yes | | Yes | | 0 | | | | |
| MAUI FAMILY YMCA | 990105206 | 9 | Yes | | Yes | | Yes | | 0 | | | | |

DLN: 93493310014833

OMB No 1545-0047

Inspection

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Political Campaign and Lobbying Activities

If the organization answered "Yes" to 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" to 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" to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then ◆ Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** YOUNG MEN'S CHRISTIAN ASSOCIATION RETIREMENT FUND 13-5562401 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV 2 Political expenditures 3 Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). 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 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 3 □ No Was a correction made? ☐ Yes If "Yes," describe in Part IV Part I-C 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 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 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? 4 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 **(c)** EIN (e) A mount of political (a) Name (b) Address (d) A mount paid from contributions received filing organization's and promptly and funds If none, enter -0directly delivered to a separate political organization If none, enter-0-

e Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

| Sch | nedule C (Form 990 or 990-EZ) 2012 | | | | | Page 2 |
|----------|--|---------------------------|-----------------------|--------------------|--|------------------------------------|
| Pa | art II-A Complete if the organization | is exempt under | section 501(| c)(3) and fil | ed Form 5768 | (election |
| _ | under section 501(h)). Check ► if the filing organization belongs to a | an affiliated group (and | lict in Part IV os | ach affiliated are | un mambar's nam | o addross EIN |
| | expenses, and share of excess lobb | ying expenditures) | | _ | up member s nam | e, address, LTN |
| <u>B</u> | Check Frifthe filing organization checked box | x A and "limited contro | ıl" provisions apı | oly | | |
| | Limits on Lobbying E (The term "expenditures" means an | | l .) | | (a) Filing organization's totals | (b) Affiliated group totals |
| 1a | Total lobbying expenditures to influence public o | pınıon (grass roots lob | bying) | | | |
| b | Total lobbying expenditures to influence a legisla | ative body (direct lobb | yıng) | | | |
| c | Total lobbying expenditures (add lines 1a and 1b | o) | | | | |
| d | O ther exempt purpose expenditures | | | | | |
| е | Total exempt purpose expenditures (add lines 1c | c and 1d) | | | | |
| f | Lobbying nontaxable amount Enter the amount fo | rom the following table | ın both | | | |
| | If the amount on line 1e, column (a) or (b) is: | The lobbying nontax | able amount is: | | | |
| | Not over \$500,000 | 20% of the amount on li | ne 1e | | | |
| | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the | e excess over \$500,0 | 000 | | |
| | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the | e excess over \$1,000 | 0,000 | | |
| | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the | excess over \$1,500, | .000 | | |
| | Over \$17,000,000 | \$1,000,000 | | | | |
| | Grassroots nontaxable amount (enter 25% of lin | e 1f) | | | | |
| _ | Subtract line 1g from line 1a If zero or less, ente | • | | - | | |
| i | Subtract line 1f from line 1c If zero or less, ente | | | - | | |
| _ | If there is an amount other than zero on either lin | | organization file | Form 4720 rep | ortina | 1 |
| - | section 4911 tax for this year? | | | | | ┌ Yes ┌ No |
| _ | 4-Voor Av | veraging Period U | Inder Section | F01/b) | | |
| | (Some organizations that made a scolumns below. See the | section 501(h) el | ection do not | have to cor | | ne five |
| | Lobbying Expe | enditures During | 4-Year Avera | ging Period | | 1 |
| | Calendar year (or fiscal year beginning in) | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) Total |
| 2a | Lobbying nontaxable amount | | | | | |
| b | Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | |
| c | Total lobbying expenditures | | | | | |
| d | Grassroots nontavable amount | | | | | |

| chedule C (i c | 31111 330 01 330 E2/2012 | | Page . |
|----------------|---|-----|--------|
| Part II-B | Complete if the organization is exempt under section 501(c)(3) and has filed Form 5768 (election under section 501(h)). | NOT | |
| | | (a) | (b) |

| For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying | | (a) | | (b) | |
|---|--|---------|---------|-----------|--|
| activ | | Yes | No | Amount | |
| 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 | | | | |
| а | Volunteers? | | No | | |
| b | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | Νo | | |
| C | Media advertisements? | | Νo | | |
| d | Mailings to members, legislators, or the public? | | No | | |
| e | Publications, or published or broadcast statements? | | Νo | | |
| f | Grants to other organizations for lobbying purposes? | | No | | |
| g | Direct contact with legislators, their staffs, government officials, or a legislative body? | | No | | |
| h | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | No | | |
| i | O ther activities? | Yes | | 50,222 | |
| j | Total Add lines 1c through 1i | | | 50,222 | |
| 2a | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | No | | |
| 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 | | ľ | | |
| d | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | | |
| Par | t III-A Complete if the organization is exempt under section 501(c)(4), section | n 501(c |)(5), o | r section | |

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

| | | | Yes | No |
|---|---|---|-----|----|
| 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 expenditures from the prior year? | 3 | | |

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

| 1 | 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). | | |
| а | Current year | 2a | |
| b | Carryover from last year | 2b | |
| C | Total | 2c | |
| 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 excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? | 4 | |
| 5 | Taxable amount of lobbying and political expenditures (see instructions) | 5 | |

Part IV Supplemental Information

Complete this part to 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, line 2, and Part II-B, line 1 Also, complete this part for any additional information

| I dentifier | Return Reference | Explanation |
|------------------------------------|------------------|---|
| EXPLANATION OF LOBBYING ACTIVITIES | | THE YMCA RETIRMENT FUND IS A MEMBER OF THE CHURCH ALLIANCE WHICH ENGAGES IN DIRECT LOBBYING REGARDING LEGISLATION THAT ADVERSELY AFFECTS CHURCH PENSION AND BENEFIT PLANS THE AMOUNT INDICATED ABOVE REPRESENTS DUES PAID |

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493310014833

Inspection

OMB No 1545-0047

Open to Public

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

| | <u> </u> | <u></u> | | |
|--------|---|---|----------|--|
| | me of the organization ING MEN'S CHRISTIAN ASSOCIATION RETIREMENT FUND | | Emp | ployer identification number |
| | | | 13- | 5562401 |
| Pa | rt I Organizations Maintaining Donor Adv organization answered "Yes" to Form 990 | vised Funds or Other Similar Fo , Part IV, line 6. | unds | or Accounts. Complete if the |
| | | (a) Donor advised funds | | (b) Funds and other accounts |
| 1 | Total number at end of year | | | |
| 2 | Aggregate contributions to (during year) | | | |
| 3 | Aggregate grants from (during year) | | | |
| 4 | Aggregate value at end of year | | | |
| 5 | Did the organization inform all donors and donor advisor funds are the organization's property, subject to the or | | or adv | ısed ┌ Yes |
| 6 | Did the organization inform all grantees, donors, and do used only for charitable purposes and not for the benef conferring impermissible private benefit? | fit of the donor or donor advisor, or for ai | ny othe | er purpose Yes No |
| Pa | rt II Conservation Easements. Complete if | the organization answered "Yes" t | o Forr | n 990, Part IV, line 7. |
| 1 2 | Purpose(s) of conservation easements held by the organization of land for public use (e.g., recreation Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a | or education) Preservation of an Preservation of a G | ertifie | d historic structure |
| | easement on the last day of the tax year | • | | I |
| | Tabel with a set announce to a second | | | Held at the End of the Year |
| а | Total number of conservation easements | | 2a | |
| b | Total acreage restricted by conservation easements | oric structure included in (a) | 2b | |
| C | Number of conservation easements on a certified histo | , , | 2c | |
| d | Number of conservation easements included in (c) acq historic structure listed in the National Register | | 2d | |
| 3 | Number of conservation easements modified, transferr | red, released, extinguished, or terminate | d by th | he organization during |
| | the tax year 🛌 | | | |
| 4 | Number of states where property subject to conservati | ıon easement ıs located ► | | |
| 5 | Does the organization have a written policy regarding tenforcement of the conservation easements it holds? | the periodic monitoring, inspection, hand | dling of | f violations, and Yes No |
| 6 | Staff and volunteer hours devoted to monitoring, inspec | cting, and enforcing conservation easer | nents (| during the year |
| | <u> </u> | | | |
| 7 | A mount of expenses incurred in monitoring, inspecting • \$ | g, and enforcing conservation easements | durin | g the year |
| В | Does each conservation easement reported on line 2(cand section 170(h)(4)(B)(II)? | d) above satisfy the requirements of sec | tion 1 | 70(h)(4)(B)(ı) Yes No |
| 9 | In Part XIII, describe how the organization reports cor balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easeme | e footnote to the organization's financial | | • |
| ar | Organizations Maintaining Collection | | or Ot | her Similar Assets. |
| | Complete if the organization answered "Y | | c c+- | atomont and halance about |
| 1a | If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asse service, provide, in Part XIII, the text of the footnote t | ets held for public exhibition, education, | or rese | earch in furtherance of public |
| b | If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asse service, provide the following amounts relating to these | ts held for public exhibition, education, | | |

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

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

(i) Revenues included in Form 990, Part VIII, line 1

Revenues included in Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

Assets included in Form 990, Part X

| Par | Organizations Maintaining Co | <u>llections of Ar</u> | t, HIS | tori | caı ı | reasu | res, or O | <u>tne</u> | <u>r Similar As</u> | sets (co | ontinued)_ |
|------|---|------------------------|----------|----------------|---------------------|-----------|---------------|------------|---------------------|-----------|------------|
| 3 | Using the organization's acquisition, accessi collection items (check all that apply) | on, and other reco | rds, cl | heck | any of | the foll | owing that a | re a | significant use | e of its | |
| а | Public exhibition | | d | Γ | Loan | orexc | hange progr | ams | | | |
| b | Scholarly research | | e | Γ | Othe | r | | | | | |
| c | Preservation for future generations | | | | | | | | | | |
| 4 | Provide a description of the organization's co Part XIII | ollections and expl | aın ho | w the | y furth | er the c | organızatıon | 's ex | empt purpose | ın | |
| 5 | During the year, did the organization solicit o | | | | | | | | | _ | _ |
| | assets to be sold to raise funds rather than t | | | | | | | | | ┌ Yes | No |
| Par | t IV Escrow and Custodial Arrange Part IV, line 9, or reported an am | | | | | | n answere | a "Y | es" to Form S | 990, | |
| 1a | Is the organization an agent, trustee, custod included on Form 990, Part X? | | • | | • | | or other ass | etsı | not | ┌ Yes | ┌ No |
| b | If "Yes," explain the arrangement in Part XII | I and complete the | e follo | wing | able | | | | | | |
| | | | | | | | | | Ar | nount | |
| C | Beginning balance | | | | | | | 1c | | | |
| d | Additions during the year | | | | | | L | 1 d | | | |
| e | Distributions during the year | | | | | | L | 1e | | | |
| f | Ending balance | | | | | | L | 1 f | | | |
| 2a | Did the organization include an amount on Fo | orm 990, Part X, Iır | ne 21? | • | | | | | | ┌ Yes | ┌ No |
| b | If "Yes," explain the arrangement in Part XII | I Check here if the | e expla | anatı | n has | been p | rovided in P | art > | KIII | | Γ |
| Pa | rt V Endowment Funds. Complete | f the organizatio | n ans | wer | ed "Ye | s" to | Form 990, | Par | t IV, line 10. | | |
| _ | | (a)Current year | (b |) Prior | year | b (c)⊤ | wo years back | (d) | Three years back | (e)Four y | ears back |
| 1a | Beginning of year balance | | | | | | | | | | |
| Ь | Contributions | | | | | | | ┢ | | | |
| С | Net investment earnings, gains, and losses | | | | | | | | | | |
| d | Grants or scholarships | | | | | | | | | | |
| е | Other expenditures for facilities and programs | | | | | | | | | | |
| f | Administrative expenses | | | | | | | | | | |
| g | End of year balance | | | | | | | | | | |
| 2 | Provide the estimated percentage of the curr | ent year end balan | ice (lir | ne 1g | , colum | nn (a)) l | held as | | • | | |
| а | Board designated or guasi-endowment 🕨 | | | | | | | | | | |
| ь | Permanent endowment 🕨 | | | | | | | | | | |
| С | Temporarily restricted endowment ► | | | | | | | | | | |
| | The percentages in lines 2a, 2b, and 2c show | ıld equal 100% | | | | | | | | | |
| 3a | Are there endowment funds not in the posses organization by | ssion of the organiz | zatıon | that | are hel | d and a | ıdmınıstered | d for | the | Yes | No |
| | (i) unrelated organizations | | | | | | | | 3a | (i) | |
| | (ii) related organizations | | | | | | | | 3a(| (ii) | |
| | If "Yes" to 3a(II), are the related organization | | | | | | | ٠ | 3 | b | |
| 4 | Describe in Part XIII the intended uses of the tand, Buildings, and Equipme | | | | | 10 | | | | | |
| Par | t VI Land, Buildings, and Equipme Description of property | nt. See ronn 9 | 90, Pa | | , IIIIe) Cost o | | (b)Cost or o | ther | (c) Accumulated | d (d) Bo | ook value |
| | | | | | is (inve | | basis (othe | | depreciation | | |
| 1a | Land | | • | | | | | | | | |
| b | Buildings | | • | | | | | | | | |
| С | Leasehold improvements | | • | | | | 5,037 | ,567 | 4,554,9 | 77 | 482,590 |
| | Equipment | | | | | | | ,913 | 149,6 | 13 | 16,300 |
| | | / | | | n) (| 10() ; | 1,318 | ,261 | 131,8 | 28 | 1,186,433 |
| Iota | I. Add lines 1a through 1e <i>(Column (d) must e</i> | quai Form 990, Part | X, colι | ımn (| B), line | 10(c).) | · | | <u> ► </u> | | 1,685,323 |

| (a) Description of executive 2 cetapory (b) Book value (C) Retained of valuation (C) (Pinnancial districtives | Part VIII Investments—Other Securities. See | <u>-orm 990, Part X, line 12</u> | <u>2.</u> | |
|--|--|----------------------------------|----------------|---------------------|
| 2.5 | | (b)Book value | | |
| 20 | (including name of security) | | Cost or end-of | f-year market value |
| Total, (Column (b) must equal from 900, Part X, or (ii) No. 15.) Part X Other Liabilities. See Form 990, Part X, line 15. | (1)Financial derivatives | -5,617,809 | | F |
| Total, (Column (b) must equal from 900, Part X, or (ii) No. 15.) Part X Other Liabilities. See Form 990, Part X, line 15. | (2)Closely-held equity interests | 804,886,175 | | F |
| Sys. 368,011 F | | , , | | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 15. Total. (Column (b) must equal Form 990, Part X, col.(B) line 15. Total. (Column (b) must equal Form 990, Part X, col.(B) line 15. Total. (Column (b) must equal Form 990, Part X, col.(B) line 15. Total. (Column (b) must equal Form 990, Part X, col.(B) line 15. Total. (Column (b) must equal Form 990, Part X, col.(B) line 15. Total. (Column (b) must equal Form 990, Part X, col.(B) line 15. Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) Part X Other Liabilities, See Form 990, Part X, line 25. 1 (a) Description of liability (b) Book value Federal Income taxes DEFERRED RENT ENTIREMENT PLAN ACCOUNTS 3,996,742,777 TAX-DEFERRED SAVING PLAN ACCOUNTS 1,658,991,920 DEATH AND DISABILITY LIABILITY 1,658,991,920 DEATH AND DISABILITY LIABILITY 266,565,997 | | 598,868,011 | | F |
| Total. (Column (b) must equal Form 990, Part X, col (b) Nee 13) Part XI Other Assets. See Form 990, Part X, line 15. Total. (Column (b) must equal Form 990, Part X, col (b) Nee 13) Part XI Other Labilities. See Form 990, Part X, line 15. Total. (Column (b) must equal Form 990, Part X, line 15. (a) Description (b) Book value (b) Book value (c) Method of valuation Cost or end-of-year market value (b) Book value (c) Method of valuation Cost or end-of-year market value (c) Method of valuation Cost or end-of-year market value (b) Book value (c) Method of valuation Cost or end-of-year market value (b) Book value (c) Method of valuation Cost or end-of-year market value (b) Book value (c) Method of valuation Cost or end-of-year market value (b) Book value (c) Method of valuation Cost or end-of-year market value (b) Book value (c) Method of valuation Cost or end-of-year market value (b) Book value (c) Method of valuation Cost or end-of-year market value (b) Book value (c) Method of valuation Cost or end-of-year market value (b) Book value (c) Method of valuation Cost or end-of-year market value (b) Book value (c) Method of valuation Cost or end-of-year market value (d) Book value (e) Book value (b) Book value (c) Method of valuation Cost or end-of-year market value (d) Book value (e) Book value (f) Book value (f) Book value (h) Book value | | | | |
| Total. (Column (b) must equal Form 990, Part X, col (b) Nee 13) Part XI Other Assets. See Form 990, Part X, line 15. Total. (Column (b) must equal Form 990, Part X, col (b) Nee 13) Part XI Other Labilities. See Form 990, Part X, line 15. Total. (Column (b) must equal Form 990, Part X, line 15. (a) Description (b) Book value (b) Book value (c) Method of valuation Cost or end-of-year market value (b) Book value (c) Method of valuation Cost or end-of-year market value (c) Method of valuation Cost or end-of-year market value (b) Book value (c) Method of valuation Cost or end-of-year market value (b) Book value (c) Method of valuation Cost or end-of-year market value (b) Book value (c) Method of valuation Cost or end-of-year market value (b) Book value (c) Method of valuation Cost or end-of-year market value (b) Book value (c) Method of valuation Cost or end-of-year market value (b) Book value (c) Method of valuation Cost or end-of-year market value (b) Book value (c) Method of valuation Cost or end-of-year market value (b) Book value (c) Method of valuation Cost or end-of-year market value (b) Book value (c) Method of valuation Cost or end-of-year market value (d) Book value (e) Book value (b) Book value (c) Method of valuation Cost or end-of-year market value (d) Book value (e) Book value (f) Book value (f) Book value (h) Book value | | | | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 15. Total. (Column (b) must equal Form 990, Part X, col.(B) line 15. Total. (Column (b) must equal Form 990, Part X, col.(B) line 15. Total. (Column (b) must equal Form 990, Part X, col.(B) line 15. Total. (Column (b) must equal Form 990, Part X, col.(B) line 15. Total. (Column (b) must equal Form 990, Part X, col.(B) line 15. Total. (Column (b) must equal Form 990, Part X, col.(B) line 15. Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) Part X Other Liabilities, See Form 990, Part X, line 25. 1 (a) Description of liability (b) Book value Federal Income taxes DEFERRED RENT ENTIREMENT PLAN ACCOUNTS 3,996,742,777 TAX-DEFERRED SAVING PLAN ACCOUNTS 1,658,991,920 DEATH AND DISABILITY LIABILITY 1,658,991,920 DEATH AND DISABILITY LIABILITY 266,565,997 | | | | |
| Total. (Column (b) must equal from 990, Part X, col (8) line 15. Total. (Column (b) must equal from 990, Part X, col (8) line 15. Total. (Column (b) must equal from 990, Part X, col (8) line 15. Total. (Column (b) must equal from 990, Part X, col (8) line 15. Total. (Column (b) must equal from 990, Part X, col (8) line 15. Total. (Column (b) must equal from 990, Part X, col (8) line 15. Total. (Column (b) must equal from 990, Part X, col (8) line 15. Total. (Column (b) must equal from 990, Part X, col (8) line 15.) Part X Other Labilities, See Form 990, Part X, line 25. 1 (a) Description of liability (b) Book value Federal income taxes DEFERRED RENT 11.1.222 RETIREMENT PLAN ACCOUNTS 3.906,742,177 TAX-DEFERRED SAVING PLAN ACCOUNTS 533,70,200 ANNUTY BENEFIT LIABILITY 1.658,991,920 DEATH AND DISABILITY LIABILITY 256,565,997 | | | | |
| Total. (Column (b) must equal from 990, Part X, col (8) line 15. Total. (Column (b) must equal from 990, Part X, col (8) line 15. Total. (Column (b) must equal from 990, Part X, col (8) line 15. Total. (Column (b) must equal from 990, Part X, col (8) line 15. Total. (Column (b) must equal from 990, Part X, col (8) line 15. Total. (Column (b) must equal from 990, Part X, col (8) line 15. Total. (Column (b) must equal from 990, Part X, col (8) line 15. Total. (Column (b) must equal from 990, Part X, col (8) line 15.) Part X Other Labilities, See Form 990, Part X, line 25. 1 (a) Description of liability (b) Book value Federal income taxes DEFERRED RENT 11.1.222 RETIREMENT PLAN ACCOUNTS 3.906,742,177 TAX-DEFERRED SAVING PLAN ACCOUNTS 533,70,200 ANNUTY BENEFIT LIABILITY 1.658,991,920 DEATH AND DISABILITY LIABILITY 256,565,997 | | | | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 15. Total. (Column (b) must equal Form 990, Part X, col.(B) line 15. Total. (Column (b) must equal Form 990, Part X, col.(B) line 15. Total. (Column (b) must equal Form 990, Part X, col.(B) line 15. Total. (Column (b) must equal Form 990, Part X, col.(B) line 15. Total. (Column (b) must equal Form 990, Part X, col.(B) line 15. Total. (Column (b) must equal Form 990, Part X, col.(B) line 15. Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) Part X Other Liabilities, See Form 990, Part X, line 25. 1 (a) Description of liability (b) Book value Federal Income taxes DEFERRED RENT ENTIREMENT PLAN ACCOUNTS 3,996,742,777 TAX-DEFERRED SAVING PLAN ACCOUNTS 1,658,991,920 DEATH AND DISABILITY LIABILITY 1,658,991,920 DEATH AND DISABILITY LIABILITY 266,565,997 | | | | |
| Total. (Column (b) must equal from 990, Part X, col (8) line 15. Total. (Column (b) must equal from 990, Part X, col (8) line 15. Total. (Column (b) must equal from 990, Part X, col (8) line 15. Total. (Column (b) must equal from 990, Part X, col (8) line 15. Total. (Column (b) must equal from 990, Part X, col (8) line 15. Total. (Column (b) must equal from 990, Part X, col (8) line 15. Total. (Column (b) must equal from 990, Part X, col (8) line 15. Total. (Column (b) must equal from 990, Part X, col (8) line 15.) Part X Other Labilities, See Form 990, Part X, line 25. 1 (a) Description of liability (b) Book value Federal income taxes DEFERRED RENT 11.1.222 RETIREMENT PLAN ACCOUNTS 3.906,742,177 TAX-DEFERRED SAVING PLAN ACCOUNTS 533,70,200 ANNUTY BENEFIT LIABILITY 1.658,991,920 DEATH AND DISABILITY LIABILITY 256,565,997 | | | | |
| Total. (Column (b) must equal from 990, Part X, col (8) line 15. Total. (Column (b) must equal from 990, Part X, col (8) line 15. Total. (Column (b) must equal from 990, Part X, col (8) line 15. Total. (Column (b) must equal from 990, Part X, col (8) line 15. Total. (Column (b) must equal from 990, Part X, col (8) line 15. Total. (Column (b) must equal from 990, Part X, col (8) line 15. Total. (Column (b) must equal from 990, Part X, col (8) line 15. Total. (Column (b) must equal from 990, Part X, col (8) line 15.) Part X Other Labilities, See Form 990, Part X, line 25. 1 (a) Description of liability (b) Book value Federal income taxes DEFERRED RENT 11.1.222 RETIREMENT PLAN ACCOUNTS 3.906,742,177 TAX-DEFERRED SAVING PLAN ACCOUNTS 533,70,200 ANNUTY BENEFIT LIABILITY 1.658,991,920 DEATH AND DISABILITY LIABILITY 256,565,997 | | | | |
| Total. (Column (b) must equal from 990, Part X, col (8) line 15. Total. (Column (b) must equal from 990, Part X, col (8) line 15. Total. (Column (b) must equal from 990, Part X, col (8) line 15. Total. (Column (b) must equal from 990, Part X, col (8) line 15. Total. (Column (b) must equal from 990, Part X, col (8) line 15. Total. (Column (b) must equal from 990, Part X, col (8) line 15. Total. (Column (b) must equal from 990, Part X, col (8) line 15. Total. (Column (b) must equal from 990, Part X, col (8) line 15.) Part X Other Labilities, See Form 990, Part X, line 25. 1 (a) Description of liability (b) Book value Federal income taxes DEFERRED RENT 11.1.222 RETIREMENT PLAN ACCOUNTS 3.906,742,177 TAX-DEFERRED SAVING PLAN ACCOUNTS 533,70,200 ANNUTY BENEFIT LIABILITY 1.658,991,920 DEATH AND DISABILITY LIABILITY 256,565,997 | | | | |
| Total. (Column (b) must equal from 990, Part X, col (8) line 15. Total. (Column (b) must equal from 990, Part X, col (8) line 15. Total. (Column (b) must equal from 990, Part X, col (8) line 15. Total. (Column (b) must equal from 990, Part X, col (8) line 15. Total. (Column (b) must equal from 990, Part X, col (8) line 15. Total. (Column (b) must equal from 990, Part X, col (8) line 15. Total. (Column (b) must equal from 990, Part X, col (8) line 15. Total. (Column (b) must equal from 990, Part X, col (8) line 15.) Part X Other Labilities, See Form 990, Part X, line 25. 1 (a) Description of liability (b) Book value Federal income taxes DEFERRED RENT 11.1.222 RETIREMENT PLAN ACCOUNTS 3.906,742,177 TAX-DEFERRED SAVING PLAN ACCOUNTS 533,70,200 ANNUTY BENEFIT LIABILITY 1.658,991,920 DEATH AND DISABILITY LIABILITY 256,565,997 | | | | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 15. Total. (Column (b) must equal Form 990, Part X, col.(B) line 15. Total. (Column (b) must equal Form 990, Part X, col.(B) line 15. Total. (Column (b) must equal Form 990, Part X, col.(B) line 15. Total. (Column (b) must equal Form 990, Part X, col.(B) line 15. Total. (Column (b) must equal Form 990, Part X, col.(B) line 15. Total. (Column (b) must equal Form 990, Part X, col.(B) line 15. Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) Part X Other Liabilities, See Form 990, Part X, line 25. 1 (a) Description of liability (b) Book value Federal Income taxes DEFERRED RENT ENTIREMENT PLAN ACCOUNTS 3,996,742,777 TAX-DEFERRED SAVING PLAN ACCOUNTS 1,658,991,920 DEATH AND DISABILITY LIABILITY 1,658,991,920 DEATH AND DISABILITY LIABILITY 266,565,997 | | | | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 15. Total. (Column (b) must equal Form 990, Part X, col.(B) line 15. Total. (Column (b) must equal Form 990, Part X, col.(B) line 15. Total. (Column (b) must equal Form 990, Part X, col.(B) line 15. Total. (Column (b) must equal Form 990, Part X, col.(B) line 15. Total. (Column (b) must equal Form 990, Part X, col.(B) line 15. Total. (Column (b) must equal Form 990, Part X, col.(B) line 15. Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) Part X Other Liabilities, See Form 990, Part X, line 25. 1 (a) Description of liability (b) Book value Federal Income taxes DEFERRED RENT ENTIREMENT PLAN ACCOUNTS 3,996,742,777 TAX-DEFERRED SAVING PLAN ACCOUNTS 1,658,991,920 DEATH AND DISABILITY LIABILITY 1,658,991,920 DEATH AND DISABILITY LIABILITY 266,565,997 | | | | |
| Total. (Column (b) must equal Form 990, Part X, col (b) Nee 13) Part XI Other Assets. See Form 990, Part X, line 15. Total. (Column (b) must equal Form 990, Part X, col (b) Nee 13) Part XI Other Labilities. See Form 990, Part X, line 15. Total. (Column (b) must equal Form 990, Part X, line 15. (a) Description (b) Book value (b) Book value (c) Method of valuation Cost or end-of-year market value (b) Book value (c) Method of valuation Cost or end-of-year market value (c) Method of valuation Cost or end-of-year market value (b) Book value (c) Method of valuation Cost or end-of-year market value (b) Book value (c) Method of valuation Cost or end-of-year market value (b) Book value (c) Method of valuation Cost or end-of-year market value (b) Book value (c) Method of valuation Cost or end-of-year market value (b) Book value (c) Method of valuation Cost or end-of-year market value (b) Book value (c) Method of valuation Cost or end-of-year market value (b) Book value (c) Method of valuation Cost or end-of-year market value (b) Book value (c) Method of valuation Cost or end-of-year market value (b) Book value (c) Method of valuation Cost or end-of-year market value (d) Book value (e) Book value (b) Book value (c) Method of valuation Cost or end-of-year market value (d) Book value (e) Book value (f) Book value (f) Book value (h) Book value | | | | |
| Total. (Column (b) must equal Form 990, Part X, col (b) Nee 13) Part XI Other Assets. See Form 990, Part X, line 15. Total. (Column (b) must equal Form 990, Part X, col (b) Nee 13) Part XI Other Labilities. See Form 990, Part X, line 15. Total. (Column (b) must equal Form 990, Part X, line 15. (a) Description (b) Book value (b) Book value (c) Method of valuation Cost or end-of-year market value (b) Book value (c) Method of valuation Cost or end-of-year market value (c) Method of valuation Cost or end-of-year market value (b) Book value (c) Method of valuation Cost or end-of-year market value (b) Book value (c) Method of valuation Cost or end-of-year market value (b) Book value (c) Method of valuation Cost or end-of-year market value (b) Book value (c) Method of valuation Cost or end-of-year market value (b) Book value (c) Method of valuation Cost or end-of-year market value (b) Book value (c) Method of valuation Cost or end-of-year market value (b) Book value (c) Method of valuation Cost or end-of-year market value (b) Book value (c) Method of valuation Cost or end-of-year market value (b) Book value (c) Method of valuation Cost or end-of-year market value (d) Book value (e) Book value (b) Book value (c) Method of valuation Cost or end-of-year market value (d) Book value (e) Book value (f) Book value (f) Book value (h) Book value | | | | |
| Total. (Column (b) must equal Form 990, Part X, col (b) Nee 13) Part XI Other Assets. See Form 990, Part X, line 15. Total. (Column (b) must equal Form 990, Part X, col (b) Nee 13) Part XI Other Labilities. See Form 990, Part X, line 15. Total. (Column (b) must equal Form 990, Part X, line 15. (a) Description (b) Book value (b) Book value (c) Method of valuation Cost or end-of-year market value (b) Book value (c) Method of valuation Cost or end-of-year market value (c) Method of valuation Cost or end-of-year market value (b) Book value (c) Method of valuation Cost or end-of-year market value (b) Book value (c) Method of valuation Cost or end-of-year market value (b) Book value (c) Method of valuation Cost or end-of-year market value (b) Book value (c) Method of valuation Cost or end-of-year market value (b) Book value (c) Method of valuation Cost or end-of-year market value (b) Book value (c) Method of valuation Cost or end-of-year market value (b) Book value (c) Method of valuation Cost or end-of-year market value (b) Book value (c) Method of valuation Cost or end-of-year market value (b) Book value (c) Method of valuation Cost or end-of-year market value (d) Book value (e) Book value (b) Book value (c) Method of valuation Cost or end-of-year market value (d) Book value (e) Book value (f) Book value (f) Book value (h) Book value | | | | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 15. Total. (Column (b) must equal Form 990, Part X, col.(B) line 15. Total. (Column (b) must equal Form 990, Part X, col.(B) line 15. Total. (Column (b) must equal Form 990, Part X, col.(B) line 15. Total. (Column (b) must equal Form 990, Part X, col.(B) line 15. Total. (Column (b) must equal Form 990, Part X, col.(B) line 15. Total. (Column (b) must equal Form 990, Part X, col.(B) line 15. Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) Part X Other Liabilities, See Form 990, Part X, line 25. 1 (a) Description of liability (b) Book value Federal Income taxes DEFERRED RENT ENTIREMENT PLAN ACCOUNTS 3,996,742,777 TAX-DEFERRED SAVING PLAN ACCOUNTS 1,658,991,920 DEATH AND DISABILITY LIABILITY 1,658,991,920 DEATH AND DISABILITY LIABILITY 266,565,997 | Table (Colors (I) south and Farm 200 Part V and (D) Inc. 42.) | 1 200 126 277 | | |
| (a) Description of investment type (b) Book value (c) Method of valuation Cost or end-of-year market value Total. (Column (b) must equal form 990, Part X, cot (d) line 13) Part X Other Assets. See Form 990, Part X, line 15. (a) Description (b) Book value Total. (Column (b) must equal form 990, Part X, cot (d) line 15) Part X Other Liabilities. See Form 990, Part X, line 25. 1 (a) Description of liability (b) Book value Total. (Column (b) must equal form 990, Part X, cot (d) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25. 1 (a) Description of liability (b) Book value 1 (b) Book value 2 (c) Method of valuation Cost or end-of-year market value (b) Book value (c) Method of valuation Cost or end-of-year market value (b) Book value (c) Method of valuation Cost or end-of-year market value (c) Book value (d) Description (d) Book value (e) Book value (e) Book value (f) Book value (f) Book value (g) Method of valuation (h) Book value (h) Book value (e) Book value (f) Book value | | | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 13.) Part XI Other Assets. See Form 990, Part X, line 15. (a) Description (b) Book value (b) Book value Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) Part XI Other Liabilities. See Form 990, Part X, line 25. 1 (a) Description of liability (b) Book value Federal income taxes DEFERBORENT EXTENDED TO TABLE TO T | | | | |
| Total. (Column (b) most equal form 990, Part X, col (b) line 13) Part IX Other Assets. See Form 990, Part X, line 15. (a) Description (b) Book value Total. (Column (b) must equal form 990, Part X, col (b) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25. 1 (a) Description of liability (b) Book value Federal income taxes DEFERRED RENT 111,222 RETIREMENT PLAN ACCOUNTS 3,095,742,177 TAX-DEFERRED SAVING PLAN ACCOUNTS 533,170,200 ANNUITY BENEFIT LIABILITY 1,658,991,920 DEATH AND DISABILITY LIABILITY 2,665,655,997 | (a) Description of investment type | (b) Book value | | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25. 1 (a) Description (b) Book value Federal income taxes Deference Debut (11,222 RETIREMENT PLAN ACCOUNTS 3,096,742,177 TAX-DEFERRED SAVING PLAN ACCOUNTS 533,170,200 ANNUITY BENEFIT LIABILITY 1,658,991,920 DEATH AND DISABILITY LIABILITY 266,565,997 | | | Cost or end-of | f-year market value |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25. 1 (a) Description (b) Book value Federal income taxes Deference Debut (11,222 RETIREMENT PLAN ACCOUNTS 3,096,742,177 TAX-DEFERRED SAVING PLAN ACCOUNTS 533,170,200 ANNUITY BENEFIT LIABILITY 1,658,991,920 DEATH AND DISABILITY LIABILITY 266,565,997 | | | | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25. 1 (a) Description (b) Book value Federal income taxes Deference Debut (11,222 RETIREMENT PLAN ACCOUNTS 3,096,742,177 TAX-DEFERRED SAVING PLAN ACCOUNTS 533,170,200 ANNUITY BENEFIT LIABILITY 1,658,991,920 DEATH AND DISABILITY LIABILITY 266,565,997 | | | | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25. 1 (a) Description (b) Book value Federal income taxes Deference Debut (11,222 RETIREMENT PLAN ACCOUNTS 3,096,742,177 TAX-DEFERRED SAVING PLAN ACCOUNTS 533,170,200 ANNUITY BENEFIT LIABILITY 1,658,991,920 DEATH AND DISABILITY LIABILITY 266,565,997 | | | | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25. 1 (a) Description (b) Book value Federal income taxes Deference Debut (11,222 RETIREMENT PLAN ACCOUNTS 3,096,742,177 TAX-DEFERRED SAVING PLAN ACCOUNTS 533,170,200 ANNUITY BENEFIT LIABILITY 1,658,991,920 DEATH AND DISABILITY LIABILITY 266,565,997 | | | | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25. 1 (a) Description (b) Book value Federal income taxes Deference Debut (11,222 RETIREMENT PLAN ACCOUNTS 3,096,742,177 TAX-DEFERRED SAVING PLAN ACCOUNTS 533,170,200 ANNUITY BENEFIT LIABILITY 1,658,991,920 DEATH AND DISABILITY LIABILITY 266,565,997 | | | | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25. 1 (a) Description (b) Book value Federal income taxes Deference Debut (11,222 RETIREMENT PLAN ACCOUNTS 3,096,742,177 TAX-DEFERRED SAVING PLAN ACCOUNTS 533,170,200 ANNUITY BENEFIT LIABILITY 1,658,991,920 DEATH AND DISABILITY LIABILITY 266,565,997 | | | | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25. 1 (a) Description (b) Book value Federal income taxes Deference Debut (11,222 RETIREMENT PLAN ACCOUNTS 3,096,742,177 TAX-DEFERRED SAVING PLAN ACCOUNTS 533,170,200 ANNUITY BENEFIT LIABILITY 1,658,991,920 DEATH AND DISABILITY LIABILITY 266,565,997 | | | | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25. 1 (a) Description (b) Book value Federal income taxes Deference Debut (11,222 RETIREMENT PLAN ACCOUNTS 3,096,742,177 TAX-DEFERRED SAVING PLAN ACCOUNTS 533,170,200 ANNUITY BENEFIT LIABILITY 1,658,991,920 DEATH AND DISABILITY LIABILITY 266,565,997 | | | | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25. 1 (a) Description (b) Book value Federal income taxes Deference Debut (11,222 RETIREMENT PLAN ACCOUNTS 3,096,742,177 TAX-DEFERRED SAVING PLAN ACCOUNTS 533,170,200 ANNUITY BENEFIT LIABILITY 1,658,991,920 DEATH AND DISABILITY LIABILITY 266,565,997 | | | | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25. 1 (a) Description (b) Book value Federal income taxes Deference Debut (11,222 RETIREMENT PLAN ACCOUNTS 3,096,742,177 TAX-DEFERRED SAVING PLAN ACCOUNTS 533,170,200 ANNUITY BENEFIT LIABILITY 1,658,991,920 DEATH AND DISABILITY LIABILITY 266,565,997 | | | | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25. 1 (a) Description (b) Book value Federal income taxes Deference Debut (11,222 RETIREMENT PLAN ACCOUNTS 3,096,742,177 TAX-DEFERRED SAVING PLAN ACCOUNTS 533,170,200 ANNUITY BENEFIT LIABILITY 1,658,991,920 DEATH AND DISABILITY LIABILITY 266,565,997 | | | | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25. 1 (a) Description (b) Book value Federal income taxes Deference Reb T RETIREMENT PLAN ACCOUNTS AN-DEFERRED SAVING PLAN ACCOUNTS AN-DEFERRED SAVING PLAN ACCOUNTS AN-DEFERRED SAVING PLAN ACCOUNTS AN-DEFERRED SAVING PLAN ACCOUNTS 1,658,991,920 DEATH AND DISABILITY LIABILITY 266,565,997 | | | | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25. 1 (a) Description (b) Book value Federal income taxes Deference Reb T RETIREMENT PLAN ACCOUNTS AN-DEFERRED SAVING PLAN ACCOUNTS AN-DEFERRED SAVING PLAN ACCOUNTS AN-DEFERRED SAVING PLAN ACCOUNTS AN-DEFERRED SAVING PLAN ACCOUNTS 1,658,991,920 DEATH AND DISABILITY LIABILITY 266,565,997 | | | | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25. 1 (a) Description (b) Book value Federal income taxes Deference Reb T RETIREMENT PLAN ACCOUNTS AN-DEFERRED SAVING PLAN ACCOUNTS AN-DEFERRED SAVING PLAN ACCOUNTS AN-DEFERRED SAVING PLAN ACCOUNTS AN-DEFERRED SAVING PLAN ACCOUNTS 1,658,991,920 DEATH AND DISABILITY LIABILITY 266,565,997 | | | | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25. 1 (a) Description (b) Book value Federal income taxes Deference Reb T RETIREMENT PLAN ACCOUNTS AN-DEFERRED SAVING PLAN ACCOUNTS AN-DEFERRED SAVING PLAN ACCOUNTS AN-DEFERRED SAVING PLAN ACCOUNTS AN-DEFERRED SAVING PLAN ACCOUNTS 1,658,991,920 DEATH AND DISABILITY LIABILITY 266,565,997 | | | | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25. 1 (a) Description (b) Book value Federal income taxes Deference Reb T RETIREMENT PLAN ACCOUNTS AN-DEFERRED SAVING PLAN ACCOUNTS AN-DEFERRED SAVING PLAN ACCOUNTS AN-DEFERRED SAVING PLAN ACCOUNTS AN-DEFERRED SAVING PLAN ACCOUNTS 1,658,991,920 DEATH AND DISABILITY LIABILITY 266,565,997 | | | | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25. 1 (a) Description (b) Book value Federal income taxes Deference Reb T RETIREMENT PLAN ACCOUNTS AN-DEFERRED SAVING PLAN ACCOUNTS AN-DEFERRED SAVING PLAN ACCOUNTS AN-DEFERRED SAVING PLAN ACCOUNTS AN-DEFERRED SAVING PLAN ACCOUNTS 1,658,991,920 DEATH AND DISABILITY LIABILITY 266,565,997 | | | | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25. 1 (a) Description of liability (b) Book value Federal income taxes DEFERRED RENT 111,222 RETIREMENT PLAN ACCOUNTS 3,096,742,177 TAX-DEFERRED SAVING PLAN ACCOUNTS 533,170,200 ANNUITY BENEFIT LIABILITY 1,658,991,920 DEATH AND DISABILITY LIABILITY 266,565,997 | | | | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25. 1 (a) Description of liability (b) Book value Federal income taxes DEFERRED RENT 111,222 RETIREMENT PLAN ACCOUNTS 3,096,742,177 TAX-DEFERRED SAVING PLAN ACCOUNTS 533,170,200 ANNUITY BENEFIT LIABILITY 1,658,991,202 DEATH AND DISABILITY LIABILITY 266,565,997 | | | | (IA) Baraharahar |
| Part X Other Liabilities. See Form 990, Part X, line 25. 1 (a) Description of liability (b) Book value Federal income taxes DEFERRED RENT 111,222 RETIREMENT PLAN ACCOUNTS 3,096,742,177 TAX-DEFERRED SAVING PLAN ACCOUNTS 533,170,200 ANNUITY BENEFIT LIABILITY 1,658,991,920 DEATH AND DISABILITY LIABILITY 266,565,997 | (a) Descrip | tion | | (B) Book Value |
| Part X Other Liabilities. See Form 990, Part X, line 25. 1 (a) Description of liability (b) Book value Federal income taxes DEFERRED RENT 111,222 RETIREMENT PLAN ACCOUNTS 3,096,742,177 TAX-DEFERRED SAVING PLAN ACCOUNTS 533,170,200 ANNUITY BENEFIT LIABILITY 1,658,991,920 DEATH AND DISABILITY LIABILITY 266,565,997 | | | | |
| Part X Other Liabilities. See Form 990, Part X, line 25. 1 (a) Description of liability (b) Book value Federal income taxes DEFERRED RENT 111,222 RETIREMENT PLAN ACCOUNTS 3,096,742,177 TAX-DEFERRED SAVING PLAN ACCOUNTS 533,170,200 ANNUITY BENEFIT LIABILITY 1,658,991,920 DEATH AND DISABILITY LIABILITY 266,565,997 | | | | |
| Part X Other Liabilities. See Form 990, Part X, line 25. 1 (a) Description of liability (b) Book value Federal income taxes DEFERRED RENT 111,222 RETIREMENT PLAN ACCOUNTS 3,096,742,177 TAX-DEFERRED SAVING PLAN ACCOUNTS 533,170,200 ANNUITY BENEFIT LIABILITY 1,658,991,920 DEATH AND DISABILITY LIABILITY 266,565,997 | | | | |
| Part X Other Liabilities. See Form 990, Part X, line 25. 1 (a) Description of liability (b) Book value Federal income taxes DEFERRED RENT 111,222 RETIREMENT PLAN ACCOUNTS 3,096,742,177 TAX-DEFERRED SAVING PLAN ACCOUNTS 533,170,200 ANNUITY BENEFIT LIABILITY 1,658,991,920 DEATH AND DISABILITY LIABILITY 266,565,997 | | | | |
| Part X Other Liabilities. See Form 990, Part X, line 25. 1 (a) Description of liability (b) Book value Federal income taxes DEFERRED RENT 111,222 RETIREMENT PLAN ACCOUNTS 3,096,742,177 TAX-DEFERRED SAVING PLAN ACCOUNTS 533,170,200 ANNUITY BENEFIT LIABILITY 1,658,991,920 DEATH AND DISABILITY LIABILITY 266,565,997 | | | | |
| Part X Other Liabilities. See Form 990, Part X, line 25. 1 (a) Description of liability (b) Book value Federal income taxes DEFERRED RENT 111,222 RETIREMENT PLAN ACCOUNTS 3,096,742,177 TAX-DEFERRED SAVING PLAN ACCOUNTS 533,170,200 ANNUITY BENEFIT LIABILITY 1,658,991,920 DEATH AND DISABILITY LIABILITY 266,565,997 | | | | |
| Part X Other Liabilities. See Form 990, Part X, line 25. 1 (a) Description of liability (b) Book value Federal income taxes DEFERRED RENT 111,222 RETIREMENT PLAN ACCOUNTS 3,096,742,177 TAX-DEFERRED SAVING PLAN ACCOUNTS 533,170,200 ANNUITY BENEFIT LIABILITY 1,658,991,920 DEATH AND DISABILITY LIABILITY 266,565,997 | | | | |
| Part X Other Liabilities. See Form 990, Part X, line 25. 1 (a) Description of liability (b) Book value Federal income taxes DEFERRED RENT 111,222 RETIREMENT PLAN ACCOUNTS 3,096,742,177 TAX-DEFERRED SAVING PLAN ACCOUNTS 533,170,200 ANNUITY BENEFIT LIABILITY 1,658,991,920 DEATH AND DISABILITY LIABILITY 266,565,997 | | | | |
| Part X Other Liabilities. See Form 990, Part X, line 25. 1 (a) Description of liability (b) Book value Federal income taxes DEFERRED RENT 111,222 RETIREMENT PLAN ACCOUNTS 3,096,742,177 TAX-DEFERRED SAVING PLAN ACCOUNTS 533,170,200 ANNUITY BENEFIT LIABILITY 1,658,991,920 DEATH AND DISABILITY LIABILITY 266,565,997 | | | | |
| Part X Other Liabilities. See Form 990, Part X, line 25. 1 (a) Description of liability (b) Book value Federal income taxes DEFERRED RENT 111,222 RETIREMENT PLAN ACCOUNTS 3,096,742,177 TAX-DEFERRED SAVING PLAN ACCOUNTS 533,170,200 ANNUITY BENEFIT LIABILITY 1,658,991,920 DEATH AND DISABILITY LIABILITY 266,565,997 | | | | |
| Part X Other Liabilities. See Form 990, Part X, line 25. 1 (a) Description of liability (b) Book value Federal income taxes DEFERRED RENT 111,222 RETIREMENT PLAN ACCOUNTS 3,096,742,177 TAX-DEFERRED SAVING PLAN ACCOUNTS 533,170,200 ANNUITY BENEFIT LIABILITY 1,658,991,920 DEATH AND DISABILITY LIABILITY 266,565,997 | | | | |
| Part X Other Liabilities. See Form 990, Part X, line 25. 1 (a) Description of liability (b) Book value Federal income taxes DEFERRED RENT 111,222 RETIREMENT PLAN ACCOUNTS 3,096,742,177 TAX-DEFERRED SAVING PLAN ACCOUNTS 533,170,200 ANNUITY BENEFIT LIABILITY 1,658,991,920 DEATH AND DISABILITY LIABILITY 266,565,997 | | | | |
| Part X Other Liabilities. See Form 990, Part X, line 25. 1 (a) Description of liability (b) Book value Federal income taxes DEFERRED RENT 111,222 RETIREMENT PLAN ACCOUNTS 3,096,742,177 TAX-DEFERRED SAVING PLAN ACCOUNTS 533,170,200 ANNUITY BENEFIT LIABILITY 1,658,991,920 DEATH AND DISABILITY LIABILITY 266,565,997 | | | | |
| Part X Other Liabilities. See Form 990, Part X, line 25. 1 (a) Description of liability (b) Book value Federal income taxes DEFERRED RENT 111,222 RETIREMENT PLAN ACCOUNTS 3,096,742,177 TAX-DEFERRED SAVING PLAN ACCOUNTS 533,170,200 ANNUITY BENEFIT LIABILITY 1,658,991,920 DEATH AND DISABILITY LIABILITY 266,565,997 | | | | |
| Part X Other Liabilities. See Form 990, Part X, line 25. 1 (a) Description of liability (b) Book value Federal income taxes DEFERRED RENT 111,222 RETIREMENT PLAN ACCOUNTS 3,096,742,177 TAX-DEFERRED SAVING PLAN ACCOUNTS 533,170,200 ANNUITY BENEFIT LIABILITY 1,658,991,920 DEATH AND DISABILITY LIABILITY 266,565,997 | | | | |
| Part X Other Liabilities. See Form 990, Part X, line 25. 1 (a) Description of liability (b) Book value Federal income taxes DEFERRED RENT 111,222 RETIREMENT PLAN ACCOUNTS 3,096,742,177 TAX-DEFERRED SAVING PLAN ACCOUNTS 533,170,200 ANNUITY BENEFIT LIABILITY 1,658,991,920 DEATH AND DISABILITY LIABILITY 266,565,997 | | | | |
| 1 (a) Description of liability (b) Book value Federal income taxes DEFERRED RENT RETIREMENT PLAN ACCOUNTS 3,096,742,177 TAX-DEFERRED SAVING PLAN ACCOUNTS 533,170,200 ANNUITY BENEFIT LIABILITY 1,658,991,920 DEATH AND DISABILITY LIABILITY 266,565,997 | Total. (Column (b) must equal Form 990, Part X, col.(B) line 15. |) | | |
| 1 (a) Description of liability (b) Book value Federal income taxes DEFERRED RENT RETIREMENT PLAN ACCOUNTS 3,096,742,177 TAX-DEFERRED SAVING PLAN ACCOUNTS 533,170,200 ANNUITY BENEFIT LIABILITY 1,658,991,920 DEATH AND DISABILITY LIABILITY 266,565,997 | Part X Other Liabilities. See Form 990, Part X | . lıne 25. | | |
| Federal Income taxes DEFERRED RENT 111,222 RETIREMENT PLAN ACCOUNTS 3,096,742,177 TAX-DEFERRED SAVING PLAN ACCOUNTS 533,170,200 ANNUITY BENEFIT LIABILITY 1,658,991,920 DEATH AND DISABILITY LIABILITY 266,565,997 | | | | |
| DEFERRED RENT RETIREMENT PLAN ACCOUNTS 3,096,742,177 TAX-DEFERRED SAVING PLAN ACCOUNTS 533,170,200 ANNUITY BENEFIT LIABILITY 1,658,991,920 DEATH AND DISABILITY LIABILITY 266,565,997 | | | | |
| RETIREMENT PLAN ACCOUNTS 3,096,742,177 TAX-DEFERRED SAVING PLAN ACCOUNTS 533,170,200 ANNUITY BENEFIT LIABILITY 1,658,991,920 DEATH AND DISABILITY LIABILITY 266,565,997 | Federal income taxes | | | |
| TAX-DEFERRED SAVING PLAN ACCOUNTS 533,170,200 ANNUITY BENEFIT LIABILITY 1,658,991,920 DEATH AND DISABILITY LIABILITY 266,565,997 | DEFERRED RENT | 111,222 | | |
| TAX-DEFERRED SAVING PLAN ACCOUNTS 533,170,200 ANNUITY BENEFIT LIABILITY 1,658,991,920 DEATH AND DISABILITY LIABILITY 266,565,997 | RETIREMENT PLAN ACCOUNTS | 3,096,742,177 | | |
| ANNUITY BENEFIT LIABILITY 1,658,991,920 DEATH AND DISABILITY LIABILITY 266,565,997 | | | | |
| DEATH AND DISABILITY LIABILITY 266,565,997 | | | | |
| | | | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶ 5.555.581.516 | DEATH AND DISABILITY LIABILITY | 266,565,997 | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶ 5.555.581.516 | | | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶ 5.555.581.516 | | | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶ 5.555.581.516 | | | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶ 5.555.581.516 | | | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶ 5.555.581.516 | | | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶ 5.555.581.516 | | | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶ 5.555.581.516 | | | | |
| Iotal. (Column (b) must equal Form 990, Part X, col (B) line 25) | | | | |
| 2 Fig. 48 (ASC 740) Footpote. In Part VIII, provide the text of the footpote to the organization's financial statements that reports the | Total (Column (b) grant and Fare 2000 State (c) (150) | | | |

| | , | | 9 - |
|------|--|--------------|-------------|
| Par | t XI Reconciliation of Revenue per Audited Financial Statements With Revenue | per R | eturn |
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 725,538,000 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | |
| а | Net unrealized gains on investments | | |
| b | Donated services and use of facilities | | |
| C | Recoveries of prior year grants | | |
| d | Other (Describe in Part XIII)............. 2d | | |
| e | Add lines 2a through 2d | 2e | 298,041,000 |
| 3 | Subtract line 2e from line 1 | 3 | 427,497,000 |
| 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 18,888,000 | | |
| b | Other (Describe in Part XIII) | | |
| C | Add lines 4a and 4b | 4c | 19,035,051 |
| 5 | Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) | 5 | 446,532,051 |
| Part | Reconciliation of Expenses per Audited Financial Statements With Expense | <u>s per</u> | Return |
| 1 | Total expenses and losses per audited financial statements | 1 | 464,351,000 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | |
| а | Donated services and use of facilities | | |
| b | Prior year adjustments | | |
| C | Other losses | | |
| d | Other (Describe in Part XIII).............. 2d | 1 | |
| e | Add lines 2a through 2d | 2e | 0 |
| 3 | Subtract line 2e from line 1 | 3 | 464,351,000 |
| 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 18,888,000 | | |
| b | Other (Describe in Part XIII) |] | |
| c | Add lines 4a and 4b | 4c | 19,062,435 |
| 5 | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) | 5 | 483,413,435 |

Part XIII Supplemental Information

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

| Identifier | Return Reference | Explanation |
|--|------------------|---|
| DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48 | PART X, LINE 2 | PART X, LINE 2 FASB ASC 740 THE YMCA RETIREMENT FUND HAS ADOPTED FASB ASC 740, FORMERLY KNOWN AS FIN 48 AND IT HAS NO MATERIAL IMPACT ON THE FINACIAL STATEMENTS THE FUND IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE THE RETIREMENT PLAN RECEIVED A FAVORABLE DETERMINATION LETTER FROM THE INTERNAL REVENUE SERVICE (IRS) ON MARCH 24, 2009 INDICATING THAT IT MEETS ALL OF THE REQUIREMENTS OF A QUALIFIED PENSION PLAN UNDER THE INTERNAL REVENUE CODE ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE THE FUND'S MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE FUND AND RECOGNIZE A TAX LIABILITY (OR ASSET) IF THE FUND HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY THE IRS MANAGEMENT HAS ANALYZED THE FUND'S TAX POSITIONS, AND HAS CONCLUDED THAT AS OF JUNE 30, 2013, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY (OR ASSET) OR DISCLOSURE IN THE FUND'S FINANCIAL STATEMENTS THE IRS GENERALLY HAS THE ABILITY TO EXAMINE AN ORGANIZATION'S ACTIVITY FOR UP TO THREE YEARS |
| PART XI, LINE 4B - OTHER ADJUSTMENTS | | CHARITABLE INCOME 147427 ROUNDING -376 |
| PART XII, LINE 4B - OTHER ADJUSTMENTS | | CHARITABLE DISTRIBUTION 174952 ROUNDING -517 |

DLN: 93493310014833

OMB No 1545-0047

Open to Public Inspection

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

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

Statement of Activities Outside the United States

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization YOUNG MEN'S CHRISTIAN ASSOCIATION RETIREMENT FUND **Employer identification number**

13-5562401

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

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

For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States.

| 3 Activites per Region (The follo | wing Part I, line | 3 table can be c | luplicated if additional sp | ace is needed) | |
|---|--|--|--|--|---|
| (a) Region | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in region | region (by type) (e g , fundraising, program services investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe , specific type of service(s) in region | (f) Total expenditures for and investments in region |
| CENTRAL AMERICA AND THE CARIBBEAN | 0 | 0 | INVESTMENTS | | 46,208,960 |
| EAST ASIA AND THE PACIFIC | 0 | 0 | INVESTMENTS | | 283,118,974 |
| EUROPE (INCLUDING ICELAND & GREENLAND) | 0 | 0 | INVESTMENTS | | 513,713,989 |
| MIDDLE EAST AND NORTH AFRICA | 0 | 0 | INVESTMENTS | | 5,016,844 |
| NORTH AMERICA | 0 | 0 | INVESTMENTS | | 84,752,870 |
| RUSSIA & THE NEWLY INDEPENDENT STATES | 0 | 0 | INVESTMENTS | | 15,200,549 |
| SOUTH AMERICA | 0 | 0 | INVESTMENTS | | 49,200,141 |
| SOUTH ASIA | 0 | 0 | INVESTMENTS | | 15,179,028 |
| SUB-SAHARAN AFRICA | 0 | 0 | INVESTMENTS | | 21,287,443 |
| CENTRAL AMERICA AND THE CARIBBEAN | 0 | 0 | PROGRAM SERVICES | LIFE ANNUITIES | 68,996 |
| EAST ASIA AND THE PACIFIC | 0 | 0 | PROGRAM SERVICES | LIFE ANNUITIES | 64,101 |
| EUROPE (INCLUDING ICELAND & GREENLAND) | 0 | 0 | PROGRAM SERVICES | LIFE ANNUITIES | 52,960 |
| MIDDLE EAST AND NORTH AFRICA | 0 | 0 | PROGRAM SERVICES | LIFE ANNUITIES | 1,753 |
| NORTH AMERICA | 0 | 0 | PROGRAM SERVICES | LIFE ANNUITIES | 837,382 |
| RUSSIA & THE NEWLY INDEPENDENT STATES | 0 | 0 | PROGRAM SERVICES | LIFE ANNUITIES | 2,002 |
| SOUTH AMERICA | 0 | 0 | PROGRAM SERVICES | LIFE ANNUITIES | 25,630 |
| SUB-SAHARAN AFRICA | 0 | 0 | PROGRAM SERVICES | LIFE ANNUITIES | 3,514 |
| 3a Sub-total | 0 | 0 | | | 1,012,391,355 |
| b Total from continuation sheets to Part I | 0 | 0 | | | 22,343,781 |
| c Totals (add lines 3a and 3b) | 0 | 0 | | | 1,034,735,136 |
| For Paperwork Reduction Act Notice, see | the Instructions | for Form 990. | Cat | No 50082W Schedu | lle F (Form 990) 2012 |

| Part I | Grants Part IV, | and Other As line 15, for any | sistance to Organ y recipient who rece | izations or Entiti Ived more than \$5, | es Outside the Ur 000. Part II can be | nited States. Comp duplicated if addition | olete if the organizational space is needed | tion answered "Yes' l. | ' to Form 990, |
|------------|-----------------------------|---|--|--|---|--|---|--|--|
| | Name of anization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) A mount of cash grant | (f) Manner of cash disbursement | (g) A mount of of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
| _ | | | | | | | | | |
| _ | | | | | | | | | |
| _ | | | | | | | | | |
| _ | | | | | | | | | |
| _ | | | | | | | | | |
| _ | | | | | | | | | |
| _ | | | | | | | | | |
| _ | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| _ | | | | | | | | | |
| _ | | | | | | | | | |
| _ | | | | | | | | | |
| _ | | | | | | | | | |
| | | | | | | | | | |
| 2 Er ta | iter total nu x-exempt b | mber of recipie y the IRS, or fo | ent organizations list or which the grantee | ed above that are in or counsel has pro | recognized as charit ovided a section 501 | ties by the foreign c 1(c)(3) equivalency | ountry, recognized letter | as | |
| 3 Er | nter total nu | mber of other | organizations or ent | cities | | | | | |
| | | | | | | | | Schedule F | (Form 990) 2012 |

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

| Fait III call be | t duplicated il additi | Jilai space is ii | eeueu. | 1 | I | T | |
|------------------------------------|------------------------|--------------------------|------------------------------|------------------------------------|--|--|--|
| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) A mount of cash grant | (e) Manner of cash disbursement | (f) A mount of non-cash assistance | (g) Description of non-cash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | - | - | - | | | | ula E (Earma 000) 2012 |

Part IV Foreign Forms

| 1 | Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926) | <u> ~</u> | Yes | Γ | Νo |
|---|---|-----------|-----|------------|----|
| 2 | Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organizationmay be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A) | Γ | Yes | Į √ | No |
| 3 | Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471) | ▽ | Yes | Г | Νo |
| 4 | Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621) | <u> </u> | Yes | Г | Νo |
| 5 | Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865) | ▽ | Yes | Г | No |
| 6 | Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713). | Г | Yes | ▽ | Νo |

Schedule F (Form 990) 2012

| Part V | Supplementa | al Information |
|--------|-------------|----------------|
| Part v | Supplementa | ai intormatio |

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

| Identifier | ReturnReference | Explanation |
|------------|-----------------|-------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

YOUNG MEN'S CHRISTIAN ASSOCIATION RETIREMENT FUND

DLN: 93493310014833

OMB No 1545-0047

(Form 990 or 990-EZ)

Name of the organization

Department of the Treasury

Internal Revenue Service

SCHEDULE G

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Form 990-EZ filers are not required to complete this part.

Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

Employer identification number

| b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization | | | | | | | 13-5562401 | |
|---|-----|----------------------------|--------------------------|---------------------------|------------------------------|--------------------------|--|----------------------|
| a Mail solicitations e Solicitation of non-government grants b Internet and email solicitations f Solicitation of government grants d In-person solicitations g Special fundraising events d In-person solicitations G Special fundraising services? Tyes If "ves, list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (i) Name and address of individual G G G G G G G | Pa | rt I Fundraising Act | ivities. Complete | ıf the o | ganızatı | on answered "Yes" t | to Form 990, Part IV | , line 17. |
| b Internet and email solicitations f Solicitation of government grants c Phone solicitations g Special fundraising events d In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes Test b Internet and email solicitations c Phone solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes Test c Yes No | 1 | Indicate whether the organ | ızatıon raısed funds 1 | through ar | ny of the f | following activities Che | eck all that apply | |
| g Special fundraising events d In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? yes Test the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (i) Name and address of individual or entity (fundraiser have custody or control of contributions? (ii) Activity (fundraiser) (iii) Activity (fundraiser have custody or control of contributions? (iv) Amount paid to (or retained by) (or granization) (iv) Gross receipts (iv) Amount paid to (or retained by) (or granization) (iv) Amount paid to (or retained by) (or granization) (iv) Amount paid to (or retained by) (or granization) (iv) Amount paid to (or retained by) (or granization) (iv) Amount paid to (or retained by) (or granization) (iv) Amount paid to (or retained by) (or granization) (iv) Amount paid to (or retained by) (or granization) (iv) Amount paid to (or retained by) (or granization) (iv) Amount paid to (or retained by) (or retained by) (or granization) (iv) Amount paid to (or retained by) (or granization) (iv) Amount paid to (or retained by) (or granization) (iv) Amount paid to (or retained by) (or granization) (iv) Amount paid to (or retained by) (or granization) (iv) Amount paid to (or retained by) (or granization) (iv) Amount paid to (or retained by) (or granization) (iv) Amount paid to (or retained by) (or granization) (iv) Amount paid to (or retained by) (or granization) (iv) Amount paid to (or retained by) (or granization) (iv) Amount paid to (or retained by) (or granization) (iv) Amount paid to (or retained by) (or granization) (iv) Amount paid to (or granization) (iv) Amount paid to (or granization) (iv) Amount paid to (or granization) (iv) Amount paid to (or granization) (iv) Am | а | Mail solicitations | | | e | ☐ Solicitation of non | -government grants | |
| Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? If "exe," list the ten highest paid individuals or entitities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (i) Name and address of individual or entity (fundraiser) with the fundraiser have custody or control of contributions? Yes No Yes No Total | b | Internet and email soli | cıtatıons | | f | ☐ Solicitation of gov | ernment grants | |
| Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VIII) or entity in connection with professional fundraising services? If Yes, I list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (i) Name and address of individual or entity (fundraiser have custody or entity (fundraiser) Individual or entity (fundraiser) Yes No Total Total List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or | c | Phone solicitations | | | g | Special fundraisin | g events | |
| or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (i) Name and address of individual or entity (fundraiser) (ii) Activity (iii) Did fundraiser have custody or control of contributions? Yes No Total | d | In-person solicitations | | | | | | |
| to be compensated at least \$5,000 by the organization (i) Name and address of individual or entity (fundraiser) (ii) Activity (iii) Did fundraiser have custody or control of contributions? Yes No Total | | or key employees listed in | Form 990, Part VII) | or entity | ın connec | tion with professional f | undraising services? | |
| Individual or entity (fundraiser) Fundraiser have custody or control of co | b | | | | undraiser | s) pursuant to agreeme | ents under which the fui | ndraiser is |
| Total | | ındıvıdual | (ii) Activity | fundrais custo cont | ser have ody or rol of | | (or retained by) fundraiser listed in | |
| 3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or | | | | Yes | No | | | |
| 3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or | | | | | | | | |
| 3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or | | | | | | | | |
| 3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or | | | | | | | | |
| | Tot | al | | | .> | | | |
| | 3 | | organization is regis | tered or li | censed to | solicit funds or has be | en notified it is exempt | from registration or |
| | | | | | | | | |
| | | | | | | | | |

| | | more than \$15,000 of fundr events with gross receipts g | | | | |
|-------------|------|---|-----------------------------|---|------------------------|--|
| | | | (a) Event #1 ANNUAL DINNER | (b) Event #2 | (c) O ther events | (d) Total events (add col (a) through col (c)) |
| | | | (event type) | (event type) | (total number) | |
| ₽ | 1 | Gross receipts | 210,238 | 3 | | 210,238 |
| Revenue | 2 | Less Contributions | 183,688 | 3 | | 183,688 |
| <u>~</u> | 3 | Gross income (line 1 minus line 2) | 26,550 | | | 26,550 |
| | 4 | Cash prizes | | | | |
| မွာ | 5 | Noncash prizes | | | | |
| Expenses | 6 | Rent/facility costs | | | | |
| 쯊 | 7 | Food and beverages . | 32,500 | o l | | 32,500 |
| Direct | 8 | Entertainment | 400 | | | 400 |
| ā | 9 | Other direct expenses . | 29,91 | 1 | | 29,911 |
| | 10 | Direct expense summary Add lir | nes 4 through 9 ın column | ı(d) | | (62,811) |
| | 11 | Net income summary Combine li | ne 3, column (d), and line | 210 | • | -36,261 |
| Par | t II | Gaming. Complete if the or \$15,000 on Form 990-EZ, li | | "Yes" to Form 990, Pa | rt IV, line 19, or rep | |
| Revenue | | | (a) Bingo | (b) Pull tabs/Instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col (a) through col (c)) |
| <u>~</u> | 1 | Gross revenue | | | | |
| Expenses | 2 | Cash prizes | | | | |
| ag Sp | 3 | Non-cash prizes | | | | |
| Teg E | 4 | Rent/facility costs | | | | |
| ౼ | 5 | Other direct expenses | | | | |
| | 6 | Volunteerlabor | ┌ Yes | ┌ Yes No | ┌ Yes | |
| | 7 | Direct expense summary Add line | s 2 through 5 ın column (| d) | | |
| | 8 | Net gaming income summary Com | nbine lines 1 and 7 in colu | ımn (d) | 🛌 | |
| 9 a b | Is | ter the state(s) in which the organize the organization licensed to operate 'No," explain | gaming activities in eac | h of these states? | | 「Yes 「No |
| | | | | | | ······ |
| 10a b | | re any of the organization's gaming 'Yes," explain | licenses revoked, susper | nded or terminated during | the tax year? | · · 「Yes 「No |
| | | | | | | |

| 70ES | the organization operate gaming | activities with nonlinelinders | | · · I Yes I No |
|-----------|--------------------------------------|---|-------------------------------------|----------------------------------|
| .2 | | neficiary or trustee of a trust or a men | | |
| | formed to administer charitable of | gaming? | | · · · · Fyes F No |
| .3 | Indicate the percentage of gamir | ng activity operated in | | |
| а | The organization's facility | | | 13a |
| b | An outside facility | | | 13b |
| .4 | Enter the name and address of th | ne person who prepares the organizati | on's gaming/special events books | and records |
| | Name ► | | | |
| | Address 🟲 | | | |
| | revenue? | ntract with a third party from whom the | | |
| | amount of gaming revenue retain | ed by the third party 🟲 \$ | | |
| C | If "Yes," enter name and address | s of the third party | | |
| | Name 🟲 | | | |
| | Address ► | | | |
| .6 | Gaming manager information | | | |
| | Name 🟲 | | | |
| | Gaming manager compensation I | \$ \$ | | |
| | Description of services provided | > | | |
| | ☐ Director/officer | Employee | Independent contractor | |
| .7 | Mandatory distributions | | | |
| а | Is the organization required unde | er state law to make charitable distrib | utions from the gaming proceeds to | |
| | retain the state gaming license? | | | Г _{Yes} Г _{No} |
| b | Enter the amount of distributions | required under state law distributed t | to other exempt organizations or sp | ent |
| | | activities during the tax year 🟲 💲 | | |
| Par | columns (III) and (v), a | mation. Complete this part to pr and Part III, lines 9, 9b, 10b, 15b ditional information (see instructi | , 15c, 16, and 17b, as applical | |
| | Identifier | Return Reference | Explana | tion |
| | | | | |

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States OMB No 1545-0047

2012

DLN: 93493310014833

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

Attach to Form 990

Open to Public Inspection

| ame of the organization | Employer identific | ation number |
|--|--------------------------------|---|
| OUNG MEN'S CHRISTIAN ASSOCIATION RETIREMENT FUND | 13-5562401 | |
| Part I General Information on Grants and Assistance | ' | |
| Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States | | Г Yes |
| Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization of the United States. Complete if the organization of the United States. Complete if the organization of the United States. Complete if the organization of the United States. Complete if the organization of the United States. Complete if the organization of the United States. Complete if the organization of the United States. Complete if the organization of the United States. Complete if the organization of the United States. Complete if the organization of the United States. Complete if the organization of the United States. Complete if the organization of the United States. Complete if the organization of the United States. Complete if the organization of the United States. | | "Yes" to |
| | Description of cash assistance | (h) Purpose of grant or assistance |
| (1) ASSOCIATION OF 91-1704431 501(C)(3) 25,000 YMCA RETIREES 909 4TH AVENUE SEATTLE, WA 98104 | | SUPPORT GRANT |
| (2) ARMED SERVICES 36-3274346 501(C)(3) 50,000 YMCA 6359 WALKER LANE SUITE 200 ALEXANDRIA, VA 22310 | | SUPPORT GRANT |
| (3) YMCA OF GREATER 13-1624228 501(C)(3) 3,000 NEW YORK 333 7TH AVENUE 15TH FL NEW YORK, NY 10001 | | SUPPORT GRANT |
| (4) YMCA OF THE USA 36-3256696 501(C)(3) 14,990 101 NORTH WACKER DRIVE CHICAGO,IL 60606 | | SUPPORT GRANT |
| (5) YMCA STITZER CENTER 04-2104329 501(C)(3) 50,000 AT SPRINGFIELD COLLEGE 263 ALDEN STREET SPRINGFIELD, MA 01109 | , | SUPPORT GRANT |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Enter total number of section 501(c)(3) and government organizations listed in the line 1 table | | 5 |

| art III | Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 99 | 0, 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) A mount of cash grant | (d)A mount of non-cash assistance | (e)Method of valuation (book, FMV, appraisal, other) | (f)Description of non-cash assistance |
|--------------------------------|---------------------------------|-------------------------------------|-----------------------------------|--|---------------------------------------|
| (1) ECONOMIC ASSISTANCE | 29 | 31,96 | 2 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Dort IV Supplemental Inform | | | | | |

Part IV Supplemental Information.

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

| Identifier | Return Reference | Explanation |
|------------|------------------|--|
| | | SCHEDULE I PART II THE GRANT TO THE ASSOCIATION OF RETIREES WAS MADE IN SUPPORT OF ITS MISSION |
| | | THE MISSION OF THE ASSOCIATION OF YMCA RETIREES (AYR) IS TO ENABLE MEMBERS TO PROMOTE A |
| | | NURTURING, WORLDWIDE CHRISTIAN FELLOWSHIP THAT PROVIDES EDUCATIONAL, SOCIAL, AND CHARITABLE |
| | | OPPORTUNITIES THE GRANT TO THE ARMED SERVICES YMCA WAS MADE IN SUPPORT OF ITS MISSION TO PUT |
| | | CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH EDUCATIONAL, RECREATIONAL, SOCIAL AND RELIGIOUS |
| | | PROGRAMS AND SERVICES FOR MILITARY PERSONNEL, BOTH SINGLE AND MARRIED AND THEIR FAMILIES THE |
| | | MISSION IS CARRIED OUT IN COOPERATION WITH THE MILITARY THE GRANT TO THE YMCA OF GREATER NEW |
| | | YORK WAS MADE IN SUPPORT OF ITS PROGRAM TO PROVIDE RELIEF TO THE HAITIAN PEOPLE THE MISSION OF |
| | | THE YMCA OF GREATER NEW YORK IS TO PROMOTE POSITIVE VALUES THROUGH PROGRAMS THAT BUILD SPIRIT, |
| | | MIND AND BODY, WELCOMING ALL PEOPLE, WITH A FOCUS ON YOUTH THE GRANT TO THE YMCA OF THE USA |
| | | WAS MADE IN SUPPORT OF THEIR MISSION TO BE A RESOURCE OFFICE FOR THE NATION'S 2,700 YMCAS, WHICH |
| | | STRENGTHEN COMMUNITY BY NURTURING THE POTENTIAL OF KIDS, PROMOTING HEALTHY LIVING FOR ALL AND |
| | | FOSTERING SOCIAL RESPONSIBILITY THE GRANT TO THE YMCA STITZER CENTER AT SPRINGFIELD COLLEGE |
| | | WAS MADE TO SUPPORT THE YMCA CENTER WHICH WILL ASSIST IN THE PREPARATION OF CHRISTIAN LEADERS |
| | | FOR THE YMCA MOVEMENT SCHEDULE I PART III THE YMCA RETIREMENT FUND MAKES A NUMBER OF SMALL |
| | | GRANTS TO SUPPORT THE GENERAL MISSION OF YMCA'S THESE YMCA'S ARE TAX-EXEMPT PUBLIC CHARITIES |
| | | UNDER SECTION 501(C)(3) RETIREE EMERGENCY ASSISTANCE PROGRAM THE YMCA RETIREMENT FUND |
| | | ESTABLISHED THE RETIREE EMERGENCY ASSISTANCE PROGRAM (REAP) TO PROVIDE ONE-TIME FINANCIAL |
| | | SUPPORT TO YMCA RETIREES WHO FIND THEMSELVES IN FINANCIAL CRISIS THIS PROGRAM IS SUPPORTED BY |
| | | PROCEEDS FROM THE HAROLD C SMITH DINNER ALL RETIREES RECEIVING AN ANNUITY FROM THE YMCA |
| | | RETIREMENT FUND ARE ELIGIBLE TO APPLY FOR A REAP GRANT GRANTS ARE GIVEN ONLY FOR EMERGENCIES |
| | | THAT FALL INTO ONE OF THE FOLLOWING THREE CATEGORIES MEDICAL EXPENSES BEYOND HEALTH |
| | | INSURANCE COVERAGE, OR OUT-OF-POCKET EXPENSES THAT CAUSE EXTREME HARDSHIP SHELTER EXPENSES |
| | | TO AVOID EVICTION FROM, OR FORECLOSURE UPON, ONE'S PRIMARY RESIDENCE CATASTROPHE AN |
| | | ECONOMIC HARDSHIP RESULTING FROM AN ACT OF NATURE OR OTHER CATASTROPHIC EVENT |

DLN: 93493310014833

OMB No 1545-0047

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" to Form 990, Part IV, question 23.

Open to Public Inspection

| Internal Revenue Service | ► Attach to Form 990. ► See separate instructions. | | Inspection |
|---|--|-------------------|----------------|
| Name of the organiz YOUNG MEN'S CHRISTIA | ation N ASSOCIATION RETIREMENT FUND | Employer ident if | ication number |
| | | 13-5562401 | |

| Pd | Questions Regarding Compensation | | | |
|----|--|----|-----|----|
| | | | Yes | No |
| 1a | Check the appropriate box(es) if the organization provided any of the following to or for a person listed in 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 idemnification and gross-up payments F Health or social club dues or initiation fees | | | |
| | Discretionary spending account Personal services (e.g., maid, chauffeur, chef) | | | |
| b | If any of the boxes in 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 | Yes | |
| 2 | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? | 2 | Yes | |
| 3 | Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III | | | |
| | ✓ Compensation committee | | | |
| | ✓ Independent compensation consultant ✓ Compensation survey or study | | | |
| | Form 990 of other organizations Approval by the board or compensation committee | | | |
| 4 | During the year, did any person listed in 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 | Yes | |
| b | Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4b | Yes | |
| c | Participate in, or receive payment from, an equity-based compensation arrangement? | 4c | | No |
| | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III | | | |
| | Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9. | | | |
| 5 | For persons listed in 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 | | Νo |
| b | Any related organization? | 5b | | Νo |
| | If "Yes," to line 5a or 5b, describe in Part III | | | |
| 6 | For persons listed in 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 | | Νo |
| b | Any related organization? | 6b | | Νo |
| | If "Yes," to line 6a or 6b, describe in Part III | | | |
| 7 | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III | 7 | Yes | |
| 8 | Were any amounts reported in Form 990, Part VII, paid or accured 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 | | No |
| 9 | If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)? | 9 | | |

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

For each individual whose compensation must be reported in 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 are not listed on Form 990, Part VII

Note. The sum of columns (B)(1)-(111) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

| (A) Name and Title | (B) Breakdown of | f W-2 and/or 1099-MI: | SC compensation | (C) Retirement and | (D) Nontaxable | (E) Total of | (F) Compensation |
|---------------------------|--------------------------|---|---|--------------------------------|----------------|-----------------------|---|
| | (i) Base compensation | (ii) Bonus & ıncentıve compensatıon | (iii) Other reportable compensation | other deferred compensation | benefits | columns (B)(ı)-(D) | reported as deferred in prior Form 990 |
| See Additional Data Table | | | | | | | |

Schedule J (Form 990) 2012

Part III Supplemental Information

Complete this part to 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

| Also complete this part for any addition | onar miormacion | |
|--|--------------------|---|
| Identifier | Return Reference | Explanation |
| | PART I, LINES 4A-B | PART I, LINES 4A-B SEVERANCE PAYMENT BRIGETTE RENAUD \$270,000 PARTICIPANTS IN THE SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN BOULOUS, VANESSA \$3,522, BUCHHOLZ, ELLIOTT \$5,597, DE SIO, VINCENT \$4,749, HOWARD, LOUISE \$5,413, \$KIRSCHNER, JAMES \$2,906, LANDAU, DAVID \$17,000, PREIS, JOHN \$ 17,000, QUINONES, JOHN \$8,889, REISNER, HUNTER \$17,000, DAVID SLIFKA \$11,122, |
| SUPPLEMENTAL INFORMATION | PART III | PART I QUESTION 7 THE YMCA RETIREMENT FUND ("FUND") PAYS BONUSES TO PERSONNEL INVOLVED IN THE FUND'S INVESTMENT ACTIVITIES THESE BONUSES ARE PRIMARILY BASED UPON ACTUAL INVESTMENT RETURNS IN EXCESS OF BENCHMARK (INDEX) RETURNS THERE IS A SUBJECTIVE COMPONENT THAT RANGES BETWEEN 25% - 50% OF THE TOTAL BONUS THAT IS BASED UPON VARIOUS QUALITATIVE FACTORS EACH INDIVIDUAL HAS A PRE-DETERMINED CAP ON THE BONUS BASED UPON SALARY THIS PRACTICE IS NORMAL AND CUSTOMARY FOR INVESTMENT PROFESSIONALS THE METHODOLOGY FOR CALCULATING BONUS PAYMENTS WAS DEVELOPED BY OUR INDEPENDENT COMPENSATION CONSULTANT, REVIEWED BY THE COMPENSATION COMMITTEE AND APPROVED BY THE BOARD OF TRUSTEES THESE PAYMENTS ARE MADE ANNUALLY, INCLUDED IN THE COMPARABILITY ANALYSIS PERFORMED BY OUR INDEPENDENT COMPENSATION CONSULTANTS, REVIEWED BY THE COMPENSATION COMMITTEE, APPROVED BY THE BOARD OF TRUSTEES, AND DOCUMENTED IN THE MINUTES OF THESE MEETINGS THE FUND'S COMPLETE COMPENSATION POLICY IS LOCATED ON SCHEDULE O |

Schedule J (Form 990) 2012

Software ID: Software Version:

EIN: 13-5562401

Name: YOUNG MEN'S CHRISTIAN ASSOCIATION RETIREMENT FUND

| Form 990, Schedule J, Pai | rt] | II - Officers, Direc | tors, Trustees, Ke | ey Employees, and | l Highest Compen | sated Employees | i | |
|---------------------------|-------------------------|----------------------|---|------------------------------|---------------------|------------------------|----------------------|--|
| (A) Name | | (B) Breakdown of | W-2 and/or 1099-MI | SC compensation | (C) Deferred | (D) Nontaxable | (E) Total of columns | (F) Compensation |
| | (i) Base Compensatio | | (ii) Bonus & incentive compensation | (iii) O ther compensation | compensation | benefits | (B)(ı)-(D) | reported in prior Form 990 or Form 990-EZ |
| DENISE DAY | (I) (II) | 0 255,206 | 0 49,420 | 0 5,510 | 0 30,000 | 0 11,374 | 0 351,510 | 0 |
| CARMELITA GALLO | (I) (II) | 0 235,075 | 0 6,593 | 0 | 0 12,549 | 0 29,000 | 0 283,217 | 0 |
| JOHN MARK JOHNSON | (I) (II) | 0 323,338 | 0 51,150 | 0 8,260 | 0 58,277 | 0 9,508 | 0 | 0 |
| ERIC MANN | (I) (II) | 0 299,776 | 0 68,400 | 0 | 20,000 | 0 15,722 | 0 | 0 |
| REID THEBAULT | (I) (II) | 0 184,252 | 120,900 | 0 | 0 20,877 | 0 9,721 | 0 | 0 |
| JOHN M PREIS | (I) (II) | 486,720 0 | 423,127 | | 47,000 | 31,792 0 | | 0 |
| VANESSA BOULOUS | (I) (II) | 258,732 0 | 20,621 | 3,894 0 | 33,522 | 36,140 0 | 352,909 0 | 0 |
| ELLIOTT BUCHHOLZ | (I) (II) | | 21,948 0 | 5,998 0 | 35,597 0 | 30,888 | 369,123 0 | 0 |
| VINCENT M DE SIO | (I) (II) | 268,152 0 | 21,425 0 | 5,866 0 | 34,749 0 | 36,385 0 | 366,577 0 | 0 |
| JAMES G KIRSCHNER | (I) (II) | 262,884 0 | 11,331 0 | 3,995 0 | 32,906 0 | 36,547 0 | 347,663 0 | 0 |
| JOHN QUINONES | (I) (II) | 300,804 0 | 23,272 0 | 9,330 | 38,889 0 | 32,575 0 | 404,870 0 | 0 |
| HUNTER REISNER | (I) (II) | 422,796 0 | 249,750 0 | 19,343 0 | 25,611 0 | 33,217 0 | 750,717 0 | 0 |
| LISA WORTHY | (I) (II) | 161,940 0 | 0 | 200 | 19,433 0 | 29,124 0 | 210,697 0 | 0 |
| ELIZABETH DELGADO | (I) (II) | | 0 | 122 | 18,271 0 | 20,157 0 | 190,806 | 0 |
| MARCELA DEITRICH | (ı) (ıı) | | 0 | 117 0 | 19,073 0 | 5,573 0 | 183,703 0 | 0 |
| DAVID I LANDAU | (I) (II) | 283,331 0 | 158,641 0 | 18,835 | 4 7,000 0 | 36,400 0 | 544,207 0 | 0 |
| LOUISE A HOWARD | (I) (II) | | 62,600 0 | 5,725 0 | 35,413 0 | 12,271 0 | 348,521 0 | 0 |
| DAVID SLIFKA | (I) (II) | 262,680 0 | 80,000 | 11,325 | 11,122 0 | 24,686 0 | 389,813 0 | 0 |
| GEORGE BRIM | (I) (II) | 152,712 0 | 0 | 527 0 | 18,325 0 | 29,142 0 | 200,706 | 0 |
| ROBERT HASTEDT | (I) (II) | 147,576 0 | 0 | 263 0 | 17,709 0 | 12,550 | 178,098 | |
| BRIGETTE RENAUD | (I) (II) | 0 | 0 | 270,000 | 0 | 0 | 270,000 0 | |

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493310014833

Schedule L

(Form 990 or 990-EZ)

Transactions with Interested Persons

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization YOUNG MEN'S CHRISTIAN ASSOCIATION RETIREMENT FUND Employer identification number

| | | | | | | | | -556 | | | | |
|-----------------------|---------------------------------------|-------------------------------|-------------|-------------|-----------------|-------------------|-----------|---------|------------------------|---------|------------|---------|
| | Benefit Trans | | | | | | | | | | 10b | |
| | e if the organization | | | between di | | (c) Descri | | | | | | rected |
| 1 (a) Name of | aloqualifica pero | | | d organizat | | (4) 5 65 611 | peron o | r cram. | Juction | | Yes | No |
| | | | | | | | | | | | | • |
| | | | | | | | | | | | | _ |
| | | | | | | | | | | | | _ |
| | | | | | | | | | | | | |
| | | | | | | | | | | -+ | | _ |
| | | | | | | | | | | | | |
| | | | | | | | | | | -+ | | - |
| | | | | | | | | | | | | _ |
| | | | | | | | | | | | | _ |
| | | | | | | | | | | | | _ |
| 2 Enter the amo | unt of tax incurre | d by organiza | ation mana | gers or dis | qualified perso | ons during the | yearı | ınder | section | | | |
| 4958 | | | | | | | | • | > \$ | | | |
| ${f 3}$ Enter the amo | unt of tax, if any, | on line 2, ab | ove, reimb | ursed by tl | ne organizatior | 1 | | | > \$ | | | |
| | | | d D | | | | | | | | | |
| | s to and/or Fi ete if the organiza | | | | 0-E7 Bart V I | ino 28a or Eo | rm 00 | n Dar | + T\/ up | 26 0 | r if the | |
| · | zation reported ar | | | | | ille 30a, 01 1 0 | יככ ווווי | o, r ai | C I V , IIII | e 20, 0 | i ii tiie | |
| | (b) Relationship | | | | (e)Original | (f)Balance | (g) | In | (h | | (i)W | /rıtten |
| | with organization | of loan | or from | | principal | due | defa | ult? | Appro | | d agreemer | |
| person | | | organızat | ion? | amount | | | | by board or committee? | | | |
| | | | То | From | | | Yes | No | Yes | No | Yes | No |
| | | | | 1 | | | | 1 | 1 | 1 | | |
| | | | | | | | | | | | _ | |
| | | | | | | | | | | 1 | _ | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | _ | |
| tal | | | ▶ \$ | | | | | | | | | |
| | s or Assistanc | | | | | | | | | | | |
| | lete if the organ | | | | | | | | | | | |
| (a) Name of interes | l l | ationship bet | - | A mount | of assistance | (d) Type o | fassis | tance | (e) | Purpos | e of as | sıstanc |
| person | | :ed person ar organization | id the | | | | | | | | | |
| | | J | | | | 1 | | | I | | | |
| | | | | | | | | | | | | |
| | | | | | | - | | | | | | |
| | | | | | | _ | | | | | | |
| | | | | | | _ | | | | | | |
| | | | | | | _ | | | | | | |

| Part IV Business Transactions I Complete if the organizatio | | | o 202 20h or 20c | | |
|---|---|----------------------------|--------------------------------|----------------------------------|---------------|
| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) A mount of transaction | (d) Description of transaction | (e) Sh of organiz reven | f zatıon': |
| | | | | Yes | No |
| (1) CHRISTINA PREIS | SEE PART V | 84,698 | EMPLOYMENT | | No |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

| Identifier | Return Reference | Explanation |
|------------|------------------|--|
| | | (A) NAME OF PERSON CHRISTINA PREIS(B) |
| | | RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION FAMILY MEMBER OF JOHN PREIS(C) |
| | | AMOUNT OF TRANSACTION \$84,698(D) DESCRIPTION OF TRANSACTION EMPLOYMENT(E) SHARING OF |
| | | ORGANIZATION REVENUES? = NO |

Schedule L (Form 990 or 990-EZ) 2012

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE 0**

As Filed Data -

DLN: 93493310014833

Supplemental Information to Form 990 or 990-EZ

Open to Public

Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

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

Name of the organization **Employer identification number** YOUNG MEN'S CHRISTIAN ASSOCIATION RETIREMENT FUND 13-5562401

| ldentifier | Return Reference | Explanation |
|---------------------------------|----------------------------------|--|
| PROGRAM SERVICE STATEMENT | FORM 990 PART III, LINE 4A | THE YMCA RETIREMENT FUND PROVIDED MONTHLY ANNUITY PAYMENTS TO APPROXIMATELY 11,900 RETIRED YMCA EMPLOYEES WITH AN AVERAGE ANNUAL ANNUITY OF APPROXIMATELY \$16,900 DURING THE FISCAL YEAR ENDED JUNE 30, 2013, THE YMCA RETIREMENT FUND PROVIDED BENEFITS (INCLUDING DEATH AND DISABILITY BENEFITS) IN EXCESS OF \$446,828,000 THE FOLLOWING BUNDLED BENEFITS ARE PROVIDED TO ALL PARTICIPATING YMCA'S RETIREMENT PLAN A DEFINED CONTRIBUTION MONEY PURCHASE CHURCH PENSION PLAN THAT IS INTENDED TO SATISFY THE QUALIFICATION REQUIREMENTS OF SECTION 401 (A)OF THE INTERNAL REVENUE CODE (CODE) TAX-DEFERRED SAVINGS PLAN A RETIREMENT INCOME ACCOUNT PLAN AS DEFINED IN SECTION 403(B)(9) OF THE CODE LIFE ANNUITIES TO RETIREES THE YMCA RETIREMENT FUND PROVIDES ANNUITIES BASED UPON ACCUMULATED ACCOUNT BALANCES IN THE RETIREMENT PLAN AND TAX-DEFERRED SAVINGS PLAN TO PARTICIPANTS OF RETIREMENT AGE DEATH AND DISABILITY BENEFITS RETIREMENT DEATH AND DISABILITY BENEFITS ARE PROVIDED TO PARTICIPANTS OR THEIR BENEFICIARIES UPON DEATH OR PERMANANT TOTAL DISABILITY |

| ldentifier | Return Reference | Explanation |
|---------------------------------------|------------------------------|---|
| EXPLANATION FOR NOT FILING FORM 990-T | FORM 990, PART V, LINE 3B | THE ORGANIZATION HAS NOT FILED THE 990T AT THIS TIME DUE TO THE LARGE NUMBER OF LIMITED PARTNERSHIPS AND COMPLEXITY OF THE RETURN A DUE DATE EXTENSION WILL BE SOUGHT WITH THE INTENT OF FILING PRIOR TO MAY 15, 2014 |

| Identifier | Return Reference | Explanation |
|------------|---|---|
| | FORM 990, PART VI, SECTION A, LINE 1 | THE GOVERNING BODY OF THE YMCA RETIREMENT FUND (FUND) HAS 16 MEMBERS, 11 COMPLETELY INDEPENDENT MEMBERS AND 5 EMPLOYED OFFICERS OF SUPPORTED YMCA'S ANYONE CURRENTLY RECEIVING BENEFITS FROM THE FUND IS EXPRESSLY BARRED FROM SERVING AS A MEMBER OF THE GOVERNING BODY THE ONLY REASON 5 MEMBERS OF THE BOARD ARE NOT CONSIDERED INDEPENDENT IS BECAUSE OF THEIR RESPECTIVE EMPLOYMENT WITH SUPPORTED YMCA'S NONE OF THE EMPLOYED OFFICER TRUSTEES WORK FOR THE SAME YMCA AND THEIR INVOLVEMENT WITH THE FUND HAS NO BEARING OR INFLUENCE WITH RESPECT TO THEIR CURRENT EMPLOYMENT SITUATIONS |

| Identifier | Return Reference | Explanation |
|------------|---|--|
| | FORM 990, PART VI, SECTION A, LINE 6 | THE ORGANIZATION HAS MEMBERS WHICH CONSIST OF PARTICIPANTS AND PARTICIPATING EMPLOYERS OF THE RETIREMENT PLANS |

| Identifier | Return Reference | Explanation |
|------------|---------------------------------------|--|
| | FORM 990, PART VI, SECTION A, LINE 7A | THE GOVERNING BODY OF THE ORGANIZATION IS ELECTED BY THE ORGANIZATIONS MEMBERS |

| Identifier | Return Reference | Explanation |
|------------|--|---|
| | FORM 990, PART VI, SECTION A, LINE 7B | DECISIONS RELATED TO CHANGES IN BY LAWS AND ELECTION OF TRUSTEES MADE BY THE GOVERNING BODY IS SUBJECT TO APPROVAL BY MEMBERS |

| Identifier | Return Reference | Explanation | |
|------------|---|---|--|
| | FORM 990, PART VI, SECTION B, LINE 11 | THE FORM 990 IS PREPARED BY THE YMCA RETIREMENT FUND'S MANAGEMENT IT IS THEN REVIEWED BY AN INDEPENDENT ACCOUNTING FIRM TO ENSURE COMPLETENESS. THE FORM IS PRESENTED TO THE AUDIT COMMITTEE DURING THE SEPTEMBER BOARD MEETING WHERE THEY ARE ADVISED THAT IT IS AVAILABLE FOR THEIR REVIEW ON OUR TRUSTEE'S WEBSITE. A COPY OF THE FINAL FORM 990 WAS EMAILED TO ALL MEMBERS OF THE AUDIT COMMITTEE PRIOR TO FILING | |

| Identifier | Return Reference | Explanation | |
|------------|---|---|--|
| | FORM 990, PART VI, SECTION B, LINE 12C | CONFLICT OF INTEREST POLICY THE YMCA RETIREMENT FUND EMPLOYS A COMPREHENSIVE POLICY WHICH INCLUDES AN ANNUAL QUESTIONNAIRE AND REPORTING TO THE AUDIT COMMITTEE OF THE BOARD OF TRUSTEES THE COMPLETE POLICY, INCLUDING THE QUESTIONNAIRE IS AVAILABLE ON OUR WEBSITE HTTP://www.yretirement.org/aboutus/governance/conflict-of-interest-policy | |

| Identifier | Return Reference | Explanation |
|------------|--|--|
| | FORM 990, PART VI, SECTION B, LINE 15 | THE YMCA RETIREMENT FUND (FUND) HAS ESTABLISHED A COMPENSATION PHILOSOPHY FOR THE ORGANIZATION TO PAY AT THE MEDIAN OF THE MARKETPLACE, (THE LEVEL AT WHICH HALF OF THE ORGANIZATIONS IN THE MARKETPLACE PAY MORE FOR A PARTICULAR JOB AND HALF PAY LESS) THE FUND HIRES PEOPLE AT THE MEDIAN SALARY THEN ANTICIPATES THAT STRONG PERFORMANCE WILL CAUSE THE EMPLOYEE TO GRAVITATE HIGHER IN THE SALARY RANGE. THE FUND REVIEWS COMPENSATION DATA FROM THE EXTERNAL MARKETPLACE EACH YEAR TO ENSURE THAT THIS COMPENSATION PHILOSOPHY IS MAINTAINED FOR DIFFERENT TYPES OF EMPLOYEES, THE FUND MUST CONSIDER DIFFERENT LABOR MARKETS WHEN APPLYING THE COMPENSATION PHILOSOPHY FOR EXAMPLE, FUND OFFICERS WOULD EITHER BE ATTRACTED FROM THE NOT-FOR-PROFIT LABOR MARKET OR IN SOME CASES THE BROADER MARKETPLACE ACCORDINGLY, WE COLLECT DATA ON BOTH THE BROAD MARKETPLACE FOR EXECUTIVE TALENT THROUGH A SURVEY OF EXECUTIVES ON DUCTED BY TOWERS-WATSON AS WELL AS THE NOT-FOR-PROFIT MARKETPLACE THROUGH A SURVEY OF OTHER NOT-FOR-PROFIT ORGANIZATIONS THE FUND RELIES ON DATA FROM MCLAGAN PARTNERS, A WELL-KNOWN SURVEY FIRM SPECIALIZING IN THE FINANCIAL SERVICES INDUSTRY, PENSION, ENDOWMENT, AND FOUNDATION MANAGERS THESE ARE ORGANIZATIONS THAT, LIKE THE FUND, MANAGE MULTI-BILLION DOLLAR PORTFOLIOS FOR THE BENEFIT OF CHARTIES, BULCATIONAL INSTITUTIONS, AND RETIREES IT DOES NOT INCLUDE ORGANIZATIONS THAT MANAGE PORTFOLIOS IN THE INSTITUTIONAL OR MUTUAL FUND AREAS (E.G. FIDELITY, PUTNAM, ETC.) AS A 501(C)(3) TAX-EXEMPT ORGANIZATION THE FUND IS SUBJECT TO FEDERAL COVERNMENT-IMPOSED TAXES ON BOARDS AND MANAGERS OF CHARTIES WHO RECEIVE UNREASONABLE COMPENSATION, AND CHANGES TO ALL BENEFIT DECREASON SAILE OFFICER COMPENSATION, AND CHANGES TO ALL BENEFIT DECREASON THE FUND'S COMPENSATION DETERMINATION PROCESS IS NITERDED TO QUALIFY FOR THE REBUTTABLE PRESUMPTION OF REASONABLESS WITH REGARD TO COMPENSATION, AND CHANGES TO ALL BENEFIT PLANDS SAPPROPRISATION DETERMINATION PROCESS IS NITERDED TO QUALIFY FOR THE REBUTTABLE PRESUMPTION OF THESE ACTIVITIES ARE RECORDED IN T |

| Identifier | Return Reference | Explanation |
|------------|--|--|
| | FORM 990, PART VI, SECTION C, LINE 19 | THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC THROUGH OUR WEBSITE AND BY REQUEST FOR GOVERNING DOCUMENTS - HTTP://www.yretirement org/aboutus/governance for financial statements - http://www.yretirement org/aboutus/fund-reports/audited-financial-statement the form 990 is also available on various websites such as guidestar org and the new york state charities bureau |

| ldentifier | Return Reference | Explanation |
|----------------------|------------------------|--|
| FAITHFUL TRUSTEES | PART VII, SECTION A | TRUSTEES OF THE YMCA RETIREMENT FUND RECEIVE NO PAY MENT FOR THEIR SERVICE ON THE BOARD OF TRUSTEES FROM BITHER THEY MCA RETIREMENT FUND OR THEIR SPECIFIC EMPLOYERS THE TRUSTEES WHO HAVE COMPENSATION REPORTED FROM RELATED ORGANIZATIONS RECEIVE SUCH COMPENSATION SOLLLY IN CONNECTION WITH THEIR EMPLOY MENT AT THEIR RESPECTIVE YMCA'S THE FUND'S BOARD OF TRUSTEES MEETS FOUR TIMES PER YEAR THESE MEETINGS GENERALLY REQUIRE A HEAVY TIME COMMITMENT, INCLUDING TRAVEL OF AT LEAST TWO DAY'S EACH QUARTER THEIR PROFESSIONAL EXPERTISE AND DEDICATION TO ADVANCING THE YMCA MOVEMENT IS INTEGRAL TO THE SUCCESS OF THE FUND THE FUND'S BOARD OF TRUSTEES VOLUNTEERED MORE THAN TEN DAY'S OF THE YEAR WITH 98% ATTENDANCE IN FULFILLMENT OF THE FIDUCIARY OBLIGATIONS ASSOCIATED WITH FUND GOVERNANCE. TRUSTEES SPENT 57.5 HOURS OF ACTUAL MEETING TIME DURING THE PAST FISCAL YEAR EXCLUSIVE OF THE APPROXIMATELY 25 HOURS OF REPATORY AND FOLLOW UP TIME. TRUSTEES COME FROM ACROSS THE UNITED STATES AND MEETING LOGISTICS IN CERTAIN CASES REQUIRES DAY PRIOR TRAVEL. HOWEVER, AT A MINIMUM, TRUSTEES INCUR 1 TRAVEL DAY (1/2 DAY TO AND 1/2 DAY FROM) EACH OF THE BOARD MEETINGS CALCULATION (57.5 HOURS OF MEETING) TIME /8 HOURS PER DAY = 7 DAY'S PLUS 4 TRAVEL. DAY'S = JUST OVER 11 BUSINESS DAY'S PER YEAR EXCLUDING REPORT TIME) DETAILS AS FOLLOWS THE BOARD OF TRUSTEES MET 4 TIMES DURING THE FISCAL YEAR FOR A TOTAL OF 11 HOURS PREPARATION TIME EXCEEDS 2 HOURS FOR EACH MEETING SEPTEMBER 20,2012 - DENVER CO, 2.5 HOURS WITH 16/16 TRUSTEES ATTENDING (100%) NOVEMBER 15;2012 - NEW YORK, NY, 2.5 HOURS WITH 16/16 TRUSTEES ATTENDING (100%) MARCH 1,2013 - LA JULIE CA, 3.5 HOURS WITH 16/16 TRUSTEES ATTENDING (100%) MARCH 1,2013 - LA JULIE CA, 3.5 HOURS WITH 16/16 TRUSTEES ATTENDING (100%) MARCH 1,2013 - LA JULIE CA, 3.5 HOURS WITH 16/16 TRUSTEES ATTENDING (100%) MARCH 1,2013 - LA JULIE CA, 3.5 HOURS WITH 16/16 TRUSTEES ATTENDING (100%) MARCH 1,2013 - LA JULIE CA, 3.5 HOURS WITH 16/16 TRUSTEES ATTENDING (100%) MARCH 1,2013 - NEW YORK, NY, 2.5 HOURS WITH 15/16 TRUSTEES ATTE |

| Identifier | Return Reference | Explanation |
|------------|------------------------|--|
| | PART VII, SECTION A | THE GOVERNING BODY OF THE YMCA RETIREMENT FUND (FUND) HAS 16 MEMBERS, 11 COMPLETELY INDEPENDENT MEMBERS AND 5 EMPLOYED OFFICERS OF SUPPORTED YMCAS THE ONLY REASON 5 MEMBERS OF THE BOARD ARE NOT CONSIDERED INDEPENDENT IS BECAUSE OF THEIR RESPECTIVE EMPLOY MENT WITH SUPPORTED YMCAS THE 5 BOARD MEMBERS THAT ARE EMPLOYED OFFICERS WITH RELATED PARTIES ARE DENISE DAY - CEO, YMCA OF THE BRANDYWINE VALLEY CARMELITA GALLO - COO, YMCA OF METROPOLITAN DALLAS JOHN MARK JOHNSON - CEO, YMCA OF MIDDLE TENNESSEE ERIC MANN - CEO, YMCA OF JACKSONVILLE, FLORIDA REID THEBAULT - CEO, YMCA OF METROPOLITAN DETROIT |

| ldentifier | Return Reference | Explanation |
|--|------------------------------|---|
| CHANGES IN NET ASSETS OR FUND BALANCES | FORM 990, PART XI, LINE 9 | CHARITABLE DISTRIBUTIONS - PENDING 4437 ROUNDING -3460 CHARITABLE CONTRIBUTIONS - INDIRECT EXPENSES 26550 |

SCHEDULE R

Related Ord

(Form 990)

Department of the Treasury

Name of the organization

YOUNG MEN'S CHRISTIAN ASSOCIATION RETIREMENT FUND

Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

Employer identification number

DLN: 93493310014833

ZUIZ

Open to Public Inspection

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

(a)
Name, address, and EIN (if applicable) of disregarded entity

(b)
Primary activity

(c)
Legal domicile (state or foreign country)

Total income
End-of-year assets

Direct controlling entity

entity

| Part II Identification of Related Tax-Exempt Organization or more related tax-exempt organizations during the | | the organization a | nswered "Yes" to | Form 990, Part IV, | line 34 because it | had o | ne |
|---|--------------------------------|---|----------------------------|--|--------------------------------------|--------------------|---|
| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | Section (13) co | g) n 512(b) ontrolled tity? |
| | | | | | | Yes | No |
| See Additional Data Table | | | | | | | , |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| For Paperwork Reduction Act Notice, see the Instructions for Form 990. | | Cat No 501 | 35Y | L | Schedule R (Form | 1990) 2 | 012 |

| (a) Name, address, and EIN o related organization | f | (b) Primary activit | (c) Legal domicile (state or foreign country) | entity | (e) Predominant Income(related, unrelated, excluded from tax under sections 512- | (f) Share of total income | (g) Share of end-of-yea assets | (h Disprop r allocat | ortionate | (i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | mana part | ral or | (k) Percenta ownersh |
|--|---|---|--|----------------------------------|--|---------------------------------|---|-----------------------------------|-----------|---|-------------------|--------|----------------------------|
| | | | | | 514) | | | Yes | No | | Yes | No | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| V Identification of Related Or line 34 because it had one or r | ganizations Taxa nore related organi | ble as a Corpo | ration is a cor | or Trust (poration or | Complete if trust during | the organı the tax ye | zatıon ar ar.) | iswere | d "Ye | s" to Form | 990, | Part | :IV, |
| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | | (d) Direct controll entity | (e) Type of enti (C corp, S corp, or trust) | | total Share e of | (g) e of end- year ssets | | (h) ercentage wnership | Section (b) conti | (13) | |
| | | | | | | | | | | | Yes | | No |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

| Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this sched | dule | | | | ' | Yes | No |
|---|-----------------------------|---------------------------|----------------------|------------------------------|------------|-------|----|
| ${\bf 1}$ During the tax year, did the organization engage in any of the following transact | cions with one or more rela | ated organizations li | sted in Parts II-IV? | | | | |
| a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlle | ed entity | | | | 1a | | No |
| b Gift, grant, or capital contribution to related organization(s) | | | | | \perp | Yes | |
| c Gift, grant, or capital contribution from related organization(s) | | | | | 1c | | No |
| d Loans or loan guarantees to or for related organization(s) | | | | | 1d | | No |
| e Loans or loan guarantees by related organization(s) | | | | | 1e | | No |
| | | | | | | | |
| f Dividends from related organization(s) | | | | | 1f | | No |
| g Sale of assets to related organization(s) | | | | | 1g | | No |
| h Purchase of assets from related organization(s) | | | | | 1h | | No |
| i Exchange of assets with related organization(s) | | | | | 1i | | No |
| ${f j}$ Lease of facilities, equipment, or other assets to related organization(s) | | | | | 1j | | No |
| | | | | | | | |
| k Lease of facilities, equipment, or other assets from related organization(s) | | | | | 1k | | No |
| I Performance of services or membership or fundraising solicitations for related | d organization(s) | | | | 11 | | No |
| $m{m}$ Performance of services or membership or fundraising solicitations by related | d organization(s) | | | | 1m | | No |
| $oldsymbol{n}$ Sharing of facilities, equipment, mailing lists, or other assets with related orga | anızatıon(s) | | | | 1n | | No |
| Sharing of paid employees with related organization(s) | | | | | 10 | | No |
| | | | | | | | |
| p Reimbursement paid to related organization(s) for expenses | | | | | 1 p | | No |
| q Reimbursement paid by related organization(s) for expenses | | | | | 1q | | No |
| | | | | | Ш | | |
| O ther transfer of cash or property to related organization(s) | | | | | 1r | | No |
| s Other transfer of cash or property from related organization(s) | | | | | 1s | | No |
| 2 If the answer to any of the above is "Yes," see the instructions for information | n an wha must samplete t | hie line including es | wared relationships | and transportion througholds | | | |
| (a) | ii on who must complete th | (b) | (c) | (d) | | | |
| Name of other organization | | Transaction type (a-s) | Amount involved | Method of determining am | ount inv | olved | |
| | ſ | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | , |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

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

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross)

| revenue) that was not a related organization See instructions re | garding exclu | sion for ce | | nent | partnerships | | | | ` | , | | _ | |
|--|--------------------------------|---|---|------|--|------------------------------------|--|--------------------------------------|----|---|---|----|--------------------------------|
| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unrelated, excluded from tax under section 512- 514) | org | (e) all partners section 501(c)(3) anizations? | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproprtiona allocations? | | (i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
| | | | 514) | Yes | No | | | Yes | No | | Yes | No | |
| | | | | | | | | | | | | 1 | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

| Identifier | Return | Explanation |
|------------|------------|--|
| | Reference | Explanation |
| • | SCHEDULE R | THE SUPPORTED ORGANIZATIONS OF THE YMCA RETIREMENT FUND CONSIST OF OVER 840 INDEPENTLY INCORPORATED YMCA'S ACROSS THE |
| | PART II | UNITED STATES INCLUDING THE YMCA OF THE UNITED STATES OF AMERICA (THE "YMCA OF THE USA") THE SUPPORTED ORGANIZATIONS ARE |
| | | DESIGNATED AS A CLASS IN THE ACT OF INCORPORATION OF THE YMCA RETIREMENT FUND IN ACCORDANCE WITH TREASURY REGULATIONS |
| | | SECTION 1 509(A)-4(D)(2) THE YMCA RETIREMENT FUND SUPPORTS AND BENEFITS THE YMCA'S AND THE YMCA OF THE USA BY PROVIDING |
| | | PENSION AND WELFARE BENEFIT PROGRAMS FOR THEIR EMPLOYEES, AND FORMER EMPLOYEES, WHICH, BUT FOR THE YMCA RETIREMENT FUND, |
| | | EACH YMCA AND THE YMCA OF THE USA WOULD HAVE TO PROVIDE ITSELF |

Software ID: Software Version:

EIN: 13-5562401

Name: YOUNG MEN'S CHRISTIAN ASSOCIATION RETIREMENT FUND

| Form 990, Schedule R, Part II - Identification of R | Related Tax-Exempt | | I | I | g | |
|---|--------------------------------|---|-------------------------------|--|--|---------|
| (a) Name, address, and EIN of related organization | (b) Primary Activity | (c) Legal Domicile (State or Foreign Country) | (d) Exempt Code section | (e) Public charity status (if 501(c)(3)) | (f) Direct Controlling Entity Section 5 (b)(13 controlling organizat |) ed |
| STATE YMCA OF MAINE | SOCIAL SERVICE | ME | | LINE 9 | N/A | No |
| 305 WINTHROP CENTER RD WINTHROP, ME 04364 01-0186800 | | | | | | |
| MOUNT DESERT ISLAND YMCA 21 PARK ST | SOCIAL SERVICE | ME | | LINE 9 | N/A | No |
| BAR HARBOR, ME 04609 01-0211486 | | | | | | |
| AUBURN-LEWISTON YMCA 62 TURNER STREET AUBURN, ME 042105953 | SOCIAL SERVICE | ME | | LINE 9 | N/A | No |
| 01-0211567 YMCA OF SOUTHERN MAINE | SOCIAL SERVICE | ME | | LINE 9 | N/A | No |
| 70 FOREST AVENUE PORTLAND, ME 041012813 | | | | | | |
| 01-0211568 KENNEBEC VALLEY YMCA | SOCIAL SERVICE | ME | | LINE 9 | N/A | No |
| 31 UNION STREET AUGUSTA, ME 04330 01-0211811 | | | | | | |
| BATH AREA FAMILY YMCA 303 CENTRE ST | SOCIAL SERVICE | ME | | LINE 9 | N/A | No |
| BATH, ME 045302089 01-0211812 | | | | | | |
| PENOBSCOT BAY YMCA PO BOX 840 | SOCIAL SERVICE | ME | | LINE 9 | N/A | No |
| ROCKPORT, ME 04856 01-0211813 | | | | | | |
| SANFORD-SPRINGVALE YMCA PO BOX 249 | SOCIAL SERVICE | ME | | LINE 9 | N/A | No |
| SANFORD, ME 04073 01-0211814 | | | | | | |
| BOOTHBAY REGION YMCA PO BOX 500 | SOCIAL SERVICE | ME | | LINE 9 | N/A | No |
| BOOTHBAY HARBOR, ME 045380500 01-0237912 | | | | | | |
| DOWN EAST FAMILY YMCA | SOCIAL SERVICE | ME | | LINE 9 | N/A | No |
| PO BOX 25 ELLSWORTH, ME 046050025 01-0412269 | | | | | | |
| WALDO COUNTY YMCA | SOCIAL SERVICE | ME | | LINE 9 | N/A | No |
| 157 LINCOLNVILLE AVENUE BELFAST, ME 049151535 01-0493123 | CO CIAL CERVICE | NIV | | LINE 9 | NI/A | No |
| ALLIANCE OF NEW YORK STATE YMCAS INC 33 ELK STREET SUITE 200 | SOCIAL SERVICE | NY | | LINE 9 | N/A | IN O |
| ALBANY, NY 12207 01-0567018 | CO CIAL CERVICE | NUL | | LINE | 201/2 | N - |
| CHESHIRE YMCA 32 LAKE ST NORTH SWANZEY, NH 034314451 | SOCIAL SERVICE | NH | | LINE 9 | N/A | No |
| 02-0222246 KEENE FAMILY YMCA | SOCIAL SERVICE | NH | | LINE 9 | N/A | No |
| 200 SUMMIT RD KEENE, NH 034311760 02-0222247 | | | | | | |
| YMCA OF GREATER MANCHESTER | SOCIAL SERVICE | NH | | LINE 9 | N/A | No |
| 30 MECHANIC STREET MANCHESTER, NH 031011923 02-0222248 | | | | | | |
| YMCA OF GREATER NASHUA | SOCIAL SERVICE | NH | | LINE 9 | N/A | No |
| 6 HENRY CLAY DRIVE MERRIMACK, NH 030544848 02-0222250 | | | | | | |
| CONCORD FAMILY YMCA 15 NORTH STATE STREET | SOCIAL SERVICE | NH | | LINE 9 | N/A | No |
| CONCORD, NH 03301 02-0223358 | | | | | | |
| CARROLL COUNTY YMCACAMP HUCKINS 17 CAMP HUCKINS ROAD | SOCIAL SERVICE | NH | | LINE 9 | N/A | No |
| FREEDOM, NH 03836 02-6001065 | | | | | | |
| GREATER BURLINGTON YMCA 266 COLLEGE ST | SOCIAL SERVICE | VT | | LINE 9 | N/A | No |
| BURLINGTON, VT 054018318 03-0185810 | | | | | | |
| MEETING WATERS YMCA | SOCIAL SERVICE | VT | | LINE 9 | N/A | No |
| 66 ATKINSON ST BELLOWS FALLS, VT 05101 03-0214294 | | | | | | |

| Form 990, Schedule R, Part II - Identification of Re | lated Tax-Exempt (| Organizations | 1 | 1 | | |
|---|--------------------------------|---|-------------------------------|--|--------------------|---|
| (a) Name, address, and EIN of related organization | (b) Primary Activity | (c) Legal Domicile (State or Foreign Country) | (d) Exempt Code section | (e) Public charity status (if 501(c)(3)) | Direct Controlling | g ection 512 (b)(13) ontrolled ganization |
| YMCA OF GREATER SPRINGFIELD INC | SOCIAL SERVICE | MA | | LINE 9 | N/A | N |
| 275 CHESTNUT STREET STE 1 SPRINGFIELD, MA 011043474 04-1859893 | | | | | | |
| YMCA OF GREATER BOSTON | SOCIAL SERVICE | MA | | LINE 9 | N/A | N |
| 316 HUNTINGTON AVE BOSTON, MA 021155018 | | | | | | |
| 04-2103551 ATHOL YMCA | SOCIAL SERVICE | MA | | LINE 9 | N/A | N |
| 545 MAIN STREET ATHOL, MA 01331 04-2103727 | | | | | | |
| SOMERVILLE YMCA | SOCIAL SERVICE | MA | | LINE 9 | N/A | N |
| 101 HIGHLAND AVE SOMERVILLE, MA 021431661 04-2103853 | | | | | | |
| CAMBRIDGE YMCA | SOCIAL SERVICE | MA | | LINE 9 | N/A | N |
| 820 MASSACHUSETTS AVENUE CAMBRIDGE, MA 021393206 04-2103960 | | | | | | |
| MERRIMACK VALLEY YMCA INC | SOCIAL SERVICE | MA | | LINE 9 | N/A | N |
| 101 AMESBURY STREET 4TH FL LAWRENCE, MA 01840 04-2104378 | | | | | | |
| YMCA SOUTHCOAST | SOCIAL SERVICE | MA | | LINE 9 | N/A | N |
| 18 S WATER ST NEW BEDFORD, MA 02740 04-2104749 WEST SUBURBAN YMCA | SOCIAL SERVICE | MA | | LINE 9 | N/A | N |
| 276 CHURCH STREET | SOCIAL SERVICE | MA | | LINE 9 | N/A | |
| NEWTON, MA 021581992 04-2104783 | | | | | | |
| PITTSFIELD FAMILY YMCA | SOCIAL SERVICE | MA | | LINE 9 | N/A | N |
| 292 NORTH STREET PITTSFIELD, MA 012014604 04-2104837 | | | | | | |
| GREATER LOWELL FAMILY YMCA | SOCIAL SERVICE | MA | | LINE 9 | N/A | N |
| 35 YMCA DRIVE LOWELL, MA 018524005 | | | | | | |
| YMCA OF THE NORTH SHORE | SOCIAL SERVICE | MA | | LINE 9 | N/A | N |
| 245 CABOT STREET BEVERLY, MA 019154519 04-2104913 | | | | | | |
| NORTHERN BERKSHIRE YMCA | SOCIAL SERVICE | MA | | LINE 9 | N/A | N |
| 22 BRICKYARD COURT NORTH ADAMS, MA 01247 04-2105871 | | | | | | |
| TRI-COMMUNITY YMCA OF SOUTHBRIDGE INC | SOCIAL SERVICE | MA | | LINE 9 | N/A | N |
| 43 EVERETT ST SOUTHBRIDGE, MA 015502619 04-2105872 | | | | | | |
| MALDEN YMCA | SOCIAL SERVICE | MA | | LINE 9 | N/A | N |
| 99 DARTMOUTH MALDEN, MA 02148 04-2105874 | | | | | | |
| SOUTH SHORE YMCA | SOCIAL SERVICE | MA | | LINE 9 | N/A | N |
| 79 CODDINGTON ST QUINCY, MA 021694525 04-2105881 | COCIAL CERVICE | | | LINE | N. / A | |
| YMCA OF METRO NORTH 2 CENTENNIAL DR STE 4A | SOCIAL SERVICE | MA | | LINE 9 | N/A | N |
| PEABODY, MA 019607919 04-2105883 | | | | | 10.70 | |
| YMCA OF CENTRAL MASSACHUSETTS 766 MAIN STREET | SOCIAL SERVICE | MA | | LINE 9 | N/A | N |
| WORCESTER, MA 01610 04-2105885 HAMPSHIRE REGIONAL YMCA | SOCIAL SERVICE | MA | | LINE 9 | N/A | N |
| 286 PROSPECT ST | SO STAL SERVICE | 110 | | | | |
| NORTHAMPTON, MA 010602035 04-2105887 BECKET-CHIMNEY CORNERS YMCA CAMPSOUTDOOR CTR | SOCIAL SERVICE | MA | | LINE 9 | N/A | N |
| 748 HAMILTON ROAD BECKET, MA 012239686 | T SINE SERVICE | | | | | |
| 04-2105946 OLD COLONY Y | SOCIAL SERVICE | MA | | LINE 9 | N/A | N |
| 320 MAIN STREET BROCKTON, MA 02301 | | | | | | |
| 04-2125014 | 1 | I | I | I | 1 | 1 |

| Form 990, Schedule R, Part II - Identification of Re | lated Tax-Exempt | Organizations | I | I | 1 | |
|--|--------------------------------|---|-------------------------------|--|--------------------------------------|--|
| (a) Name, address, and EIN of related organization | (b) Primary Activity | (c) Legal Domicile (State or Foreign Country) | (d) Exempt Code section | (e) Public charity status (if 501(c)(3)) | (f) Direct Controlling Entity | Section 512 (b)(13) controlled organization |
| YMCA OF GREATER WESTFIELD INC | SOCIAL SERVICE | MA | | LINE 9 | N/A | N |
| 67 COURT STREET WESTFIELD, MA 010853530 04-2126585 | | | | | | |
| HOCKOMOCK AREA YMCA | SOCIAL SERVICE | MA | | LINE 9 | N/A | N |
| 300 ELMWOOD STREET NORTH ATTLEBORO, MA 027601304 04-2131749 | | | | | | |
| GREENFIELD YMCA 451 MAIN ST | SOCIAL SERVICE | MA | | LINE 9 | N/A | N |
| GREENFIELD, MA 013013304 04-2149363 WENDELL P CLARK MEMORIAL YMCA | SOCIAL SERVICE | MA | | LINE 9 | N/A | N |
| 155 CENTRAL STREET WINCHENDON, MA 01475 04-2173363 | | | | | | |
| GREATER HOLYOKE YMCA | SOCIAL SERVICE | MA | | LINE 9 | N/A | N |
| 171 PINE STREET HOLYOKE, MA 010404065 04-2192693 | | | | | | |
| YMCA OF ATTLEBORO | SOCIAL SERVICE | MA | | LINE 9 | N/A | N |
| 63 N MAIN ST ATTLEBORO, MA 027032219 04-2255819 | | | | | | |
| METROWEST YMCA INC | SOCIAL SERVICE | MA | | LINE 9 | N/A | N |
| 280 OLD CONNECTICUT PATH FRAMINGHAM, MA 017014539 04-2281530 | | | | | | |
| COMMUNITY YMCA OF DANVERS MA INC | SOCIAL SERVICE | MA | | LINE 9 | N/A | N |
| 34 PICKERING STREET DANVERS, MA 019232019 04-2308404 | | | | | | |
| CAPE COD YOUNG MEN'S CHRISTIAN ASSOCIATION | SOCIAL SERVICE | MA | | LINE 9 | N/A | N |
| PO BOX 188 ROUTE 132 WEST BARNSTABLE, MA 026680188 04-2394925 | | | | | | |
| YMCA OF MARTHA'S VINEYARD 111 EDGARTOWN VINEYARD HAVEN RD VINEYARD HAVEN, MA 025684036 | SOCIAL SERVICE | MA | | LINE 9 | N/A | N |
| 04-3293959 YMCA CAMP BELKNAP INC | SOCIAL SERVICE | NH | | LINE 9 | N/A | l N |
| POST OFFICE BOX 70 LANCASTER, NH 03584 | | | | | | |
| O4-3356887 YMCA CAMP CONISTON | SOCIAL SERVICE | NH | | LINE 9 | N/A | N |
| 94 WOODLAND GREEN ROCHESTER, NH 038685720 04-3357821 | | | | | | |
| SOUTHERN DISTRICT YMCACAMP LINCOLN INC | SOCIAL SERVICE | NH | | LINE 9 | N/A | N |
| 67 BALL RD KINGSTON, NH 03848 04-3383996 | | | | | | |
| PROVIDENCE METROPOLITAN YMCA | SOCIAL SERVICE | RI | | LINE 9 | N/A | N |
| 371 PINE STREET PROVIDENCE, RI 02903 05-0258878 | | | | | | |
| NEWPORT COUNTY YMCA | SOCIAL SERVICE | RI | | LINE 9 | N/A | N |
| 792 VALLEY ROAD MIDDLETOWN, RI 028427095 05-0258916 | | | | | | |
| PAWTUCKET CENTRAL FALLS METRO BD YMCA | SOCIAL SERVICE | RI | | LINE 9 | N/A | N |
| METRO OFFICES-LEVEL 2 PAWTUCKET, RI 02860 05-0259114 | | | | | | |
| OCEAN COMMUNITY YMCA 95 HIGH STREET | SOCIAL SERVICE | RI | | LINE 9 | N/A | N |
| WESTERLY, RI 02891 05-0268126 | SOCIAL SERVICE | | | LINE | N/A | |
| CAMP MOHAWK YMCA INC YMCA CAMP MOHAWK LITCHFIELD, CT 06759 | SOCIAL SERVICE | СТ | | LINE 9 | N/A | N |
| 06-0646565 NAUGATUCK YMCA | SOCIAL SERVICE | СТ | | LINE 9 | N/A | N |
| 284 CHURCH STREET NAUGATUCK, CT 067704122 | | | | | | |
| 06-0646770 SOUTHINGTON-CHESHIRE COMMUNITY YMCAS INC | SOCIAL SERVICE | СТ | | LINE 9 | N/A | N |
| 29 HIGH ST SOUTHINGTON, CT 064893126 06-0646905 | | | | | | |
| | I | 1 | ı | I | 1 | I |

| Form 990, Schedule R, Part II - Identification of Re | elated Tax-Exempt (| Organizations | ı | ı | ı | |
|---|--------------------------------|---|-------------------------------|--|--------------------|--|
| (a) Name, address, and EIN of related organization | (b) Primary Activity | (c) Legal Domicile (State or Foreign Country) | (d) Exempt Code section | (e) Public charity status (if 501(c)(3)) | Direct Controlling | g ction 512 (b)(13) ontrolled ganization |
| YMCA OF GREENWICH INC | SOCIAL SERVICE | СТ | | LINE 9 | N/A | No |
| 50 E PUTNAM AVE GREENWICH, CT 068305696 06-0646976 MERIDEN YMCA | SOCIAL SERVICE | СТ | | LINE 9 | N/A | No |
| 110 WEST MAIN STREET MERIDEN, CT 064514142 | SOCIAL SERVICE | | | | 1770 | |
| 06-0646977 VALLEY-SHORE YMCA | SOCIAL SERVICE | СТ | | LINE 9 | N/A | No |
| P O BOX 694 WESTBROOK, CT 06498 06-0646979 NORTHERN MIDDLESEX COUNTY YMCA | SOCIAL SERVICE | СТ | | LINE 9 | N/A | No |
| 99 UNION STREET MIDDLETO WN, CT 064573483 06-0646981 | | | | | | |
| YMCA OF STAMFORD | SOCIAL SERVICE | СТ | | LINE 9 | N/A | N c |
| 909 WASHINGTON BOULEVARD STAMFORD, CT 069012916 06-0646985 | | | | | | |
| WALLINGFORD FAMILY YMCA 81 SOUTH ELM STREET WALLINGFORD, CT 06492 | SOCIAL SERVICE | СТ | | LINE 9 | N/A | No |
| 06-0646987 GREATER WATERBURY YMCA | SOCIAL SERVICE | СТ | | LINE 9 | N/A | No |
| 136 W MAIN ST WATERBURY, CT 067022005 06-0646988 | | | | | | |
| YMCA OF WESTPORTWESTON CT INC | SOCIAL SERVICE | СТ | | LINE 9 | N/A | N c |
| PO BOX 190 WESTPORT, CT 068810190 06-0646989 | | | | | | |
| CENTRAL CONNECTICUT COAST YMCA | SOCIAL SERVICE | СТ | | LINE 9 | N/A | No |
| 1240 CHAPEL STREET NEW HAVEN, CT 06511 06-0662195 | COCIAL CERVICE | C.T. | | LINE | N/A | N. a |
| YMCA OF NORWALK INC 370 WEST AVENUE NORWALK, CT 068504006 06-0662196 | SOCIAL SERVICE | СТ | | LINE 9 | N/A | No |
| NEW CANAAN COMMUNITY YMCA | SOCIAL SERVICE | СТ | | LINE 9 | N/A | No |
| 564 SOUTH AVENUE NEW CANAAN, CT 068406399 06-0763077 | | | | | | |
| WILTON FAMILY YMCA INC 404 DANBURY ROAD WILTON, CT 06897 | SOCIAL SERVICE | СТ | | LINE 9 | N/A | N c |
| 06-0853258 YMCA OF DARIEN COMMUNITY INC | SOCIAL SERVICE | СТ | | LINE 9 | N/A | No |
| 2420 POST ROAD DARIEN, CT 068205699 06-0859795 | | | | | | |
| CAMP HAZEN YMCA | SOCIAL SERVICE | СТ | | LINE 9 | N/A | N c |
| 204 WEST MAIN STREET CHESTER, CT 06412 06-0860014 | | | | | | |
| YMCA OF METROPOLITAN HARTFORD 241 TRUMBULL STREET HARTFORD, CT 06103 | SOCIAL SERVICE | СТ | | LINE 9 | N/A | N c |
| 06-0881325 REGIONAL YMCA OF WESTERN CONNECTICUT INC | SOCIAL SERVICE | СТ | | LINE 9 | N/A | No |
| 2 HUCKLEBERRY HILL ROAD BROOKFIELD, CT 06804 06-6051610 | | | | | | |
| YMCA OF LONG ISLAND | SOCIAL SERVICE | NY | | LINE 9 | N/A | No |
| 121 DOSORIS LN GLEN COVE, NY 11542 11-1649914 | COCIAL SERVICE | | | LINEO | N/A | N. a |
| THE FOUR SEASONS YMCA 106 GRATTON RD TAZEWELL, VA 24651 | SOCIAL SERVICE | VA | | LINE 9 | N/A | N c |
| 11-3774789 YMCA OF GREATER NEW YORK | SOCIAL SERVICE | NY | 1 | LINE 9 | N/A | No |
| ASSOCIATION OFFICE NEW YORK, NY 10023 13-1624228 | | | | | | |
| CAMP SLOANE YMCA INC 124 INDIAN MOUNTAIN RD LAKEVILLE, CT 06039 13-1739939 | SOCIAL SERVICE | СТ | | LINE 9 | N/A | No |

| Form 990, Schedule R, Part II - Identification of | Related Tax-Exempt | Organizations | | |
|--|--------------------------------|---|-------------------------------|---------------------|
| (a) Name, address, and EIN of related organization | (b) Primary Activity | (c) Legal Domicile (State or Foreign Country) | (d) Exempt Code section | Publ s (ıf 50 |
| ROCKLAND COUNTY YMCA | SOCIAL SERVICE | NY | | LINE 9 |
| 35 SOUTH BROADWAY NYACK, NY 109603122 13-1740513 | | | | |
| YMCA OF RYE NY | SOCIAL SERVICE | NY | | LINE 9 |
| 21 LOCUST AVE RYE, NY 105802959 13-1740515 | | | | |
| YMCA OF CENTRAL NORTHERN WESTCHESTER INC | SOCIAL SERVICE | NY | | LINE 9 |
| 250 MAMARONECK AVE WHITE PLAINS, NY 106051302 13-1740518 | | | | |
| YMCA OF YONKERS INC | SOCIAL SERVICE | NY | | LINE 9 |
| 17 RIVERDALE AVENUE YONKERS, NY 107013646 | | | | |

SOCIAL SERVICE

SOCIAL SERVICE

SOCIAL SERVICE

SOCIAL SERVICE

SOCIAL SERVICE

SOCIAL SERVICE

SOCIAL SERVICE

SOCIAL SERVICE

SOCIAL SERVICE

SOCIAL SERVICE

SOCIAL SERVICE

SOCIAL SERVICE

SOCIAL SERVICE

SOCIAL SERVICE

SOCIAL SERVICE

SOCIAL SERVICE

NY

IΑ

NΥ

МΑ

NY

NΥ

NY

NY

NΥ

NY

NY

NY

NY

NY

NY

NY

13-1740520

13-1740542

13-4289848

13-5604788

13-5616526

14-1338342

14-1340008

14-1340011

14-1340134

PO BOX 629

14-1374493

PO BOX 4610

14-1427442

14-1504974

15-0532270

15-0532278

15-0532282

15-0533570

17 OAK STREET

507 BROADWAY

NEW ROCHELLE YMCA

50 WEYMAN AVENUE

NEW ROCHELLE, NY 108051411

2410 MOUNT PLEASANT STREET BURLINGTON, IA 526012764

SILVER BAY, NY 128749708

KINGSTON, NY 124013919

600 UPPER GLEN STREET GLENS FALLS, NY 12801

PLATTSBURGH, NY 129012810

YMCA OF MIDDLETOWN NY

81 HIGHLAND AVENUE MIDDLETOWN, NY 109405413

FULTON COUNTY YMCA

JOHNSTOWN, NY 12095

CAMP DUDLEY YMCA INC

WESTPORT, NY 129939711

YMCA OF CAPITAL DISTRICT

465 NEW KARNER ROAD 2ND FLOOR

126 DUDLEY ROAD

ALBANY, NY 12205 14-1726531

ONEONTA FAMILY YMCA

GREATER SYRACUSE YMCA

20-26 FORD AVENUE ONEONTA, NY 138201818

340 MONTGOMERY ST SYRACUSE, NY 132022094

BROOME COUNTY YMCA

BINGHAMTON, NY 139013705

CORTLAND COUNTY FAMILY YMCA

61 SUSQUEHANNA ST

22 TOMPKINS STREET CORTLAND, NY 13045

SARATOGA REGIONAL YMCA

SARATOGA SPRINGS, NY 12866

PLATTSBURGH YMCA

BURLINGTON AREA COMMUNITY YMCA-YWCA

SILVER BAY YMCA OF THE ADIRONDACKS

YMCA CHRISTIAN CONFERENCE CENTER

ASSOCIATION OF YMCA PROFESSIONALS

YMCA OF KINGSTON AND ULSTER COUNTY

STITZER YMCA CENTER 2ND FLOOR SPRINGFIELD, MA 011093797

FAMILY YMCA OF GLENS FALLS AREA

| (d) Exempt Code section | (e) Public charity status (if 501(c)(3)) | (f) Direct Controlling Entity | g Section 512 (b)(13) controlled organization |
|-------------------------------|--|--|---|
| | LINE 9 | N/A | |
| | LINE 9 | N/A | |
| | LINE 9 | N/A | |
| | LINE 9 | N/A | |
| | LINE 9 | N/A | |
| | LINE 9 | N/A | |
| | LINE 9 | N/A | |
| | LINE 9 | N/A | |
| | LINE 9 | N/A | |
| | LINE 9 | N/A | |
| | LINE 9 | N/A | |
| | LINE 9 | N/A | |
| | LINE 9 | N/A | |
| | LINE 9 | N/A | |
| | LINE 9 | N/A | |
| | LINE 9 | N/A | |
| | LINE 9 | N/A | |
| | LINE 9 | N/A | |
| | LINE 9 | N/A | |
| | LINE 9 | N/A | |

Νo

Νo

Νo

Νo

Νo

Νo

Νo

Νo

Νo

Νo

Νo

Νo

Νo

Νo

Νo

Νo

Νo

Νo

Νo

Νo

| Form 990, Schedule R, Part II - Identification of | Related Tax-Exempt | Organizations | ı | 1 | 1 | |
|---|--------------------------------|---|-------------------------------|--|--------------------|---|
| (a) Name, address, and EIN of related organization | (b) Primary Activity | (c) Legal Domicile (State or Foreign Country) | (d) Exempt Code section | (e) Public charity status (if 501(c)(3)) | Direct Controlling | g Section 512 (b)(13) controlled organization |
| ITHACA AND TOMPKINS COUNTY YMCA | SOCIAL SERVICE | NY | | LINE 9 | N/A | N |
| GRAHAM ROAD WEST ITHACA, NY 14850 15-0545415 | | | | | | |
| NORWICH YMCA | SOCIAL SERVICE | NY | | LINE 9 | N/A | N |
| 68 NORTH BROAD STREET NORWICH, NY 138151332 15-0550177 | | | | | | |
| GLOWYMCA INC 209 E MAIN ST BATAVIA, NY 140202205 | SOCIAL SERVICE | NY | | LINE 9 | N/A | N |
| YMCA BUFFALO NIAGARA | SOCIAL SERVICE | NY | | LINE 9 | N/A | N |
| 301 CAYUGA ROAD BUFFALO, NY 14225 16-0743231 | | | | | | |
| HORNELL AREA FAMILY YMCA | SOCIAL SERVICE | NY | | LINE 9 | N/A | N |
| 18 CENTER STREET HORNELL, NY 148431911 16-0743237 | | | | | | |
| JAMESTOWN YMCA | SOCIAL SERVICE | NY | | LINE 9 | N/A | N |
| 101 E 4TH STREET JAMESTOWN, NY 147015301 16-0743238 | | | | | | |
| LOCKPORT FAMILY YMCA 19 EAST AVENUE LOCKPORT, NY 14094 | SOCIAL SERVICE | NY | | LINE 9 | N/A | N |
| 16-0743239 OLEAN-BRADFORD AREA YMCA | SOCIAL SERVICE | NY | | LINE 9 | N/A | N |
| 1020 REED STREET OLEAN, NY 14760 | SO GIME SERVICE | | | | | ľ |
| 16-0743241 YMCA OF GREATER ROCHESTER | SOCIAL SERVICE | NY | | LINE 9 | N/A | N |
| CORPORATE OFFICES ROCHESTER, NY 146042595 16-0743242 | | | | | | |
| GREATER CANANDAIGUA FAMILY YMCA | SOCIAL SERVICE | NY | | LINE 9 | N/A | N |
| 32 NORTH MAIN STREET CANANDAIGUA, NY 14424 16-0755898 | | | | | | |
| CORNING COMMUNITY YMCA | SOCIAL SERVICE | NY | | LINE 9 | N/A | N |
| 127 CENTERWAY CORNING, NY 14830 16-0915490 AUBURN YMCA-WEIU | SOCIAL SERVICE | NY | | LINE 9 | N/A | N |
| 27-29 WILLIAM STREET AUBURN, NY 130213707 | SOCIAL SERVICE | IV Y | | LINE 9 | IN/A | N |
| 16-0978301 CLIFTON SPRINGS AREA YMCA | SOCIAL SERVICE | NY | | LINE 9 | N/A | N |
| 5 CRANE ST CLIFTON SPRINGS, NY 14432 16-6000962 | | | | | | |
| ILLINOIS YMCA YOUTH AND GOVERNMENT | SOCIAL SERVICE | IL | | LINE 9 | N/A | N |
| 59 E PARK BLVD VILLA PARK, IL 60181 20-0270050 | | | | | | |
| YMCA OF GEORGIA'S PIEDMONT INC | SOCIAL SERVICE | GA | | LINE 9 | N/A | N |
| 50 BRAD AKINS DRIVE WINDER, GA 30680 20-1759275 | | | | | | |
| ALEXANDRIA AREA YMCA | SOCIAL SERVICE | MN | | LINE 9 | N/A | N |
| 110 KARL DRIVE ALEXANDRIA, MN 56308 20-2231427 | | | | | | |
| YMCA OF AVERY COUNTY | SOCIAL SERVICE | NC | | LINE 9 | N/A | N |
| PO BOX 707 LINVILLE, NC 28646 20-4910495 | COCIAL CERVICE | N. | | LINE O | N/A | N. |
| BURLINGTON COUNTY YMCA 59 CENTERTON RD MOUNT LAUREL, NJ 080546001 | SOCIAL SERVICE | N J | | LINE 9 | N/A | N |
| 21-0634482 THE COMMUNITY YMCA | SOCIAL SERVICE | NJ | | LINE 9 | N/A | N |
| 170 PATTERSON AVE STE 4 SHREWSBURY, NJ 077024167 | | | | | · | ľ |
| 21-0635051 TRENTON AREA FAMILY YMCA | SOCIAL SERVICE | NJ | | LINE 9 | N/A | N |
| 431 PENNINGTON AVE TRENTON, NJ 086183104 21-0635052 | | | | | | |

| Form 990, Schedule R, Part II - Identification of Re | elated Tax-Exempt | Organizations | ı | I | 1 | |
|---|--------------------------------|---|-------------------------------|--|--------------------|---|
| (a) Name, address, and EIN of related organization | (b) Primary Activity | (c) Legal Domicile (State or Foreign Country) | (d) Exempt Code section | (e) Public charity status (if 501(c)(3)) | Direct Controlling | g Section 512 (b)(13) controlled organization |
| CUMBERLAND CAPE ATLANTIC YMCA | SOCIAL SERVICE | NJ | | LINE 9 | N/A | N |
| 1159 EAST LANDIS AVENUE VINELAND, NJ 08360 21-0635053 CAMP OCKANICKON YMCA | SOCIAL SERVICE | NJ | | LINE 9 | N/A | N |
| 1303 STOKES ROAD MEDFORD, NJ 080558632 21-0635054 | | , | | | | ľ |
| PRINCETON FAMILY YMCA | SOCIAL SERVICE | NJ | | LINE 9 | N/A | N |
| PAUL ROBESON PLACE PRINCETON, NJ 08540 21-0639890 GLOUCESTER COUNTY YMCA | SOCIAL SERVICE | NJ | | LINE 9 | N/A | N |
| 235 EAST RED BANK AVENUE WOODBURY, NJ 08096 21-0649032 | | | | | | |
| HAMILTON AREA YMCA | SOCIAL SERVICE | NJ | | LINE 9 | N/A | N |
| 1315 WHITEHORSE-MERCERVILLE RD HAMILTON, NJ 086193815 21-0702879 | | | | | | |
| YMCA OF EASTERN UNION COUNTY | SOCIAL SERVICE | NJ | | LINE 9 | N/A | N |
| 144 MADISON AVENUE ELIZABETH, NJ 07201 22-1487381 | COCIAL SERVICE | NI | | LINE 9 | N/A | N. |
| HOBOKEN-NORTH HUDSON YMCA | SOCIAL SERVICE | ΓN | | LINE 9 | N/A | N |
| 1301 WASHINGTON STREET HOBOKEN, NJ 07030 22-1487383 YMCA OF MADISON NJ INC | SOCIAL SERVICE | NJ | | LINE 9 | N/A | N |
| 111 KINGS ROAD MADISON, NJ 07940 | SO CIAL SERVICE | N3 | | | | ľ |
| 22-1487385 METROPOLITAN YMCA OF THE ORANGES | SOCIAL SERVICE | NJ | | LINE 9 | N/A | N |
| 139 EAST MCCLELLAN AVENUE LIVINGSTON, NJ 07039 22-1487387 | | | | | | |
| YMCA OF PATERSON NJ | SOCIAL SERVICE | ИJ | | LINE 9 | N/A | N |
| 128 WARD ST PATERSON, NJ 075051904 22-1487389 | | | | | | |
| RARITAN BAY AREA YMCA | SOCIAL SERVICE | NJ | | LINE 9 | N/A | N |
| 365 NEW BRUNSWICK AVENUE PERTH AMBOY, NJ 08862 22-1487390 | COCIAL CERVICE | N. | | LINE | N/A | |
| YMCA OF SUMMIT NJ 490 MORRIS AVE SUMMIT, NJ 07901 | SOCIAL SERVICE | NJ | | LINE 9 | N/A | N |
| 22-1487392 YMCA OF WESTFIELD | SOCIAL SERVICE | NJ | | LINE 9 | N/A | N |
| 220 CLARK ST WESTFIELD, NJ 070904029 | | | | | | |
| YMCA OF METUCHEN | SOCIAL SERVICE | NJ | | LINE 9 | N/A | N |
| 483 MIDDLESEX AVE METUCHEN, NJ 08840 22-1487616 | | | | | | |
| YMCA OF MONTCLAIR 25 PARK STREET | SOCIAL SERVICE | ĽΝ | | LINE 9 | N/A | N |
| MONTCLAIR, NJ 07042 22-1487617 | | | | | | |
| THE GREATER MORRISTOWN YMCA INC 79 HORSEHILL ROAD CEDAR KNOLLS, NJ 079272003 | SOCIAL SERVICE | NJ | | LINE 9 | N/A | N |
| 22-1487618 RARITAN VALLEY YMCA | SOCIAL SERVICE | NJ | | LINE 9 | N/A | N |
| 144 TICES LANE EAST BRUNSWICK, NJ 08816 22-1494457 | | | | | | |
| YMCA OF RIDGEWOOD | SOCIAL SERVICE | NJ | | LINE 9 | N/A | N |
| 55 N BROAD STREET RIDGEWOOD, NJ 074502509 22-1508752 | | | | | | |
| PLAINFIELD AREA YMCA | SOCIAL SERVICE | NJ | | LINE 9 | N/A | N |
| 518 WATCHUNG AVENUE PLAINFIELD, NJ 07060 22-1515227 HUNTERDON COUNTY YMCA | SOCIAL SERVICE | NJ | | LINE 9 | N/A | N |
| 144 W WOODSCHURCH RD FLEMINGTON, NJ 088227016 22-1524183 | S SIAL SERVICE | 103 | | | | 10 |

| Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations | | | | | | | | | |
|--|--------------------------------|---|-------------------------------|--|---|-----------|--|--|--|
| (a) Name, address, and EIN of related organization | (b) Primary Activity | (c) Legal Domicile (State or Foreign Country) | (d) Exempt Code section | (e) Public charity status (if 501(c)(3)) | (f) Section (b)(13 Controlling Control Entity organiza | 3) led | | | |
| SOMERSET VALLEY YMCA | SOCIAL SERVICE | ΝJ | | LINE 9 | N/A | No | | | |
| 2 GREEN STREET SOMERVILLE, NJ 088761620 | | | | | | | | | |
| 22-1537698 YMWCA NEWARK AND VICINITY | SOCIAL SERVICE | NJ | | LINE 9 | N/A | No | | | |
| 600 BROAD STREET | SOCIAL SERVICE | 6 10 10 10 10 10 10 10 10 10 10 10 10 10 | | LINE 9 | IN/A | IN O | | | |
| NEWARK, NJ 071024504 22-1552820 | | | | | | | | | |
| LAKELAND HILLS FAMILY YMCA | SOCIAL SERVICE | ľΩ | | LINE 9 | N/A | No | | | |
| 100 FANNY RD MOUNTAIN LAKES, NJ 07046 22-1559438 | | | | | | | | | |
| SOMERSET HILLS YMCA | SOCIAL SERVICE | ĽΝ | | LINE 9 | N/A | No | | | |
| 140 MOUNT AIRY RD BASKING RIDGE, NJ 079202098 22-1559439 | | | | | | | | | |
| YMCA OF FANWOOD - SCOTCH PLAINS | SOCIAL SERVICE | NJ | | LINE 9 | N/A | No | | | |
| 1340 MARTINE AVENUE SCOTCH PLAINS, NJ 07076 22-1589199 | | | | | | | | | |
| WEST MORRIS AREA YMCA | SOCIAL SERVICE | ĽΝ | | LINE 9 | N/A | No | | | |
| 14 DOVER-CHESTER RD RANDOLPH, NJ 07869 22-1601259 | | | | | | | | | |
| FROST VALLEY YMCA | SOCIAL SERVICE | NY | | LINE 9 | N/A | No | | | |
| 2000 FROST VALLEY ROAD CLARYVILLE, NY 127259600 22-1625176 | | | | | | | | | |
| CAMP RALPH S MASON YMCA | SOCIAL SERVICE | СN | | LINE 9 | N/A | No | | | |
| 23 BIRCH RIDGE ROAD HARDWICK, NJ 078259502 22-1625643 | | | | | | | | | |
| YMCA OF GREATER BERGEN COUNTY | SOCIAL SERVICE | ĽΝ | | LINE 9 | N/A | No | | | |
| 360 MAIN ST HACKENSACK, NJ 07601 | | | | | | | | | |
| 22-1739117 SALEM COUNTY YMCA | SOCIAL SERVICE | NJ | | LINE 9 | N/A | No | | | |
| 204 SHELL RD | | ,,,, | | | | | | | |
| CARNEYS POINT, NJ 080692117 22-1815915 | | | | | | | | | |
| CAMP SPEERS-ELJABAR YMCA | SOCIAL SERVICE | PA | | LINE 9 | N/A | No | | | |
| 143 NICHECRONK ROAD DINGMANS FERRY, PA 18328 22-1897170 | | | | | | | | | |
| OCEAN COUNTY YMCA | SOCIAL SERVICE | NJ | | LINE 9 | N/A | No | | | |
| 1088 W WHITTY RD TOMS RIVER, NJ 078553278 | | | | | | | | | |
| MEADOWLANDS AREA YMCA | SOCIAL SERVICE | ΝJ | | LINE 9 | N/A | No | | | |
| PO BOX 252 RUTHERFORD, NJ 070700252 22-1997720 | | | | | | | | | |
| WYCKOFF FAMILY YMCA INC | SOCIAL SERVICE | ι | | LINE 9 | N/A | No | | | |
| 691 WYCKOFF AVENUE WYCKOFF, NJ 074811524 22-2011431 | | | | | | | | | |
| YMCA OF GARFIELD | SOCIAL SERVICE | ι | | LINE 9 | N/A | No | | | |
| 33 OUTWATER LANE GARFIELD, NJ 07026 22-2324697 | | | | | | | | | |
| PISCATAQUIS REGIONAL YMCA | SOCIAL SERVICE | ME | | LINE 9 | N/A | No | | | |
| 48 PARK STREET DOVERFOXCROFT, ME 04426 22-2592628 | | | | | | | | | |
| NEW BRITAIN-BERLIN YMCA | SOCIAL SERVICE | СТ | | LINE 9 | N/A | No | | | |
| 50 HIGH ST NEW BRITAIN, CT 060512299 22-2680676 | | | | | | | | | |
| NORTHWESTERN CONNECTICUT YMCA | SOCIAL SERVICE | СТ | | LINE 9 | N/A | No | | | |
| 259 PROSPECT ST TORRINGTON, CT 067905315 22-2878484 | | | | | | | | | |
| CENTRAL LINCOLN COUNTY YMCA | SOCIAL SERVICE | ME | | LINE 9 | N/A | No | | | |
| PO BOX 787 DAMARISCOTTA, ME 045430787 22-2978129 | | | | | | | | | |
| SOUTH BRUNSWICK FAMILY YMCA | SOCIAL SERVICE | NJ | | LINE 9 | N/A | No | | | |
| 329 CULVER ROAD MONMOUTH JUNCTION, NJ 08852 22-3740095 | | | | | | | | | |

| Form 990, Schedule R, Part II - Identification of Re | elated Tax-Exempt | Organizations | ı | ı | 1 | |
|---|--------------------------------|---|-------------------------------|--|--------------------------------------|--|
| (a) Name, address, and EIN of related organization | (b) Primary Activity | (c) Legal Domicile (State or Foreign Country) | (d) Exempt Code section | (e) Public charity status (if 501(c)(3)) | (f) Direct Controlling Entity | Section 512 (b)(13) controlled organization |
| YMCA OF WESTERN MONMOUTH COUNTY | SOCIAL SERVICE | NJ | | LINE 9 | N/A | No |
| 470 E FREEHOLD RD FREEHOLD, NJ 077287722 22-6069158 YMCA OF PHILADELPHIA AND VICINITY | SO CIAL SERVICE | PA | | LINE 9 | N/A | No |
| 2000 MARKET ST STE 750 PHILADELPHIA, PA 191033231 23-1243965 | SOCIAL SERVICE | | | | 14/0 | |
| LANCASTER FAMILY YMCA | SOCIAL SERVICE | PA | | LINE 9 | N/A | No |
| 265 HARRISBURG AVE LANCASTER, PA 17603 23-1243970 LEBANON VALLEY FAMILY YMCA | SOCIAL SERVICE | PA | | LINE 9 | N/A | No |
| 201 N 7TH ST LEBANON, PA 170465007 | SO CIAL SERVICE | | | | 11/0 | |
| 23-1243980 READING & BERKS METRO YMCA | SOCIAL SERVICE | PA | | LINE 9 | N/A | No |
| PO BOX 1622 READING, PA 19603 23-1244009 | | | | | | |
| YORK YORK COUNTY YMCA | SOCIAL SERVICE | PA | | LINE 9 | N/A | No |
| 90 N NEWBERRY STREET YORK, PA 17401 23-1352600 WAYNESBORO AREA YMCA | SOCIAL SERVICE | PA | | LINE 9 | N/A | No |
| 810 E MAIN ST WAYNESBORO, PA 17268 23-1352601 | | | | | | |
| HOLLIDAYSBURG AREA YMCA | SOCIAL SERVICE | PA | | LINE 9 | N/A | No |
| 1111 HEWIT STREETS HOLLIDAYSBURG, PA 16648 23-1352603 | | | | | | |
| ALLENTOWN YMCA | SOCIAL SERVICE | PA | | LINE 9 | N/A | No |
| 425 S 15TH ST ALLENTOWN, PA 18102 23-1365989 | COCIAL CERVICE | PA | | LINE 9 | N/A | , nu |
| STATE YMCA OF PENNSYLVANIA INC 224 PINE ST SUITE 203 HARRISBURG, PA 171011350 23-1365990 | SOCIAL SERVICE | PA | | LINE 9 | IV/A | No |
| YMCA OF THE BRANDYWINE VALLEY | SOCIAL SERVICE | PA | | LINE 9 | N/A | No |
| 1 EAST CHESTNUT STREET WEST CHESTER, PA 19380 23-1365994 | | | | | | |
| CARLISLE FAMILY YMCA | SOCIAL SERVICE | PA | | LINE 9 | N/A | No |
| 311 S WEST ST CARLISLE, PA 17013 23-1386198 LOWER BUCKS FAMILY YMCA | SOCIAL SERVICE | PA | | LINE 9 | N/A | No |
| 601 SOUTH OXFORD VALLEY ROAD FAIRLESS HILLS, PA 190303901 23-1433890 | | | | | | |
| CHAMBERSBURG MEMORIAL YMCA | SOCIAL SERVICE | PA | | LINE 9 | N/A | No |
| 570 E MCKINLEY ST CHAMBERSBURG, PA 172013402 23-1476339 | | | | | | |
| NORTH PENN YMCA 608 E MAIN ST LANSDALE, PA 194462970 | SOCIAL SERVICE | PA | | LINE 9 | N/A | No |
| 23-1489848 YMCA OF THE UPPER MAIN LINE | SOCIAL SERVICE | PA | | LINE 9 | N/A | No |
| 1416 BERWYN-PAOLI ROAD BERWYN, PA 193121884 23-1613647 | | | | | | |
| COMMUNITY YMCA OF EASTERN DELAWARE COUNTY | SOCIAL SERVICE | PA | | LINE 9 | N/A | No |
| 2110 GARRETT ROAD LANSDOWNE, PA 190501090 23-1614045 | | | | | | |
| HARRISBURG AREA METROPOLITAN YMCA 123 FORSTER STREET HARRISBURG, PA 171023409 | SOCIAL SERVICE | РА | | LINE 9 | N/A | No |
| 23-1665437 UPPER BUCKS COUNTY YMCA | SOCIAL SERVICE | PA | | LINE 9 | N/A | No |
| 401 FAIRVIEW AVE QUAKERTOWN, PA 18951 23-1713382 | | | | | | |
| JUNIATA VALLEY YMCA 105 FIRST AVE BURNHAM, PA 17009 | SOCIAL SERVICE | РА | | LINE 9 | N/A | No |
| 23-1879734 | | <u> </u> | | | 1 | |

| Form 990, Schedule R, Part II - Identification of Re | lated Tax-Exempt | Organizations | ı | ı | 1 | |
|--|--------------------------------|---|-------------------------------|--|--|-----------------------|
| (a) Name, address, and EIN of related organization | (b) Primary Activity | (c) Legal Domicile (State or Foreign Country) | (d) Exempt Code section | (e) Public charity status (if 501(c)(3)) | (f) Section (b)(1) Direct Controlling Control Entity organiz | n 512 L3) olled |
| CENTRAL BUCKS FAMILY YMCA | SOCIAL SERVICE | PA | | LINE 9 | N/A | No |
| 2500 LOWER STATE RD DOYLESTOWN, PA 189012668 23-1903158 | CO CIAL CERVICE | DA. | | LINE | N/A | N. a |
| BLOOMSBURG AREA YMCA 30 EAST SEVENTH STREET | SOCIAL SERVICE | PA | | LINE 9 | N/A | No |
| BLOOMSBURG, PA 178152728 23-2085257 | | | | | | |
| WAYNE COUNTY YMCA | SOCIAL SERVICE | PA | | LINE 9 | N/A | No |
| 105 PARK STREET HONESDALE, PA 18431 23-2122456 SOUTH MOUNTAIN YMCA | SOCIAL SERVICE | PA | | LINE 9 | N/A | No |
| PO BOX 147 | SO CIAL SERVICE | | | LINE 9 | N/6 | |
| WERNERSVILLE, PA 195650147 23-2239299 | | | | | | |
| BOYERTOWN AREA YMCA | SOCIAL SERVICE | PA | | LINE 9 | N/A | No |
| 301 WEST SPRING STREET BOYERTOWN, PA 19512 23-2510418 | | | | | | |
| SCHUYLKILL YMCA | SOCIAL SERVICE | PA | | LINE 9 | N/A | No |
| 520 NORTH CENTRE ST POTTSVILLE, PA 17901 23-2825683 | | | | | | |
| YMCA OF THE PALMS | SOCIAL SERVICE | FL | | LINE 9 | N/A | No |
| 5450 YMCA ROAD NAPLES, FL 34109 | | | | | | |
| 23-7039993 COLE CENTER FAMILY YMCA | SOCIAL SERVICE | IN | | LINE 9 | N/A | No |
| PO BOX 233 KENDALLVILLE, IN 467550233 23-7077600 | | | | | | |
| OAHE YMCA INC | SOCIAL SERVICE | SD | | LINE 9 | N/A | No |
| 900 EAST CHURCH STREET PIERRE, SD 575012219 | | | | | | |
| 23-7169291 HANOVER AREA YMCA | SOCIAL SERVICE | PA | | LINE 9 | N/A | No |
| 500 N GEORGE ST HANOVER, PA 173311452 | | | | | | |
| 23-7172265 CHARLOTTE COUNTY FAMILY YMCA-ADMIN OFFICE | SOCIAL SERVICE | FL | | LINE 9 | N/A | No |
| 19333 QUESADA AVENUE PORT CHARLOTTE, FL 33948 23-7193663 | | | | | | |
| MUSKEGON FAMILY YMCA | SOCIAL SERVICE | MI | | LINE 9 | N/A | No |
| 900 W WESTERN AVE MUSKEGON, MI 494411617 23-7229622 YMCA CAMP TECUMSEH INC | SOCIAL SERVICE | IN | | LINE 9 | N/A | No |
| 12635 W TECUMSEH BEND RD BROOKSTON, IN 47923 | | | | | | |
| HOPEWELL VALLEY YMCA | SOCIAL SERVICE | ΝJ | | LINE 9 | N/A | No |
| PO BOX 301 PENNINGTON, NJ 08534 23-7380624 | | | | | | |
| CARBONDALE YMCA 82 N MAIN ST | SOCIAL SERVICE | PA | | LINE 9 | N/A | No |
| CARBONDALE, PA 184071914 24-0795515 | | | | | | |
| YMCA OF THE CITY OF SCRANTON | SOCIAL SERVICE | PA | | LINE 9 | N/A | No |
| 706 NORTH BLAKELY STREET DUNMORE, PA 18512 24-0795516 | | | | | | |
| POCONO FAMILY YMCA | SOCIAL SERVICE | PA | | LINE 9 | N/A | No |
| 809 MAIN STREET STROUDSBURG, PA 18360 24-0795519 | | | | | | |
| GREATER SUSQUEHANNA VALLEY YMCA | SOCIAL SERVICE | PA | | LINE 9 | N/A | No |
| 1150 N 4TH ST SUNBURY, PA 17801 24-0795634 | | | | | | |
| BETHLEHEM YMCA | SOCIAL SERVICE | PA | | LINE 9 | N/A | No |
| 430 E BROAD STREET BETHLEHEM, PA 18018 24-0795635 | | | | | | |
| WILKES-BARRE FAMILY YMCA 40 WEST NORTHAMPTON STREET WILKESBARRE, PA 18701 | SOCIAL SERVICE | PA | | LINE 9 | N/A | No |
| 24-0795638 | <u> </u> | 1 | <u> </u> | 1 | | |

| Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations | | | | | | | | | |
|--|--------------------------------|---|-------------------------------|--|--------------------|--|--|--|--|
| (a) Name, address, and EIN of related organization | (b) Primary Activity | (c) Legal Domicile (State or Foreign Country) | (d) Exempt Code section | (e) Public charity status (if 501(c)(3)) | Direct Controlling | Section 512 (b)(13) controlled organization | | | |
| RIVER VALLEY REGIONAL YMCA | SOCIAL SERVICE | PA | | LINE 9 | N/A | N | | | |
| 320 ELMIRA STREET WILLIAMSPORT, PA 17701 24-0795698 | | | | | | | | | |
| FREELAND YMCA | SOCIAL SERVICE | PA | | LINE 9 | N/A | N | | | |
| PO BOX 6 FREELAND, PA 18224 24-0796037 | | | | | | | | | |
| HAZLETON YMCA | SOCIAL SERVICE | PA | | LINE 9 | N/A | N | | | |
| 75 S CHURCH ST HAZLETON, PA 182016229 24-0796038 | | | | | | | | | |
| GREATER PITTSTON YMCA 10 NORTH MAIN STREET | SOCIAL SERVICE | PA | | LINE 9 | N/A | N | | | |
| PITTSTON, PA 18640 24-0796039 | | | | | | | | | |
| LOCK HAVEN AREA YMCA | SOCIAL SERVICE | PA | | LINE 9 | N/A | N | | | |
| 145 EAST WATER ST LOCK HAVEN, PA 17745 24-0798644 | | | | | | | | | |
| NAZARETH YMCA 33 S MAIN ST | SOCIAL SERVICE | PA | | LINE 9 | N/A | N | | | |
| NAZARETH, PA 18064 24-0798706 | | | | | | | | | |
| YMCA OF CENTRE COUNTY | SOCIAL SERVICE | PA | | LINE 9 | N/A | N | | | |
| 125 W HIGH STREET BELLEFONTE, PA 16823 24-0802437 | | | | | | | | | |
| BERWICK AREA YMCA | SOCIAL SERVICE | PA | | LINE 9 | N/A | N | | | |
| 231 W 3RD STREET BERWICK, PA 18603 | | | | | | | | | |
| 24-0813665 REGIONAL FAMILY YMCA OF LAUREL HIGHLANDS | SOCIAL SERVICE | PA | | LINE 9 | N/A | N | | | |
| 490 BESSEMER ROAD MT PLEASANT, PA 15666 25-0965554 | | | | | | | | | |
| BUTLER COUNTY FAMILY YMCA | SOCIAL SERVICE | PA | | LINE 9 | N/A | N | | | |
| 339 N WASHINGTON STREET BUTLER, PA 16001 | | | | | | | | | |
| 25-0965619 CLEARFIELD YMCA | SOCIAL SERVICE | PA | | LINE 9 | N/A | N | | | |
| 21 NORTH SECOND STREET CLEARFIELD, PA 16830 25-0965620 | | | | | | | | | |
| YMCA OF GREATER ERIE | SOCIAL SERVICE | PA | | LINE 9 | N/A | N | | | |
| 31 W 10TH STREET ERIE, PA 165011401 25-0965621 GREENSBURG YMCA | SOCIAL SERVICE | PA | | LINE 9 | N/A | N | | | |
| 101 SOUTH MAPLE AVENUE GREENSBURG, PA 156013215 | SOCIAL SERVICE | PA | | LINE 9 | N/A | IN | | | |
| 25-0965622 GREATER JOHNSTOWN COMMUNITY YMCA | SOCIAL SERVICE | PA | | LINE 9 | N/A | N | | | |
| 100 HAYNES STREET JOHNSTOWN, PA 159012526 25-0965623 | | | | | | | | | |
| VALLEY POINTS FAMILY YMCA | SOCIAL SERVICE | PA | | LINE 9 | N/A | N | | | |
| 800 CONSTITUTION BLVD NEW KENSINGTON, PA 15068 25-0965625 | | | | | | | | | |
| OIL CITY AREA YMCA | SOCIAL SERVICE | PA | | LINE 9 | N/A | N | | | |
| 7 PETROLEUM STREET OIL CITY, PA 163012744 25-0965626 | | | | | | | | | |
| RIDGWAY YMCA | SOCIAL SERVICE | PA | | LINE 9 | N/A | N | | | |
| 34 N BROAD ST RIDGWAY, PA 15853 25-0965629 ALLEGHENY VALLEY YMCA | SOCIAL SERVICE | PA | | LINE 9 | N/A | N | | | |
| 5021 FREEPORT ROAD NATRONA HEIGHTS, PA 150651944 | | | | | | | | | |
| UNIONTOWN AREA YMCA | SOCIAL SERVICE | PA | | LINE 9 | N/A | N | | | |
| ONE YMCA DRIVE UNIONTOWN, PA 15401 25-0965631 | | | | | | | | | |
| DUBOIS AREA YMCA | SOCIAL SERVICE | PA | | LINE 9 | N/A | N | | | |
| 25 PARKWAY DRIVE DU BOIS, PA 15801 25-0969494 | | | | | | | | | |

| Form 990, Schedule R, Part II - Identification of Re | lated Tax-Exempt | Organizations | I | ı | 1 | |
|--|--------------------------------|---|-------------------------------|--|------------------------|---|
| (a) Name, address, and EIN of related organization | (b) Primary Activity | (c) Legal Domicile (State or Foreign Country) | (d) Exempt Code section | (e) Public charity status (if 501(c)(3)) | Direct Controlling (b) | g on 512 i(13) crolled nization |
| MEADVILLE YMCA | SOCIAL SERVICE | PA | | LINE 9 | N/A | N o |
| 356 CHESTNUT STREET MEADVILLE, PA 163353211 | | | | | | |
| 25-0969495 NEW CASTLE COMMUNITY YMCA | SOCIAL SERVICE | PA | | LINE 9 | N/A | No |
| 20 WEST WASHINGTON STREET | SOCIAL SERVICE | PA | | LINE 9 | N/A | liv c |
| NEW CASTLE, PA 16101 25-0969496 | | | | | | |
| YMCA OF GREATER PITTSBURGH | SOCIAL SERVICE | PA | | LINE 9 | N/A | No |
| 420 FORT DUQUESNE BLVD SUITE 625 PITTSBURGH, PA 15222 | | | | | | |
| 25-0969497 TITUSVILLE YMCA | SOCIAL SERVICE | PA | | LINE 9 | N/A | No |
| 201 W SPRING STREET | SOCIAL SERVICE | | | LINE | N/A | |
| TITUSVILLE, PA 16354 25-0969498 | | | | | | |
| SEWICKLEY VALLEY YMCA | SOCIAL SERVICE | PA | | LINE 9 | N/A | No |
| 625 BLACKBURN ROAD SEWICKLEY, PA 15143 | | | | | | |
| 25-0979384 BEAVER COUNTY YMCA | SOCIAL SERVICE | PA | | LINE 9 | N/A | No |
| 2236 THIRD AVENUE | | | | | | |
| NEW BRIGHTON, PA 15066 25-0993391 | | | | | | |
| FRANKLINGROVE CITY YMCA | SOCIAL SERVICE | PA | | LINE 9 | N/A | No |
| 111 W PARK ST FRANKLIN, PA 16323 | | | | | | |
| 25-0995782 YMCA OF WARREN COUNTY | SOCIAL SERVICE | PA | | LINE 9 | N/A | No |
| 212 LEXINGTON AVENUE | | | | | | |
| WARREN, PA 163652822 25-0995783 | | | | | | |
| BROOKVILLE YMCA | SOCIAL SERVICE | PA | | LINE 9 | N/A | No |
| 125 MAIN STREET BROOKVILLE, PA 15825 | | | | | | |
| 25-1028128 YMCA OF CORRY | SOCIAL SERVICE | PA | | LINE 9 | N/A | No |
| 906 N CENTER ST | | | | | | |
| CORRY, PA 16407 25-1032621 | | | | | | |
| RICHARD G SNYDER YMCA CAMPUS | SOCIAL SERVICE | PA | | LINE 9 | N/A | No |
| 1150 NORTH WATER STREET KITTANNING, PA 162011516 | | | | | | |
| SHENANGO VALLEY YMCA | SOCIAL SERVICE | PA | | LINE 9 | N/A | N o |
| 925 NORTH HERMITAGE ROAD | | | | | | |
| HERMITAGE, PA 161483219 25-1113698 | | | | | | |
| INDIANA COUNTY YMCA | SOCIAL SERVICE | PA | | LINE 9 | N/A | No |
| 60 BEN FRANKLIN RD N INDIANA, PA 157011593 | | | | | | |
| 25-1191545 LIGONIER VALLEY YMCA | SOCIAL SERVICE | PA | | LINE 9 | N/A | N o |
| 110 W CHURCH ST | | | | | | |
| LIGONIER, PA 156581223 25-1428011 | | | | | 1 | |
| CADILLAC AREA YMCA 9845 CAMPUS DRIVE | SOCIAL SERVICE | MI | | LINE 9 | N/A | No |
| CADILLAC, MI 49601 30-0013507 | | | | | | |
| GREAT MIAMI VALLEY YMCA | SOCIAL SERVICE | ОН | | LINE 9 | N/A | No |
| 105 N 2ND STREET HAMILTON, OH 450112701 | | | | | | |
| 31-0536719 SPRINGFIELD FAMILY YMCA | SOCIAL SERVICE | ОН | | LINE 9 | N/A | No |
| 300 SOUTH LIMESTONE STREET | SOCIAL SERVICE | | | LINE 9 | N/A | live. |
| SPRINGFIELD, OH 455051071 31-0537169 | | | | | | |
| MIAMI COUNTY YMCA AT PIQUA OHIO | SOCIAL SERVICE | ОН | | LINE 9 | N/A | N o |
| 223 WEST HIGH STREET PIQUA, OH 45356 | | | | | | |
| 31-0537179 YMCA OF GREATER DAYTON | SOCIAL SERVICE | ОН | | LINE 9 | N/A | No |
| 111 WEST FIRST STREET SUITE 207 | | | | | | |
| DAYTON, OH 454021107 31-0537517 | | | | | | |
| CLINTON COUNTY COMMUNITY FAMILY YMCA | SOCIAL SERVICE | ОН | | LINE 9 | N/A | No |
| 700 ELM ST WILMINGTON, OH 451772476 | | | | | | |
| 31-1016764 | 1 | 1 | 1 | I | | 1 |

| Form 990, Schedule R, Part II - Identification of Rel | ated Tax-Exempt (| Organizations | ı | ı | ı | |
|--|--------------------------------|---|-------------------------------|--|--------------------|---|
| (a) Name, address, and EIN of related organization | (b) Primary Activity | (c) Legal Domicile (State or Foreign Country) | (d) Exempt Code section | (e) Public charity status (if 501(c)(3)) | Direct Controlling | g Section 512 (b)(13) controlled organization |
| FAMILY YMCA OF LANCASTER & FAIRFIELD COUNTY OH | SOCIAL SERVICE | ОН | | LINE 9 | N/A | N |
| 465 W SIXTH AVE LANCASTER, OH 431302547 31-1132606 YMCA OF SOUTHERN INDIANA | SOCIAL SERVICE | IN | | LINE 9 | N/A | N |
| PO BOX 1525 JEFFERSONVILLE, IN 471311525 31-1183203 | | | | | | |
| LAKOTA FAMILY YMCA | SOCIAL SERVICE | ОН | | LINE 9 | N/A | N |
| PO BOX 692 WEST CHESTER, OH 450690692 31-1223296 UNION COUNTY FAMILY YMCA | SOCIAL SERVICE | ОН | | LINE 9 | N/A | N |
| 1150 CHARLES LANE MARYSVILLE, OH 430409797 31-1355370 | | | | | | |
| CHAMPAIGN FAMILY YMCA | SOCIAL SERVICE | ОН | | LINE 9 | N/A | N |
| PO BOX 635 URBANA, OH 43078 31-1506457 | | | | | | |
| YMCA OF GREATER CINCINNATI | SOCIAL SERVICE | ОН | | LINE 9 | N/A | N |
| 1105 ELM STREET CINCINNATI, OH 45202 31-1537178 | | | | | | |
| WAPAKONETA FAMILY YMCA | SOCIAL SERVICE | ОН | | LINE 9 | N/A | N |
| 1100 DEFIANCE STREET WAPAKONETA, OH 45895 31-1568315 | | | | | | |
| PIKE COUNTY YMCA 400 PRIDE DRIVE | SOCIAL SERVICE | ОН | | LINE 9 | N/A | N |
| WAVERLY, OH 45690 31-1665134 | | | | | | |
| HIGHLAND COUNTY FAMILY YMCA | SOCIAL SERVICE | он | | LINE 9 | N/A | N |
| 201 DIAMOND DRIVE HILLSBORO, OH 45133 31-1677179 MUSKINGUM FAMILY YMCA | SOCIAL SERVICE | ОН | | LINE 9 | N/A | N |
| PARK CENTRAL ZANESVILLE, OH 437028108 | SOCIAL SERVICE | | | | | " |
| YMCA OF CENTRAL OHIO | SOCIAL SERVICE | ОН | | LINE 9 | N/A | N |
| 40 W LONG ST COLUMBUS, OH 432152891 31-4379594 | | | | | | |
| YMCA OF ROSS COUNTY 100 MILL ST | SOCIAL SERVICE | ОН | | LINE 9 | N/A | N |
| CHILLICOTHE, OH 45601 31-4379806 | | | | | | |
| MARION FAMILY YMCA 645 BARKS ROAD E MARION, OH 43302 | SOCIAL SERVICE | ОН | | LINE 9 | N/A | N |
| 31-4380058 YMCA OF MARIETTA | SOCIAL SERVICE | ОН | | LINE 9 | N/A | N |
| 300 N 7TH ST MARIETTA, OH 45750 | | | | | | |
| THE LICKING COUNTY FAMILY YMCA | SOCIAL SERVICE | ОН | | LINE 9 | N/A | N |
| 470 W CHURCH STREET NEWARK, OH 43055 31-6053101 | | | | | | |
| YMCA OF CENTRAL STARK COUNTY 1201 30TH ST NW CANTON, OH 44709 | SOCIAL SERVICE | ОН | | LINE 9 | N/A | N |
| 34-0714392 YMCA OF AKRON OHIO INC | SOCIAL SERVICE | ОН | | LINE 9 | N/A | N |
| 50 S MAIN ST STE 100 AKRON, OH 443081847 34-0714727 | | | | | | |
| YMCA OF GREATER CLEVELAND 2200 PROSPECT AVE E 900 | SOCIAL SERVICE | он | | LINE 9 | N/A | N |
| CLEVELAND, OH 441152602 34-0714728 | SOCIAL CERVICE | | | LINE | N/A | |
| YMCA OF YOUNGSTOWN OHIO 17 NORTH CHAMPION STREET YOUNGSTOWN, OH 445031603 | SOCIAL SERVICE | ОН | | LINE 9 | N/A | N |
| YOUNGSTOWN, OH 445031602 34-0714730 ALLIANCE YMCA | SOCIAL SERVICE | ОН | | LINE 9 | N/A | N |
| 205 S UNION AVE ALLIANCE, OH 446012537 34-0714792 | | | | | | |

| Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations | | | | | | | | | |
|--|--------------------------------|---|-------------------------------|--|--------------------|--|--|--|--|
| (a) Name, address, and EIN of related organization | (b) Primary Activity | (c) Legal Domicile (State or Foreign Country) | (d) Exempt Code section | (e) Public charity status (if 501(c)(3)) | Direct Controlling | g Section 512 (b)(13) controlled organization | | | |
| YMCA OF ASHLAND OHIO | SOCIAL SERVICE | ОН | | LINE 9 | N/A | N | | | |
| 207 MILLER STREET ASHLAND, OH 44805 | | | | | | | | | |
| 34-0714793 YMCA OF EAST LIVERPOOL OHIO | SOCIAL SERVICE | ОН | | LINE 9 | N/A | l N | | | |
| 15655 ST RT 170 | | | | | | | | | |
| EAST LIVERPOOL, OH 43920 34-0714794 | SOCIAL SERVICE | 04 | | LINE 9 | N/A | N | | | |
| YMCA OF MANSFIELD OHIO 750 SCHOLL ROAD | SOCIAL SERVICE | ОН | | LINE 9 | N/A | l N | | | |
| MANSFIELD, OH 44907 34-0714795 | | | | | | | | | |
| LAKE COUNTY YMCA | SOCIAL SERVICE | ОН | | LINE 9 | N/A | N | | | |
| 933 MENTOR AVENUE PAINESVILLE, OH 440772519 34-0714796 | | | | | | | | | |
| TUSCARAWAS COUNTY YMCA INC | SOCIAL SERVICE | ОН | | LINE 9 | N/A | N | | | |
| 600 MONROE ST DOVER, OH 446222047 | | | | | | | | | |
| 34-0714797 YMCA OF WESTERN STARK COUNTY | SOCIAL SERVICE | ОН | | LINE 9 | N/A | N | | | |
| 131 TREMONT AVENUE SE MASSILLON, OH 446466698 34-0719180 | | | | | | | | | |
| ASHTABULA COUNTY FAMILY YMCA | SOCIAL SERVICE | ОН | | LINE 9 | N/A | N | | | |
| 263 PROSPECT ROAD ASHTABULA, OH 440045841 | | | | | | | | | |
| YMCA OF WOOSTER OHIO | SOCIAL SERVICE | ОН | | LINE 9 | N/A | N | | | |
| 680 WOODLAND AVE WOOSTER, OH 446912743 34-0766172 | | | | | | | | | |
| SHELBY YMCA COMMUNITY CENTER | SOCIAL SERVICE | ОН | | LINE 9 | N/A | N | | | |
| 111 W SMILEY AVE SHELBY, OH 448752112 34-0792928 | | | | | | | | | |
| YMCA OF DARKE COUNTY INC | SOCIAL SERVICE | ОН | | LINE 9 | N/A | N | | | |
| 301 WAGNER AVE GREENVILLE, OH 453312534 | | | | | | | | | |
| 34-0969422 DEFIANCE AREA YMCA | SOCIAL SERVICE | ОН | | LINE 9 | N/A | N | | | |
| 1599 PALMER DRIVE DEFIANCE, OH 435123419 34-1014167 | | | | | | | | | |
| YMCA OF TRUMBULL COUNTY OHIO | SOCIAL SERVICE | ОН | | LINE 9 | N/A | N | | | |
| 210 HIGH STREET NW WARREN, OH 444811007 34-1120471 | | | | | | | | | |
| HARDIN COUNTY FAMILY YMCA | SOCIAL SERVICE | ОН | | LINE 9 | N/A | N | | | |
| 918 WEST FRANKLIN STREET KENTON, OH 43326 | | | | | | | | | |
| GALION COMMUNITY CENTER YMCA INC | SOCIAL SERVICE | ОН | | LINE 9 | N/A | N | | | |
| 500 GILL AVENUE GALION, OH 448331213 34-1267646 | | | | | | | | | |
| AUGLAIZE-MERCER COUNTIES FAMILY YMCA | SOCIAL SERVICE | ОН | | LINE 9 | N/A | N | | | |
| 7590 STATE ROUTE 703 CELINA, OH 458222919 34-1371829 | | | | | | | | | |
| WILLIAMS COUNTY FAMILY YMCA | SOCIAL SERVICE | ОН | | LINE 9 | N/A | N | | | |
| ONE FABER DRIVE BRYAN, OH 43506 34-1448529 | | | | | | | | | |
| YMCA OF ORRVILLE OHIO | SOCIAL SERVICE | ОН | | LINE 9 | N/A | N | | | |
| 1801 SMUCKER ROAD ORRVILLE, OH 446679191 34-1491294 | | | | | | | | | |
| DON M AND MARGARET HILLIKER YMCA | SOCIAL SERVICE | ОН | | LINE 9 | N/A | N | | | |
| 300 SLOAN BOULEVARD BELLEFONTAINE, OH 43311 34-1820020 | | | | | | | | | |
| PUTNAM COUNTY YMCA | SOCIAL SERVICE | ОН | | LINE 9 | N/A | N | | | |
| PUTNAM COUNTY YMCA OTTAWA, OH 45875 34-1946813 | | | | | | | | | |
| YMCA OF GREATER TOLEDO | SOCIAL SERVICE | ОН | | LINE 9 | N/A | N | | | |
| 1500 N SUPERIOR ST 2ND FL TOLEDO, OH 43604 34-4428262 | | | | | | | | | |

| Form 990, Schedule R, Part II - Identification of Rel | lated Tax-Exempt | Organizations | ı | I | 1 | |
|--|--------------------------------|---|-------------------------------|--|--|---|
| (a) Name, address, and EIN of related organization | (b) Primary Activity | (c) Legal Domicile (State or Foreign Country) | (d) Exempt Code section | (e) Public charity status (if 501(c)(3)) | (f) Section (b) Section (b) (continuous continuous cont | g on 512 (13) :rolled :ization |
| YMCA OF FINDLAY OHIO | SOCIAL SERVICE | ОН | | LINE 9 | N/A | No |
| 300 EAST LINCOLN STREET FINDLAY, OH 458404943 34-4428263 | | | | | | |
| YMCA OF VAN WERT COUNTY OHIO | SOCIAL SERVICE | ОН | | LINE 9 | N/A | No |
| 241 WEST MAIN STREET VAN WERT, OH 458911636 34-4428264 | | | | | | |
| YMCA OF BUCYRUS OHIO 1655 EAST SOUTHERN AVENUE BUCYRUS, OH 44820 | SOCIAL SERVICE | ОН | | LINE 9 | N/A | No |
| 34-4428491 YMCA OF LIMA OHIO | SOCIAL SERVICE | ОН | | LINE 9 | N/A | No |
| 345 SOUTH ELIZABETH STREET LIMA, OH 45801 34-4431173 | | | | | | |
| GEARY FAMILY YMCA OF FOSTORIA OHIO INC | SOCIAL SERVICE | ОН | | LINE 9 | N/A | No |
| 154 WEST CENTER STREET FOSTORIA, OH 448302201 34-4439890 | | | | | | |
| YMCA OF SANDUSKY COUNTY | SOCIAL SERVICE | ОН | | LINE 9 | N/A | No |
| 1000 NORTH STREET FREMONT, OH 43420 34-4444246 | | | | | | |
| YMCA OF SANDUSKY OHIO INC | SOCIAL SERVICE | ОН | | LINE 9 | N/A | No |
| 2101 WEST PERKINS AVENUE SANDUSKY, OH 448702043 34-4471834 TIFFIN COMMUNITY YMCA RECREATION CENTER INC | SOCIAL SERVICE | ОН | | LINE 9 | N/A | No |
| 180 SUMMIT STREET TIFFIN, OH 44883 | SOCIAL SERVICE | On | | LINE 9 | IV/A | No |
| YMCA OF SIDNEY AND SHELBY COUNTY OHIO | SOCIAL SERVICE | ОН | | LINE 9 | N/A | No |
| 300 EAST PARKWOOD STREET SIDNEY, OH 453651667 34-6596911 | | | | | | |
| WABASH COUNTY YMCA | SOCIAL SERVICE | IN | | LINE 9 | N/A | No |
| 500 SOUTH CASS STREET WABASH, IN 46992 _35-0733765 | | | | | | |
| YMCA OF MADISON COUNTY INC | SOCIAL SERVICE | IN | | LINE 9 | N/A | No |
| 28 W 12TH ST ANDERSON, IN 460150527 35-0868206 YMCA OF CLAY COUNTY | SOCIAL SERVICE | IN | | LINE 9 | N/A | N |
| 225 E KRUZAN BRAZIL, IN 47834 | SOCIAL SERVICE | IN | | LINE 9 | IV/A | No |
| 35-0868207 YMCA OF ELKHART COUNTY INC | SOCIAL SERVICE | IN | | LINE 9 | N/A | No |
| 200 E JACKSON BLVD ELKHART, IN 465163513 35-0868208 | | | | | | |
| YMCA OF GREATER INDIANAPOLIS | SOCIAL SERVICE | IN | | LINE 9 | N/A | No |
| 615 NORTH ALABAMA STREET STE200 INDIANAPOLIS, IN 462041430 35-0868211 | | | | | | |
| YMCA OF LAFAYETTE INDIANA 1950 S 18TH ST | SOCIAL SERVICE | IN | | LINE 9 | N/A | No |
| LAFAYETTE, IN 479052099 35-0868213 | | | | | | |
| YMCA OF MUNCIE INDIANA INC 500 SOUTH MULBERRY STREET MUNCIE, IN 473052493 | SOCIAL SERVICE | IN | | LINE 9 | N/A | No |
| 35-0868215 YMCA OF MICHIANA INC | SOCIAL SERVICE | IN | | LINE 9 | N/A | No |
| 1201 NORTHSIDE BOULEVARD SOUTH BEND, IN 466153921 35-0868216 | | | | | | |
| YMCA OF VINCENNES INDIANA 2010 COLLEGE AVE | SOCIAL SERVICE | IN | | LINE 9 | N/A | No |
| VINCENNES, IN 475915631 35-0868218 | | | | | | |
| YMCA OF DEKALB COUNTY INC 310 N MAIN ST | SOCIAL SERVICE | IN | | LINE 9 | N/A | No |
| AUBURN, IN 467061828 35-0868958 | | | | | | |
| YMCA OF SOUTHWESTERN INDIANA 222 NW 6TH STREET EVANSVILLE IN 477081308 | SOCIAL SERVICE | IN | | LINE 9 | N/A | No |
| EVANSVILLE, IN 477081308 35-0869074 | | | | | | |

| Form 990, Schedule R, Part II - Identification of Rela | ated Tax-Exempt (| Organizations | I | 1 | | | | |
|--|--------------------------------|---|-------------------------------|--|--|---|--|--|
| (a) Name, address, and EIN of related organization | (b) Primary Activity | (c) Legal Domicile (State or Foreign Country) | (d) Exempt Code section | (e) Public charity status (if 501(c)(3)) | (f) Section (b) Controlling Co | g on 512 (13) rolled ization | | |
| HENRY COUNTY YMCA | SOCIAL SERVICE | IN | | LINE 9 | N/A | No | | |
| 300 WITTENBRAKER AVENUE NEW CASTLE, IN 47362 35-0873347 | | | | | | | | |
| CASS COUNTY FAMILY YMCA INC | SOCIAL SERVICE | IN | | LINE 9 | N/A | No | | |
| 905 EAST BROADWAY LOGANSPORT, IN 469473184 35-0874281 | | | | | | | | |
| YMCA OF VALPARAISO INDIANA INC | SOCIAL SERVICE | IN | | LINE 9 | N/A | No | | |
| 1201 CUMBERLAND CROSS DRIVE VALPARAISO, IN 46383 35-0876401 | | | | | | | | |
| YMCA OF GREATER FORT WAYNE | SOCIAL SERVICE | IN | | LINE 9 | N/A | No | | |
| 347 W BERRY STREET SUITE 500 FORT WAYNE, IN 46802 35-0886850 | | | | | | | | |
| YMCA OF LA PORTE INDIANA | SOCIAL SERVICE | IN | | LINE 9 | N/A | No | | |
| 901 S MICHIGAN AVE LA PORTE, IN 463503504 35-0886851 | | | | | | | | |
| YMCA OF GRANT COUNTY | SOCIAL SERVICE | IN | | LINE 9 | N/A | No | | |
| 123 SUTTER WAY MARION, IN 469524401 35-0886981 | | | | | | | | |
| YMCA OF KOKOMO INDIANA | SOCIAL SERVICE | IN | | LINE 9 | N/A | No | | |
| 200 NORTH UNION STREET KOKOMO, IN 469014614 35-0893511 | | | | | | | | |
| MIAMI COUNTY YMCA | SOCIAL SERVICE | IN | | LINE 9 | N/A | No | | |
| 34 E 6TH ST PERU, IN 469702350 35-0893512 | | | | | | | | |
| HUNTINGTON YMCA | SOCIAL SERVICE | IN | | LINE 9 | N/A | No | | |
| 1160 W 500 N HUNTINGTON, IN 46750 35-0905959 | | | | | | | | |
| DECATUR COUNTY FAMILY YMCA INC | SOCIAL SERVICE | IN | | LINE 9 | N/A | No | | |
| 1301 KATHYS WAY GREENSBURG, IN 472401798 35-0919345 | | | | | | | | |
| YMCA OF RICHMOND | SOCIAL SERVICE | IN | | LINE 9 | N/A | No | | |
| 2023 CHESTER BLVD RICHMOND, IN 47374 35-0984030 | | | | | | | | |
| DAVIESS COUNTY FAMILY YMCA | SOCIAL SERVICE | IN | | LINE 9 | N/A | No | | |
| 405 NE 3RD ST WASHINGTON, IN 475012062 35-1050606 | | | | | | | | |
| KOSCIUSKO COMMUNITY YMCA INC | SOCIAL SERVICE | IN | | LINE 9 | N/A | No | | |
| 1401 E SMITH ST WARSAW, IN 465804615 35-1068182 | | | | | | | | |
| CROSSROADS YMCA INC | SOCIAL SERVICE | IN | | LINE 9 | N/A | No | | |
| 1450 SOUTH COURT ST CROWN POINT, IN 463073935 35-1369437 | | | | | | | | |
| HOBART FAMILY YMCA INC | SOCIAL SERVICE | IN | | LINE 9 | N/A | No | | |
| 601 WEST 40TH PLACE HOBART, IN 463422223 35-1382817 | | | | | | | | |
| YMCA OF MONROE COUNTY INC | SOCIAL SERVICE | IN | | LINE 9 | N/A | No | | |
| 2125 S HIGHLAND AVE BLOOMINGTON, IN 474022598 35-1384859 | | | | | | | | |
| YMCA OF PORTAGE TOWNSHIP INC | SOCIAL SERVICE | IN | | LINE 9 | N/A | No | | |
| 3100 WILLOWCREEK ROAD PORTAGE, IN 463683516 35-1404478 | | | | | | | | |
| DUNELAND FAMILY YMCA | SOCIAL SERVICE | IN | | LINE 9 | N/A | No | | |
| 215 ROOSEVELT STREET CHESTERTON, IN 463042530 35-1404559 | | | | | | | | |

SOCIAL SERVICE

SOCIAL SERVICE

ΙN

ΙN

LINE 9

LINE 9

N/A

N/A

Νo

Νo

35-1404559

35-1636774

CLINTON COUNTY FAMILY YMCA

SOUTHEASTERN INDIANA YMCA

950 SOUTH MAISH ROAD FRANKFORT, IN 460412838

30 STATE RD 129 S BATESVILLE, IN 470069227 35-1855594

| Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations | | | | | | | | | |
|--|--------------------------------|---|-------------------------------|--|--------------------|---|--|--|--|
| (a) Name, address, and EIN of related organization | (b) Primary Activity | (c) Legal Domicile (State or Foreign Country) | (d) Exempt Code section | (e) Public charity status (if 501(c)(3)) | Direct Controlling | g Section 512 (b)(13) controlled organization | | | |
| SCOTT COUNTY FAMILY YMCA | SOCIAL SERVICE | IN | | LINE 9 | N/A | r | | | |
| 805 COMMUNITY WAY SCOTTSBURG, IN 47170 35-1876673 | | | | 1 | <u> </u> | | | | |
| YMCA OF STEUBEN COUNTY INC 500 E HARCOURT | SOCIAL SERVICE | IN | | LINE 9 | N/A | 1 | | | |
| 500 E HARCOURT ANGOLA, IN 46703 35-1999599 | | | | | | | | | |
| OWEN COUNTY FAMILY YMCA | SOCIAL SERVICE | IN | | LINE 9 | N/A | 1 | | | |
| 1111 W STATE HIGHWAY 46 SPENCER, IN 47460 35-2017600 | | | | | | | | | |
| BARBARA B JORDAN YMCA INC | SOCIAL SERVICE | IN | | LINE 9 | N/A | ١ | | | |
| 2039 E MORGAN STREET MARTINSVILLE, IN 46151 35-2019312 | | | | | | | | | |
| BROWN COUNTY COMMUNITY YMCA | SOCIAL SERVICE | IN | | LINE 9 | N/A | 1 | | | |
| 105 WILLOW STREET NASHVILLE, IN 474487913 _35-2038783 | | | | | | | | | |
| SWITZERLAND COUNTY YMCA | SOCIAL SERVICE | IN | | LINE 9 | N/A | 1 | | | |
| 735 HIGHWAY 56 VEVAY, IN 47043 35-2090419 | | | | | | | | | |
| PULASKI COUNTY FAMILY YMCA | SOCIAL SERVICE | IN | | LINE 9 | N/A | 1 | | | |
| 120 W 15TH STREET WINAMAC, IN 46996 35-2094935 | | | | | | | | | |
| WASHINGTON COUNTY FAMILY YMCA | SOCIAL SERVICE | IN | | LINE 9 | N/A | ľ | | | |
| 1709 NORTH SHELBY STREET SALEM, IN 47167 35-2097432 | | | | | | | | | |
| YMCA OF HARRISON COUNTY | SOCIAL SERVICE | IN | | LINE 9 | N/A | r | | | |
| 198 JENKINS CT NE CORYDON, IN 47112 35-2122124 | | | | | | | | | |
| TRI-COUNTY YMCA | SOCIAL SERVICE | IN | | LINE 9 | N/A | ľ | | | |
| PO BOX 171 FERDINAND, IN 47532 35-2216734 | | | | | | | | | |
| PRAIRIE VALLEY YMCA | SOCIAL SERVICE | IL | | LINE 9 | N/A | r | | | |
| 50 N MCLEAN BLVD ELGIN, IL 60123 36-2169193 | | | | | | | | | |
| MCGAWYMCA | SOCIAL SERVICE | IL | | LINE 9 | N/A | 1 | | | |
| 1000 GROVE ST EVANSTON, IL 602014294 _36-2169194 | | | | | | | | | |
| YMCA OF NORTHWEST ILLINOIS | SOCIAL SERVICE | IL | | LINE 9 | N/A | r | | | |
| 2998 W PEARL CITY RD FREEPORT, IL 610329338 36-2169195 | | | | | | | | | |
| JOLIET YMCA | SOCIAL SERVICE | IL | | LINE 9 | N/A | 1 | | | |
| 749 HOUBOLT ROAD JOLIET, IL 60431 36-2169197 | | | | | | | | | |
| KANKAKEE AREA YMCA | SOCIAL SERVICE | IL | | LINE 9 | N/A | r | | | |
| 1075 KENNEDY DR KANKAKEE, IL 609012032 36-2169198 | | | | | | | | | |
| TWO RIVERS YMCA | SOCIAL SERVICE | IL | | LINE 9 | N/A | ١ | | | |
| 2040 53RD STREET MOLINE, IL 612653650 36-2169199 | | | | | | | | | |
| YMCA OF ROCK RIVER VALLEY | SOCIAL SERVICE | IL | | LINE 9 | N/A | ľ | | | |
| 200 Y BOULEVARD ROCKFORD, IL 611073094 36-2174838 | | | | | | | | | |
| THE WEST COOK YMCAS | SOCIAL SERVICE | IL | | LINE 9 | N/A | 1 | | | |
| 255 SOUTH MARION STREET OAK PARK, IL 603023103 36-2179780 | | | | | | | | | |
| YMCA OF METROPOLITAN CHICAGO | SOCIAL SERVICE | IL | | LINE 9 | N/A | ı | | | |
| 801 N DEARBORN ST CHICAGO, IL 606101012 | | | | | | | | | |
| 36-2179782 STREATOR FAMILY YMCA | SOCIAL SERVICE | IL | + | LINE 9 | N/A | 1 | | | |
| 4 | | | | | | | | | |

10 OAKLEY AVENUE STREATOR, IL 61364 36-2205999

| Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations | | | | | | | | | |
|--|--------------------------------|---|--|--|--------------------|---|--|--|--|
| (a) Name, address, and EIN of related organization | (b) Primary Activity | (c) Legal Domicile (State or Foreign Country) | (d) Exempt Code section | (e) Public charity status (if 501(c)(3)) | Direct Controlling | g ection 512 (b)(13) controlled ganization | | | |
| STERLING-ROCK FALLS FAMILY YMCA | SOCIAL SERVICE | IL | | LINE 9 | N/A | No | | | |
| 2505 YMCA WAY STERLING, IL 610813603 36-2225496 YMCA OF KEWANEE | SOCIAL SERVICE | IL | | LINE 9 | N/A | No | | | |
| 315 WEST FIRST STREET KEWANEE, IL 614432103 | SOCIAL SERVICE | 112 | | LINE | IV/A | | | | |
| YMCA OF BELVIDERE | SOCIAL SERVICE | IL | | LINE 9 | N/A | N c | | | |
| 220 WEST LOCUST STREET BELVIDERE, IL 610083621 36-2287520 | | | | | | | | | |
| YMCA OF OTTAWA ILLINOIS 201 E JACKSON ST OTTAWA, IL 613502246 | SOCIAL SERVICE | IL | | LINE 9 | N/A | N c | | | |
| 36-2337893 KISHWAUKEE FAMILY YMCA INC | SOCIAL SERVICE | IL | | LINE 9 | N/A | No | | | |
| 2500 W BETHANY ROAD SYCAMORE, IL 60178 36-2379649 | | | | | | | | | |
| YMCA OF NORTHWESTERN DUPAGE COUNTY | SOCIAL SERVICE | IL | | LINE 9 | N/A | No | | | |
| 49 DEICKE DR GLEN ELLYN, IL 601375665 36-2470895 DIXON FAMILY YMCA | SOCIAL SERVICE | IL | | LINE 9 | N/A | No | | | |
| 110 NORTH GALENA AVENUE DIXON, IL 610212198 36-2487927 | | | | | | | | | |
| NORTH SUBURBAN YMCA | SOCIAL SERVICE | IL | | LINE 9 | N/A | N c | | | |
| 2705 TECHNY ROAD NORTHBROOK, IL 600625963 36-2546842 | | | | | | | | | |
| TRI-TOWN YMCA | SOCIAL SERVICE | IL | | LINE 9 | N/A | No | | | |
| 1464 S MAIN ST LOMBARD, IL 60148 36-2643097 YMCA OF BERWYN-CICERO | SOCIAL SERVICE | IL | | LINE 9 | N/A | No | | | |
| 2947 OAK PARK AVENUE BERWYN, IL 604023048 36-2702522 | | | | | | | | | |
| FOX VALLEY FAMILY YMCA INC 3875 ELDAMAIN RD PLANO, IL 605459711 | SOCIAL SERVICE | IL | | LINE 9 | N/A | No | | | |
| 36-3028169 ALFRED CAMPANELLI YMCA | SOCIAL SERVICE | IL | | LINE 9 | N/A | No | | | |
| 300 W WISE RD SCHAUMBURG, IL 601934098 36-3234727 | SOCIAL SERVICE | | | LINE 9 | IV/A | | | | |
| YMCA OF THE USA 101 N WACKER DR STE1400 CHICAGO, IL 606067386 | SOCIAL SERVICE | IL | | LINE 9 | N/A | No | | | |
| 36-3256696 ARMED SERVICES YMCA OF THE USA-NATIONAL HDQTRS | SOCIAL SERVICE | VA | | LINE 9 | N/A | No | | | |
| 7405 ALBAN STATION CT SPRINGFIELD, VA 221502318 36-3274346 | SOCIAL SERVICE | VA | | LINE | N/A | | | | |
| ALLIANCE AREA FAMILY YMCA | SOCIAL SERVICE | NE | | LINE 9 | N/A | No | | | |
| PO BOX 602 ALLIANCE, NE 693014613 36-3390518 | | | | | | | | | |
| MERCER COUNTY FAMILY YMCA 401 SW SECOND AVENUE ALEDO, IL 61231 | SOCIAL SERVICE | IL | | LINE 9 | N/A | No | | | |
| 36-3832360 ILLINOIS VALLEY YMCA INC | SOCIAL SERVICE | IL | | LINE 9 | N/A | No | | | |
| 300 WALNUT DRIVE PERU, IL 613541946 36-6218217 | | | | | | | | | |
| YMCA OF THE UNIVERSITY OF ILLINOIS 1001 SOUTH WRIGHT STREET CHAMPAIGN, IL 618206225 | SOCIAL SERVICE | IL | | LINE 9 | N/A | No | | | |
| 37-0661257 DECATUR FAMILY YMCA | SOCIAL SERVICE | IL | | LINE 9 | N/A | No | | | |
| 220 WEST MCKINLEY AVENUE DECATUR, IL 62526 37-0661258 | | | | | | | | | |
| EDWARDSVILLE YMCA 1200 ESIC DRIVE EDWARDSVILLE, IL 620253818 | SOCIAL SERVICE | IL | | LINE 9 | N/A | No | | | |
| 37-0661259 | <u> </u> | 1 | 1 | I | I | I | | | |

| orm 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations | | | | | | |
|---|--------------------------------|---|-------------------------------|--|--------------------|---|
| (a) Name, address, and EIN of related organization | (b) Primary Activity | (c) Legal Domicile (State or Foreign Country) | (d) Exempt Code section | (e) Public charity status (if 501(c)(3)) | Direct Controlling | g Section 512 (b)(13) controlled organization |
| YMCA OF KNOX COUNTY | SOCIAL SERVICE | IL | | LINE 9 | N/A | N |
| 1324 W CARL SANDBURG DR GALESBURG, IL 614011347 37-0661260 | | | | | | |
| SHERWOOD EDDY MEMORIAL YMCA | SOCIAL SERVICE | IL | | LINE 9 | N/A | N |
| 1000 SHERWOOD LANE JACKSONVILLE, IL 626502700 37-0661261 | | | | | | |
| QUINCY YMCA | SOCIAL SERVICE | IL | | LINE 9 | N/A | N |
| 3101 MAINE STREET QUINCY, IL 623014418 37-0661262 | | | | | | |
| YMCA OF SPRINGFIELD | SOCIAL SERVICE | IL | | LINE 9 | N/A | N |
| PO BOX 155 SPRINGFIELD, IL 62705 37-0661263 | | | | | | |
| BLOOMINGTON YMCA | SOCIAL SERVICE | IL | | LINE 9 | N/A | N |
| 602 SOUTH MAIN STREET BLOOMINGTON, IL 617015135 37-0662603 | COCIAL CERVICE | | | LINE | N/A | |
| YMCA OF DANVILLE 1111 N VERMILION ST | SOCIAL SERVICE | IL | | LINE 9 | N/A | N |
| DANVILLE, IL 618323049 37-0662604 | | | | | | |
| GREATER PEORIA FAMILY YMCA | SOCIAL SERVICE | IL | | LINE 9 | N/A | N |
| 7000 N FLEMING LANE PEORIA, IL 616141236 | | | | | | |
| YMCA OF WARREN COUNTY | SOCIAL SERVICE | IL | | LINE 9 | N/A | N |
| PO BOX 527 MONMOUTH, IL 614620527 37-0663575 | | | | | | |
| CHAMPAIGN COUNTY YMCA | SOCIAL SERVICE | IL | | LINE 9 | N/A | N |
| 707 N COUNTRY FAIR DRIVE CHAMPAIGN, IL 618213413 | | | | | | |
| YMCA OF SOUTHWEST ILLINOIS | SOCIAL SERVICE | IL | | LINE 9 | N/A | N |
| 424 LEBANON AVENUE BELLEVILLE, IL 622204127 37-0673565 | | | | | | |
| TRI-CITY AREA YMCA | SOCIAL SERVICE | IL | | LINE 9 | N/A | N |
| 451 NIEDRINGHAUS AVENUE GRANITE CITY, IL 62040 37-0673566 | | | | | | |
| YMCA OF CANTON | SOCIAL SERVICE | IL | | LINE 9 | N/A | N |
| 1325 E ASH STREET CANTON, IL 615201504 37-0748000 | | | | | | |
| YMCA OF MCDONOUGH COUNTY | SOCIAL SERVICE | IL | | LINE 9 | N/A | N |
| 400 EAST CALHOUN STREET MACOMB, IL 614552366 37-0792409 | | | | | | |
| CLINTON COMMUNITY YMCA | SOCIAL SERVICE | IL | | LINE 9 | N/A | N |
| 417 SOUTH ALEXANDER STREET CLINTON, IL 617272348 37-0812114 | | | | | | |
| YMCA OF JEFFERSON COUNTY | SOCIAL SERVICE | IL | | LINE 9 | N/A | N |
| 1304 BROADWAY MOUNT VERNON, IL 62864 37-0863227 | | | | | | |
| PARIS COMMUNITY YMCA | SOCIAL SERVICE | IL | | LINE 9 | N/A | N |
| 109 EAST MADISON STREET PARIS, IL 619442229 37-0904142 | | | | | | |
| CHRISTIAN COUNTY YMCA | SOCIAL SERVICE | IL | | LINE 9 | N/A | N |
| 900 MCADAM DRIVE TAYLORVILLE, IL 625689635 37-1071231 | | | | | | |
| MATTOON AREA FAMILY YMCA | SOCIAL SERVICE | IL | | LINE 9 | N/A | N |
| PO BOX 875 MATTOON, IL 619380875 37-1122559 | | | | | | |
| LINCOLN AREA YMCA | SOCIAL SERVICE | IL | | LINE 9 | N/A | N |
| 604 BROADWAY STREET SUITE 1 LINCOLN, IL 62656 37-1353644 | 600111 057115 | | | LINE | N/A | |
| BENTON HARBOR-ST JOSEPH YMCA 3665 HOLLYWOOD RD | SOCIAL SERVICE | MI | | LINE 9 | N/A | N |
| SAINT JOSEPH, MI 490859581 38-1358054 | | | | | | |

| Form 990, Schedule R, Part II - Identification of Re | elated Tax-Exempt | Organizations | 1 | 1 | ı | |
|---|--------------------------------|---|-------------------------------|--|--------------------|---|
| (a) Name, address, and EIN of related organization | (b) Primary Activity | (c) Legal Domicile (State or Foreign Country) | (d) Exempt Code section | (e) Public charity status (if 501(c)(3)) | Direct Controlling | g Section 512 (b)(13) controlled organization |
| YMCA OF METROPOLITAN DETROIT | SOCIAL SERVICE | MI | | LINE 9 | N/A | N |
| 1401 BROADWAY STREET DETROIT, MI 48226 38-1358055 | | | | | | |
| YMCA OF GREATER FLINT | SOCIAL SERVICE | MI | | LINE 9 | N/A | N |
| 411 EAST THIRD STREET FLINT, MI 485032006 38-1358056 | | | | | | |
| YMCA OF GREATER GRAND RAPIDS | SOCIAL SERVICE | MI | | LINE 9 | N/A | N |
| 475 LAKE MICHIGAN DR NW GRAND RAPIDS, MI 49504 38-1358058 | | | | | | |
| YMCA OF BARRY COUNTY | SOCIAL SERVICE | MI | | LINE 9 | N/A | N |
| PO BOX 252 HASTINGS, MI 490580252 38-1358059 NILES-BUCHANAN YMCA | SO CIAL SERVICE | MI | | LINE 9 | N/A | N |
| 905 NORTH FRONT STREET | SOCIAL SERVICE | "11 | | LINE | N/A | |
| NILES, MI 49120 38-1358236 | COCIAL CERVICE | MI | | LINE 9 | N/A | N. |
| KIMBALL CAMP YMCA NATURE CENTER 4444 LONG LAKE ROAD | SOCIAL SERVICE | l M1 | | LINE 9 | N/A | N |
| READING, MI 492749303 38-1358416 | | | | | | |
| YMCA OF THE BLUE WATER AREA | SOCIAL SERVICE | MI | | LINE 9 | N/A | N |
| 1525 THIRD STREET PORT HURON, MI 48060 38-1358417 | | | | | | |
| STATE YMCA OF MICHIGAN | SOCIAL SERVICE | MI | | LINE 9 | N/A | N |
| 919 NE TORCH LAKE DRIVE CENTRAL LAKE, MI 496229628 38-1358418 | | | | | | |
| YMCA OF METROPOLITAN LANSING | SOCIAL SERVICE | MI | | LINE 9 | N/A | N |
| 119 N WASHINGTON SQUARE LANSING, MI 48933 38-1359576 | | | | | | |
| SHIAWASSEE FAMILY YMCA | SOCIAL SERVICE | MI | | LINE 9 | N/A | N |
| 515 WEST MAIN STREET OWOSSO, MI 488672608 38-1359577 | | | | | | |
| YMCA OF GREATER KALAMAZOO | SOCIAL SERVICE | MI | | LINE 9 | N/A | N |
| 1001 W MAPLE ST KALAMAZOO, MI 490081885 38-1360592 | | | | | | |
| YMCA OF SAGINAW | SOCIAL SERVICE | MI | | LINE 9 | N/A | N |
| 1915 FORDNEY STREET SAGINAW, MI 486012809 38-1360594 | | | | | | |
| JACKSON YMCA CENTER INC | SOCIAL SERVICE | MI | | LINE 9 | N/A | N |
| 127 WEST WESLEY AVENUE JACKSON, MI 492012226 | | | | | | |
| YMCA OF LENAWEE COUNTY | SOCIAL SERVICE | MI | | LINE 9 | N/A | N |
| 638 W MAUMEE ST ADRIAN, MI 492212030 38-1393859 | | | | | | |
| MONROE FAMILY YMCA | SOCIAL SERVICE | MI | | LINE 9 | N/A | N |
| 1111 W ELM AVENUE MONROE, MI 481622801 38-1508585 | | | | | | |
| ANN ARBOR YMCA | SOCIAL SERVICE | MI | | LINE 9 | N/A | N |
| 400 W WASHINGTON ANN ARBOR, MI 48103 38-1525162 | | | | | | |
| GRAND TRAVERSE BAY YMCA | SOCIAL SERVICE | MI | | LINE 9 | N/A | N |
| 3000 RACQUET CLUB DRIVE TRAVERSE CITY, MI 496844770 38-1709640 | | | | | | |
| TRI-CITIES FAMILY YMCA 1 Y DR | SOCIAL SERVICE | MI | | LINE 9 | N/A | N |
| GRAND HAVEN, MI 494171768 38-1717502 | | | | | | |
| BATTLE CREEK FAMILY YMCA 182 CAPITAL AVENUE NE | SOCIAL SERVICE | MI | | LINE 9 | N/A | N |
| BATTLE CREEK, MI 490173925 38-1986068 | | | | | | |
| NORTHERN LIGHTS YMCA INC PO BOX 602 | SOCIAL SERVICE | MI | | LINE 9 | N/A | N |
| ESCANABA, MI 498290602 38-2615035 | | | | | | |

| Form 990, Schedule R, Part II - Identification of Re | lated Tax-Exempt | Organizations | ı | I | 1 | |
|---|--------------------------------|---|-------------------------------|--|--------------------|---|
| (a) Name, address, and EIN of related organization | (b) Primary Activity | (c) Legal Domicile (State or Foreign Country) | (d) Exempt Code section | (e) Public charity status (if 501(c)(3)) | Direct Controlling | g Section 512 (b)(13) controlled organization |
| SHERMAN LAKE YMCA OUTDOOR CENTER | SOCIAL SERVICE | MI | | LINE 9 | N/A | N |
| 6225 N 39TH ST AUGUSTA, MI 490129722 38-3167869 | | | | | | |
| YMCA OF MARQUETTE COUNTY | SOCIAL SERVICE | MI | | LINE 9 | N/A | N |
| 1420 PINE STREET MARQUETTE, MI 498550441 38-3211419 | | | | | | |
| GREATER MARINETTE-MENOMINEE YMCA INC 1600 WEST DRIVE MENOMINEE, MI 498582238 | SOCIAL SERVICE | MI | | LINE 9 | N/A | N |
| A CROSSE AREA FAMILY YMCA | SOCIAL SERVICE | WI | | LINE 9 | N/A | N |
| 1140 MAIN ST LA CROSSE, WI 546014190 39-0806172 | | | | | | |
| YMCA OF THE FOX CITIES INC | SOCIAL SERVICE | WI | | LINE 9 | N/A | N |
| 229 E COLLEGE AVE APPLETON, WI 54911 39-0806191 | | | | | | |
| YMCA OF DANE COUNTY INC | SOCIAL SERVICE | WI | | LINE 9 | N/A | N |
| 8001 EXCELSIOR DRIVE MADISON, WI 53717 39-0806253 | | | | | | |
| YMCA OF METROPOLITAN MILWAUKEE INC | SOCIAL SERVICE | WI | | LINE 9 | N/A | N |
| 161 W WISCONSIN AVENUE SUITE 4000 MILWAUKEE, WI 532032601 39-0806314 YMCA OF EAU CLAIRE WISCONSIN | COCIAL CERVICE | NA/T | | LINE O | N/A | , n |
| 700 GRAHAM AVENUE | SOCIAL SERVICE | WI | | LINE 9 | N/A | N |
| EAU CLAIRE, WI 547013840 39-0806351 FAMILY YMCA OF NORTHERN ROCK COUNTY | SOCIAL SERVICE | WI | | LINE 9 | N/A | N |
| 221 DODGE STREET | SOCIAL SERVICE | VVI | | LINE 9 | IN/A | |
| JANESVILLE, WI 53548 39-0806368 YMCA AT PABST FARMS INC | SOCIAL SERVICE | WI | | LINE 9 | N/A | N |
| 1750 VALLEY ROAD OCONOMOWOC, WI 53066 | | | | | | |
| FOND DU LAC FAMILY YMCA | SOCIAL SERVICE | WI | | LINE 9 | N/A | N |
| 90 W SECOND ST FOND DU LAC, WI 549354141 39-0806436 | | | | | | |
| STATELINE FAMILY YMCA OF BELOIT INC | SOCIAL SERVICE | WI | | LINE 9 | N/A | N |
| 1865 RIVERSIDE DRIVE BELOIT, WI 535113521 39-0806449 | | | | | | |
| RACINE FAMILY YMCA | SOCIAL SERVICE | WI | | LINE 9 | N/A | N |
| 725 LAKE AVE RACINE, WI 534031207 39-0807254 | | | | | | |
| WAUSAU - WOODSON YMCA | SOCIAL SERVICE | WI | | LINE 9 | N/A | N |
| 707 THIRD ST WAUSAU, WI 544034703 39-0808463 | | | | | | |
| GREATER GREEN BAY YMCA INC | SOCIAL SERVICE | WI | | LINE 9 | N/A | N |
| 235 NORTH JEFFERSON STREET GREEN BAY, WI 543015126 39-0813466 SUPERIOR-DOUGLAS COUNTY FAMILY YMCA | SOCIAL SERVICE | WI | | LINE 9 | N/A | N |
| 9 N 21ST ST | JO SINE SERVICE | AAT | | | | |
| SUPERIOR, WI 54880 39-0813468 LAKE GENEVA FAM YMCA | SOCIAL SERVICE | WI | | LINE 9 | N/A | N |
| 203 WELLS STREET LAKE GENEVA, WI 531472022 | SOCIAL SERVICE | VVI | | LINE 9 | IN/A | IN |
| 39-0816867 KENOSHA YMCA | SOCIAL SERVICE | WI | | LINE 9 | N/A | N |
| 7101 53RD STREET KENOSHA, WI 53144 | | | | | | |
| 39-0826296 SHEBOYGAN COUNTY YMCA | SOCIAL SERVICE | WI | | LINE 9 | N/A | N |
| PO BOX 609 SHEBOYGAN, WI 530820609 39-0830271 | | | | | | |
| WAUKESHA FAMILY YMCA | SOCIAL SERVICE | WI | | LINE 9 | N/A | N |
| 320 EAST BROADWAY WAUKESHA, WI 53186 39-0847658 | | | | | | |

| Form 990, Schedule R, Part II - Identification of Re | lated Tax-Exempt | Organizations | I | I | 1 | |
|---|--------------------------------|---|-------------------------------|--|--|-----------------------|
| (a) Name, address, and EIN of related organization | (b) Primary Activity | (c) Legal Domicile (State or Foreign Country) | (d) Exempt Code section | (e) Public charity status (if 501(c)(3)) | (f) Section Ourect Controlling (b)(1) Entity organiz | n 512 13) olled |
| OSHKOSH COMMUNITY YMCA | SOCIAL SERVICE | WI | | LINE 9 | N/A | No |
| 324 WASHINGTON AVENUE OSHKOSH, WI 54901 39-0878909 | | | | | | |
| SOUTH WOOD COUNTY YMCA | SOCIAL SERVICE | WI | | LINE 9 | N/A | No |
| 211 WISCONSIN RIVER DR PORT EDWARDS, WI 544691437 39-0929462 YMCA OF DODGE COUNTY | SOCIAL SERVICE | WI | | LINE 9 | N/A | No |
| 220 CORPORATE DRIVE BEAVER DAM, WI 53916 39-0975426 | | | | | | |
| MANITOWOC-TWO RIVERS AREA YMCA | SOCIAL SERVICE | WI | | LINE 9 | N/A | No |
| PO BOX 471 MANITOWOC, WI 542210471 39-1028773 | | | | | | |
| STEVENS POINT AREA YMCA | SOCIAL SERVICE | WI | | LINE 9 | N/A | No |
| 1000 DIVISION STREET STEVENS POINT, WI 54481 39-1102612 CAMP MANITO-WISH YMCA INC | SOCIAL SERVICE | WI | | LINE 9 | N/A | No |
| PO BOX 246 BOULDER JUNCTION, WI 545120246 | SOCIAL SERVICE | VVI | | LINE 9 | 14/4 | |
| 39-1136315 KETTLE MORAINE YMCA INC | SOCIAL SERVICE | WI | | LINE 9 | N/A | No |
| 1111 W WASHINGTON ST WEST BEND, WI 530952433 39-1175559 | | | | | | |
| CHIPPEWA VALLEY FAMILY YMCA | SOCIAL SERVICE | WI | | LINE 9 | N/A | No |
| 611 JEFFERSON AVENUE CHIPPEWA FALLS, WI 54729 39-1308377 | | | | | | |
| GREEN COUNTY FAMILY YMCA INC | SOCIAL SERVICE | WI | | LINE 9 | N/A | No |
| 1307 SECOND STREET MONROE, WI 535661169 39-1405623 | | | | | | |
| PHANTOM LAKE YMCA CAMP INC | SOCIAL SERVICE | WI | | LINE 9 | N/A | No |
| S 110 W30240 MUKWONAGO, WI 53149 39-1501649 MARSHFIELD AREA YMCA | SOCIAL SERVICE | WI | | LINE 9 | N/A | No |
| 410 WEST MCMILLAN STREET | SOCIAL SERVICE | VVI | | LINE 9 | N/A | l No |
| MARSHFIELD, WI 54449 39-1557086 DOOR COUNTY YMCA | SOCIAL SERVICE | WI | | LINE 9 | N/A | No |
| 1900 MICHIGAN ST STURGEON BAY, WI 54235 39-1738982 | | | | | | |
| YMCA OF THE NORTHWOODS | SOCIAL SERVICE | WI | | LINE 9 | N/A | No |
| 2003 WINNEBAGO STREET - EAST RHINELANDER, WI 54501 39-1942168 | | | | | | |
| WINONA FAMILY YMCA INC | SOCIAL SERVICE | MN | | LINE 9 | N/A | No |
| 207 WINONA STREET WINONA, MN 55987 41-0693890 | | | | | | |
| DULUTH AREA FAMILY YMCA | SOCIAL SERVICE | MN | | LINE 9 | N/A | No |
| 302 W FIRST ST DULUTH, MN 558021606 41-0693931 BRAINERD FAMILY YMCA INC | SOCIAL SERVICE | MN | | LINE 9 | N/A | No |
| 602 OAK STREET BRAINERD, MN 564013611 | SO CIAL SERVICE | PIN | | LINE 9 | IV/A | |
| YMCA OF RED WING MINNESOTA | SOCIAL SERVICE | MN | | LINE 9 | N/A | No |
| 434 MAIN ST RED WING, MN 55066 41-0695614 | | | | | | |
| YMCA OF AUSTIN MINNESOTA | SOCIAL SERVICE | MN | | LINE 9 | N/A | N o |
| 704 FIRST DR NW AUSTIN, MN 559123099 41-0718359 | | | | | | |
| YMCA OF MANKATO | SOCIAL SERVICE | MN | | LINE 9 | N/A | No |
| 1401 SOUTH RIVERFRONT DRIVE MANKATO, MN 560012413 41-0739108 | | | | | | |
| YMCA OF ROCHESTER INC | SOCIAL SERVICE | MN | | LINE 9 | N/A | No |
| 709 FIRST AVE SW ROCHESTER, MN 559023396 41-0807581 | | | | | | |

| Form 990, Schedule R, Part II - Identification of Re | lated Tax-Exempt | | 1 | I | I | a | |
|--|--------------------------------|---|-------------------------------|--|--------------------------------------|---|-----|
| (a) Name, address, and EIN of related organization | (b) Primary Activity | (c) Legal Domicile (State or Foreign Country) | (d) Exempt Code section | (e) Public charity status (if 501(c)(3)) | (f) Direct Controlling Entity | g Section 512 (b)(13) controlled organization | |
| FERGUS FALLS AREA FAMILY YMCA | SOCIAL SERVICE | MN | | LINE 9 | N/A | • | Лνο |
| 1164 N FRIBERG AVENUE FERGUS FALLS, MN 565371580 41-0940250 | | | | | | ! | |
| ST CLOUD AREA FAMILY YMCA | SOCIAL SERVICE | MN | | LINE 9 | N/A | • | Νo |
| 1530 NORTHWAY DRIVE SAINT CLOUD, MN 563031255 41-0952420 | | | | | | ! | |
| YMCA CAMP OLSON PO BOX 118 | SOCIAL SERVICE | MN | | LINE 9 | N/A | | Νo |
| LONGVILLE, MN 566550118 41-0967781 | | | | | | | |
| ALBERT LEA FAMILY YMCA | SOCIAL SERVICE | MN | | LINE 9 | N/A | , | Νo |
| 2021 WEST MAIN STREET ALBERT LEA, MN 560074335 41-1000679 | | | | | | | |
| ITASCA COUNTY FAMILY YMCA | SOCIAL SERVICE | MN | | LINE 9 | N/A | | Νo |
| 400 RIVER RD GRAND RAPIDS, MN 557443784 41-1358634 | | | | | | | |
| MESABI FAMILY YMCA INC | SOCIAL SERVICE | MN | | LINE 9 | N/A | , | No |
| 8367 S 8TH ST VIRGINIA, MN 557923604 41-1460551 | | | | | | | |
| KANDIYOHI COUNTY AREA FAMILY YMCA | SOCIAL SERVICE | MN | | LINE 9 | N/A | , | No |
| 1000 LAKELAND DR SE WILLMAR, MN 56201 | | | | | | , | |
| MARSHALL AREA YMCA | SOCIAL SERVICE | MN | | LINE 9 | N/A | | N c |
| 200 SOUTH A STREET MARSHALL, MN 56258 41-1984589 | | | | | | 1 | |
| WORTHINGTON AREA YMCA | SOCIAL SERVICE | MN | | LINE 9 | N/A | | No |
| 1501 COLLEGEWAY WORTHINGTON, MN 561873028 41-6007569 | | | | | | ! | |
| YMCA OF THE CEDAR RAPIDS METROPOLITAN AREA | SOCIAL SERVICE | IA | | LINE 9 | N/A | 1 | No |
| 207 7TH AVENUE SE CEDAR RAPIDS, IA 52401 42-0680306 | | | | | | | |
| FAMILY YMCA OF CHARLES CITY IOWA | SOCIAL SERVICE | IA | | LINE 9 | N/A | , | N |
| 800 HULIN STREET CHARLES CITY, IA 506162149 42-0680309 | | | | | | | |
| MASON CITY FAMILY YMCA | SOCIAL SERVICE | IA | | LINE 9 | N/A | <u> </u> | N |
| 1840 SOUTH MONROE AVENUE MASON CITY, IA 504013402 42-0680330 | | | | | | | |
| MUSCATINE COMMUNITY YMCA | SOCIAL SERVICE | IA | | LINE 9 | N/A | | N |
| 1823 LOGAN STREET MUSCATINE, IA 527610017 42-0680340 | | | | | | | |
| YMCA OF GREATER DES MOINES IOWA | SOCIAL SERVICE | IA | | LINE 9 | N/A | , | N |
| 101 LOCUST STREET DES MOINES, IA 503091720 | | | | | | , | |
| 42-0680438 FAMILY YMCA OF BLACK HAWK COUNTY | SOCIAL SERVICE | IA | | LINE 9 | N/A | | N |
| 669 SOUTH HACKETT ROAD WATERLOO, IA 507015632 | | | | | | ! | |
| 42-0681109 HOERNER YMCA | SOCIAL SERVICE | IA | | LINE 9 | N/A | | N |
| 2126 PLANK ROAD KEOKUK, IA 526322899 42-0690393 | | | | | | ! | |
| YMCA OF WASHINGTON IOWA | SOCIAL SERVICE | IA | | LINE 9 | N/A | | N |
| 121 E MAIN ST WASHINGTON, IA 523532012 42-0698186 | | | | | | 1 | |
| YMCA OF NEWTON IOWA INC | SOCIAL SERVICE | IA | | LINE 9 | N/A | | h |
| 1701 S 8TH AVE E NEWTON, IA 502085055 42-0703250 | | | | | | 1 | |
| SCOTT COUNTY FAMILY YMCA | SOCIAL SERVICE | IA | | LINE 9 | N/A | | † |
| 606 W 2ND ST DAVENPORT, IA 52801 42-0703278 | | | | | | ! | |
| VMCA OF OTTHMANA TOWA | COCIAL CERVICE | + | + | LINEO | 11/0 | | + |

SOCIAL SERVICE

IΑ

YMCA OF OTTUMWA IOWA

611-621 NORTH HANCOCK STREET OTTUMWA, IA 525014233 42-0725202 LINE 9

N/A

Νo

| Form 990, Schedule R, Part II - Identification of Re | lated Tax-Exempt | Organizations | 1 | 1 | ı | |
|--|--------------------------------|---|-------------------------------|--|--------------------|---|
| (a) Name, address, and EIN of related organization | (b) Primary Activity | (c) Legal Domicile (State or Foreign Country) | (d) Exempt Code section | (e) Public charity status (if 501(c)(3)) | Direct Controlling | g ection 512 (b)(13) ontrolled ganization |
| SIOUXLAND YMCA | SOCIAL SERVICE | NE | | LINE 9 | N/A | No |
| 601 RIVERVIEW DR SOUTH SIOUX CITY, NE 68776 | | | | | | |
| 42-0738980 MAHASKA COUNTY YMCA | SOCIAL SERVICE | IA | | LINE 9 | N/A | No |
| 414 N 3RD STREET | SO CIAL SERVICE | | | LINE | | |
| OSKALOOSA, IA 525772216 42-0741010 | | | | | | |
| YMCA OF SPENCER IOWA | SOCIAL SERVICE | IA | | LINE 9 | N/A | No |
| PO BOX 212 SPENCER, IA 513010212 | | | | | | |
| 42-0820570 NISHNA VALLEY FAMILY YMCA | SOCIAL SERVICE | IA | | LINE 9 | N/A | No |
| 1100 MAPLE STREET | | | | | | |
| ATLANTIC, IA 50022 42-0844143 | | | | | | |
| YMCA OF DUBUQUE IOWA | SOCIAL SERVICE | IA | | LINE 9 | N/A | No |
| 35 N BOOTH ST DUBUQUE, IA 520017332 | | | | | | |
| 42-0934471 CAMP FOSTER YMCA | SOCIAL SERVICE | IA | | LINE 9 | N/A | No |
| PO BOX 296 | | | | | | |
| SPIRIT LAKE, IA 513600296 42-0958909 | | | | | | |
| ALGONA FAMILY YMCA | SOCIAL SERVICE | IA | | LINE 9 | N/A | No |
| 2101 E MCGREGOR STREET ALGONA, IA 505113000 | | | | | | |
| YMCA OF FOREST CITY IOWA | SOCIAL SERVICE | IA | | LINE 9 | N/A | No |
| 916 WEST I STREET | | | | | | |
| FOREST CITY, IA 504361739 42-1257332 | | | | | 1 | |
| LE MARS AREA FAMILY YMCA | SOCIAL SERVICE | IA | | LINE 9 | N/A | No |
| PO BOX 41 LE MARS, IA 51031 42-1413807 | | | | | | |
| MONTGOMERY COUNTY FAMILY YMCA | SOCIAL SERVICE | IA | | LINE 9 | N/A | No |
| 101 E CHERRY STREET RED OAK, IA 515661004 | | | | | | |
| 42-1433436 SOUTHERN PRAIRIE YMCA | SOCIAL SERVICE | IA | | LINE 9 | N/A | No |
| 1201 WEST TOWNLINE STREET | SOCIAL SERVICE | | | LINE | N/A | |
| CRESTON, IA 508011036 42-1436507 | | | | | | |
| YMCA OF MARSHALLTOWN IOWA | SOCIAL SERVICE | IA | | LINE 9 | N/A | No |
| 108 WASHINGTON STREET MARSHALL, IA 50158 | | | | | | |
| 42-1478611 FORT MADISON FAMILY YMCA | SOCIAL SERVICE | IA | | LINE 9 | N/A | No |
| 220 26TH STREET | | | | | | |
| FORT MADISON, IA 526272204 42-6080176 | | | | | | |
| GREATER ST LOUIS YMCA | SOCIAL SERVICE | МО | | LINE 9 | N/A | No |
| 1528 LOCUST STREET SAINT LOUIS, MO 631031897 | | | | | | |
| 43-0653616 YMCA OF HANNIBAL | SOCIAL SERVICE | МО | | LINE 9 | N/A | No |
| 1 YMCA DRIVE | | | | | | |
| HANNIBAL, MO 634012270 43-0663323 | | | | | | |
| ADAIR COUNTY FAMILY YMCA | SOCIAL SERVICE | MO | | LINE 9 | N/A | No |
| KIRKSVILLE, MO 635010644 43-0811428 | | | | | | |
| JEFFERSON CITY AREA YMCA | SOCIAL SERVICE | MO | | LINE 9 | N/A | No |
| PO BOX 104176 JEFFERSON CITY, MO 651104176 | | | | | | |
| 43-0953286 GRAND RIVER AREA FAMILY YMCA INC | SOCIAL SERVICE | MO | | LINE 9 | N/A | No |
| PO BOX 751 | SOCIAL SERVICE | | | LINE 3 | | liv c |
| CHILLICHOTHE, MO 64601 43-1493664 | | | | | | |
| CALLAWAY COUNTY YMCA | SOCIAL SERVICE | МО | | LINE 9 | N/A | No |
| 1715 WOOD STREET FULTON, MO 65251 | | | | | | |
| 43-1552855 FAIR ACRES FAMILY YMCA | SOCIAL SERVICE | MO | | LINE 9 | N/A | No |
| 2600 S GRAND AVE | | | | | | |
| CARTHAGE, MO 648363535 43-1558437 | | | | | | |
| | | | | | | • |

| Name, address, and EIN of related organization Primary Activity Or Foreign Or Foreign Cb) Exempt Code Public charity Direct Controlling Controlli | rm 990, Schedule R, Part II - Identification of R | elated Tax-Exempt | Organizations | ı | ı | 1 | | |
|--|---|-------------------|--|-------------|--------------------------|--------------------|--|----------|
| # WELL ALTER STORY MARCHINE M | | | Legal Domicile (State or Foreign | Exempt Code | Public charity status | Direct Controlling | Section 512 (b)(13) controlled organization | |
| MINISTREE MINI | ARKS FAMILY YMCA INC | SOCIAL SERVICE | МО | | LINE 9 | N/A | | Πo |
| BOTAL SERVICE BOTAL SERVIC | DUNTAIN GROVE, MO 65711 | | | | | | | |
| SUPPORT OF A DESCRIPTION OF A DECEMBER OF | ICA OF SOUTHEAST MISSOURI | SOCIAL SERVICE | МО | | LINE 9 | N/A | | Νo |
| STATE PAPELY YEAR AND STATE STAT | KESTON, MO 63801 | | | | | | | |
| LOUIS AMA, NO 62323 CONTROL SERVICE MG | IN PIKE FAMILY YMCA INC | SOCIAL SERVICE | МО | | LINE 9 | N/A | | No |
| SOCIAL SERVICE NO LINE 9 NA | UISIANA, MO 63353 -1675923 | | | | | | | |
| MAY | | SOCIAL SERVICE | МО | | LINE 9 | N/A | | No |
| MARSH MARS | VADA, MO 64772 -1706486 | | | | | | | |
| MADELL, MO 653405157 FREEPAN SOUTHWEST FARLY YHCA SOCIAL SERVICE MO JIKE 9 N/A ADDICATED ARRAY SERVICE ADDICATED ARRAY SERVICE | | SOCIAL SERVICE | MO | | LINE 9 | N/A | | No |
| ### BOOTAL SERVICE MO | ARSHALL, MO 653400157 -1710180 | | | | | | | |
| REOSHO, MO 6-850 LONG SARACH AREA YMCA SCIAL SERVICE LONG SARACH AREA YMCA SCIAL SERVICE MO LINE 9 N/A DO SON LINE DO SON LIN | | SOCIAL SERVICE | МО | | LINE 9 | N/A | | No |
| 1315 A MISSOURE STREET | OSHO, MO 64850 | | | | | | | |
| MACON, NO 63552 MO | NG BRANCH AREA YMCA | SOCIAL SERVICE | МО | | LINE 9 | N/A | | No |
| PO BOX 1DE BOD SOX | ACON, MO 63552 | | | | | | | |
| BODNILLE, MO 65233 A A A A A A A A A | | SOCIAL SERVICE | МО | | LINE 9 | N/A | | No |
| CAMERON REGIONALYMCA | ONVILLE, MO 65233 | | | | | | | |
| CAMERON, MO 64429 1.1938727 0.2ARK\$ REGIONAL YMCA \$ SOCIAL SERVICE MO LINE 9 N/A 1.21 SEPERESON ST SPRINGFIELD, MO 85806 4.4-0545283 YMCA OF GREATER KANSAS CITY SOCIAL SERVICE MO LINE 9 N/A 1.00 BROADOWAY 10.70 KANISAS CITY, MO 641112413 4.4-0545020 JOPLIN RAMILY YMCA 5.10 WALL STREET JOPLIN, MO 64501 4.4-0551020 TWCA OF 57 JOSEPH MISSOURI SOCIAL SERVICE MO LINE 9 N/A 3.15 S 6TH ST SAINT JOSEPH, MO 64501 4.4-0552491 GRAND FORKS YMCA FAMILY CENTER SOCIAL SERVICE ND LINE 9 N/A WACA OF CASS AND CLAY COUNTIES SOCIAL SERVICE ND LINE 9 N/A 1.00 FIRST AVE S FARCO, ND 381031998 4.5-0232096 WACA OF MINOT NORTH DAKOTA DO BY KEP MINOT, ND 587020069 4.5-0237612 ND LINE 9 N/A 1.00 BY NASHINOTON ST BISMARCK, ND 587021675 4.5-025200 JAMES RIVER FAMILY YMCA SOCIAL SERVICE ND LINE 9 N/A 1.00 BY NASHINOTON ST BISMARCK, ND SS0012675 4.5-0237612 JAMES RIVER FAMILY YMCA SOCIAL SERVICE MN LINE 9 N/A 1.00 BY NASHINOTON ST BISMARCK, ND SS0012675 4.5-0237612 JAMES RIVER FAMILY YMCA SOCIAL SERVICE MN LINE 9 N/A 1.01 BY N/A 1.00 BY NASHINOTON ST BISMARCK, ND SS0012675 4.5-0237612 JAMES RIVER FAMILY YMCA SOCIAL SERVICE MN LINE 9 N/A 1.01 BY N/A 1.01 BY N/A 1.01 BY N/A 1.02 BY N/A 1.03 BY N/A 1.03 BY N/A 1.03 BY N/A 1.04 BY N/A 1.05 BY N/A | | SOCIAL SERVICE | МО | | LINE 9 | N/A | | No |
| 417 S JEFFERSON ST SPRINGFIELD, MO 65906 44-0545233 7 MCA OF GREATER KANSAS CITY 310.0 BROADWAY 1020 100 BROADWAY 1020 1 | MERON, MO 64429 | | | | | | | |
| SPRINGFIELD, NO 65806 | | SOCIAL SERVICE | МО | | LINE 9 | N/A | | Νo |
| 3100 BROADWAY 1020 KANSAS CITY, MO 6 41112413 44-054020 JOPUIN FAMILY YMCA SOCIAL SERVICE MO LINE 9 N/A 510 WALL STREET JOPUIN, MO 64801 44-0552026 YMCA OF ST JOSEPH MISSOURI SIS 6TH ST SAINT JOSEPH, MO 64501 44-0552491 GRAND FORKS YMCA FAMILY CENTER SOCIAL SERVICE ND LINE 9 N/A PO BOX 131-7 YMCA OF CASS AND CLAY COUNTIES SOCIAL SERVICE ND LINE 9 N/A 400 FIRST AVE S FARGO, NO 581031998 45-0323069 YMCA OF MINOT MORTH DAKOTA SOCIAL SERVICE ND LINE 9 N/A PO BOX 69 WINOT, NO 58202069 YMCA OF MINOT MORTH DAKOTA SOCIAL SERVICE ND LINE 9 N/A 1608 N WASHINGTON ST BISMARCK, ND 58202069 45-0337612 MISSOURI VALLEY FAMILY YMCA SOCIAL SERVICE ND LINE 9 N/A 1618 N WASHINGTON ST BISMARCK, ND 585012675 45-0305520 JAMES RIVER FAMILY YMCA SOCIAL SERVICE ND LINE 9 N/A 118 SEVENTH ST NE JAMES FUNDY, ND 584013400 JAMES RIVER FAMILY YMCA SOCIAL SERVICE MN LINE 9 N/A 2125 EAST HENNEPIN AVE MINNERPOLIS, MN 55413 45-2563299 | RINGFIELD, MO 65806 | | | | | | | |
| AA-0545002 AA-0545002 AA-0545002 AA-0545002 AA-0545002 AA-0545002 AA-0545002 AA-0545002 AA-0545002 AA-0545002 AA-0545002 AA-0552026 AA-05052026 AA-05 | ICA OF GREATER KANSAS CITY | SOCIAL SERVICE | МО | | LINE 9 | N/A | | Νo |
| SIO WALL STREET JOPLIN, MO 64801 | NSAS CITY, MO 641112413 -0546002 | | | | | | | |
| ### 1552026 ### 2015 | 0 WALL STREET | SOCIAL SERVICE | МО | | LINE 9 | N/A | | No |
| 315 S 6TH ST SAINT JOSEPH, MO 64501 44-0552491 GRAND FORKS YMCA FAMILY CENTER SOCIAL SERVICE ND LINE 9 N/A PO BOX 33177 45-0226434 YMCA OF CASS AND CLAY COUNTIES SOCIAL SERVICE ND LINE 9 N/A LINE 9 N/A LINE 9 N/A LINE 9 N/A LINE 9 N/A LINE 9 N/A PO BOX 69 MINOT, ND 587020069 45-0232096 MISSOURI VALLEY FAMILY YMCA SOCIAL SERVICE ND LINE 9 N/A | -0552026 | | | | | 1 | | <u> </u> |
| 44-0552491 GRAND FORKS YMCA FAMILY CENTER SOCIAL SERVICE ND LINE 9 N/A PO BOX 13177 GRAND FORKS, ND 582083177 45-0226434 YMCA OF CASS AND CLAY COUNTIES SOCIAL SERVICE ND LINE 9 N/A 400 FIRST AVE S FARGO, ND 581031998 45-023769 YMCA OF MINOT NORTH DAKOTA SOCIAL SERVICE ND LINE 9 N/A PO BOX 69 MINOT, ND 587020069 45-0237612 MISSOURI VALUEY FAMILY YMCA SOCIAL SERVICE ND LINE 9 N/A 1608 N WASHINGTON ST BISMARCK, ND 585012675 45-0305520 JAMES RIVER FAMILY YMCA SOCIAL SERVICE ND LINE 9 N/A 1818 SEVENTH ST NE JAMESTOWN, ND 584013400 45-0337816 YMCA OF THE GREATER TWIN CITIES SOCIAL SERVICE MN LINE 9 N/A 2125 EAST HENNEPIN AVE MINNERAPOLIS, MN 55413 45-255299 | 5 S 6TH ST | SOCIAL SERVICE | МО | | LINE 9 | N/A | | No |
| PO BOX 13177 GRAND FORKS, ND 582083177 45-0226434 490 FIRST AVE S FARGO, ND 581031998 45-0232096 YMCA OF MINOT NORTH DAKOTA PO BOX 69 MINOT, ND 587020069 45-0237612 MISSOURI VALLEY FAMILY YMCA 1608 N WASHINGTON ST BISMARCK, ND 585012675 45-0305520 JAMES RIVER FAMILY YMCA 918 SEVENTH ST NE JAMESTOWN, ND 584013400 45-037816 YMCA OF THE GREATER TWIN CITIES SOCIAL SERVICE MN LINE 9 N/A LINE 9 N/A LINE 9 N/A LINE 9 N/A LINE 9 N/A LINE 9 N/A LINE 9 N/A 1618 SEVENTH ST NE JAMESTOWN, ND 584013400 45-0337816 YMCA OF THE GREATER TWIN CITIES SOCIAL SERVICE MN LINE 9 N/A LINE 9 N/A LINE 9 N/A LINE 9 N/A | -0552491 | SOCIAL SERVICE | ND | | LINE 9 | N/A | | No |
| 45-0226434 YMCA OF CASS AND CLAY COUNTIES SO CIAL SERVICE ND LINE 9 N/A 400 FIRST AVE S FARGO, ND 581031998 45-0232096 YMCA OF MINOT NORTH DAKOTA SO CIAL SERVICE ND LINE 9 N/A MINOT, ND 587020069 45-0237612 MISSOURI VALLEY FAMILY YMCA SO CIAL SERVICE ND LINE 9 N/A LINE 9 N/A LINE 9 N/A 1608 N WASHINGTON ST BISMARCK, ND 585012675 45-0305520 JAMES RIVER FAMILY YMCA SO CIAL SERVICE ND LINE 9 N/A SO CIAL SERVICE ND LINE 9 N/A LINE 9 N/A LINE 9 N/A SO CIAL SERVICE ND LINE 9 N/A LINE 9 N/A LINE 9 N/A SO CIAL SERVICE ND LINE 9 N/A LINE 9 N/A SO CIAL SERVICE ND LINE 9 N/A LINE 9 N/A SO CIAL SERVICE ND LINE 9 N/A | BOX 13177 | SOCIAL SERVICE | ND | | | N/A | | |
| 400 FIRST AVE S FARGO, ND 581031998 45-0232096 YMCA OF MINOT NORTH DAKOTA PO BOX 69 MINOT, ND 587020069 45-0237612 MISSOURI VALLEY FAMILY YMCA 1608 N WASHINGTON ST BISMARCK, ND 585012675 45-0305520 JAMES RIVER FAMILY YMCA SOCIAL SERVICE ND LINE 9 N/A LINE 9 N/A LINE 9 N/A 2125 EAST HENNEPIN AVE MINNEAPOLIS, MN 55413 45-2363299 | -0226434 | SOCIAL SERVICE | ND ND | | LINE 9 | N/A | | No |
| 45-0232096 YMCA OF MINOT NORTH DAKOTA SOCIAL SERVICE ND LINE 9 N/A PO BOX 69 MINOT, ND 587020069 45-0237612 MISSOURI VALLEY FAMILY YMCA SOCIAL SERVICE ND LINE 9 N/A 1608 N WASHINGTON ST BISMARCK, ND 588012675 45-0305520 JAMES RIVER FAMILY YMCA SOCIAL SERVICE ND LINE 9 N/A 918 SEVENTH ST NE JAMESTOWN, ND 584013400 45-0337816 YMCA OF THE GREATER TWIN CITIES SOCIAL SERVICE MN LINE 9 N/A LINE 9 N/A LINE 9 N/A | 0 FIRST AVE S | | | | | | | |
| PO BOX 69 MINOT, ND 587020069 45-0237612 MISSOURI VALLEY FAMILY YMCA 1608 N WASHINGTON ST BISMARCK, ND 585012675 45-0305520 JAMES RIVER FAMILY YMCA 918 SEVENTH ST NE JAMESTOWN, ND 584013400 45-0337816 YMCA OF THE GREATER TWIN CITIES SOCIAL SERVICE MN LINE 9 N/A LINE 9 N/A LINE 9 N/A LINE 9 N/A LINE 9 N/A LINE 9 N/A | -0232096 | SOCIAL SERVICE | ND | | LINE 9 | N/A | | No |
| MISSOURI VALLEY FAMILY YMCA 1608 N WASHINGTON ST BISMARCK, ND 585012675 45-0305520 JAMES RIVER FAMILY YMCA 918 SEVENTH ST NE JAMESTOWN, ND 584013400 45-0337816 YMCA OF THE GREATER TWIN CITIES SOCIAL SERVICE MN LINE 9 N/A LINE 9 N/A LINE 9 N/A LINE 9 N/A LINE 9 N/A | BOX 69 NOT, ND 587020069 | | | | | | | |
| BISMARCK, ND 585012675 45-0305520 JAMES RIVER FAMILY YMCA 918 SEVENTH ST NE JAMESTOWN, ND 584013400 45-0337816 YMCA OF THE GREATER TWIN CITIES SOCIAL SERVICE MN LINE 9 N/A LINE 9 N/A LINE 9 N/A A5-2563299 | | SOCIAL SERVICE | ND | | LINE 9 | N/A | | No |
| JAMES RIVER FAMILY YMCA 918 SEVENTH ST NE JAMESTOWN, ND 584013400 45-0337816 YMCA OF THE GREATER TWIN CITIES SOCIAL SERVICE MN LINE 9 N/A LINE 9 N/A LINE 9 N/A 2125 EAST HENNEPIN AVE MINNEAPOLIS, MN 55413 45-2563299 | SMARCK, ND 585012675 | | | | | | | |
| JAMESTOWN, ND 584013400 45-0337816 YMCA OF THE GREATER TWIN CITIES SOCIAL SERVICE MN LINE 9 N/A 2125 EAST HENNEPIN AVE MINNEAPOLIS, MN 55413 45-2563299 | | SOCIAL SERVICE | ND | | LINE 9 | N/A | | Νo |
| YMCA OF THE GREATER TWIN CITIES SOCIAL SERVICE MN LINE 9 N/A 2125 EAST HENNEPIN AVE MINNEAPOLIS, MN 55413 45-2563299 | MESTOWN, ND 584013400 | | | | | | | |
| MINNEAPOLIS, MN 55413 45-2563299 | | SOCIAL SERVICE | MN | | LINE 9 | N/A | | Νo |
| YMCA OF SIOUX FALLS SOCIAL SERVICE SD LINE 9 N/A | NNEAPOLIS, MN 55413 | | | | | | | |
| | | SOCIAL SERVICE | SD | | LINE 9 | N/A | | Νo |
| 230 S MINNESOTA AVE SIOUX FALLS, SD 571046314 46-0225021 | OUX FALLS, SD 571046314 | | | | | | | |

| Form 990, Schedule R, Part II - Identification of Re | lated Tax-Exempt | Organizations | 1 | ı | 1 | |
|--|--------------------------------|---|-------------------------------|--|--------------------|--|
| (a) Name, address, and EIN of related organization | (b) Primary Activity | (c) Legal Domicile (State or Foreign Country) | (d) Exempt Code section | (e) Public charity status (if 501(c)(3)) | Direct Controlling | g ction 512 (b)(13) ontrolled ganization |
| YMCA OF RAPID CITY SOUTH DAKOTA | SOCIAL SERVICE | SD | | LINE 9 | N/A | No |
| 815 KANSAS CITY ST RAPID CITY, SD 577012605 46-0227218 ABERDEEN FAMILY YMCA | SOCIAL SERVICE | SD | | LINE 9 | N/A | No |
| 5 SOUTH STATE STREET ABERDEEN, SD 57401 46-0255779 | | | | | | |
| GENERAL CONVENTION OF SIOUX YMCAS | SOCIAL SERVICE | SD | | LINE 9 | N/A | No |
| PO BOX 218 DUPREE, SD 576230218 46-0336514 YMCA OF NORFOLK NEBRASKA | SOCIAL SERVICE | NE | | LINE 9 | N/A | No |
| 301 W BENJAMIN AVE NORFOLK, NE 687012910 47-0376546 | | | | | | |
| YMCA OF LINCOLN NEBRASKA | SOCIAL SERVICE | NE | | LINE 9 | N/A | No |
| 570 FALLBROOK BLVD LINCOLN, NE 68521 47-0376578 | | | | | | |
| YMCA OF GREATER OMAHA | SOCIAL SERVICE | NE | | LINE 9 | N/A | No |
| 430 S 20TH ST OMAHA, NE 681022506 47-0376586 | | | | | | |
| YMCA OF FREMONT NEBRASKA | SOCIAL SERVICE | NE | | LINE 9 | N/A | No |
| 810 N LINCOLN AVE FREMONT, NE 680254488 47-0376600 | | | | | | |
| YMCA OF HASTINGS NEBRASKA | SOCIAL SERVICE | NE | | LINE 9 | N/A | No |
| PO BOX 1065 HASTINGS, NE 689021065 47-0376607 | | | | | | |
| ED THOMAS YMCA | SOCIAL SERVICE | NE | | LINE 9 | N/A | No |
| PO BOX 408 MCCOOK, NE 69001 47-0377999 COLUMBUS FAMILY YMCA INC | SOCIAL SERVICE | NE NE | | LINE 9 | N/A | No |
| 2200 28TH AVE COLUMBUS, NE 686013261 47-0398817 | | | | | | |
| BEATRICE MARY FAMILY YMCA | SOCIAL SERVICE | NE | | LINE 9 | N/A | No |
| 1801 SCOTT STREET BEATRICE, NE 68310 47-0415814 | | | | | | |
| YMCA OF GRAND ISLAND NEBRASKA | SOCIAL SERVICE | NE | | LINE 9 | N/A | No |
| 221 EAST SOUTH FRONT ST GRAND ISLAND, NE 68801 47-0425015 SCOTTSBLUFF FAMILY YMCA | SOCIAL SERVICE | NE | | LINE 9 | N/A | No |
| PO BOX 2423 SCOTTSBLUFF, NE 693632423 | SUCIAL SERVICE | NE NE | | LINE 9 | IN/A | |
| 47-0439999 KEARNEY FAMILY YMCA | SOCIAL SERVICE | NE | | LINE 9 | N/A | No |
| 4500 6TH AVE KEARNEY, NE 68847 47-0720055 | | | | | | |
| BLAIR FAMILY YMCA | SOCIAL SERVICE | NE | | LINE 9 | N/A | No |
| 1278 WILBUR STREET BLAIR, NE 680082373 47-0782711 | SOCIAL SERVICE | N.S. | | LINE | N/A | |
| YMCA OF THE PRAIRIE P O BOX 618 HOLDREGE, NE 68949 | SOCIAL SERVICE | NE | | LINE 9 | N/A | No |
| YMCA OF TOPEKA KANSAS | SOCIAL SERVICE | KS | | LINE 9 | N/A | No |
| 421 VAN BUREN STREET TOPEKA, KS 666033331 48-0543757 | | | | | | |
| YMCA OF SALINA KANSAS PO BOX 973 SALINA, KS 674010973 | SOCIAL SERVICE | KS | | LINE 9 | N/A | No |
| 48-0544573 YMCA OF WICHITA KANSAS | SOCIAL SERVICE | KS | | LINE 9 | N/A | No |
| 340 S BROADWAY SUITE 200 WICHITA, KS 67202 48-0554440 | SS SIME SERVICE | | | | | |
| YMCA OF HUTCHINSON AND RENO COUNTY | SOCIAL SERVICE | KS | | LINE 9 | N/A | No |
| 716 EAST 13TH STREET HUTCHINSON, KS 675015856 48-0556722 | | | | | | |

| Form 990, Schedule R, Part II - Identification of Rel | ated Tax-Exempt (| Organizations | 1 | ı | 1 | |
|---|--------------------------------|---|-------------------------------|--|---|--------|
| (a) Name, address, and EIN of related organization | (b) Primary Activity | (c) Legal Domicile (State or Foreign Country) | (d) Exempt Code section | (e) Public charity status (if 501(c)(3)) | (f) Section 51 Direct Controlling Entity controlled organizatio | l |
| MCPHERSON FAMILY YMCA | SOCIAL SERVICE | KS | | LINE 9 | N/A | Νο |
| 220 N WALNUT MCPHERSON, KS 674601066 48-0650061 JUNCTION CITY FAMILY YMCA INC | SOCIAL SERVICE | KS | | LINE 9 | N/A | No |
| PO BOX 113 JUNCTION CITY, KS 664410113 | SO CIAL SERVICE | ING. | | | | |
| 48-0677789 GARDEN CITY FAMILY YMCA | SOCIAL SERVICE | KS | | LINE 9 | N/A | No |
| 1224 CENTER ST GARDEN CITY, KS 678464643 48-0693241 | | | | | | |
| CAMP WOOD YMCA | SOCIAL SERVICE | KS | | LINE 9 | N/A | No |
| RR 1 BO X 78 ELMDALE, KS 668509801 48-0908238 YMCA OF DELAWARE | SOCIAL SERVICE | DE | | LINE 9 | N/A | No |
| 100 WEST 10TH STREET WILMINGTON, DE 19801 | | | | | | |
| TALPH J STOLLE COUNTRYSIDE YMCA OF WARREN CO | SOCIAL SERVICE | ОН | | LINE 9 | N/A | No |
| 1699 DEERFIELD ROAD LEBANON, OH 450360617 51-0181689 | | | | | | |
| OLD TOWN-ORONO YMCA | SOCIAL SERVICE | ME | | LINE 9 | N/A | No |
| 472 STILLWATER STREET OLD TOWN, ME 044682133 51-0201156 | | | | | | |
| PRINCETON YMCA-YWCA CORP | SOCIAL SERVICE | N J | | LINE 9 | N/A | No |
| 59 PAUL ROBESON PLACE PRINCETON, NJ 08540 51-0233934 | | | | | | |
| YMCA OF CENTRAL MARYLAND | SOCIAL SERVICE | MD | | LINE 9 | N/A | No |
| 303 W CHESAPEAKE AVENUE BALTIMORE, MD 21204 52-0591699 YMCA OF CUMBERLAND MD | SOCIAL SERVICE | MD | | LINE 9 | N/A | No |
| 601 KELLY ROAD CUMBERLAND, MD 21502 | SO CIAL SERVICE | | | | | |
| YMCA OF HAGERSTOWN MARYLAND INC | SOCIAL SERVICE | MD | | LINE 9 | N/A | No |
| PO BOX 1857 HAGERSTOWN, MD 21742 52-0591701 | | | | | | |
| YMCA OF FREDERICK COUNTY MD INC | SOCIAL SERVICE | MD | | LINE 9 | N/A | No |
| 1000 N MARKET STREET FREDERICK, MD 217014628 52-0607953 | | | | | | |
| YMCA OF CECIL COUNTY INC 25 YMCA BLVD ELKTON, MD 219214719 | SOCIAL SERVICE | MD | | LINE 9 | N/A | No |
| 52-0620245 | COCIAL CERVICE | MB | | LINE 9 | N/A | N. |
| YMCA OF CHESAPEAKE INC 202 PEACHBLOSSOM ROAD EASTON, MD 216012545 | SOCIAL SERVICE | MD | | LINE 9 | N/A | No |
| 52-0646895 DORCHESTER COUNTY FAMILY YMCA INC | SOCIAL SERVICE | MD | | LINE 9 | N/A | No |
| 201 TALBOT AVENUE CAMBRIDGE, MD 216131500 52-1359696 | | | | | | |
| YMCA OF METROPOLITAN WASHINGTON | SOCIAL SERVICE | DC | | LINE 9 | N/A | No |
| 1112 16TH ST NW 720 WASHINGTON, DC 200364823 53-0207403 | | | | | | |
| YMCA OF SOUTH HAMPTON ROADS 250 W BRAMBLETON AVE SUITE 100 | SOCIAL SERVICE | VA | | LINE 9 | N/A | No |
| NORFOLK, VA 23510 54-0445205 | SOCIAL SERVICE | 37.6 | | LINEO | N/A | - Bi - |
| YMCA OF CENTRAL VIRGINIA 801 WINDURST DR LYNCHBURG, VA 24502 | SOCIAL SERVICE | VA | | LINE 9 | N/A | No |
| DANVILLE YMCA | SOCIAL SERVICE | VA | | LINE 9 | N/A | No |
| 810 MAIN STREET DANVILLE, VA 24541 54-0505982 | | | | | | |

VΑ

LINE 9

N/A

Νo

SOCIAL SERVICE

HENSEL ECKMAN YMCA INC

615 OAKHURST AVE PULASKI, VA 24301 54-0505984

| Form 990, Schedule R, Part II - Identification of Relat | ed Tax-Exempt Or | ganizations | 1 | 1 | | | |
|---|--------------------------------|---|-------------------------------|--|--------------------|--|----------|
| (a) Name, address, and EIN of related organization | (b) Primary Activity | (c) Legal Domicile (State or Foreign Country) | (d) Exempt Code section | (e) Public charity status (if 501(c)(3)) | Direct Controlling | g Section 512 (b)(13) controlled organization | |
| YMCA OF GREATER RICHMOND | SOCIAL SERVICE | VA | | LINE 9 | N/A | | Νο |
| 2 WEST FRANKLIN STREET RICHMOND, VA 232205006 54-0505986 | | | | | | | |
| STAUNTON-AUGUSTA YMCA | SOCIAL SERVICE | VA | | LINE 9 | N/A | | Νo |
| PO BOX 2746 STAUNTON, VA 244012746 54-0506438 | | | | | | | |
| YMCA OF ROANOKE VALLEY | SOCIAL SERVICE | VA | | LINE 9 | N/A | | Νo |
| PO BOX 2130 ROANOKE, VA 24009 54-0515736 | | | | | | | |
| PENINSULA METROPOLITAN YMCA | SOCIAL SERVICE | VA | | LINE 9 | N/A | | Νo |
| 101 LONG GREEN BLVD YORKTOWN, VA 23693 54-0524905 | | | | | | | |
| PORTSMOUTH YMCA | SOCIAL SERVICE | VA | | LINE 9 | N/A | | Νo |
| 4900 HIGH STREET WEST PORTSMOUTH, VA 23703 54-0534407 | | | | | | | |
| WAYNESBORO FAMILY YMCA | SOCIAL SERVICE | VA | | LINE 9 | N/A | | Νo |
| 648 SOUTH WAYNE AVENUE WAYNESBORO, VA 229804838 54-0633243 | | | | | 1.00 | | <u> </u> |
| MARTINSVILLE HENRY COUNTY FAMILY YMCA | SOCIAL SERVICE | VA | | LINE 9 | N/A | | Νo |
| 3 STARLING AVENUE MARTINSVILLE, VA 24112 | | | | | | | |
| VIRGINIA YMCA | SOCIAL SERVICE | VA | | LINE 9 | N/A | | No |
| PO BOX 10365 LYNCHBURG, VA 245060365 54-0881950 | | | | | | | |
| ALTAVISTA AREA YMCA | SOCIAL SERVICE | VA | | LINE 9 | N/A | | No |
| PO BOX 149 ALTAVISTA, VA 245170149 54-0895639 | | | | | | | |
| YMCA OF SOUTH BOSTON AND HALIFAX COUNTY INC | SOCIAL SERVICE | VA | | LINE 9 | N/A | | Νo |
| 650 HAMILTON BLVD SOUTH BOSTON, VA 245925210 54-0951231 | | | | | | | |
| RAPPAHANNOCK AREA YMCA | SOCIAL SERVICE | VA | | LINE 9 | N/A | | Νo |
| 212 BUTLER ROAD FREDERICKSBURG, VA 224052441 54-0965826 | | | | | | | |
| BEDFORD AREA FAMILY YMCA | SOCIAL SERVICE | VA | | LINE 9 | N/A | | Νo |
| PO BOX 1026 BEDFORD, VA 24523 54-1140513 | | | | | | | |
| MECKLENBURG COUNTY YMCA | SOCIAL SERVICE | VA | | LINE 9 | N/A | | Νo |
| PO BOX 1753 CLARKSVILLE, VA 239271753 54-1351309 | | | | | | | |
| ALLEGHANY HIGHLANDS YMCA | SOCIAL SERVICE | VA | | LINE 9 | N/A | | Νo |
| 101 YMCA WAY COVINGTON, VA 24426 54-1637131 | | | | | | | |
| PIEDMONT FAMILY YMCA INC | SOCIAL SERVICE | VA | | LINE 9 | N/A | | No |
| 442 WESTFIELD ROAD CHARLOTTESVILLE, VA 22901 54-1717336 FRANKLIN COUNTY FAMILY YMCA | COCIAL CERVICE | \/A | | LINEO | N/A | | N.a |
| FRANKLIN COUNTY FAMILY YMCA | SOCIAL SERVICE | VA | | LINE 9 | N/A | | Νo |
| 235 TECHNOLOGY DRIVE ROCKY MOUNT, VA 24151 54-1740065 | CO CIAL CERVICE | | | LINE | N/A | | |
| SOUTH HILL YMCA | SOCIAL SERVICE | VA | | LINE 9 | N/A | | Νo |
| 116 N MECKLENBURG AVE SOUTH HILL, VA 23970 54-1849696 FAMILY YMCA OF EMPORIAGREENSVILLE INC | SOCIAL SERVICE | VA | | LINE 9 | N/A | | No |
| 212 WEAVER AVENUE EMPORIA, VA 23847 | SOCIAL SERVICE | VA | | LINE 9 | IN/A | | INO |
| 54-2005981 ROCKBRIDGE AREA YMCA | SOCIAL SERVICE | VA | | LINE 9 | N/A | | No |
| 790 N LEE HWY LEXINGTON, VA 24450 | SOCIAL SERVICE | | | , | | | 100 |
| 54-2070140 CAMP JORN 2 YMCA INC | SOCIAL SERVICE | WI | | LINE 9 | N/A | | No |
| PO BOX 430 MANITOWISH WATERS, WI 54545 | | | | | | | |
| 54-2184387 | I | I | 1 | | | | |

| Form 990, Schedule R, Part II - Identification of Re | ated Tax-Exempt | Organizations | ı | I | 1 | |
|--|--------------------------------|---|-------------------------------|--|--|-----------|
| (a) Name, address, and EIN of related organization | (b) Primary Activity | (c) Legal Domicile (State or Foreign Country) | (d) Exempt Code section | (e) Public charity status (if 501(c)(3)) | (f) Section Direct Controlling control Entity organiza | 3) led |
| YMCA OF KANAWHA INC | SOCIAL SERVICE | WV | | LINE 9 | N/A | No |
| 100 YMCA DRIVE CHARLESTOWN, WV 25311 55-0357058 | | | | | | |
| YMCA OF PARKERSBURG WEST VIRGINIA | SOCIAL SERVICE | wv | | LINE 9 | N/A | No |
| 1800 30TH ST PARKERSBURG, WV 26104 55-0357059 | | | | | | |
| YMCA OF WHEELING | SOCIAL SERVICE | WV | | LINE 9 | N/A | No |
| PO BOX 6537 WHEELING, WV 260036537 55-0357071 | | | | | | |
| YMCA OF SOUTHERN WEST VIRGINIA | SOCIAL SERVICE | WV | | LINE 9 | N/A | No |
| 121 EAST MAIN STREET BECKLEY, WV 258014705 55-0464596 | | | | | | |
| HARRISON COUNTY YMCA INC | SOCIAL SERVICE | WV | | LINE 9 | N/A | No |
| PO BOX 688 CLARKSBURG, WV 26301 55-0486791 | | | | | | |
| TRI-COUNTY YMCA INC | SOCIAL SERVICE | WV | | LINE 9 | N/A | No |
| PO BOX 737 SCOTT DEPOT, WV 255600737 55-0702900 | | | | | | |
| YMCA OF WESTERN NORTH CAROLINA INC | SOCIAL SERVICE | NC | | LINE 9 | N/A | No |
| 53 ASHELAND AVENUE SUITE 105 ASHEVILLE, NC 28801 56-0530013 | | | | | | |
| YMCA OF HIGH POINT INC | SOCIAL SERVICE | NC | | LINE 9 | N/A | No |
| PO BOX 6258 HIGH POINT, NC 272626258 56-0530014 | | | | | | |
| YMCA OF NORTHWEST NORTH CAROLINA | SOCIAL SERVICE | NC | | LINE 9 | N/A | No |
| 301 NORTH MAIN ST SUITE 1900 WINSTONSALEM, NC 27101 56-0530015 | | | | | | |
| BLUE RIDGE ASSEMBLY YMCA | SOCIAL SERVICE | NC | | LINE 9 | N/A | No |
| 84 BLUE RIDGE CIRCLE BLACK MOUNTAIN, NC 287119750 56-0532130 | | | | | | |
| YMCA OF WILMINGTON INC | SOCIAL SERVICE | NC | | LINE 9 | N/A | No |
| 2710 MARKET STREET WILMINGTON, NC 284031218 56-0532317 | | | | | | |
| GREENSBORO METROPOLITAN YMCA | SOCIAL SERVICE | NC | | LINE 9 | N/A | No |
| 620 GREEN VALLEY ROAD SUITE 210 GREENSBORO, NC 27408 56-0543243 | GO GIAL GERWAGE | N.C. | | 1705 | N/A | |
| PO BOX 4063 | SOCIAL SERVICE | NC | | LINE 9 | N/A | No |
| ROCKY MOUNT, NC 278030063 56-0543251 | | | | | | |
| EDEN FAMILY YMCA 301 KENNEDY AVENUE EDEN, NC 272885001 | SOCIAL SERVICE | NC | | LINE 9 | N/A | No |
| 56-0547468 J SMITH YOUNG FAMILY YMCA | SOCIAL SERVICE | NC | | LINE 9 | N/A | No |
| 119 WTHIRD AVENUE LEXINGTON, NC 27292 | SOCIAL SERVICE | NC NC | | LINE 9 | N/A | INO |
| 56-0576153 FAYETTEVILLE YMCA | SOCIAL SERVICE | NC | | LINE 9 | N/A | No |
| 2717 FORT BRAGG ROAD | SOCIAL SERVICE | NC | | LINE 9 | N/A | |
| FAYETTEVILLE, NC 283034720 56-0582025 | | | | | | |
| YMCA OF THE TRIANGLE AREA | SOCIAL SERVICE | NC | | LINE 9 | N/A | No |
| 801 CORPORATE CENTER DRIVE SUITE 20 RALEIGH, NC 27607 56-0591307 | | | | | | |
| YMCA OF ROWAN COUNTY | SOCIAL SERVICE | NC | | LINE 9 | N/A | No |
| PO BOX 1575 SALISBURY, NC 281441575 56-0606313 | | | | | | |
| ALAMANCE COUNTY COMMUNITY YMCA | SOCIAL SERVICE | NC | | LINE 9 | N/A | No |
| 1346 SOUTH MAIN STREET BURLINGTON, NC 272155604 56-0611575 | | | | | | |
| GASTON COUNTY FAMILY YMCA | SOCIAL SERVICE | NC | | LINE 9 | N/A | No |
| 201 S CLAY STREET GASTONIA, NC 280523828 56-0655420 | | | | | | |

| Form 990, Schedule R, Part II - Identification of Rel | lated Tax-Exempt | Organizations | I | I | 1 | | |
|---|--------------------------------|---|-------------------------------|--|--------------------------------------|--|-----|
| (a) Name, address, and EIN of related organization | (b) Primary Activity | (c) Legal Domicile (State or Foreign Country) | (d) Exempt Code section | (e) Public charity status (if 501(c)(3)) | (f) Direct Controlling Entity | Section 512 (b)(13) controlled organization | |
| CHAPEL HILL-CARRBORO YMCA 980 MARTIN LUTHER KING JR BLVD CHAPEL HILL, NC 27514 | SOCIAL SERVICE | NC | | LINE 9 | N/A | | Νo |
| 56-0899075 YMCA OF CATAWBA VALLEY | SOCIAL SERVICE | NC | | LINE 9 | N/A | | Νo |
| 1375 LENOIR RHYNE BLVD SE HICKORY, NC 28602 56-0928743 | | | | | | | |
| YMCA OF ASHEBORO NC INC PO BOX 1152 ASHEBORO, NC 272031152 | SOCIAL SERVICE | NC | | LINE 9 | N/A | | Νo |
| TOM A FINCH COMMUNITY YMCA | SOCIAL SERVICE | NC | | LINE 9 | N/A | | Νo |
| 1010 MENDENHALL ROAD THOMASVILLE, NC 273602546 56-1004370 YMCA OF GREATER CHARLOTTE | SOCIAL SERVICE | NC | | LINE 9 | N/A | | Νo |
| 500 E MOREHEAD ST 300 CHARLOTTE, NC 282022606 56-1045299 | | | | | | | |
| GOLDSBORO FAMILY YMCA | SOCIAL SERVICE | NC | | LINE 9 | N/A | | Νo |
| PO BOX 10355 GOLDSBORO, NC 27530 56-1285595 | | | | | | | |
| PO BOX 834 WINDSOR, NC 279830834 | SOCIAL SERVICE | NC | | LINE 9 | N/A | | Νo |
| WILSON FAMILY YMCA | SOCIAL SERVICE | NC | | LINE 9 | N/A | | Νo |
| 3436C AIRPORT BLVD WILSON, NC 27896 56-2220375 | | | | | | | |
| YMCA OF SUMTER | SOCIAL SERVICE | SC | | LINE 9 | N/A | | Νo |
| 510 MILLER ROAD SUMTER, SC 29150 57-0314417 YMCA OF COLUMBIA SOUTH CAROLINA-METRO | SOCIAL SERVICE | SC | | LINE 9 | N/A | | No |
| 1420 SUMTER STREET COLUMBIA, SC 29201 | SOCIAL SERVICE | 30 | | LINE 9 | IV/A | | |
| YMCA OF GREENVILLE | SOCIAL SERVICE | SC | | LINE 9 | N/A | | Νo |
| 601 E MCBEE AVE 212 GREENVILLE, SC 296012945 57-0314424 | | | | | | | |
| YMCA OF GREATER SPARTANBURG 266 S PINE STREET SPARTANBURG, SC 29302 | SOCIAL SERVICE | SC | | LINE 9 | N/A | | Νo |
| 57-0314425 ANDERSON AREA YMCA | SOCIAL SERVICE | SC | | LINE 9 | N/A | | Νo |
| 201 E REED ROAD ANDERSON, SC 296212095 57-0314465 | | | | | | | |
| UPPER PALMETTO YMCA 361 CHARLOTTE AVENUE ROCK HILL, SC 29730 | SOCIAL SERVICE | SC | | LINE 9 | N/A | | Νo |
| 57-0335422 GREENWOOD YMCA | SOCIAL SERVICE | SC | | LINE 9 | N/A | | Νo |
| 1760 CALHOUN ROAD GREENWOOD, SC 29649 57-0365055 | | | | | | | |
| PICKENS COUNTY YMCA | SOCIAL SERVICE | SC | | LINE 9 | N/A | | Νo |
| 201 BURNS ROAD EASLEY, SC 29640 57-0405623 CLINTON FAMILY YMCA | SOCIAL SERVICE | sc | | LINE 9 | N/A | | No |
| PO BOX 492 CLINTON, SC 293250492 | SOCIAL SERVICE | | | | | | |
| FLORENCE FAMILY YMCA | SOCIAL SERVICE | SC | | LINE 9 | N/A | | Νo |
| 1700 SOUTH RUTHERFORD ROAD FLORENCE, SC 29505 57-0516770 | | | | | | | |
| FAMILY YMCA OF GREATER LAURENS 410 ANDERSON DRIVE LAURENS, SC 29360 | SOCIAL SERVICE | SC | | LINE 9 | N/A | | Νo |
| 57-0517776 CHEROKEE COUNTY FAMILY YMCA | SOCIAL SERVICE | SC | | LINE 9 | N/A | | Νο |
| 390 WHELCHEL RD GAFFNEY, SC 293413408 57-0557200 | SOCIAL SERVICE | 50 | | LINE 9 | N/A | | 140 |

| Form 990, Schedule R, Part II - Identification of Re | ated Tax-Exempt | Organizations | ı | 1 | I | |
|--|--------------------------------|---|-------------------------------|--|----------------------|---|
| (a) Name, address, and EIN of related organization | (b) Primary Activity | (c) Legal Domicile (State or Foreign Country) | (d) Exempt Code section | (e) Public charity status (if 501(c)(3)) | Direct Controlling (| g ction 512 (b)(13) ontrolled anization |
| SUMMERVILLE FAMILY YMCA | SOCIAL SERVICE | SC | | LINE 9 | N/A | N |
| 140 S CEDAR STREET SUMMERVILLE, SC 29483 57-0643100 | | | | | | |
| YMCA OF COASTAL CAROLINA | SOCIAL SERVICE | sc | | LINE 9 | N/A | N |
| PO BOX 218 MURRELLS INLET, SC 29576 57-0747196 | | | | | | |
| NEWBERRY COUNTY FAMILY YMCA | SOCIAL SERVICE | SC | | LINE 9 | N/A | N |
| PO BOX 662 NEWBERRY, SC 29108 57-0783484 | | | | | | |
| YMCA OF THE UPPER PEE DEE 111 EAST CAROLINA AVENUE | SOCIAL SERVICE | SC | | LINE 9 | N/A | N |
| HARTSVILLE, SC 29550 57-0794011 UNION COUNTY YMCA | SOCIAL SERVICE | sc | | LINE 9 | N/A | N |
| 106 LAKESIDE DRIVE | SOCIAL SERVICE | 30 | | LINE 9 | IN/A | |
| UNION, SC 293791939 57-0832992 | SOCIAL SERVICE | sc | | LINE 9 | N/A | N |
| BEAUFORT COUNTY YMCA 1801 RICHMOND AVE | SOCIAL SERVICE | 50 | | TIME A | N/A | N |
| PORT ROYAL, SC 29935 57-0910326 | COCIAL CERVICE | 66 | | LINE O | N/A | |
| FOOTHILLS AREA FAMILY YMCA 10121 CLEMSON BLVD SUITE F | SOCIAL SERVICE | SC | | LINE 9 | N/A | N |
| SENECA, SC 29678 57-0934024 | | | | | | |
| CANNON STREET YMCA | SOCIAL SERVICE | SC | | LINE 9 | N/A | N |
| 61 CANNON STREET CHARLESTON, SC 29403 57-0935533 | | | | | | |
| YMCA OF NORTHEAST IOWA INC | SOCIAL SERVICE | IA | | LINE 9 | N/A | N |
| PO BOX 268 POSTVILLE, IA 52162 57-1167577 | | | | | | |
| YMCAS OF WAYCROSS GA INC | SOCIAL SERVICE | GA | | LINE 9 | N/A | N |
| 1634 PLANT AVENUE WAYCROSS, GA 31501 58-0566129 | | | | | | |
| PO BOX 820 | SOCIAL SERVICE | GA | | LINE 9 | N/A | N |
| MCDONOUGH, GA 30253 58-0566244 | | | | | | |
| YMCA OF METROPOLITAN ATLANTA INC 100 EDGEWOOD AVE NE SUITE 1100 | SOCIAL SERVICE | GA | | LINE 9 | N/A | N |
| ATLANTA, GA 303033026 58-0566253 | | | | | | |
| METROPOLITAN AUGUSTA YMCA 3570 WHEELER ROAD | SOCIAL SERVICE | GA | | LINE 9 | N/A | N |
| AUGUSTA, GA 30909 58-0566254 | | | | | | |
| THOMASVILLE YMCA YOUTH CENTER INC | SOCIAL SERVICE | GA | | LINE 9 | N/A | N |
| PO BOX 1037 THOMASVILLE, GA 317991037 58-0566255 | | | | | | |
| MOULTRIE YMCA | SOCIAL SERVICE | GA | | LINE 9 | N/A | N |
| 601 26TH AVENUE SE MOULTRIE, GA 31768 58-0593424 | | | | | | |
| ATHENS YMCA | SOCIAL SERVICE | GA | | LINE 9 | N/A | N |
| 915 HAWTHORNE AVE ATHENS, GA 30606 58-0593443 | | | | | | |
| YMCA OF COASTAL GEORGIA INC | SOCIAL SERVICE | GA | | LINE 9 | N/A | N |
| PO BOX 14142 SAVANNAH, GA 31416 58-0603160 | | | | | | |
| ALBANY YMCA 1701 GILLIONVILLE ROAD | SOCIAL SERVICE | GA | | LINE 9 | N/A | N |
| ALBANY, GA 31707 58-0610051 COLUMBUS METROPOLITAN YMCA | SOCIAL SERVICE | GA | | LINE 9 | N/A | N |
| PO BOX 1640 | JOCIAL SERVICE | GA | | LETINE 3 | IN/O | l'N |
| COLUMBUS, GA 31902 58-0648697 | | | | LINE | 101/0 | |
| ROME-FLOYD COUNTY YMCA 810 E 2ND AVE | SOCIAL SERVICE | GA | | LINE 9 | N/A | N |
| ROME, GA 30161 58-0814549 | | | | | | |

| Form 990, Schedule R, Part II - Identification of Re | lated Tax-Exempt | Organizations | ı | 1 | 1 | - | |
|--|--------------------------------|---|-------------------------------|--|--------------------|---|-----|
| (a) Name, address, and EIN of related organization | (b) Primary Activity | (c) Legal Domicile (State or Foreign Country) | (d) Exempt Code section | (e) Public charity status (if 501(c)(3)) | Direct Controlling | g Section 512 (b)(13) controlled organization | |
| TWIN RIVERS YMCA | SOCIAL SERVICE | NC | | LINE 9 | N/A | ı | Νo |
| 100 YMCA LANE NEW BERN, NC 285605400 58-1402035 | | | | | | | |
| HENDERSON FAMILY YMCA | SOCIAL SERVICE | NC | | LINE 9 | N/A | 1 | Νo |
| 380 RUIN CREEK ROAD HENDERSON, NC 275362955 58-1406066 | | | | | | | |
| GREATER KINGSPORT FAMILY YMCA | SOCIAL SERVICE | TN | | LINE 9 | N/A | ı | Νo |
| 1100 FRANKLIN SQUARE KINGSPORT, TN 37664 58-1564232 | | | | | | | |
| CANNON MEMORIAL YMCA | SOCIAL SERVICE | NC | | LINE 9 | N/A | 1 | Νo |
| PO BOX 46 KANNAPOLIS, NC 280820046 58-1574620 | | | | | | | |
| STANLY COUNTY FAMILY YMCA | SOCIAL SERVICE | NC | | LINE 9 | N/A | ļ | Νo |
| 427 N 1ST ST ALBEMARLE, NC 280013906 58-1582063 | | | | | | | |
| BAINBRIDGE-DECATUR COUNTY YMCA | SOCIAL SERVICE | GA | | LINE 9 | N/A | | Νo |
| 1818 EAST SHOTWELL STREET BAINBRIDGE, GA 317174352 58-1608613 | | | | | | | |
| LAFAYETTE LOUISIANA YMCA | SOCIAL SERVICE | LA | | LINE 9 | N/A | | Νo |
| 800 E FARREL RD LAFAYETTE, LA 70508 58-1640136 | | | | | | | |
| TOCCOA-STEPHENS COUNTY YMCA INC | SOCIAL SERVICE | GA | | LINE 9 | N/A | 1 | Νo |
| 276 N BIG A RD TOCCOA, GA 30577 58-1999379 | CO CIAL CERVICE | NG | | LINEO | N/A | | |
| CLEVELAND COUNTY FAMILY YMCA PO BOX 2272 | SOCIAL SERVICE | NC | | LINE 9 | N/A | | Νo |
| SHELBY, NC 281512272 58-2016066 YMCA OF METROPOLITAN HUNTSVILLE AL | SOCIAL SERVICE | AL | | LINE 9 | N/A | | No |
| 120 HOLMES AVENUE SUITE 405 | SOCIAL SERVICE | AL | | LINE 9 | N/A | | NO |
| HUNTSVILLE, AL 35801 58-2058795 | | | | | | | |
| GEORGIA MOUNTAINS YMCA | SOCIAL SERVICE | GA | | LINE 9 | N/A | ļ | Νo |
| 2455 HOWARD ROAD GAINESVILLE, GA 30507 58-2203268 | | | | | | | |
| TIFTAREA YMCA INC | SOCIAL SERVICE | GA | | LINE 9 | N/A | | Νo |
| 1657 S CARPENTER RD TIFTON, GA 31794 58-2383631 | | | | | | | |
| CENTRAL FLORIDA METRO YMCA | SOCIAL SERVICE | FL | | LINE 9 | N/A | 1 | Νo |
| 433 NORTH MILLS AVENUE ORLANDO, FL 328035798 59-0624430 | | | | | | | |
| YMCA OF BROWARD COUNTY | SOCIAL SERVICE | FL | | LINE 9 | N/A | | Νo |
| 900 SE 3RD AVENUE FORT LAUDERDALE, FL 33316 59-0624463 | | | | | | | |
| YMCA OF GREATER MIAMI | SOCIAL SERVICE | FL | | LINE 9 | N/A | 1 | Νo |
| 730 NW 107TH AVE SUITE 200 MIAMI, FL 33172 59-0624464 | | | | | | | |
| YMCA OF NORTHWEST FLORIDA | SOCIAL SERVICE | FL | | LINE 9 | N/A | 1 | Νo |
| 415-B N TARRAGONA STREET PENSACOLA, FL 32501 59-0624465 | | | | | | | |
| YMCA OF GREATER ST PETERSBURG | SOCIAL SERVICE | FL | | LINE 9 | N/A | [1 | Νo |
| 600 1ST AVENUE ST PETERSBURG, FL 33701 59-0624468 | | | | | | | |
| PALM BEACHES METROPOLITAN YMCA 2085 SOUTH CONGRESS AVENUE | SOCIAL SERVICE | FL | | LINE 9 | N/A | | Νo |
| WEST PALM BEACH, FL 334067601 59-0624470 | | | | LINE C | 10.70 | | |
| FLORIDA'S FIRST COAST YMCA - METROPOLITAN 12735 GRAN BAY PKWY W STE 250 JACKSONVILLE, FL 32258 | SOCIAL SERVICE | FL | | LINE 9 | N/A | | Νo |
| 59-0638514 CAPITAL REGION YMCA | SOCIAL SERVICE | FL | | LINE 9 | N/A | 1 | Νο |
| 2001 APALACHEE PARKWAY TALLAHASSEE, FL 323014845 | | | | | | [| . • |
| 59-0808247 | | | I | 1 | | | |

| Form 990, Schedule R, Part II - Identification of Rela | ted Tax-Exempt O | rganizations | 1 | | | |
|--|--------------------------------|---|-------------------------------|--|----------------------|---|
| (a) Name, address, and EIN of related organization | (b) Primary Activity | (c) Legal Domicile (State or Foreign Country) | (d) Exempt Code section | (e) Public charity status (if 501(c)(3)) | Direct Controlling (| g tion 512 b)(13) ntrolled anization |
| YMCA OF THE SUNCOAST | SOCIAL SERVICE | FL | | LINE 9 | N/A | No |
| 2469 ENTERPRISE ROAD CLEARWATER, FL 33763 | | | | | | |
| 59-0810731 | GO CIAL GERVICE | | | LINE | 101/0 | N. |
| FLORIDA'S EMERALD COAST YMCA 4345 COMMONS DR W | SOCIAL SERVICE | FL | | LINE 9 | N/A | No |
| DESTIN, FL 325418414 59-0978077 | | | | | | |
| YMCA OF WEST CENTRAL FLORIDA | SOCIAL SERVICE | FL | | LINE 9 | N/A | No |
| 3620 CLEVELAND HEIGHTS BOULEVARD LAKELAND, FL 33803 | | | | | | |
| 59-1158144 NORTH CENTRAL FLORIDA YMCA | SOCIAL SERVICE | FL | | LINE 9 | N/A | No |
| 5201 NW 34TH ST | SOCIAL SERVICE | 1.5 | | LINE | | 140 |
| GAINESVILLE, FL 32605 59-1195257 | | | | | | |
| YMCA OF SOUTH PALM BEACH COUNTY | SOCIAL SERVICE | FL | | LINE 9 | N/A | No |
| 6631 PALMETTO CIRCLE SOUTH BOCA RATON, FL 33433 59-1416281 | | | | | | |
| SARASOTA FAMILY YMCA INC | SOCIAL SERVICE | FL | | LINE 9 | N/A | No |
| ONE S SCHOOL AVENUE SUITE 301 SARASOTA, FL 34237 | | | | | | |
| 59-1618413 MANATEE COUNTY FAMILY YMCA | SOCIAL SERVICE | FL | | LINE 9 | N/A | No |
| 3805 59TH STREET WEST BRADENTON, FL 342096050 | | | | | | |
| 59-1626905 SOUTH COUNTY FAMILY YMCA | SOCIAL SERVICE | FL | | LINE 9 | N/A | No |
| 701 CENTER ROAD | | | | | | |
| VENICE, FL 34285 59-1629660 | | | | | | |
| LAKE WALES FAMILY YMCA | SOCIAL SERVICE | FL | | LINE 9 | N/A | No |
| 1001 BURNS AVENUE LAKE WALES, FL 33853 | | | | | | |
| TAMPA METROPOLITAN AREA YMCA | SOCIAL SERVICE | FL | | LINE 9 | N/A | No |
| 110 E OAK AVENUE | | | | | | |
| TAMPA, FL 33602 59-1742909 | | | | | | |
| YMCA OF THE TREASURE COAST | SOCIAL SERVICE | FL | | LINE 9 | N/A | No |
| 1700 SE MONTEREY RD STUART, FL 349964109 59-1911653 | | | | | | |
| MARCO ISLAND YMCA | SOCIAL SERVICE | FL | | LINE 9 | N/A | No |
| PO BOX 2529 MARCO ISLAND, FL 339692529 | | | | | | |
| 59-2498619 HIGHLANDS COUNTY FAMILY YMCA | SOCIAL SERVICE | FL | | LINE 9 | N/A | No |
| 100 YMCA LN | SOCIAL SERVICE | 1.5 | | LINE 9 | N/A | 110 |
| SEBRING, FL 33875 59-2859656 | | | | | | |
| VOLUSIAFLAGLER FAMILY YMCA | SOCIAL SERVICE | FL | | LINE 9 | N/A | No |
| 761 EAST INTERNATIONAL SPEEDWAY BLV DELAND, FL 32724 | | | | | | |
| 59-3284968 NORTHFIELD AREA FAMILY YMCA | SOCIAL SERVICE | MN | | LINE 9 | N/A | No |
| 519 DIVISION STREET | | | | | | |
| NORTHFIELD, MN 55057 59-3817686 | | | | | | |
| ASHLAND AREA YMCA | SOCIAL SERVICE | KY | | LINE 9 | N/A | No |
| 3232 OLD 13TH STREET ASHLAND, KY 411025454 | | | | | | |
| 61-0444836 KENTUCKY YMCA YOUTH ASSOCIATION INC | SOCIAL SERVICE | KY | | LINE 9 | N/A | No |
| PO BOX 4285 | | | | | | |
| FRANKFORT, KY 40604 61-0444841 | | | | | | |
| YMCA OF CENTRAL KENTUCKY 239 E HIGH ST | SOCIAL SERVICE | KY | | LINE 9 | N/A | No |
| 239 E HIGH ST LEXINGTON, KY 405071409 61-0444842 | | | | | | |
| YMCA OF GREATER LOUISVILLE | SOCIAL SERVICE | KY | | LINE 9 | N/A | No |
| METROPOLITAN OFFICE LOUISVILLE, KY 402021864 61-0444843 | | | | | | |
| YMCA OF OWENSBORODAVIESS COUNTY | SOCIAL SERVICE | КҮ | | LINE 9 | N/A | No |
| 900 KENTUCKY PARKWAY OWENSBORO, KY 423015423 | | | | | | |
| 61-0561344 | <u> </u> | <u> </u> | I | I | I | I |

| Form 990, Schedule R, Part II - Identification of Relate | d _, Tax-Exempt Org | anizations | 1 | | 1 | |
|---|--------------------------------|---|-------------------------------|--|----------------------|--|
| (a) Name, address, and EIN of related organization | (b) Primary Activity | (c) Legal Domicile (State or Foreign Country) | (d) Exempt Code section | (e) Public charity status (if 501(c)(3)) | Direct Controlling (| g stion 512 b)(13) introlled anization |
| FRANKFORT YMCA | SOCIAL SERVICE | KY | | LINE 9 | N/A | V |
| 402 WEST BROADWAY FRANKFORT, KY 40601 | | | | | | |
| 61-0562021 HENDERSON COUNTY FAMILY YMCA | SOCIAL SERVICE | KY | | LINE 9 | N/A | N |
| 460 KLUTEY PARK PLAZA | | | | | | |
| HENDERSON, KY 424203348 61-0597114 | | | | | | |
| PARIS-BOURBON COUNTY YMCA | SOCIAL SERVICE | KY | | LINE 9 | N/A | V |
| 917 MAIN STREET PARIS, KY 40361 | | | | | | |
| HOPKINS COUNTY FAMILY YMCA | SOCIAL SERVICE | KY | | LINE 9 | N/A | N |
| 150 YMCA DRIVE MADISONVILLE, KY 424319936 61-0904719 | | | | | | |
| WILDERNESS TRACE FAMILY YMCA | SOCIAL SERVICE | KY | | LINE 9 | N/A | |
| 130 NORTH COLLEGE STREET HARRODSBURG, KY 403301508 61-1024933 | | | | | | |
| LIMESTONE FAMILY YMCA | SOCIAL SERVICE | KY | | LINE 9 | N/A | N |
| 1080 US ROUTE 68 MAYSVILLE, KY 41056 61-1080836 | | | | | | |
| UNION COUNTY YMCA | SOCIAL SERVICE | КҮ | | LINE 9 | N/A | N |
| PO BOX 603 MORGANFIELD, KY 424370603 61-1173801 | | | | | | |
| PIKEVILLE AREA FAMILY YMCA | SOCIAL SERVICE | КҮ | | LINE 9 | N/A | N |
| 424 BOB AMUS DRIVE PIKEVILLE, KY 41501 61-1177162 | | | | | | |
| YMCA OF MAYFIELDGRAVES COUNTY | SOCIAL SERVICE | KY | | LINE 9 | N/A | V |
| PO BOX 402 MAYFIELD, KY 420660402 | | | | | | |
| YMCA OF WINCHESTER | SOCIAL SERVICE | KY | | LINE 9 | N/A | N |
| 645 WESTMEAD DRIVE WINCHESTER, KY 40391 61-1206677 | | | | | | |
| HOPKINSVILLECHRISTIAN COUNTY FAMILY YMCA | SOCIAL SERVICE | KY | | LINE 9 | N/A | V |
| 7805 EAGLE WAY HOPKINSVILLE, KY 42240 | | | | | | |
| FAYETTE COUNTY FAMILY YMCA | SOCIAL SERVICE | ОН | | LINE 9 | N/A | N |
| PO BOX 1021 WASHINGTON CH, OH 43160 61-1416843 | | | | | | |
| TELFORD COMMUNITY CENTER YMCA | SOCIAL SERVICE | KY | | LINE 9 | N/A | N |
| 1100 E MAIN STREET RICHMOND, KY 404752027 | | | | | | |
| 61-6000619 YMCA OF METROPOLITAN CHATTANOOGA | SOCIAL SERVICE | TN | | LINE 9 | N/A | N |
| 301 WEST SIXTH STREET CHATTANOOGA, TN 374021108 62-0475699 | | | | | | |
| YMCA OF EAST TENNESSEE | SOCIAL SERVICE | TN | | LINE 9 | N/A | N |
| 136 FOX ROAD KNOXVILLE, TN 379223303 62-0475700 | | | | | | |
| YMCA OF MIDDLE TENNESSEE | SOCIAL SERVICE | TN | | LINE 9 | N/A | N |
| 1000 CHURCH STREET NASHVILLE, TN 37203 62-0476243 | | | | | | |
| YMCA OF MEMPHIS & THE MID-SOUTH | SOCIAL SERVICE | TN | | LINE 9 | N/A | V |
| ASSOCIATION SUPPORT CENTER MEMPHIS, TN 38120 62-0476304 | | | | | | |
| PO BOX 60 | SOCIAL SERVICE | TN | | LINE 9 | N/A | |
| ERWIN, TN 376500060 62-0478092 | COCIAL CESTICE | | | LINE | NI/A | - |
| YMCA OF BRISTOL 400 M L KING JR BLVD | SOCIAL SERVICE | TN | | LINE 9 | N/A | V |
| BRISTOL, TN 37620 62-0521204 | | | | | | |
| YMCA OF GREENE COUNTY | SOCIAL SERVICE | TN | | LINE 9 | N/A | N |
| 404 Y STREET GREENEVILLE, TN 377456243 62-0809014 | | | | | | |

| Form 990, Schedule R, Part II - Identification of Rela | ated Tax-Exempt (| Organizations | I | I | _ | |
|---|--------------------------------|---|-------------------------------|--|--|-----|
| (a) Name, address, and EIN of related organization | (b) Primary Activity | (c) Legal Domicile (State or Foreign Country) | (d) Exempt Code section | (e) Public charity status (if 501(c)(3)) | (f) Direct Controlling Entity Section 51 (b)(13) controlled organizatio | |
| SOUTHSIDE VIRGINIA FAMILY YMCA | SOCIAL SERVICE | VA | | LINE 9 | N/A | No |
| 580 COMMERCE RD FARMVILLE, VA 23901 62-1487256 | | | | | | |
| MILAN FAMILY YMCA | SOCIAL SERVICE | TN | | LINE 9 | N/A | No |
| 5207 INDUSTRIAL DR MILAN, TN 38358 62-1547529 | | | | | | |
| YMCA OF DYER COUNTY PO BOX 1502 DYERSBURG, TN 380251502 | SOCIAL SERVICE | TN | | LINE 9 | N/A | No |
| 62-1616172 LEGACY YMCA | SOCIAL SERVICE | AL | | LINE 9 | N/A | No |
| 1501 FOURTH AVE SW BESSEMER, AL 350236016 | | | | | | |
| 63-0288881 MONTGOMERY YMCA METRO BOARD | SOCIAL SERVICE | AL | | LINE 9 | N/A | No |
| PO BOX 2336 MONTGOMERY, AL 361032336 63-0288885 | | | | | | |
| BIRMINGHAM METROPOLITAN YMCA | SOCIAL SERVICE | AL | | LINE 9 | N/A | No |
| 2101 FOURTH AVE N BIRMINGHAM, AL 35203 63-0299894 | | | | | | |
| YMCA OF SOUTH ALABAMA INC | SOCIAL SERVICE | AL | | LINE 9 | N/A | No |
| PO BOX 2272 MOBILE, AL 366911506 63-0302187 | | | | | | |
| TUSCALOOSA METROPOLITAN YMCA | SOCIAL SERVICE | AL | | LINE 9 | N/A | No |
| 2405 PAUL BRYANT DR TUSCALOOSA, AL 35401 63-0302189 YMCA OF CALHOUN COUNTY | SOCIAL SERVICE | AL | | LINE 9 | N/A | No |
| 29 W 14TH ST ANNISTON, AL 362011649 | SOCIAL SERVICE | AL | | LINE 9 | N/A | INO |
| 63-0332253 YMCA OF SELMA-DALLAS COUNTY | SOCIAL SERVICE | AL | | LINE 9 | N/A | No |
| 1 YMCA DRIVE SELMA, AL 367017770 | | | | | | |
| YMCA OF THE COOSA VALLEY INC | SOCIAL SERVICE | AL | | LINE 9 | N/A | No |
| 100 WALNUT STREET GADSDEN, AL 359015253 63-0436456 | | | | | | |
| YMCA OF THE SHOALS | SOCIAL SERVICE | AL | | LINE 9 | N/A | No |
| 2121 HELTON DRIVE FLORENCE, AL 356301448 63-0545200 | | | | | | |
| ENTERPRISE YMCA | SOCIAL SERVICE | AL | | LINE 9 | N/A | No |
| PO BOX 310700 ENTERPRISE, AL 36331 63-0589262 BREWTON AREA YMCA | SOCIAL SERVICE | AL | | LINE 9 | N/A | No |
| 1 YMCA DRIVE BREWTON, AL 36426 | SOCIAL SERVICE | AL | | LINE 9 | N/A | INO |
| 63-0999102 ATMORE AREA YMCA INC | SOCIAL SERVICE | AL | | LINE 9 | N/A | No |
| 501 SOUTH PENSACOLA AVENUE ATMORE, AL 36502 | | | | | | |
| PRATTVILLE YMCA | SOCIAL SERVICE | AL | | LINE 9 | N/A | No |
| PO BOX 680009 PRATTVILLE, AL 360680009 63-6052425 | | | | | | |
| JACKSON METROPOLITAN YMCA | SOCIAL SERVICE | MS | | LINE 9 | N/A | No |
| 800 E RIVER PLACE JACKSON, MS 39202 64-0303099 | | | | | | |
| JUNIUS WARD JOHNSON YMCA | SOCIAL SERVICE | MS | | LINE 9 | N/A | No |
| 267 YMCA PLACE VICKSBURG, MS 39180 64-0303115 | | | | | | |
| HODDING CARTER MEMORIAL YMCA | SOCIAL SERVICE | MS | | LINE 9 | N/A | No |
| 1688 FAIRGROUND ROAD GREENVILLE, MS 38703 64-0306257 FAMILY YMCA OF SOUTHEAST MISSISSIPPI INC | SO CIAL SERVICE | MS | | LINE 9 | N/A | No |
| 3719 VETERANS MEMORIAL DRIVE | SOCIAL SERVICE | M2 | | LINE A | IV/A | |
| HATTIESBURG, MS 39401 64-0340760 | | | | | | |

| Form 990, Schedule R, Part II - Identification of Re | lated Tax-Exempt | Organizations | ı | ı | 1 | |
|---|--------------------------------|---|-------------------------------|--|--------------------|---|
| (a) Name, address, and EIN of related organization | (b) Primary Activity | (c) Legal Domicile (State or Foreign Country) | (d) Exempt Code section | (e) Public charity status (if 501(c)(3)) | Direct Controlling | g ection 512 (b)(13) controlled rganization |
| MISSISSIPPI GULF COAST YMCA | SOCIAL SERVICE | MS | | LINE 9 | N/A | No |
| 1810 GOVERNMENT ST OCEAN SPRINGS, MS 395643931 64-0584648 | | | | | | |
| FRANK P PHILLIPS MEMORIAL YMCA | SOCIAL SERVICE | MS | | LINE 9 | N/A | No |
| 602 NORTH SECOND AVENUE COLUMBUS, MS 39701 64-6025994 | | | | | | |
| MONROEVILLE AREA YMCA | SOCIAL SERVICE | AL | | LINE 9 | N/A | No |
| 2197 S MT PLEASANT AVE MONROEVILLE, AL 36460 65-1058521 | | | | | | |
| SAN JUAN - PUERTO RICO YMCA | SOCIAL SERVICE | PR | | LINE 9 | N/A | No |
| PO BOX 360590 SAN JUAN, PR 009360590 66-0190784 PONCE YMCA | SOCIAL SERVICE | PR | | LINE 9 | N/A | No |
| 7843 NAZARET STREET PONCE, PR 00717 66-0204831 | | | | | | |
| SISKIYOU FAMILY YMCA | SOCIAL SERVICE | CA | | LINE 9 | N/A | No |
| 350 FOOTHILL DRIVE YREKA, CA 960972627 68-0294653 | | | | | | |
| YMCA OF WARREN AND BRADLEY COUNTY | SOCIAL SERVICE | AR | | LINE 9 | N/A | No |
| 207 NORTH MAIN STREET WARREN, AR 716712716 70-0275848 | | | | | | |
| THE DENNY PRICE FAMILY YMCA OF ENID OKLAHOMA | SOCIAL SERVICE | ок | | LINE 9 | N/A | No |
| 415 W CHEROKEE ENID, OK 73701 70-0599309 | | | | | | |
| YMCA OF HOT SPRINGS ARKANSAS INC | SOCIAL SERVICE | AR | | LINE 9 | N/A | No |
| 130 WERNER STREET HOT SPRINGS, AR 719136443 | | | | | | |
| 71-0236925 JONESBORO YMCA | SOCIAL SERVICE | AR | | LINE 9 | N/A | No |
| 1421 W NETTLETON | SOCIAL SERVICE | AK | | LINE 9 | IN/A | |
| JONESBORO, AR 724013711 71-0260184 | | | | | | |
| YMCA OF CENTRAL LOUISIANA | SOCIAL SERVICE | LA | | LINE 9 | N/A | No |
| 724 SCOTT STREET ALEXANDRIA, LA 71301 72-0408980 | | | | | | |
| YMCA OF THE CAPITAL AREA | SOCIAL SERVICE | LA | | LINE 9 | N/A | No |
| 350 SOUTH FOSTER DRIVE BATON ROUGE, LA 708064105 72-0408994 SHREVEPORT BOSSIER METRO YMCA | SOCIAL SERVICE | LA | | LINE 9 | N/A | No |
| PO BOX 566 SHREVEPORT, LA 711620566 | SOCIAL SERVICE | | | | 14/0 | |
| 72-0408997 YMCA OF GREATER NEW ORLEANS | SOCIAL SERVICE | LA | | LINE 9 | N/A | No |
| 6691 RIVERSIDE DR MATAIRIE, LA 70003 72-0423490 | | | | | | |
| DRYADES YMCA | SOCIAL SERVICE | LA | | LINE 9 | N/A | No |
| PO BOX 56217 NEW ORLEANS, LA 701566217 72-0428019 | | | | | | |
| BAYOULAND YMCA | SOCIAL SERVICE | LA | | LINE 9 | N/A | No |
| 103 VALHI BOULEVARD HOUMA, LA 703606280 72-0880478 | | | | | | |
| OKMULGEE COUNTY FAMILY YMCA | SOCIAL SERVICE | ок | | LINE 9 | N/A | No |
| 106 WEST 13TH STREET OKMULGEE, OK 74447 73-0106247 | | | | | | |
| GREAT PLAINS FAMILY YMCA INC | SOCIAL SERVICE | ок | | LINE 9 | N/A | No |
| 1400 AIRPORT ROAD WEATHERFORD, OK 73096 73-0149048 | SOCIAL SERVICE | ОК | | LINE 9 | N/A | Ne |
| FAMILY YMCA OF BARTLESVILLE 101 NORTH OSAGE | SOCIAL SERVICE | | | LINE 3 | IN/A | No |
| BARTLESVILLE, OK 74003 73-0521535 YMCA OF GREATER TULSA - METRO OFFICE | SOCIAL SERVICE | ок | | LINE 9 | N/A | No |
| 420 S MAIN STREET TULSA, OK 74103 73-0579269 | | | | | | |
| | 1 | 1 | 1 | ı | I | ı |

| Form 990, Schedule R, Part II - Identification of Re | elated Tax-Exempt | Organizations | 1 | 1 | 1 | |
|---|--------------------------------|---|-------------------------------|--|--------------------------------------|---|
| (a) Name, address, and EIN of related organization | (b) Primary Activity | (c) Legal Domicile (State or Foreign Country) | (d) Exempt Code section | (e) Public charity status (if 501(c)(3)) | (f) Direct Controlling Entity | g Section 512 (b)(13) controlled organization |
| YMCA OF GREATER OKLAHOMA CITY | SOCIAL SERVICE | ок | | LINE 9 | N/A | N |
| 500 N BROADWAY AVE SUITE 500 OKLAHOMA CITY, OK 731026298 73-0579270 | | | | | | |
| SHAWNEE FAMILY YMCA | SOCIAL SERVICE | ок | | LINE 9 | N/A | N |
| 700 W SARATOGA SHAWNEE, OK 74804 | | | | | | |
| 73-0602462 ARDMORE FAMILY YMCA AT ARDMORE OKLAHOMA | SOCIAL SERVICE | ок | | LINE 9 | N/A | N |
| 920 15TH ST NW ARDMORE, OK 73401 73-0603523 | | | | | | |
| YMCA OF PONCA CITY OKLAHOMA | SOCIAL SERVICE | ок | | LINE 9 | N/A | N |
| 702 E GRAND AVE PONCA CITY, OK 746015514 73-0634724 | | | | | | |
| YMCA OF LAWTON OKLAHOMA | SOCIAL SERVICE | ОК | | LINE 9 | N/A | N |
| 5 SW FIFTH STREET LAWTON, OK 73501 73-0642616 | | | | | | |
| STILLWATER FAMILY YMCA | SOCIAL SERVICE | ок | | LINE 9 | N/A | N |
| 204 SOUTH DUCK STREET STILLWATER, OK 74074 73-0674204 NOBLE COUNTY FAMILY YMCA | COCIAL SERVICE | ок | | LINE 9 | N/A | N. |
| 107 N SEVENTH STREET | SOCIAL SERVICE | O K | | LINE 9 | N/A | N |
| PERRY, OK 73077 73-1099310 | | | | | | |
| CLEVELAND COUNTY FAMILY YMCA | SOCIAL SERVICE | ОК | | LINE 9 | N/A | N |
| 1350 LEXINGTON AVENUE NORMAN, OK 73069 | | | | | | |
| 73-1149824 TEXAS COUNTY FAMILY YMCA | SOCIAL SERVICE | ок | | LINE 9 | N/A | N |
| 1401 N MAIN ST GUYMON, OK 73942 | | | | | | |
| 73-1464310 RANDOLPH AREA YMCA | SOCIAL SERVICE | МО | | LINE 9 | N/A | N |
| 1600 N MORLEY STREET STE 110A MOBERLEY, MO 65270 73-1663479 | | | | | | |
| YMCA OF GREATER SAN ANTONIO | SOCIAL SERVICE | TX | | LINE 9 | N/A | N |
| 3233 N SAINT MARYS STREET SAN ANTONIO, TX 782123579 74-1109634 | | | | | | |
| YMCA OF THE GREATER HOUSTON AREA | SOCIAL SERVICE | TX | | LINE 9 | N/A | N |
| PO BOX 3007 HOUSTON, TX 772533007 | | | | | | |
| 74-1109737 YMCA OF GREATER EL PASO TX & RIO GRANDE VALLEY | SOCIAL SERVICE | TX | | LINE 9 | N/A | N |
| 808 MONTANA AVENUE EL PASO, TX 79902 74-1109880 | | | | | | |
| YMCA OF PORT ARTHUR TEXAS | SOCIAL SERVICE | TX | | LINE 9 | N/A | N |
| 6760 NINTH AVENUE PORT ARTHUR, TX 776426413 74-1143027 | | | | | | |
| AUSTIN METROPOLITAN YMCA | SOCIAL SERVICE | ТХ | | LINE 9 | N/A | N |
| 1402 EAST CESAR CHAVEZ AUSTIN, TX 78702 | | | | | | |
| 74-1193464 YMCA OF THE COASTAL BEND | SOCIAL SERVICE | ТХ | | LINE 9 | N/A | N |
| 417 S UPPER BROADWAY ST CORPUS CHRISTI, TX 784013431 74-1211670 | | | | | | |
| THE YMCA OF THE GOLDEN CRESCENT INC | SOCIAL SERVICE | TX | | LINE 9 | N/A | N |
| 1806 NORTH NIMITZ STREET VICTORIA, TX 779015534 74-1368574 | | | | | | |
| YMCA OF GREATER WILLIAMSON COUNTY | SOCIAL SERVICE | ТХ | | LINE 9 | N/A | N |
| PO BOX 819 ROUND ROCK, TX 786800819 74-2206558 | | | | | | |
| YMCA OF CENTRAL TEXAS | SOCIAL SERVICE | ТХ | | LINE 9 | N/A | N |
| PO BOX 20515 WACO, TX 767020515 74-2668685 | | | | | | |
| YMCA OF AMARILLO TEXAS INC | SOCIAL SERVICE | TX | | LINE 9 | N/A | N |
| 4101 HILLSIDE ROAD AMARILLO, TX 79110 75-0800695 | | | | | | |

| Form 990, Schedule R, Part II - Identification of Re | lated Tax-Exempt | Organizations | 1 | I | 1 | _ | |
|--|--------------------------------|---|-------------------------------|--|--------------------------------------|--|----------|
| (a) Name, address, and EIN of related organization | (b) Primary Activity | (c) Legal Domicile (State or Foreign Country) | (d) Exempt Code section | (e) Public charity status (if 501(c)(3)) | (f) Direct Controlling Entity | Section 512 (b)(13) controlled organization | |
| YMCA OF METROPOLITAN DALLAS | SOCIAL SERVICE | TX | | LINE 9 | N/A | | Νο |
| 601 N AKARD ST DALLAS, TX 752013303 75-0800696 | | | | | | | |
| SAN ANGELO YMCA | SOCIAL SERVICE | ТХ | | LINE 9 | N/A | | Νo |
| 353 S RANDOLPH ST SAN ANGELO, TX 769036427 75-0800698 | | | | | | | |
| YMCA OF CORSICANA | SOCIAL SERVICE | TX | | LINE 9 | N/A | | Νο |
| 400 OAKLAWN CORSICANA, TX 75110 75-0808817 | | | | | | | |
| WICHITA FALLS METROPOLITAN YMCA | SOCIAL SERVICE | ТХ | | LINE 9 | N/A | | Νo |
| 1010 NINTH STREET WICHITA FALLS, TX 763013212 75-0808818 | | | | | | | |
| YMCA OF BIG SPRING TEXAS | SOCIAL SERVICE | TX | | LINE 9 | N/A | | No |
| PO BOX 1428 BIG SPRING, TX 797211428 75-0827470 | | | | | | | |
| YMCA OF METROPOLITAN FORT WORTH | SOCIAL SERVICE | тх | | LINE 9 | N/A | | Νo |
| 512 LAMAR STREET FORT WORTH, TX 76102 75-0827471 | | | | | | | |
| YMCA OF ABILENE TEXAS | SOCIAL SERVICE | TX | | LINE 9 | N/A | | Νo |
| PO BOX 3137 ABILENE, TX 79604 75-0855638 | | | | | | | |
| YMCA OF MIDLAND TEXAS | SOCIAL SERVICE | TX | | LINE 9 | N/A | | Νo |
| PO BOX 954 MIDLAND, TX 797020954 75-0871732 | | | | | | | |
| YMCA OF TYLER TEXAS INC | SOCIAL SERVICE | тх | | LINE 9 | N/A | | Νo |
| 225 S VINE AVENUE TYLER, TX 757027143 75-0891469 | | | | | | | |
| GREENVILLEHUNT COUNTY YMCA | SOCIAL SERVICE | тх | | LINE 9 | N/A | | Νo |
| 1915 STANFORD STREET GREENVILLE, TX 754015908 75-0968474 | | | | | | | |
| PALESTINE YMCA | SOCIAL SERVICE | TX | | LINE 9 | N/A | | Νo |
| 5500 N LOOP 256 PALESTINE, TX 75801 75-0975622 | | | | | | | <u></u> |
| YMCA OF ARLINGTON | SOCIAL SERVICE | TX | | LINE 9 | N/A | | No |
| 1148 W PIONEER PKWY ARLINGTON, TX 76013 75-1000839 | | | | | | | <u> </u> |
| YMCA OF MOORE COUNTY INC 1400 SOUTH MADDOX AVENUE | SOCIAL SERVICE | TX | | LINE 9 | N/A | | No |
| DUMAS, TX 790295722 75-1073132 | | | | | | | |
| ODESSA FAMILY YMCA | SOCIAL SERVICE | TX | | LINE 9 | N/A | | Νo |
| 3001 E UNIVERSITY BLVD ODESSA, TX 79762 75-1187026 | | | | | | | |
| YMCA OF PLAINVIEW TEXAS | SOCIAL SERVICE | TX | | LINE 9 | N/A | | Νo |
| PO BOX 1286 PLAINVIEW, TX 790731286 | | | | | | | |
| 75-6042150 CENTRAL COAST YMCA | SOCIAL SERVICE | CA | | LINE 9 | N/A | | Νο |
| 500 LINCOLN AVENUE SALINAS, CA 93901 77-0202335 | | | | | | | |
| YMCA OF BILLINGS | SOCIAL SERVICE | MT | | LINE 9 | N/A | | Νο |
| 402 N 32ND ST BILLINGS, MT 591011215 81-0229368 | | | | | | | |
| YMCA OF HELENA INC | SOCIAL SERVICE | MT | | LINE 9 | N/A | | Νo |
| 1200 NORTH MAIN HELENA, MT 596012906 81-0231815 | | | | | | | |
| BUTTE FAMILY YMCA INC | SOCIAL SERVICE | MT | | LINE 9 | N/A | | Νo |
| 2975 WASHOE ST BUTTE, MT 597013236 81-0233504 | | | | | | | |
| GREATER MISSOULA FAMILY YMCA | SOCIAL SERVICE | MT | | LINE 9 | N/A | | Νo |
| 3000 RUSSELL ST MISSOULA, MT 598018547 81-0300829 | | | | | | | |

| Form 990, Schedule R, Part II - Identification of Re | lated Tax-Exempt | Organizations | ı | 1 | 1 | |
|---|--------------------------------|---|-------------------------------|--|-----------------------|---|
| (a) Name, address, and EIN of related organization | (b) Primary Activity | (c) Legal Domicile (State or Foreign Country) | (d) Exempt Code section | (e) Public charity status (if 501(c)(3)) | Direct Controlling (b | g ion 512)(13) itrolled nization |
| SOUTHWESTERN MONTANA FAMILY YMCA INC | SOCIAL SERVICE | МТ | | LINE 9 | N/A | No |
| 75 SWENSON WAY DILLON, MT 59725 81-0486053 GALLATIN VALLEY YMCA INC | SOCIAL SERVICE | МТ | | LINE 9 | N/A | No |
| PO BOX 10158 BOZEMAN, MT 59719 81-0542574 | | | | | | |
| YMCA OF BOISE INC | SOCIAL SERVICE | ID | | LINE 9 | N/A | No |
| 1177 W STATE STREET BOISE, ID 83702 82-0200908 | | | | | | |
| YMCA OF IDAHO FALLS INC 155 NORTH CORNER IDAHO FALLS, ID 83402 | SOCIAL SERVICE | ID | | LINE 9 | N/A | No |
| YMCA OF TWIN FALLS INC | SOCIAL SERVICE | ID | | LINE 9 | N/A | No |
| 1751 ELIZABETH BLVD TWIN FALLS, ID 83301 82-0255460 | | | | | | |
| WOOD RIVER COMMUNITY YMCA | SOCIAL SERVICE | ID | | LINE 9 | N/A | No |
| POST OFFICE BOX 6801 KETCHUM, ID 83340 82-0481436 CHEYENNE FAMILY YMCA | SOCIAL SERVICE | WY | | LINE 9 | N/A | No |
| 1426 E LINCOLNWAY CHEYENNE, WY 82001 | SOCIAL SERVICE | W I | | | | |
| CASPER FAMILY YMCA | SOCIAL SERVICE | WY | | LINE 9 | N/A | No |
| 315 EAST 15TH STREET CASPER, WY 82602 83-0197773 | | | | | | |
| JOHNSON COUNTY FAMILY YMCA | SOCIAL SERVICE | WY | | LINE 9 | N/A | No |
| 101 SOUTH KLONDIKE DRIVE BUFFALO, WY 82834 83-0237890 | COCIAL CERVICE | 60 | | LINE | N/A | N - |
| YMCA OF METROPOLITAN DENVER 2625 SOUTH COLORADO BLVD DENVER, CO 80222 | SOCIAL SERVICE | СО | | LINE 9 | N/A | No |
| YMCA OF THE PIKES PEAK REGION 316 NORTH TEJON STREET | SOCIAL SERVICE | СО | | LINE 9 | N/A | No |
| COLORADO SPRINGS, CO 80903 84-0404266 | | | | | | |
| YMCA OF THE ROCKIES PO BOX 20800 ESTES DARK CO 205113200 | SOCIAL SERVICE | СО | | LINE 9 | N/A | No |
| ESTES PARK, CO 805112800 84-0404913 | | | | | | |
| YMCA OF PUEBLO 3200 SPAULDING AVENUE PUEBLO, CO 81008 | SOCIAL SERVICE | СО | | LINE 9 | N/A | No |
| YMCA OF BOULDER VALLEY | SOCIAL SERVICE | СО | | LINE 9 | N/A | No |
| 2850 MAPLETON AVE BOULDER, CO 803011122 84-0459944 | | | | | | |
| ED RUTH LEHMAN YMCA | SOCIAL SERVICE | со | | LINE 9 | N/A | No |
| 950 LASHLEY STREET LONGMONT, CO 805013516 84-1129504 THE YMCA OF CENTRAL NEW MEXICO | SOCIAL SERVICE | NM | | LINE 9 | N/A | No |
| PO BOX 52196 ALBUQUERQUE, NM 87181 | SOCIAL SERVICE | NPI | | LINE | N/A | |
| THE FAMILY YMCA | SOCIAL SERVICE | NM | | LINE 9 | N/A | No |
| 1450 IRIS ST LOS ALAMOS, NM 875443056 85-0130054 | | | | | | |
| VALLEY OF THE SUN YMCA 350 NORTH FIRST AVENUE PHOENIX, AZ 850031513 | SOCIAL SERVICE | ΑZ | | LINE 9 | N/A | No |
| YMCA OF SOUTHERN ARIZONA | SOCIAL SERVICE | AZ | | LINE 9 | N/A | No |
| 60 W ALAMEDA ST TUCSON, AZ 857011307 86-0101237 | | | | | | |
| PRESCOTT YMCA OF YAVAPAI COUNTY 750 WHIPPLE STREET PRESCOTT, AZ 863011718 | SOCIAL SERVICE | AZ | | LINE 9 | N/A | No |
| 86-0119151 | | 1 | <u> </u> | 1 | | |

| Form 990, Schedule R, Part II - Identification of Rel | lated Tax-Exempt | Organizations | | | 1 | | |
|--|--------------------------------|---|-------------------------------|--|------------------------|--|-----|
| (a) Name, address, and EIN of related organization | (b) Primary Activity | (c) Legal Domicile (State or Foreign Country) | (d) Exempt Code section | (e) Public charity status (if 501(c)(3)) | (f) Direct Controlling | Section 512 (b)(13) controlled organization | |
| YMCA OF GREATER SALT LAKE AREA | SOCIAL SERVICE | UT | | LINE 9 | N/A | | Nο |
| 3098 S HIGHLAND DRIVE SALT LAKE CITY, UT 84106 87-0212472 | | | | | | | |
| YMCA OF SOUTHERN NEVADA | SOCIAL SERVICE | NV | | LINE 9 | N/A | | Νo |
| 4141 MEADOWS LANE LAS VEGAS, NV 891073105 88-0059266 | | | | | | | |
| WHATCOM FAMILY YMCA | SOCIAL SERVICE | WA | | LINE 9 | N/A | | Νo |
| 1256 N STATE STREET BELLINGHAM, WA 98225 91-0482690 | | | | | | | |
| YMCA OF GREATER SEATTLE | SOCIAL SERVICE | WA | | LINE 9 | N/A | | Νo |
| 909 FOURTH AVENUE SEATTLE, WA 981041194 91-0482710 | | | | | | | |
| YMCA OF SOUTHWEST WASHINGTON | SOCIAL SERVICE | WA | | LINE 9 | N/A | | Νo |
| PO BOX 698 LONGVIEW, WA 98632 91-0565021 | | | | | | | |
| SKAGIT VALLEY FAMILY YMCA | SOCIAL SERVICE | WA | | LINE 9 | N/A | | Νo |
| 215 E FULTON ST MOUNT VERNON, WA 982733309 91-0565022 | | | | | | | |
| YMCA OF SNOHOMISH COUNTY | SOCIAL SERVICE | WA | | LINE 9 | N/A | | N c |
| 2720 ROCKEFELLER AVE EVERETT, WA 982013523 91-0565561 | | | | | | | |
| YMCA OF PIERCE AND KITSAP COUNTIES | SOCIAL SERVICE | WA | | LINE 9 | N/A | | N c |
| 1614 SOUTH MILDRED SUITE 1 TACOMA, WA 98465 91-0565562 | | | | | | | |
| YMCA OF YAKIMA | SOCIAL SERVICE | WA | | LINE 9 | N/A | - | N |
| 5 NORTH NACHES AVENUE YAKIMA, WA 98901 91-0568717 | | | | | | | |
| YMCA AT WASHINGTON STATE UNIVERSITY | SOCIAL SERVICE | WA | | LINE 9 | N/A | | N |
| CUB B27 PULLMAN, WA 991647230 91-0573117 | | | | | | | |
| WENATCHEE VALLEY YMCA | SOCIAL SERVICE | WA | | LINE 9 | N/A | | N |
| PO BOX 1974 WENATCHEE, WA 988071974 91-0578224 | | | | | | | |
| YMCA OF WALLA WALLA | SOCIAL SERVICE | WA | | LINE 9 | N/A | | N |
| PO BOX 1637 WALLA WALLA, WA 993620359 91-0580856 | | | | | | | |
| SOUTH SOUND YMCA | SOCIAL SERVICE | WA | | LINE 9 | N/A | | N |
| 1530 YELM HWY SE OLYMPIA, WA 98501 91-0586473 | | | | | | | |
| CLALLAM COUNTY YMCA INC | SOCIAL SERVICE | WA | | LINE 9 | N/A | | N |
| 302 S FRANCIS ST PORT ANGELES, WA 98362 91-0652924 | | | | | | | |
| YMCA OF THE INLAND NORTHWEST | SOCIAL SERVICE | WA | | LINE 9 | N/A | | N |
| 1126 N MONROE SPOKANE, WA 99201 91-0827958 | | | | | | | |
| YMCA OF THE GREATER TRI-CITIES | SOCIAL SERVICE | WA | | LINE 9 | N/A | | Ī |
| 1234 COLUMBIA PARK TRAIL RICHLAND, WA 993523853 91-1655754 | | | | | | | |
| YMCA OF GRAYS HARBOR | SOCIAL SERVICE | WA | | LINE 9 | N/A | | Ī |
| 2500 SIMPSON AVENUE | | | | | | | |

SOCIAL SERVICE

SOCIAL SERVICE

SOCIAL SERVICE

AK

ΟR

ΟR

LINE 9

LINE 9

LINE 9

N/A

N/A

N/A

Νo

Νo

Νo

2500 SIMPSON AVENUE HOQUIAM, WA 985503937

YMCA OF ANCHORAGE ALASKA

YMCA OF KLAMATH COUNTY OREGON

KLAMATH FALLS, OR 976033657

5353 LAKE OTIS PARKWAY ANCHORAGE, AK 995071709

91-1984900

92-0034878

93-0386976

93-0386978

1221 S ALAMEDA

YMCA OF ASHLAND

ASHLAND FAMILY YMCA ASHLAND, OR 97520

| Form 990, Schedule R, Part II - Identification of Re | lated Tax-Exempt | Organizations | ı | ı | ı | | |
|---|--------------------------------|---|-------------------------------|--|--------------------------------------|--|------|
| (a) Name, address, and EIN of related organization | (b) Primary Activity | (c) Legal Domicile (State or Foreign Country) | (d) Exempt Code section | (e) Public charity status (if 501(c)(3)) | (f) Direct Controlling Entity | Section 512 (b)(13) controlled organization | |
| YMCA OF COLUMBIA-WILLAMETTE ASSOCIATION SERVICES | SOCIAL SERVICE | OR | | LINE 9 | N/A | | Νo |
| 9500 SW BARBUR BLVD STE 200 PORTLAND, OR 972195426 93-0386981 | COCIAL CERVICE | O R | | LINE | N/A | | N. a |
| FAMILY YMCA OF MARION AND POLK COUNTIES 685 COURT STREET NE SALEM, OR 973013844 | SOCIAL SERVICE | O R | | LINE 9 | N/A | | Νo |
| 93-0386982 YMCA OF MEDFORD | SOCIAL SERVICE | OR | | LINE 9 | N/A | | Νo |
| 522 WEST SIXTH STREET MEDFORD, OR 975012735 93-0391645 CENTRAL DOUGLAS COUNTY FAMILY YMCA | SOCIAL SERVICE | O R | | LINE 9 | N/A | | No |
| 1151 STEWART PARKWAY ROSEBURG, OR 974701902 93-0395593 TILLAMOOK COUNTY FAMILY YMCA | SOCIAL SERVICE | O R | | LINE 9 | N/A | | Νo |
| 610 STILLWELL ST TILLAMOOK, OR 97141 | SOCIAL SERVICE | O R | | LINE 9 | N/A | | INO |
| 93-0457167 MID-WILLAMETTE FAMILY YMCA | SOCIAL SERVICE | OR | | LINE 9 | N/A | | Νo |
| 3311 S PACIFIC BLVD ALBANY, OR 973217797 93-0479079 | | | | | | | |
| EUGENE FAMILY YMCA | SOCIAL SERVICE | OR | | LINE 9 | N/A | | Νo |
| 2055 PATTERSON STREET EUGENE, OR 974052958 93-0500679 | | | | | | | |
| BAKER COUNTY YMCA 2021 MAIN ST BAKER CITY, OR 978143351 93-0621433 | SOCIAL SERVICE | O R | | LINE 9 | N/A | | Νo |
| YMCA OF GRANTS PASS OREGON | SOCIAL SERVICE | OR | | LINE 9 | N/A | | Νo |
| PO BOX 5439 GRANTS PASS, OR 97527 93-0848122 YMCA OF SAN FRANCISCO | SOCIAL SERVICE | CA | | LINE 9 | N/A | | No |
| 50 CALIFORNIA STREET SAN FRANCISCO, CA 94111 | SOCIAL SERVICE | CA | | LINE 9 | IV/A | | INO |
| YMCA OF THE EAST BAY | SOCIAL SERVICE | CA | | LINE 9 | N/A | | Νo |
| 2330 BROADWAY OAKLAND, CA 946122496 94-1156317 | | | | | | | |
| YMCA OF SILICON VALLEY | SOCIAL SERVICE | CA | | LINE 9 | N/A | | Νo |
| 1922 THE ALAMEDA 3RD FL SAN JOSE, CA 951261704 94-1156318 | | | | | | | |
| YMCA OF SAN JOAQUIN COUNTY 6135 TAM OSHANTER DRIVE | SOCIAL SERVICE | CA | | LINE 9 | N/A | | Νo |
| STOCKTON, CA 95210 94-1156319 | CO CIAL CERVICE | CA | | LINE 9 | 11/4 | | NI - |
| YMCA OF SUPERIOR CALIFORNIA 2021 W STREET SACRAMENTO, CA 958181624 | SOCIAL SERVICE | CA | | LINE 9 | N/A | | Νo |
| 94-1156634 YMCA OF THE CENTRAL BAY AREA | SOCIAL SERVICE | CA | | LINE 9 | N/A | | Νo |
| 2111 MARTIN LUTHER KING JR WAY BERKELEY, CA 94704 94-1156635 | | | | | | | |
| SHASTA COUNTY YMCA 1155 N COURT STREET | SOCIAL SERVICE | CA | | LINE 9 | N/A | | Νo |
| REDDING, CA 960010437 94-1212141 SONOMA COUNTY FAMILY YMCA | SOCIAL SERVICE | C.A. | | LINEO | N/0 | | NI - |
| 1111 COLLEGE AVENUE SANTA ROSA, CA 954043905 | SOCIAL SERVICE | CA | | LINE 9 | N/A | | Νo |
| 94-1265049 GREATER NEWBURGH YMCA | SOCIAL SERVICE | NY | | LINE 9 | N/A | | Νo |
| 377 BROADWAY NEWBURGH, NY 12550 94-1415304 | | | | | | | |
| GOLDEN STATE YMCA | SOCIAL SERVICE | CA | | LINE 9 | N/A | | Νo |
| 211 W TULARE AVE VISALIA, CA 932774813 94-1459198 CALIFORNIA YMCA YOUTH AND GOVERNMENT | SOCIAL SERVICE | CA | | LINEO | N/A | | NI - |
| CALIFORNIA YMCA YOUTH AND GOVERNMENT 2220 CAPITOL AVE SACRAMENTO, CA 95816 94-3360482 | SOCIAL SERVICE | СА | | LINE 9 | N/A | | Νo |
| | 1 | 1 | 1 | 1 | 1 | ı | |

| Form 990, Schedule R, Part II - Identification of R | Related Tax-Exempt | Organizations | I | 1 | 1 | |
|---|--------------------------------|---|-------------------------------|--|--|----|
| (a) Name, address, and EIN of related organization | (b) Primary Activity | (c) Legal Domicile (State or Foreign Country) | (d) Exempt Code section | (e) Public charity status (if 501(c)(3)) | (f) Section 5: Direct Controlling Controlle Entity organizati | d |
| YMCA OF POMONA VALLEY | SOCIAL SERVICE | CA | | LINE 9 | N/A | No |
| 350 N GAREY AVE POMONA, CA 91767 | | | | | | |
| 95-1641976 CHANNEL ISLANDS YMCA | SOCIAL SERVICE | CA | | LINE 9 | N/A | No |
| 55 HITCHCOCK WAY SUITE 101 SANTA BARBARA, CA 93105 95-1643379 | | | | | | |
| SANTA MONICA FAMILY YMCA 1332 SIXTH STREET SANTA MONICA, CA 90401 | SOCIAL SERVICE | CA | | LINE 9 | N/A | No |
| 95-1643380 YMCA OF GREATER LONG BEACH | SOCIAL SERVICE | CA | | LINE 9 | N/A | No |
| PO BOX 90995 LONG BEACH, CA 908090995 95-1643396 | | | | | | |
| YMCA OF WEST SAN GABRIEL VALLEY | SOCIAL SERVICE | CA | | LINE 9 | N/A | No |
| 401 EAST CORTO STREET ALHAMBRA, CA 91801 95-1644051 | | | | | | |
| YMCA OF METROPOLITAN LOS ANGELES | SOCIAL SERVICE | CA | | LINE 9 | N/A | No |
| 625 S NEW HAMPSHIRE AVE LOS ANGELES, CA 900051371 95-1644052 | | | | | | |
| YMCA OF ORANGE COUNTY | SOCIAL SERVICE | CA | | LINE 9 | N/A | No |
| 13821 NEWPORT AVE 200 TUSTIN, CA 927807803 95-1644055 | | | | | | |
| YMCA OF GLENDALE | SOCIAL SERVICE | CA | | LINE 9 | N/A | Νo |
| 140 N LOUISE STREET GLENDALE, CA 912064226 95-1661118 | | | | | | |
| YMCA OF BURBANK CALIFORNIA | SOCIAL SERVICE | CA | | LINE 9 | N/A | No |
| 321 EAST MAGNOLIA BOULEVARD BURBANK, CA 915021132 95-1664139 | | | | | | |
| YMCA OF THE EAST VALLEY | SOCIAL SERVICE | CA | | LINE 9 | N/A | No |
| 500 E CITRUS AVE REDLANDS, CA 923735221 95-1684787 | | | | | | |
| YMCA OF GREATER WHITTIER | SOCIAL SERVICE | CA | | LINE 9 | N/A | No |
| 12510 E HADLEY ST 201 WHITTIER, CA 90601 95-1684795 | | | | | | |
| YMCA OF ANAHEIM | SOCIAL SERVICE | CA | | LINE 9 | N/A | No |
| 240 S EUCLID STREET ANAHEIM, CA 92802 95-1709299 | | | | | | |
| WEST END YMCA | SOCIAL SERVICE | CA | | LINE 9 | N/A | No |
| 10970 ARROW ROUTE SUITE 106 RANCHO CUCAMONGA, CA 91730 95-1727678 | | | | | | |
| YMCA OF ORANGE | SOCIAL SERVICE | CA | | LINE 9 | N/A | No |
| 2241 EAST PALMYRA ORANGE, CA 92869 95-1816053 | | | | | | |
| YMCA OF THE FOOTHILLS | SOCIAL SERVICE | CA | | LINE 9 | N/A | Νo |
| 1930 FOOTHILL BLVD LA CANADA, CA 91011 95-1976183 | | | | | | |
| YMCA OF SAN DIEGO COUNTY | SOCIAL SERVICE | CA | | LINE 9 | N/A | No |
| 3708 RUFFIN RD SAN DIEGO, CA 92123 95-2039198 | | | | | | |
| SAN GABRIEL VALLEY YMCA | SOCIAL SERVICE | CA | | LINE 9 | N/A | No |
| 1603 S STIMSON AVE HACIENDA HEIGHTS, CA 917452839 95-2040876 | | | | | | |
| SAN LUIS OBISPO COUNTY YMCA | SOCIAL SERVICE | CA | | LINE 9 | N/A | No |
| 1020 SOUTHWOOD DRIVE SAN LUIS OBISPO, CA 93401 95-2147727 | | | | | | |
| SANTA MARIA VALLEY YMCA | SOCIAL SERVICE | CA | | LINE 9 | N/A | No |
| 3400 SKYWAY DRIVE SANTA MARIA, CA 934552504 95-2158363 | | | | | | |
| SOUTHEAST VENTURA COUNTY YMCA | SOCIAL SERVICE | CA | | LINE 9 | N/A | No |
| 100 E THOUSAND OAKS BLVD THOUSAND OAKS, CA 91360 95-2305501 | | | | | | |

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

| (a) Name, address, and EIN of related organization | (b) Primary Activity | (c) Legal Domicile (State or Foreign Country) | (d) Exempt Code section | (e) Public charity status (if 501(c)(3)) | Direct Controlling | g ection 512 (b)(13) controlled rganization | |
|---|--------------------------------|---|--------------------------------------|--|--------------------|--|----|
| CORONA-NORCO FAMILY YMCA | SOCIAL SERVICE | СА | | LINE 9 | N/A | | Νo |
| 1331 RIVER ROAD CORONA, CA 91720 95-2879893 | | | | | | | |
| FAMILY YMCA OF THE DESERT | SOCIAL SERVICE | CA | | LINE 9 | N/A | | Νo |
| 43-930 SAN PABLO AVE PALM DESERT, CA 92260 95-3673295 | | | | | | | |
| YMCA OF HONOLULU | SOCIAL SERVICE | HI | | LINE 9 | N/A | | Νo |
| 1441 PALI HWY HONOLULU, HI 968132050 99-0073533 | | | | | | | |
| YMCA OF KAUAI | SOCIAL SERVICE | HI | | LINE 9 | N/A | | Νo |
| PO BOX 1786 LIHUE, HI 96766 99-0074494 | | | | | | | |
| MAUI FAMILY YMCA | SOCIAL SERVICE | HI | | LINE 9 | N/A | | Νo |
| 250 KANALOA AVE KAHULUI, HI 96732 99-0105206 | | | | | | | |

| > | | |
|---|--|--|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |