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DLN: 93493309013494

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form

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► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

2013

Open to Public Inspection

B Ch	eck ıf a	pplicable	endar year, or tax year beginning 07-01-2013 , 2013, and ending 06- C Name of organization YOUNG MEN'S CHRISTIAN ASSOCIATION RETIREMENT FUND	30-2014	D Employ	er iden	tification number	
_	dress ch	-	Doing Business As		13-55	62401		
	me chai tial retui	_	YMCA RETIREMENT FUND					
_	rminated		Number and street (or P O box if mail is not delivered to street address) Room/s 120 BROADWAY	suite	E Telephoi	ne numb	er	
	nended i		City or town, state or province, country, and ZIP or foreign postal code		(646)	458-24	100	
┌ _{Ap}	plication	pending	NEW YORK, NY 102711999		G Gross re	ceipts \$	3,546,599,852	
			F Name and address of principal officer JOHN M PREIS 120 BROADWAY		s this a group ubordinates?	•	<u> </u>	
T Ta	v-avam	ıpt status	NEW YORK, NY 102711999 ▼ 501(c)(3)	ا	re all subordir ncluded? f "No " attach		☐ Yes ☐ No	
		·	/W Y RETIREMENT ORG	1			see instructions)	
				1 (-)	Group exempti			
	m of org I rt I		Corporation Trust Association Other ►	L Year	of formation 192	1 M 9	State of legal domicile NY	
Governance] T	THE PUI BENEFI	escribe the organization's mission or most significant activities RPOSE OF THE YMCA RETIREMENT FUND IS TO SUPPORT YMCAS T PROGRAMS TO EMPOWER YMCA EMPLOYEES TO ACHIEVE ECC TIREMENT YEARS, THEREBY RESULTING IN LOYALTY TO THE YM	NOMICS	ECURITY DUF			
	2 (Check th	nis box 🔭 if the organization discontinued its operations or disposed	of more th	an 25% of its	net ass	ets	
Activities &			of voting members of the governing body (Part VI, line 1a)			3	16	
Ĭ			of independent voting members of the governing body (Part VI, line 1 ber of individuals employed in calendar year 2013 (Part V, line 2a)			5	11	
å 4	1		mber of volunteers (estimate if necessary)		t	6	16	
			related business revenue from Part VIII, column (C), line 12			7a	0	
	b↑	Vet unre	elated business taxable income from Form 990-T, line 34			7b	-5,000,000	
				—	Prior Year		Current Year	
a)	8		butions and grants (Part VIII, line 1h)		183,6	_	979,279	
Revenue	9	-	am service revenue (Part VIII, line 2g)		175,306,5 271,078,0			
Ě	10 11		tment income (Part VIII, column (A), lines 3, 4, and 7d) revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	•	-36,2		690,460,138	
	12		revenue—add lines 8 through 11 (must equal Part VIII, column (A), li	ne 🗀				
	12				446,532,0		851,214,136	
	13 14		s and similar amounts paid (Part IX, column (A), lines 1-3) ts paid to or for members (Part IX, column (A), line 4)		446,828,8	4,952 216,01 8,816 501,870,82		
	15		es, other compensation, employee benefits (Part IX, column (A), lines		110,020,0		301,070,020	
8		5-10)			13,958,2	3,239 15,983,		
Expenses	16a		sional fundraising fees (Part IX, column (A), line 11e)	•		0	0	
五	b		indraising expenses (Part IX, column (D), line 25) ▶0					
	17		expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		22,451,4		24,033,671	
	18 19		expenses Add lines 13-17 (must equal Part IX, column (A), line 25) ue less expenses Subtract line 18 from line 12		483,413,4 -36,881,3		542,103,929 309,110,207	
Not Assets or Fund Balances					nning of Curren Year		End of Year	
9889 888	20	Total	assets (Part X, line 16)		5,856,440,8	12	6,530,613,723	
P. P	21		liabilities (Part X, line 26)		6,076,290,7		6,274,280,606	
	22		ssets or fund balances Subtract line 21 from line 20		-219,849,9	74	256,333,117	
Pa Unde my k	rt III er pena nowled	Sign Ilties of Ige and	perjury, I declare that I have examined this return, including accompa belief, it is true, correct, and complete Declaration of preparer (other nowledge	inying sche	dules and stat	ements	s, and to the best of	
Sigr		Signa	ature of officer		Date			
Her		Туре	ENT M DE SIO CHIEF FINANCIAL OFFICER or print name and title			_		
			Print/Type preparer's name Preparer's signature OCELYNE C MILLER	Date		PTIN P006343	 378	
Paid		F	Firm's name ► KPMG LLP	Firm's EIN ► 13-5565207				
	pare		Firm's address ► 345 PARK AVENUE		Phone no (212)	758-970	00	
USE	Onl	עי '	NEW YORK, NY 101540102		(212)			
		l l	, 1013 10102		i			

May the IRS discuss this return with the preparer shown above? (see instructions) $\ \ .$

✓ Yes No

1 Briefly describe the organization's mission THE PURPOSE OF THE YMCA RETIREMENT FUND IS TO SUPPORT YMCAS BY PROVIDING PENSION AND WELFARE BENEFIT PROGRAMS TO BENDOWER YMCA EMPLOYEES TO ACHIEVE ECONOMIC SECURITY DURING THEIR WORKING AND RETIREMENT YEARS, THEREBY RESULTING IN LOYALTY TO THE YMCA MOVEMENT 2 Did the organization undertake any significant program services during the year which were not listed on the prior form 990 or 990-52?	Par	t III		f Program Serv le O contains a res		lishments o any line in this Part I	II	
THE PURPOSE OF THE WICA RETIREMENT FUND IS TO SUPPORT YMCAS BY PROVIDING PENSION AND WELFARE BENEFIT PROGRAMS TO BENDEM THE YMCA EMPLOYEES TO A CHIEF BE CORONIC SECURITY DURING THEIR WORKING AND RETIREMENT YEARS, THEREBY RESULTING IN LOYALTY TO THE YMCA MOVEMENT 2 Did the organization undertake any significant program services during the year which were not listed on the prior form 990 or 990-E27	1	Brief	y describe the ord	ganızatıon's mıssıor	<u>. </u>	·		
the prior Form 990 or 990-E2?	PRO	PURPO GRAMS	SE OF THE YMC	A RETIREMENT FU MCA EMPLOYEES	JND IS TO SUI	ECONOMIC SECURI		
Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 50 L(c)(3) and 50 L(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported (Code) (Expenses \$ 532,174,558 including grants of \$ 216,010) (Revenue \$ 850,268,270) SEE SCHEDULE O (Code) (Expenses \$ including grants of \$) (Revenue \$) (Code) (Expenses \$ including grants of \$) (Revenue \$) Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)	2	the pr	or Form 990 or 9	90-EZ?				┌ Yes ┌ No
4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported 4a (Code) (Expenses \$ 532,174,558 including grants of \$ 216,010) (Revenue \$ 850,268,270) SEE SCHEDULE 0 4b (Code) (Expenses \$ including grants of \$) (Revenue \$) 4c (Code) (Expenses \$ including grants of \$) (Revenue \$) 4d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)	3	Did th	ne organization ce ces?	ase conducting, or	make sıgnıfıcar	nt changes in how it cor	nducts, any program	┌ Yes ┌ No
4b (Code) (Expenses \$ including grants of \$) (Revenue \$) 4c (Code) (Expenses \$ including grants of \$) (Revenue \$) 4d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)	4	Desci	ribe the organizati ises Section 501	on's program service (c)(3) and 501(c)(4	ce accomplishn 1) organizations	s are required to report		
4c (Code) (Expenses \$ including grants of \$) (Revenue \$) 4d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)	4a	,) (Expenses \$	532,174,558	including grants of \$	216,010) (Revenue \$	850,268,270)
4d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)	4b	(Code	9) (Expenses \$		including grants of \$) (Revenue \$)
4d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)								
(Expenses \$ including grants of \$) (Revenue \$)	4c	(Code	e) (Expenses \$		ıncludıng grants of \$) (Revenue \$)
(Expenses \$ including grants of \$) (Revenue \$)								
(Expenses \$ including grants of \$) (Revenue \$)								
(Expenses \$ including grants of \$) (Revenue \$)								
4e Total program service expenses ► 532,174,558	4d			•	•	f \$) (Revenue \$)
	4e	Tota	l program service	expenses 🗠	532,174,558			

art TV	Check	list 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	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^{\square}	9		No
LO	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	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
	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
е	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 other assistance to or for any foreign organization? 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 other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	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 or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or 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? <i>If "Yes," complete Schedule J</i>	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 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) 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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, 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? <i>If "Yes," complete Schedule L, Part III</i>	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	
С	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 \blacksquare	29	Yes	
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		No
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? <i>If "Yes," complete Schedule R, Part I</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	

•	Statements Regarding Other 1RS Fillings and Tax Compliance			-
	Check if Schedule O contains a response or note to any line in this Part V	•	Yes	.∫✓ No
La	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 27,151		103	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			
•	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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		No
la	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			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	טט		
_	In 163, to line 3a of 3b, did the organization me Form 6000-1"	5c		
а	Does the organization have annual gross receipts that are normally greater than $$100,\!000$, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
•	Organizations that may receive deductible contributions under section 170(c).			
	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	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
2	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
ł	If "Yes," indicate the number of Forms 8282 filed during the year	70		143
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
_	contract?	7e		Νc
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
3	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
3	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		
)	Sponsoring organizations maintaining donor advised funds.			
	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		
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
}	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h		110

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

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

36	ection A. Governing body and management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax 16			
	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	2		No
3	other officer, director, trustee, or key employee?	3		No
4	supervision of officers, directors or trustees, or key employees to a management company or other person? . Did the organization make any significant changes to its governing documents since the prior Form 990 was	\vdash		
_	filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	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	
	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		Νo
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ie Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	No No
	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	
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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	10b		
b 11a	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b	Yes	
b 11a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990	10b	Yes	
b 11a b 12a	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b		
b 11a b 12a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b	Yes	
b 11a b 12a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a	Yes	
b 11a b 12a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b	Yes Yes Yes	
b 11a b 12a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b	Yes Yes Yes	
b 11a b 12a b c	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 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?	10b 11a 12a 12b 12c 13	Yes Yes Yes Yes	
b 11a b 12a c 13 14	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b 12c 13	Yes Yes Yes Yes	
b 11a b 12a c 13 14 15	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 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?	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	
b 11a b 12a c 13 14 15	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 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	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	
b 11a b 12a c 13 14 15 a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 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	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	
b 11a b 12a c 13 14 15 a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 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	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes Yes	No
b 11a b 12a c 13 14 15 a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 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? Lif "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes Yes	No
b 11a b 12a c 13 14 15 a b 16a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 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	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes Yes	No
b 11a b 12a c 13 14 15 a b 16a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 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 participation 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 organization's exempt status with respect to such arrangements?	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes Yes	No

- (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
 - Own website Another's website V Upon request Other (explain in Schedule O)
- 19 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 120 BROADWAY NEW YORK, NY 102711999 (646)458-2400

Form 990	(2013	
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

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

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

◆ List all of the organization's current key employees, if any See 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

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	more t	han o	one l both	box, an o	heck sofficer (stee) Highest compensated	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

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	A verage hours per more than one box, unless week (list person is both an officer any hours and a director/trustee) A verage hours person is both an officer and a director/trustee) A verage hours person is both an officer organization (Worganization (Worganiz										(F) Estima amount o compens from t	ted f other ation
		for related organizations below dotted line)	Individual trustiei or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099	-MISC)	2/1099-MISC		rganizati relate organiza	ed
1b	Sub-Total							Þ						
c	Total from continuation sheet	s to Part VII, S	ection A	١.				.						
d	Total (add lines 1b and 1c) .							- \	<u> </u>	6,138,213		18		1,147,050
2	Total number of individuals (in \$100,000 of reportable compe						u abov	e)W	no receive	u more th	all			
													Yes	No
3	Did the organization list any fo on line 1a? <i>If "Yes," complete S</i>				tee,	key •	emplo	yee,	, or highes	t compen	sated employee	3		No
4	For any individual listed on line organization and related organ individual											4	Yes	
5	Did any person listed on line 1 services rendered to the organ									anızatıon • • •	or individual for	5		No
	ation D. Indonesidant Ca	mtun et e e												
<u>Se</u> 1	ction B. Independent Co Complete this table for your five		ensated	d ınde	epen	dent	contr	acto	rs that red	eived mo	re than \$100,000	D of		
	compensation from the organiz	zation Report co									thin the organizat			
	N	(A) lame and business	address							Des	(B) cription of services		(C Comper	

(A) Name and business address	(B) Description of services	(C) Compensation
ALEXANDER WOLF & SON 211 EAST 43RD STREET 21ST FLOOR NEW YORK NY 10017	CONSTRUCTION SERVICES	3,625,610
MFS INSTITUTIONAL ADVISORS 500 BOYLSTON STREET BOSTON MA 02116	INVESTMENT MANAGEMENT	1,119,971
LAZARD ASSET MANAGEMENT 30 ROCKEFELLER PLAZA NEW YORK NY 10112	INVESTMENT MANAGEMENT	1,033,322
LSV ASSET MANAGEMENT 155 N WACKER DRIVE SUITE 4600 CHICAGO IL 60606	INVESTMENT MANAGEMENT	968,892
DELAWARE MANAGEMENT COMPANY 2005 MARKET STREET PHILADELPHIA PA 19103	INVESTMENT MANAGEMENT	958,120
	· · · · · · · · · · · · · · · · · · ·	

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 ►53

Part V	4 🛊 🛊 1	Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII										
		Check if Schedule O co	ntains a respoi	nse or note to any li	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514				
क ह	1a	Federated campaigns	1a					312 311				
Contributions, Gifts, Grants and Other Similar Amounts	Ь	Membership dues .	1b									
A G	С	Fundraising events .	1c	229,279								
er je	d	Related organizations	1d									
s, (imi	e	Government grants (contribu	utions) 1e									
tion r. S	f	All other contributions, gifts, similar amounts not included	grants, and 1f	750,000		İ						
Contributions, Giffs, Grants and Other Similar Amounts	g	Noncash contributions includ		750,000	i	ł		 				
id C		1a-1f \$			070 270							
<u>ರಹ</u>	h	Total. Add lines 1a-1f	· · · ·	· · · •	979,279							
e II	,	LIEE ANNUITIES		Business Code								
even.	2a b	LIFE ANNUITIES		525990	159,808,132	159,808,132		<u> </u>				
or Eg	C											
7. Y	d											
Program Serwde Revenue	e											
grar	f	All other program servi	ce revenue									
Š	g	Total. Add lines 2a-2f			159,808,132							
	3	Investment income (in	cluding dividen	ds, ınterest,	68,922,768	68,922,768						
	4	and other similar amou Income from investment of	•		00,322,700	00,922,700						
	5	Royalties	·	▶								
) Real	(II) Personal								
	6a	Gross rents										
	b	Less rental expenses										
	С	Rental income or (loss)										
	d	Net rental income or (lo										
	7a	Gross amount (1) Se	ecurities	(II) O ther								
	'"		3,316,862,223									
	ь	Less cost or	2,695,324,853									
	c	sales expenses Gain or (loss)	621,537,370									
	d	Net gain or (loss) .			621,537,370	621,537,370						
Other Revenue	8a	Gross income from fund events (not including \$	ed on line 1c)									
æ		See Part IV, line 18 .	a	27,450								
E E	ь	Less direct expenses	b	60,863								
δ	С	Net income or (loss) fro		events 🛌	-33,413			-33,413				
	9a	Gross income from gan See Part IV, line 19										
	ь	Less direct expenses										
		Net income or (loss) fro	ı	vities -								
	TOA	Gross sales of inventor returns and allowances										
	ь	Less cost of goods so										
	С	Net income or (loss) fro	om sales of inv	entory 🛌								
		Mıscellaneous Reven	ue	Business Code								
	11a											
	b											
	C d	All other revenue .										
	e e	Total. Add lines 11a-1		▶								
	12	Total revenue. See Ins										
		.oca revenue. See 1115		• • • •	851,214,136	850,268,270	(-33,413				

Part IX Statement of Functional Expenses

raitin	Statement of Functional Expenses							
Section 50	L(c)(3) and 501 (c)(4) organizations must complete all columns. All other organizations mus	t com	plet	есо	lumr	(A)		
	Check if Schedule O contains a response or note to any line in this Part IX							

	Check if Schedule O contains a response or note to any line in this	Part IX			
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	124,000	124,000		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	92,010	92,010		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members	501,870,820	501,870,820		
5	Compensation of current officers, directors, trustees, and key employees	4,729,536	2,361,524	2,368,012	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	97,787	97,787		
7	Other salaries and wages	8,819,382	5,849,570	2,969,812	_
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	825,279	483,516	341,763	
9	Other employee benefits	828,399	473,825	354,574	
10	Payroll taxes	683,045	410,325	272,720	
11	Fees for services (non-employees)	132,213	125,025	=: =, :=0	
a	Management				
b	Legal	214,981	214,981		
c	Accounting	228,086	35,034	193,052	
d	Lobbying	220,000	33,034	175,032	
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	15,027,918	14,953,211	74,707	
a	Other (If line 11g amount exceeds 10% of line 25,	13,027,310	11,555,211	71,707	
y	column (A) amount, list line 11g expenses on Schedule O)	914,171	271,825	642,346	
12	Advertising and promotion	80,890	40,538	40,352	
13	Office expenses	613,930	229,560	384,370	_
14	Information technology	1,619,174	1,510,453	108,721	
15	Royalties				
16	Occupancy	3,288,415	2,265,189	1,023,226	
17	Travel	608,992	398,917	210,075	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	379,118	69,471	309,647	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	678,048	422,002	256,046	
23	Insurance	332,246		332,246	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	CHURCH ALLIANCE DUES	47,702		47,702	
b					
С					
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	542,103,929	532,174,558	9,929,371	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				
				Fo	rm 990 (2013)

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in	n this Part X	<u> </u>		<u> </u>	<u>'</u>
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			16,924,476	1	19,618,033
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net		l		3	
	4	Accounts receivable, net			121,011,664	4	63,243,589
	5	Loans and other receivables from current and former officers, key employees, and highest compensated employees Compl Schedule L	ete Part II of			5	
Assets	6	Loans and other receivables from other disqualified persons (section 4958(f)(1)), persons described in section 4958(c)(3 employers and sponsoring organizations of section 501(c)(9) employees' beneficiary organizations (see instructions) Composition of Schedule L)(B), and cont) voluntary	rıbutıng			
Š	_	Nicker and Issue measurable mak		ŀ		6 7	
⋖	7	Notes and loans receivable, net		ŀ		8	
	8	Inventories for sale or use			1,052,050	9	1,562,648
	9	Prepaid expenses and deferred charges			1,052,050	9	1,002,048
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 1	2,312,946			
	b	Less accumulated depreciation	10b	5,389,118	1,685,323	10c	6,923,828
	11	Investments—publicly traded securities		.	4,317,630,922	11	4,933,002,683
	12	Investments—other securities See Part IV, line 11			1,398,136,377	12	1,506,262,942
	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) .			5,856,440,812	16	6,530,613,723
	17	Accounts payable and accrued expenses			520,709,270	17	445,917,258
	18	Grants payable		.		18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
Ø.	21	Escrow or custodial account liability Complete Part IV of Sci	hedule D .	.		21	
Liabilitie	22	Loans and other payables to current and former officers, directively employees, highest compensated employees, and disqua		,			
<u>ge</u>		persons Complete Part II of Schedule L		.		22	
	23	Secured mortgages and notes payable to unrelated third parti	es			23	
	24	Unsecured notes and loans payable to unrelated third parties		.		24	
	25	Other liabilities (including federal income tax, payables to rel and other liabilities not included on lines 17-24) Complete P					
		D			5,555,581,516		5,828,363,348
	26	Total liabilities. Add lines 17 through 25			6,076,290,786	26	6,274,280,606
ě		Organizations that follow SFAS 117 (ASC 958), check here ► lines 27 through 29, and lines 33 and 34.	┌─ and comp	lete			
ä	27	Unrestricted net assets				27	
- B	28	Temporarily restricted net assets				28	
Ξ	29	Permanently restricted net assets				29	
Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check	here ► 🔽 an	d			
9		complete lines 30 through 34.				_	-
쫎	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		-	210.840.074	31	0
Ψ.	32	Retained earnings, endowment, accumulated income, or other			-219,849,974	32	256,333,117
Ŋĕţ	33	Total net assets or fund balances			-219,849,974	33	256,333,117
	34	Total liabilities and net assets/fund balances			5,856,440,812	34	6,530,613,723

Par	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)				
•	Total revenue (must equal rait viii, column (A), me 12)	1		851,2	214,136
2	Total expenses (must equal Part IX, column (A), line 25)	2		542,1	.03,929
3	Revenue less expenses Subtract line 2 from line 1	3		309.1	.10,207
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			349,974
5	Net unrealized gains (losses) on investments	5			302,741
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		-7	29,857
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		256,3	333,117
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line 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 or	ן ו		
	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 separate basis, consolidated basis, or both	ate			
	▼ Separate basis				
C	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh audit, review, or compilation of its financial statements and selection of an independent accountant?	t of th	e 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		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

Form 990, Part VII - Compensati Compensated Employees, and In	on of Officers,	Direct	ors,	Tru	ste	es, k	(ey	Employees, Higl	nest	
(A) Name and Title	(B) Average hours per week (list any hours for related	Posit more th persol and a	ion (dinan o nan o n is b dire	ne b oth ctor/	ox, ι an o /trus	inless fficer tee)		(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
	organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Ke) emplojee	Highest compensated employee	Former		-,,	related organizations
DENISE DAY	2 00	х						0	293,808	40,418
TRUSTEE VOLUNTEER KRISTIANNE BLAKE	40 00									
TRUSTEE VOLUNTEER		X						0	0	0
JOHN CLYMER TRUSTEE VOLUNTEER	2 00	×						0	0	0
JURIJ Z KUSHNER	2 00	×						0	0	0
TRUSTEE VOLUNTEER ELIZABETH T FRANK	2 00									
TRUSTEE VOLUNTEER	2 00	x						0	0	0
CARMELITA GALLO	2 00	х						0	256,755	43,223
TRUSTEE VOLUNTEER CARLOS GONZALEZ	40 00									
TRUSTEE VOLUNTEER		X						0	0	0
WILLIAM A HOLBY TRUSTEE VOLUNTEER	2 00	x						0	0	О
ERIC MANN	2 00	×		x				0	371,312	27,073
VICE CHAIRMAN GEORGANNE PERKINS	40 00								371,312	27,073
TRUSTEE VOLUNTEER	2 00	x						0	0	o
D SCOTT LUTTRELL	2 00	х						0	0	0
TRUSTEE VOLUNTEER ROBERT T LUTTS	2 00									
TRUSTEE VOLUNTEER		×						0	0	0
DANIEL L COOPER TRUSTEE VOLUNTEER - AS OF 1/1/2014	2 00 40 00	×						0	0	О
WILLIAM D RUECKERT	2 00	x						0	0	0
TRUSTEE VOLUNTEER ANDREW A ROBERTS	2 00									
TRUSTEE VOLUNTEER - AS OF 1/1/2014	40 00	Х						0	0	0
G RAINEY WILLIAMS JR	2 00	х		х				0	0	0
CHAIRMAN REID THEBAULT	2 00								246 747	22.407
VICE CHAIRMAN UNTIL - 12/31/2013	40 00	×						0	346,717	32,407
JOHN MARK JOHNSON TRUSTEE VOLUNTEER UNTIL - 12/31/2013	2 00	x						0	370,126	54,691
ERIC MULLINS	2 00	x						0	0	0
TRUSTEE VOLUNTEER UNTIL - 12/31/2013 JOHN M PREIS	40 00									
PRESIDENT AND CHIEF EXECUTIVE OFFICER				Х				933,658	0	76,028
VANESSA BOULOUS	40 00			х				325,099	0	63,417
CHIEF OPERATIONS OFFICER - EXTERNAL ELLIOTT BUCHHOLZ	40 00			X				345,938	0	67,661
CHIEF OPERATIONS OFFICER - INTERNAL VINCENT M DE SIO	40.00							345,936	0	67,661
CHIEF FINANCIAL OFFICER	40 00			х				337,721	0	73,875
JAMES G KIRSCHNER	40 00			х				322,885	0	71,673
CHIEF STRATEGY OFFICER JOHN QUINONES	40 00						\vdash			
GENERAL COUNSEL				Х				392,634	0	76,677

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	Posit more th persor and a	ion (d ian o n is b	ne bo	ox, u an of	nless ficer	i	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
HUNTER REISNER CHIEF INVESTMENT OFFICER	40 00			х				841,376	0	79,783
LISA WORTHY	40 00									_
VICE PRESIDENT - FINANCE					Х			213,175	0	50,750
ELIZABETH DELGADO VICE PRESIDENT - HUMAN RESOURCES	40 00				х			164,894	0	37,095
MARCELA DEITRICH VICE PRESIDENT - CUSTOMER SERVICE	40 00				х			213,061	0	30,730
DAVID I LANDAU PORTFOLIO MANAGER - PE	40 00					х		437,806	0	83,366
LOUISE A HOWARD PORTFOLIO MANAGER - FI	40 00					х		488,791	0	59,352
DAVID SLIFKA	40 00									
PORTFOLIO MANAGER - RE						X		490,263	0	80,821
LI TAN	40 00					х		468,580	0	51,182
PORTFOLIO MANAGER - EQ										
CHRISTOPHER TYD	40 00					х		162,332	0	46,828
DIRECTOR - TECHNICAL SERVICES	J							,		·

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

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

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

2013

Open to Public Inspection

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

13-5562401

			r Public Charity S						instruction	<u>ns.</u>
The o	_	•	private foundation bec	· ·			· ·	· ·		
1	<u>Γ</u> Δ	church, con	vention of churches, o	orassociatio	n of churche	s described ir	section 17	'0(b)(1)(A)(i).		
2		school desc	ribed in section 170(l	b)(1)(A)(ii).	(Attach Sch	edule E)				
3	Γ A	hospital or a	a cooperative hospita	l service orga	anızatıon des	cribed in sec t	tion 170(b)	(1)(A)(iii).		
4		medical res	earch organization op	erated in cor	njunction with	n a hospital de	escribed in	section 170(b)	(1)(A)(iii).	. Enter the
			ne, city, and state							
5	J A	an organizatio	on operated for the be	nefit of a coll	ege or unive	rsity owned o	r operated l	oy a governmei	ntal unit des	scribed in
	s	ection 170(b)(1)(A)(iv). (Complet	te Part II)						
6	Γ A	federal, stat	te, or local governmer	nt or governm	nental unit de	escribed in se	ction 170(b)(1)(A)(v).		
7	•		on that normally receivection 170(b)(1)(A)(its support fro	m a goverr	imental unit or	from the ge	neral public
8			trust described in sec			Complete Part	II)			
9	Γ A	n organizatio	on that normally recei	ves (1) more	e than 331/3%	% of its suppo	rt from con	trıbutıons, mer	nbership fee	es, and gross
	r	eceıpts from	activities related to it	s exempt fur	nctions—subj	ject to certair	exception	s, and (2) no m	ore than 33	31/3% of
	ıt	ts support fro	m gross investment i	ncome and u	nrelated bus	ıness taxable	ıncome (le	ss section 511	. tax) from l	businesses
	а	cquired by th	ne organızatıon after J	une 30, 197	5 See sectio	on 509(a)(2).	(Complete	Part III)		
10	Γ \triangle	n organizatio	on organized and oper	ated exclusiv	vely to test f	or public safe	ty See sec l	tion 509(a)(4).		
11	▽ △	n organizatio	on organized and oper	ated exclusiv	vely for the b	enefit of, to p	erform the f	unctions of, or	to carry ou	t the purposes of
			ublicly supported orga						See section	509(a)(3). Check
	t	he box that d a ☑ Type	escribes the type of s e I b Type II						Ion-functioi	nally integrated
e	▽ B		his box, I certify that							· -
	,		ndation managers and	_			•	•	•	-
		ection 509(a	, , ,							
f			ation received a writte	n determinat	tion from the	IRS that it is	a Type I, T	ype II, or Type	e III suppo	rtıng organızatıo <u>n,</u>
		heck this box	x 17, 2006, has the org	nanization ac	cented any	ruft or contribi	ition from a	iny of the		ı
g		ollowing pers		gamzation ac	cepted any g	gire or contrib		illy of the		
			ho directly or indirect	tly controls,	either alone (or together wi	th persons	described in (i	1)	Yes No
	a	ınd (ııı) below	, the governing body o	of the suppor	ted organizat	tion?			11	Lg(i) No
	(ii) A family m	nember of a person de	scribed in (i)	above?				11	lg(ii) No
	(iii) A 35% co	ontrolled entity of a pe	erson describ	oed in (i) or (i	ıı) above?			11	g(iii) No
h	Р	rovide the fo	llowing information ab	out the supp	orted organi:	zatıon(s)				<u> </u>
(i) N	lame of	(ii) EIN	(iii) Type of	(iv) Is t	:he	(v) Did you	notify	(vi) Is t	he	(vii) A mount of
_	ported		organization	organizati		the organiz		organizati		monetary
orga	nization	•	(described on	col (i) list		ın col (i) o		col (i) orga		support
			lines 1- 9 above or IRC section	your govei documei	-	support	[/	ın the U	5 ′	
			(see instructions))	documen						
				W = =		 		-		\dashv
				Yes	No	Yes	No	Yes	No	
See	tıonal									
	Table									
		1								
Total										0
					1	•		i		

Sch	edule A (Form 990 or 990-EZ) 2013						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 failed	to qualify under
_	Part III. If the organiza ection A. Public Support	tion fails to qu	alify under the	tests listed bel	low, please con	iplete Part .	.111.)
	endar year (or fiscal year beginning	(-) 2000	(1-) 2010	(-) 2011	(4) 2012	(-) 201	(5) T. I.
	in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 201:	3 (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						
3	behalf The value of services or facilities						
3	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						
	(f)						
6	Public support. Subtract line 5 from line 4						
S	ection B. Total Support	I	<u> </u>		I		I
	endar year (or fiscal year beginning	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	in) ►	(a) 2009	(b) 2010	(6) 2011	(u) 2012	(e) 2013	(I) I otal
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar						
	sources						
9	Net income from unrelated						
	business activities, 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 10)						
12	Gross receipts from related activities	es, etc (see inst	ructions)	•		12	1
13	First five years. If the Form 990 is i	for the organizati	on's first, second	l, thırd, fourth, or	fifth tax year as a	501(c)(3) o	rganızatıon, check
	this box and stop here				<u> </u>	<u> </u>	<u></u>
	ection C. Computation of Pub			4.4 1 (5)			
14	Public support percentage for 2013			11, column (f))		14	
15	Public support percentage for 2012	· ·	•			15	_
16a	33 1/3% support test—2013. If the condition have				line 14 is 33 1/3%	or more, che	ck this box
b	and stop here. The organization qua 33 1/3% support test—2012. If the				and line 15 is 33	8 1/3% or more	
	box and stop here. The organization				, 10 00	. 40.001111011	► F
17a	10%-facts-and-circumstances test-	-2013. If the org	anızatıon dıd not	check a box on lı			
	is 10% or more, and if the organizat						
	in Part IV how the organization mee	ts the "facts-and	d-circumstances'	test The organ	ızatıon qualıfıes a	s a publicly s	
Ь	organization 10%-facts-and-circumstances test-	-2012 . If the ora	anization did not	check a hov on li	ne 13 16a 16b	or 17a and L	▶ □
	15 is 10% or more, and if the organ						
	Explain in Part IV how the organizat						ublicly
	supported organization				4-71		▶ □
18	Private foundation. If the organizat instructions	ion aid not check	k a box on line 13	, 16a, 16b, 1/a,	or 1/p, check thi	s pox and se	e ▶□
							г,

Schedule A (Form 990 or 990-EZ) 2013 Part III 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

Cale	ndar year (or fiscal year beginning in) 🟲	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	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						
4	business under section 513 Tax revenues levied for the						
•	organization's benefit and either						
	paid to or expended on its						
_	behalf The value of services or facilities						<u> </u>
5	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	A mounts included on lines 1, 2,						
	and 3 received from disqualified persons						
ь	Amounts included on lines 2 and 3						
	received from other than						
	disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support (Subtract line 7c						
	from line 6) ction B. Total Support						
	ndar year (or fiscal year beginning	() 2000	(1) 2010	() 2011	(1) 2012	() 2012	(C) T
				(A) 2011 I	(d) 2012	(e) 2013	(f) Total
	in) ►	(a) 2009	(b) 2010	(c) 2011	(4) 2012	(-,	(-,
9	in) ► A mounts from line 6	(a) 2009	(B) 2010	(6) 2011	(4) 2012	(5, 2222	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	in) ► A mounts from line 6 Gross income from interest,	(a) 2009	(B) 2010	(6) 2011	(4) 2012	(0, 2000	(7,7,5,5,1)
9	in) ► A mounts from line 6	(a) 2009	(b) 2010	(6) 2011	(4) 2012	(5,232	
9	in) A mounts from line 6 Gross income from interest, dividends, payments received on	(a) 2009	(b) 2010	(6) 2011	(4) 2322		
9 10a	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	(a) 2009	(b) 2010	(6) 2011	(4) 2322		
9	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable	(a) 2009	(b) 2010	(6) 2011	(4) 2012		
9 10a	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	(a) 2009	(b) 2010	(6) 2011	(4) 2322		
9 10a	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	(a) 2009	(b) 2010	(6) 2011	(4) 2322		
9 10a b	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	(a) 2009	(b) 2010	(6) 2011	(4) 2012		
9 10a b	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated	(a) 2009	(b) 2010	(6) 2011	(4) 2012		
9 10a b	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	(a) 2009	(b) 2010	(6) 2011	(4) 2322		
9 10a b c 11	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	(a) 2009	(b) 2010	(6) 2011	(4) 2322		
9 10a b	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include	(a) 2009	(b) 2010	(6) 2011			
9 10a b c 11	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of	(a) 2009	(b) 2010	(c) 2011			
9 10a b c 11	In) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	(a) 2009	(b) 2010	(6) 2011			
9 10a b c 11	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c,	(a) 2009	(b) 2010	(c) 2011			
9 10a b c 11	In) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
9 10a b c 11 12	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here	or the organizati	on's first, second				
9 10a b c 11 12 13 14	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here	or the organizati	on's first, second	, thırd, fourth, or		a 501(c)(3) orga	nization,
9 10a b c 11 12 13 14 Se 15	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage for 2013	or the organizati ic Support Pe (line 8, column (on's first, second ercentage f) divided by line	, thırd, fourth, or		a 501(c)(3) orga	nization,
9 10a b c 11 12 13 14 Se 15 16	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage from 201	or the organization of the	on's first, second ercentage f) divided by line art III, line 15	, third, fourth, or		a 501(c)(3) orga	nization,
9 10a b c 11 12 13 14 Se 15 16 Se	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage from 201 ction D. Computation of Inve	or the organization of the	on's first, second ercentage f) divided by line art III, line 15 me Percenta	, third, fourth, or 13, column (f))	fifth tax year as a	a 501(c)(3) orga 15 16	nization,
9 10a b c 11 12 13 14 Se 15 16 Se 17	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage from 201 ction D. Computation of Inve	or the organization ic Support Performance (line 8, column (2 Schedule A, Paragraphic Performance) colors (line 10c, colors)	on's first, second ercentage f) divided by line art III, line 15 me Percentagolumn (f) divided	, third, fourth, or 13, column (f)) ge by line 13, colum	fifth tax year as a	15 16	nization,
9 10a b c 11 12 13 14 Se 15 16 Se 17 18	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage from 201 ction D. Computation of Inve	or the organization of the organization of the organization of the second of the secon	on's first, second ercentage f) divided by line art III, line 15 me Percentago olumn (f) divided A, Part III, line 1	, third, fourth, or 13, column (f)) ge by line 13, column	fifth tax year as a	15 16	nization,

33 1/3% support tests—2012. 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 **Supplemental Information.** 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							
Return Reference	Explanation							
PART I, LINE 11	THE SUPPORTED ORGANIZATIONS OF THE YMCA RETIREMENT FUND CONSIST OF 835 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) 2013

Software ID: Software Version:

EIN: 13-5562401

Name: YOUNG MEN'S CHRISTIAN ASSOCIATION RETIREMENT

FUND

(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 ration in d in your raing ment?	Did you the orga in (i) o	v) u notify inization of your port?	Is organız (ı) orga	vi) the ation in nized in J S ?	(vii) A mount of support?
			Yes	No	Yes	No	Yes	No	
(A) STATE YMCA OF MAINE	010186800	9	Yes		Yes		Yes		0
(A) MOUNT DESERT ISLAND YMCA	010211486	9	Yes		Yes		Yes		0
(B) AUBURN- LEWISTON YMCA	010211567	9	Yes		Yes		Yes		0
(C) YMCA OF SOUTHERN MAINE	010211568	9	Yes		Yes		Yes		0
(D) KENNEBEC VALLEY YMCA	010211811	9	Yes		Yes		Yes		0
(E) BATH AREA FAMILY YMCA	010211812	9	Yes		Yes		Yes		0
(F) PENOBSCOT BAY YMCA	010211813	9	Yes		Yes		Yes		0
(G) SANFORD- SPRINGVALE YMCA	010211814	9	Yes		Yes		Yes		0
(H) BOOTHBAY REGION YMCA	010237912	9	Yes		Yes		Yes		0
(I) DOWN EAST FAMILY YMCA	010412269	9	Yes		Yes		Yes		0
(J) WALDO COUNTY YMCA	010493123	9	Yes		Yes		Yes		0
(K) CHESHIRE YMCA	020222246	9	Yes		Yes		Yes		0
(L) KEENE FAMILY YMCA	020222247	9	Yes		Yes		Yes		0
(M) THE GRANITE YMCA	020222248	9	Yes		Yes		Yes		0
(N) YMCA OF GREATER NASHUA	020222250	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	v) the ation in d in your rning ment?	Did you the orga in (i) o	v) u notify inization of your port?	Is organız (ı) orga	vi) the ation in nized in J S ?	(vii) A mount of support?
			Yes	No	Yes	No	Yes	No	
(P) CONCORD FAMILY YMCA	020223358	9	Yes		Yes		Yes		0
(A) CARROLL COUNTY YMCACAMP HUCKINS	026001065	9	Yes		Yes		Yes		0
(B) GREATER BURLINGTON YMCA	030185810	9	Yes		Yes		Yes		0
(C) MEETING WATERS YMCA	030214294	9	Yes		Yes		Yes		0
(D) YMCA OF GREATER SPRINGFIELD INC	041859893	9	Yes		Yes		Yes		0
(E) YMCA OF GREATER BOSTON	042103551	9	Yes		Yes		Yes		0
(F) SOMERVILLE YMCA	042103853	9	Yes		Yes		Yes		0
(G) CAMBRIDGE YMCA	042103960	9	Yes		Yes		Yes		0
(H) MERRIMACK VALLEY YMCA INC	042104378	9	Yes		Yes		Yes		0
(I) YMCA SOUTHCOAST	042104749	9	Yes		Yes		Yes		0
(J) WEST SUBURBAN YMCA	042104783	9	Yes		Yes		Yes		0
(K) PITTSFIELD FAMILY YMCA	042104837	9	Yes		Yes		Yes		0
(L) GREATER LOWELL FAMILY YMCA	042104898	9	Yes		Yes		Yes		0
(M) YMCA OF THE NORTH SHORE	042104913	9	Yes		Yes		Yes		0
(N) NORTHERN BERKSHIRE YMCA	042105871	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?	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?	
			Yes	No	Yes	No	Yes	No		
(AE) TRI- COMMUNITY YMCA OF SOUTHBRIDGE INC	042105872	9	Yes		Yes		Yes		0	
(A) MALDEN YMCA	042105874	9	Yes		Yes		Yes		0	
(B) SOUTH SHORE YMCA	042105881	9	Yes		Yes		Yes		0	
(C) YMCA OF METRO NORTH	042105883	9	Yes		Yes		Yes		0	
(D) YMCA OF CENTRAL MASSACHUSETTS	042105885	9	Yes		Yes		Yes		0	
(E) HAMPSHIRE REGIONAL YMCA	042105887	9	Yes		Yes		Yes		0	
(F) BECKET- CHIMNEY CORNERS YMCA CAMPSOUTDOOR CTR	042105946	9	Yes		Yes		Yes		0	
(G) YMCA OF GREATER WESTFIELD INC	042126585	9	Yes		Yes		Yes		0	
(H) HOCKOMOCK AREA YMCA	042131749	9	Yes		Yes		Yes		0	
(I) GREENFIELD YMCA	042149363	9	Yes		Yes		Yes		0	
(J) WENDELL P CLARK MEMORIAL YMCA	042173363	9	Yes		Yes		Yes		0	
(K) GREATER HOLYOKE YMCA	042192693	9	Yes		Yes		Yes		0	
(L) YMCA OF ATTLEBORO	042255819	9	Yes		Yes		Yes		0	
(M) METROWEST YMCA INC	042281530	9	Yes		Yes		Yes		0	
(N) COMMUNITY YMCA OF DANVERS MA INC	042308404	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?	Did you the orga	v) u notify inization of your port?	Is organız (ı) orga	vi) the ation in nized in J S ?	(vii) A mount of support?	
			Yes	No	Yes	No	Yes	No		
(AT) CAPE COD YOUNG MEN'S CHRISTIAN ASSOCIATION	042394925	9	Yes		Yes		Yes		0	
(A) YMCA OF MARTHA'S VINEYARD	043293959	9	Yes		Yes		Yes		0	
(B) YMCA CAMP BELKNAP INC	043356887	9	Yes		Yes		Yes		0	
(C) YMCA CAMP CONISTON	043357821	9	Yes		Yes		Yes		0	
(D) SOUTHERN DISTRICT YMCACAMP LINCOLN INC	043383996	9	Yes		Yes		Yes		0	
(E) PROVIDENCE METROPOLITAN YMCA	050258878	9	Yes		Yes		Yes		0	
(F) NEWPORT COUNTY YMCA	050258916	9	Yes		Yes		Yes		0	
(G) PAWTUCKET CENTRAL FALLS METRO BD YMCA	050259114	9	Yes		Yes		Yes		0	
(H) OCEAN COMMUNITY YMCA	050268126	9	Yes		Yes		Yes		0	
(I) CAMP MOHAWK YMCA INC	060646565	9	Yes		Yes		Yes		0	
(J) NAUGATUCK YMCA	060646770	9	Yes		Yes		Yes		0	
(K) SOUTHINGTON- CHESHIRE COMMUNITY YMCAS INC	060646905	9	Yes		Yes		Yes		0	
(L) MERIDEN YMCA	060646977	9	Yes		Yes		Yes		0	
(M) VALLEY- SHORE YMCA	060646979	9	Yes		Yes		Yes		0	
(N) NORTHERN MIDDLESEX COUNTY YMCA	060646981	9	Yes		Yes		Yes		0	

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 organız (ı) lısted gove	v) the ation in d in your rning nent? No	Did you the orga in (i) o	u notify inization of your oort?	Is organız	the ation in nized in J S ?	(vii) A mount of support?	
(BI) YMCA OF STAMFORD	060646985	9	Yes	NO	Yes	NO	Yes	NO	C	
(A) WALLINGFORD FAMILY YMCA	060646987	9	Yes		Yes		Yes		C	
(B) GREATER WATERBURY YMCA	060646988	9	Yes		Yes		Yes		C	
(C) YMCA OF WESTPORTWESTON CT INC	060646989	9	Yes		Yes		Yes		0	
(D) CENTRAL CONNECTICUT COAST YMCA	060662195	9	Yes		Yes		Yes		0	
(E) YMCA OF NORWALK INC	060662196	9	Yes		Yes		Yes		0	
(F) NEW CANAAN COMMUNITY YMCA	060763077	9	Yes		Yes		Yes		0	
(G) WILTON FAMILY YMCA INC	060853258	9	Yes		Yes		Yes		0	
(H) YMCA OF DARIEN COMMUNITY INC	060859795	9	Yes		Yes		Yes		0	
(I) CAMP HAZEN YMCA	060860014	9	Yes		Yes		Yes		0	
(J) YMCA OF METROPOLITAN HARTFORD	060881325	9	Yes		Yes		Yes		0	
(K) REGIONAL YMCA OF WESTERN CONNECTICUT INC	066051610	9	Yes		Yes		Yes		0	
(L) YMCA OF LONG ISLAND	111649914	9	Yes		Yes		Yes		0	
(M) THE FOUR SEASONS YMCA	113774789	9	Yes		Yes		Yes		0	
(N) YMCA OF GREATER NEW YORK	131624228	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	v) the ation in d in your rning ment?	Did you the orga	v) u notify inization of your port?	Is organız (ı) orga	vi) the ation in nized in J S ?	(vii) A mount of support?
			Yes	No	Yes	No	Yes	No	
(BX) CAMP SLOANE YMCA INC	131739939	9	Yes		Yes		Yes		0
(A) ROCKLAND COUNTY YMCA	131740513	9	Yes		Yes		Yes		0
(B) YMCA OF RYE NY	131740515	9	Yes		Yes		Yes		0
(C) YMCA OF CENTRAL NORTHERN WESTCHESTER INC	131740518	9	Yes		Yes		Yes		0
(D) YMCA OF YONKERS INC	131740520	9	Yes		Yes		Yes		0
(E) NEW ROCHELLE YMCA	131740542	9	Yes		Yes		Yes		0
(F) BURLINGTON AREA COMMUNITY YMCA-YWCA	134289848	9	Yes		Yes		Yes		0
(G) SILVER BAY YMCA OF THE ADIRONDACKS	135604788	9	Yes		Yes		Yes		0
(H) ASSOCIATION OF YMCA PROFESSIONALS	135616526	9	Yes		Yes		Yes		0
(I) YMCA OF KINGSTON AND ULSTER COUNTY	141338342	9	Yes		Yes		Yes		0
(J) FAMILY YMCA OF GLENS FALLS AREA	141340008	9	Yes		Yes		Yes		0
(K) PLATTSBURGH YMCA	141340011	9	Yes		Yes		Yes		0
(L) YMCA OF MIDDLETOWN NY	141340134	9	Yes		Yes		Yes		0
(M) FULTON COUNTY YMCA	141374493	9	Yes		Yes		Yes		0
(N) SARATOGA REGIONAL YMCA	141427442	9	Yes		Yes		Yes		0

Form 990, Sch A, Part 1, Line 11h - Provide the following information about the supported organiz									u 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?	the orga	u notify nization of your	Is organız (ı) orga	vi) the ation in nized in JS?	(vii) A mount of support?
			Yes	No	Yes	No	Yes	No	
(CM) CAMP DUDLEY YMCA INC	141504974	9	Yes		Yes		Yes		0
(A) YMCA OF CAPITAL DISTRICT	141726531	9	Yes		Yes		Yes		0
(B) ONEONTA FAMILY YMCA	150532270	9	Yes		Yes		Yes		0
(C) GREATER SYRACUSE YMCA	150532278	9	Yes		Yes		Yes		0
(D) BROOME COUNTY YMCA	150532282	9	Yes		Yes		Yes		0
(E) CORTLAND COUNTY FAMILY YMCA	150533570	9	Yes		Yes		Yes		0
(F) ITHACA AND TOMPKINS COUNTY YMCA	150545415	9	Yes		Yes		Yes		0
(G) NORWICH YMCA	150550177	9	Yes		Yes		Yes		0
(H) GLOW YMCA INC	160743230	9	Yes		Yes		Yes		0
(I) YMCA BUFFALO NIAGARA	160743231	9	Yes		Yes		Yes		0
(J) HORNELL AREA FAMILY YMCA	160743237	9	Yes		Yes		Yes		0
(K) JAMESTOWN YMCA	160743238	9	Yes		Yes		Yes		0
(L) LOCKPORT FAMILY YMCA	160743239	9	Yes		Yes		Yes		0
(M) YMCA OF TWIN TIERS	160743241	9	Yes		Yes		Yes		0
(N) YMCA OF GREATER ROCHESTER	160743242	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	v) the ation in d in your rning ment?	Did you the orga in (i) o supp	u notify nization of your	Is organız (ı) orga	vi) the ation in nized in J S ?	(vii) A mount of support?
			Yes	No	Yes	No	Yes	No	
(DB) GREATER CANANDAIGUA FAMILY YMCA	160755898	9	Yes		Yes		Yes		0
(A) CORNING COMMUNITY YMCA	160915490	9	Yes		Yes		Yes		0
(B) AUBURN YMCA-WEIU	160978301	9	Yes		Yes		Yes		0
(C) CLIFTON SPRINGS AREA YMCA	166000962	9	Yes		Yes		Yes		0
(D) ILLINOIS YMCA YOUTH AND GOVERNMENT	200270050	9	Yes		Yes		Yes		0
(E) YMCA OF GEORGIA'S PIEDMONT INC	201759275	9	Yes		Yes		Yes		0
(F) ALEXANDRIA AREA YMCA	202231427	9	Yes		Yes		Yes		0
(G) YMCA OF AVERY COUNTY	204910495	9	Yes		Yes		Yes		0
(H) BURLINGTON COUNTY YMCA	210634482	9	Yes		Yes		Yes		0
(I) THE COMMUNITY YMCA	210635051	9	Yes		Yes		Yes		0
(J) TRENTON AREA FAMILY YMCA	210635052	9	Yes		Yes		Yes		0
(K) CUMBERLAND CAPE ATLANTIC YMCA	210635053	9	Yes		Yes		Yes		0
(L) CAMP OCKANICKON YMCA	210635054	9	Yes		Yes		Yes		0
(M) PRINCETON FAMILY YMCA	210639890	9	Yes		Yes		Yes		0
(N) GLOUCESTER COUNTY YMCA	210649032	9	Yes		Yes		Yes		0

. 51111 550, 30	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 (i) listed gove docui	v) the ation in d in your rning ment?	Did you the orga in (i) o supp	1	Is organız (ı) orga the l	ation in nized in JS?	(vii) A mount of support?			
			Yes	No	Yes	No	Yes	No				
(DQ) HAMILTON AREA YMCA	210702879	9	Yes		Yes		Yes		0			
(A) YMCA OF EASTERN UNION COUNTY	221487381	9	Yes		Yes		Yes		0			
(B) HOBOKEN- NORTH HUDSON YMCA	221487383	9	Yes		Yes		Yes		0			
(C) YMCA OF MADISON NJ INC	221487385	9	Yes		Yes		Yes		0			
(D) METROPOLITAN YMCA OF THE ORANGES	221487387	9	Yes		Yes		Yes		0			
(E) YMCA OF PATERSON NJ	221487389	9	Yes		Yes		Yes		0			
(F) RARITAN BAY AREA YMCA	221487390	9	Yes		Yes		Yes		0			
(G) YMCA OF SUMMIT NJ	221487392	9	Yes		Yes		Yes		0			
(H) YMCA OF WESTFIELD	221487393	9	Yes		Yes		Yes		0			
(I) YMCA OF METUCHEN	221487616	9	Yes		Yes		Yes		0			
(J) YMCA OF MONTCLAIR	221487617	9	Yes		Yes		Yes		0			
(K) THE GREATER MORRISTOWN YMCA INC	221487618	9	Yes		Yes		Yes		0			
(L) RARITAN VALLEY YMCA	221494457	9	Yes		Yes		Yes		0			
(M) YMCA OF RIDGEWOOD	221508752	9	Yes		Yes		Yes		0			
(N) PLAINFIELD AREA YMCA	221515227	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	v) the ation in d in your rning ment?	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?
			Yes	No	Yes	No	Yes	No	
(EF) HUNTERDON COUNTY YMCA	221524183	9	Yes		Yes		Yes		0
(A) SOMERSET VALLEY YMCA	221537698	9	Yes		Yes		Yes		0
(B) YMWCA NEWARK AND VICINITY	221552820	9	Yes		Yes		Yes		0
(C) LAKELAND HILLS FAMILY YMCA	221559438	9	Yes		Yes		Yes		0
(D) SOMERSET HILLS YMCA	221559439	9	Yes		Yes		Yes		0
(E) YMCA OF FANWOOD - SCOTCH PLAINS	221589199	9	Yes		Yes		Yes		0
(F) WEST MORRIS AREA YMCA	221601259	9	Yes		Yes		Yes		0
(G) FROST VALLEY YMCA	221625176	9	Yes		Yes		Yes		0
(H) CAMP RALPH S MASON YMCA	221625643	9	Yes		Yes		Yes		0
(I) YMCA OF GREATER BERGEN COUNTY	221739117	9	Yes		Yes		Yes		0
(J) SALEM COUNTY YMCA	221815915	9	Yes		Yes		Yes		0
(K) CAMP SPEERS-ELJABAR YMCA	221897170	9	Yes		Yes		Yes		0
(L) OCEAN COUNTY YMCA	221900146	9	Yes		Yes		Yes		0
(M) MEADOWLANDS AREA YMCA	221997720	9	Yes		Yes		Yes		0
(N) WYCKOFF FAMILY YMCA INC	222011431	9	Yes		Yes		Yes		0

JIIII 990, 30	orm 990, Sch A, Part I, Line 11h - Provide the following information about the supported organization(s).											
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			Yes	No	Yes	No	Yes	No				
(EU) YMCA OF GARFIELD	222324697	9	Yes		Yes		Yes		0			
(A) PISCATAQUIS REGIONAL YMCA	222592628	9	Yes		Yes		Yes		0			
(B) NEW BRITAIN-BERLIN YMCA	222680676	9	Yes		Yes		Yes		0			
(C) NORTHWESTERN CONNECTICUT YMCA	222878484	9	Yes		Yes		Yes		0			
(D) CENTRAL LINCOLN COUNTY YMCA	222978129	9	Yes		Yes		Yes		0			
(E) YMCA OF WESTERN MONMOUTH COUNTY	226069158	9	Yes		Yes		Yes		0			
(F) YMCA OF PHILADELPHIA AND VICINITY	231243965	9	Yes		Yes		Yes		0			
(G) LANCASTER FAMILY YMCA	231243970	9	Yes		Yes		Yes		0			
(H) LEBANON VALLEY FAMILY YMCA	231243980	9	Yes		Yes		Yes		0			
(I) READING & BERKS METRO YMCA	231244009	9	Yes		Yes		Yes		0			
(J) YORK YORK COUNTY YMCA	231352600	9	Yes		Yes		Yes		0			
(K) WAYNESBORO AREA YMCA	231352601	9	Yes		Yes		Yes		0			
(L) HOLLIDAYSBURG AREA YMCA	231352603	9	Yes		Yes		Yes		0			
(M) ALLENTOWN YMCA	231365989	9	Yes		Yes		Yes		0			
(N) STATE YMCA OF PENNSYLVANIA INC	231365990	9	Yes		Yes		Yes		0			

		ine 11h - Provide the							<u>g</u> (0)!
(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 ation in I in your rning ment?	Did you the orga	v) u notify inization of your oort?	Is organız (ı) orga	vi) the ation in nized in J S ?	(vii) A mount of support?
			Yes	No	Yes	No	Yes	No	
(FJ) YMCA OF THE BRANDYWINE VALLEY	231365994	9	Yes		Yes		Yes		0
(A) CARLISLE FAMILY YMCA	231386198	9	Yes		Yes		Yes		0
(B) LOWER BUCKS FAMILY YMCA	231433890	9	Yes		Yes		Yes		0
(C) CHAMBERSBURG MEMORIAL YMCA	231476339	9	Yes		Yes		Yes		0
(D) NORTH PENN YMCA	231489848	9	Yes		Yes		Yes		0
(E) YMCA OF THE UPPER MAIN LINE	231613647	9	Yes		Yes		Yes		0
(F) COMMUNITY YMCA OF EASTERN DELAWARE COUNTY	231614045	9	Yes		Yes		Yes		0
(G) HARRISBURG AREA METROPOLITAN YMCA	231665437	9	Yes		Yes		Yes		0
(H) UPPER BUCKS COUNTY YMCA	231713382	9	Yes		Yes		Yes		0
(I) JUNIATA VALLEY YMCA	231879734	9	Yes		Yes		Yes		0
(J) CENTRAL BUCKS FAMILY YMCA	231903158	9	Yes		Yes		Yes		0
(K) BLOOMSBURG AREA YMCA	232085257	9	Yes		Yes		Yes		0
(L) SOUTH MOUNTAIN YMCA	232239299	9	Yes		Yes		Yes		0
(M) SCHUYLKILL YMCA	232825683	9	Yes		Yes		Yes		0
(N) YMCA OF THE PALMS	237039993	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 in (i) listed in your governing document?		(v) Did you notify the organization in (i) of your support?		(vi) Is the organization in (i) organized in the US?		(vii) A mount of support?
			Yes	No	Yes	No	Yes	No	1
(FY) COLE CENTER FAMILY YMCA	237077600	9	Yes		Yes		Yes		C
(A) OAHE YMCA INC	237169291	9	Yes		Yes		Yes		0
(B) HANOVER AREA YMCA	237172265	9	Yes		Yes		Yes		0
(C) CHARLOTTE COUNTY FAMILY YMCA-ADMIN OFFICE	237193663	9	Yes		Yes		Yes		0
(D) MUSKEGON FAMILY YMCA	237229622	9	Yes		Yes		Yes		0
(E) YMCA CAMP TECUMSEH INC	237331099	9	Yes		Yes		Yes		0
(F) HOPEWELL VALLEY YMCA	237380624	9	Yes		Yes		Yes		0
(G) CARBONDALE YMCA	240795515	9	Yes		Yes		Yes		0
(H) YMCA OF THE CITY OF SCRANTON	240795516	9	Yes		Yes		Yes		0
(I) POCONO FAMILY YMCA	240795519	9	Yes		Yes		Yes		0
(J) GREATER SUSQUEHANNA VALLEY YMCA	240795634	9	Yes		Yes		Yes		0
(K) BETHLEHEM YMCA	240795635	9	Yes		Yes		Yes		0
(L) WILKES- BARRE FAMILY YMCA	240795638	9	Yes		Yes		Yes		0
(M) RIVER VALLEY REGIONAL YMCA	240795698	9	Yes		Yes		Yes		0
(N) FREELAND YMCA	240796037	9	Yes		Yes		Yes		0

(i) Name of Supported Organization	(ii) EIN			v) the ation in d in your rning ment?					(vii) A mount of support?
			Yes	No	Yes	No	Yes	No	
(GN) HAZLETON YMCA	240796038	9	Yes		Yes		Yes		0
(A) GREATER PITTSTON YMCA	240796039	9	Yes		Yes		Yes		0
(B) LOCK HAVEN AREA YMCA	240798644	9	Yes		Yes		Yes		0
(C) NAZARETH YMCA	240798706	9	Yes		Yes		Yes		0
(D) YMCA OF CENTRE COUNTY	240802437	9	Yes		Yes		Yes		0
(E) BERWICK AREA YMCA	240813665	9	Yes		Yes		Yes		0
(F) REGIONAL FAMILY YMCA OF LAUREL HIGHLANDS	250965554	9	Yes		Yes		Yes		0
(G) BUTLER COUNTY FAMILY YMCA	250965619	9	Yes		Yes		Yes		0
(H) CLEARFIELD YMCA	250965620	9	Yes		Yes		Yes		0
(I) YMCA OF GREATER ERIE	250965621	9	Yes		Yes		Yes		0
(J) GREENSBURG YMCA	250965622	9	Yes		Yes		Yes		0
(K) GREATER JOHNSTOWN COMMUNITY YMCA	250965623	9	Yes		Yes		Yes		0
(L) VALLEY POINTS FAMILY YMCA	250965625	9	Yes		Yes		Yes		0
(M) OIL CITY AREA YMCA	250965626	9	Yes		Yes		Yes		0
(N) RIDGWAY YMCA	250965629	9	Yes		Yes		Yes		0

	,	ine 11h - Provide th							
(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section)	(iv) Is the organization in (i) listed in your governing document?		(v) Did you notify the organization in (i) of your support?		(vi) Is the organization in (i) organized in the US?		(vii) A mount of support?
			Yes	No	Yes	No	Yes	No	
(HC) ALLEGHENY VALLEY YMCA	250965630	9	Yes		Yes		Yes		0
(A) UNIONTOWN AREA YMCA	250965631	9	Yes		Yes		Yes		0
(B) DUBOIS AREA YMCA	250969494	9	Yes		Yes		Yes		0
(C) MEADVILLE YMCA	250969495	9	Yes		Yes		Yes		0
(D) NEW CASTLE COMMUNITY YMCA	250969496	9	Yes		Yes		Yes		0
(E) YMCA OF GREATER PITTSBURGH	250969497	9	Yes		Yes		Yes		0
(F) TITUSVILLE YMCA	250969498	9	Yes		Yes		Yes		0
(G) SEWICKLEY VALLEY YMCA	250979384	9	Yes		Yes		Yes		0
(H) BEAVER COUNTY YMCA	250993391	9	Yes		Yes		Yes		0
(I) FRANKLINGROVE CITY YMCA	250995782	9	Yes		Yes		Yes		0
(J) YMCA OF WARREN COUNTY	250995783	9	Yes		Yes		Yes		0
(K) BROOKVILLE YMCA	251028128	9	Yes		Yes		Yes		0
(L) YMCA OF CORRY	251032621	9	Yes		Yes		Yes		0
(M) RICHARD G SNYDER YMCA CAMPUS	251034424	9	Yes		Yes		Yes		0
(N) SHENANGO VALLEY YMCA	251113698	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 docui	panization in isted in your governing locument? Did you the org in (i)		(v) Did you notify ne organization in (i) of your support?		vi) the ation in nized in JS?	(vii) A mount of support?
(110) 71074414			Yes	No	Yes	No	Yes	No	
(HR) INDIANA COUNTY YMCA	251191545	9	Yes		Yes		Yes		0
(A) LIGONIER VALLEY YMCA	251428011	9	Yes		Yes		Yes		0
(B) CADILLAC AREA YMCA	300013507	9	Yes		Yes		Yes		0
(C) GREAT MIAMI VALLEY YMCA	310536719	9	Yes		Yes		Yes		0
(D) SPRINGFIELD FAMILY YMCA	310537169	9	Yes		Yes		Yes		0
(E) MIAMI COUNTY YMCA AT PIQUA OHIO	310537179	9	Yes		Yes		Yes		0
(F) YMCA OF GREATER DAYTON	310537517	9	Yes		Yes		Yes		0
(G) FAMILY YMCA OF LANCASTER & FAIRFIELD COUNTY OH	311132606	9	Yes		Yes		Yes		0
(H) YMCA OF SOUTHERN INDIANA	311183203	9	Yes		Yes		Yes		0
(I) LAKOTA FAMILY YMCA	311223296	9	Yes		Yes		Yes		0
(J) UNION COUNTY FAMILY YMCA	311355370	9	Yes		Yes		Yes		0
(K) CHAMPAIGN FAMILY YMCA	311506457	9	Yes		Yes		Yes		0
(L) YMCA OF GREATER CINCINNATI	311537178	9	Yes		Yes		Yes		0
(M) WAPAKONETA FAMILY YMCA	311568315	9	Yes		Yes		Yes		0
(N) PIKE COUNTY YMCA	311665134	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 in (i) listed in your governing document?		(v) Did you notify the organization in (i) of your support?		(vi) Is the organization in (i) organized in the US?		(vii) A mount of support?
			Yes	No	Yes	No	Yes	No	
(IG) HIGHLAND COUNTY FAMILY YMCA	311677179	9	Yes		Yes		Yes		0
(A) MUSKINGUM FAMILY YMCA	311694045	9	Yes		Yes		Yes		0
(B) YMCA OF CENTRAL OHIO	314379594	9	Yes		Yes		Yes		0
(C) YMCA OF ROSS COUNTY	314379806	9	Yes		Yes		Yes		0
(D) MARION FAMILY YMCA	314380058	9	Yes		Yes		Yes		0
(E) YMCA OF MARIETTA	314386270	9	Yes		Yes		Yes		0
(F) THE LICKING COUNTY FAMILY YMCA	316053101	9	Yes		Yes		Yes		0
(G) YMCA OF CENTRAL STARK COUNTY	340714392	9	Yes		Yes		Yes		0
(H) YMCA OF AKRON OHIO INC	340714727	9	Yes		Yes		Yes		0
(I) YMCA OF GREATER CLEVELAND	340714728	9	Yes		Yes		Yes		0
(J) YMCA OF YOUNGSTOWN OHIO	340714730	9	Yes		Yes		Yes		0
(K) ALLIANCE YMCA	340714792	9	Yes		Yes		Yes		0
(L) YMCA OF ASHLAND OHIO	340714793	9	Yes		Yes		Yes		0
(M) YMCA OF EAST LIVERPOOL OHIO	340714794	9	Yes		Yes		Yes		0
(N) YMCA OF MANSFIELD OHIO	340714795	9	Yes		Yes		Yes		0

Form 990, Sc	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 organız (ı) lısted gove	v) the ation in d in your rning ment?	Did you the orga	v) u notify anization of your port?	Is organız (ı) orga	vi) the ation in nized in J S ?	(vii) A mount of support?		
			Yes	No	Yes	No	Yes	No			
(IV) LAKE COUNTY YMCA	340714796	9	Yes		Yes		Yes		0		
(A) TUSCARAWAS COUNTY YMCA INC	340714797	9	Yes		Yes		Yes		0		
(B) YMCA OF WESTERN STARK COUNTY	340719180	9	Yes		Yes		Yes		0		
(C) ASHTABULA COUNTY FAMILY YMCA	340726066	9	Yes		Yes		Yes		0		
(D) YMCA OF WOOSTER OHIO	340766172	9	Yes		Yes		Yes		0		
(E) SHELBY YMCA COMMUNITY CENTER	340792928	9	Yes		Yes		Yes		0		
(F) YMCA OF DARKE COUNTY INC	340969422	9	Yes		Yes		Yes		0		
(G) DEFIANCE AREA YMCA	341014167	9	Yes		Yes		Yes		0		
(H) YMCA OF TRUMBULL COUNTY OHIO	341120471	9	Yes		Yes		Yes		0		
(I) HARDIN COUNTY FAMILY YMCA	341262702	9	Yes		Yes		Yes		0		
(J) GALION COMMUNITY CENTER YMCA INC	341267646	9	Yes		Yes		Yes		0		
(K) AUGLAIZE- MERCER COUNTIES FAMILY YMCA	341371829	9	Yes		Yes		Yes		0		
(L) WILLIAMS COUNTY FAMILY YMCA	341448529	9	Yes		Yes		Yes		0		
(M) YMCA OF ORRVILLE OHIO	341491294	9	Yes		Yes		Yes		0		
(N) DON M AND MARGARET HILLIKER YMCA	341820020	9	Yes		Yes		Yes		0		

222,20		ine 11h - Provide the							
(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 ration in d in your erning ment?	Did you	v) u notify inization of your port?	Is organız (ı) orga	vi) the ation in nized in JS?	(vii) A mount of support?
			Yes	No	Yes	No	Yes	No	
(JK) PUTNAM COUNTY YMCA	341946813	9	Yes		Yes		Yes		0
(A) YMCA OF GREATER TOLEDO	344428262	9	Yes		Yes		Yes		0
(B) YMCA OF FINDLAY OHIO	344428263	9	Yes		Yes		Yes		0
(C) YMCA OF VAN WERT COUNTY OHIO	344428264	9	Yes		Yes		Yes		0
(D) YMCA OF BUCYRUS OHIO	344428491	9	Yes		Yes		Yes		0
(E) YMCA OF LIMA OHIO	344431173	9	Yes		Yes		Yes		0
(F) GEARY FAMILY YMCA OF FOSTORIA OHIO INC	344439890	9	Yes		Yes		Yes		0
(G) YMCA OF SANDUSKY COUNTY	344444246	9	Yes		Yes		Yes		0
(H) YMCA OF SANDUSKY OHIO INC	344471834	9	Yes		Yes		Yes		0
(I) TIFFIN COMMUNITY YMCA RECREATION CENTER INC	344479386	9	Yes		Yes		Yes		0
(J) YMCA OF SIDNEY AND SHELBY COUNTY OHIO	346596911	9	Yes		Yes		Yes		0
(K) WABASH COUNTY YMCA	350733765	9	Yes		Yes		Yes		0
(L) YMCA OF MADISON COUNTY INC	350868206	9	Yes		Yes		Yes		0
(M) YMCA OF CLAY COUNTY	350868207	9	Yes		Yes		Yes		0
(N) YMCA OF GREATER INDIANAPOLIS	350868211	9	Yes		Yes		Yes		0

(i)		(iii)	Is	v) the ation in		u notify	(vi) Is the organization in		(vii)
Name of Supported Organization	(ii) EIN	Type of organization (described on lines 1-9 above or IRC section)	(ı) lısted gove	l in your rning ment?	ine orga in (i) c supp		(ı) orga	ation in nized in JS?	(vii) A mount of support?
			Yes	No	Yes	No	Yes	No	
(JZ) YMCA OF LAFAYETTE INDIANA	350868213	9	Yes		Yes		Yes		0
(A) YMCA OF MUNCIE INDIANA INC	350868215	9	Yes		Yes		Yes		0
(B) YMCA OF MICHIANA INC	350868216	9	Yes		Yes		Yes		0
(C) YMCA OF VINCENNES INDIANA	350868218	9	Yes		Yes		Yes		0
(D) YMCA OF DEKALB COUNTY INC	350868958	9	Yes		Yes		Yes		0
(E) YMCA OF SOUTHWESTERN INDIANA	350869074	9	Yes		Yes		Yes		0
(F) HENRY COUNTY YMCA	350873347	9	Yes		Yes		Yes		0
(G) CASS COUNTY FAMILY YMCA INC	350874281	9	Yes		Yes		Yes		0
(H) YMCA OF VALPARAISO INDIANA INC	350876401	9	Yes		Yes		Yes		0
(I) YMCA OF GREATER FORT WAYNE	350886850	9	Yes		Yes		Yes		0
(J) YMCA OF LA PORTE INDIANA	350886851	9	Yes		Yes		Yes		0
(K) YMCA OF GRANT COUNTY	350886981	9	Yes		Yes		Yes		0
(L) YMCA OF KOKOMO INDIANA	350893511	9	Yes		Yes		Yes		0
(M) MIAMI COUNTY YMCA	350893512	9	Yes		Yes		Yes		0
(N) HUNTINGTON YMCA	350905959	9	Yes		Yes		Yes		0

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 organız (ı) lısted gove	v) the ation in d in your rning ment?	Did you the orga	v) u notify inization of your port?	Is organız (ı) orga	vi) the ation in nized in J S ?	(vii) A mount of support?		
			Yes	No	Yes	No	Yes	No			
(KO) DECATUR COUNTY FAMILY YMCA INC	350919345	9	Yes		Yes		Yes		0		
(A) YMCA OF RICHMOND	350984030	9	Yes		Yes		Yes		0		
(B) DAVIESS COUNTY FAMILY YMCA	351050606	9	Yes		Yes		Yes		0		
(C) KOSCIUSKO COMMUNITY YMCA INC	351068182	9	Yes		Yes		Yes		0		
(D) CROSSROADS YMCA INC	351369437	9	Yes		Yes		Yes		0		
(E) HOBART FAMILY YMCA INC	351382817	9	Yes		Yes		Yes		0		
(F) YMCA OF MONROE COUNTY INC	351384859	9	Yes		Yes		Yes		0		
(G) YMCA OF PORTAGE TOWNSHIP INC	351404478	9	Yes		Yes		Yes		0		
(H) DUNELAND FAMILY YMCA	351404559	9	Yes		Yes		Yes		0		
(I) CLINTON COUNTY FAMILY YMCA	351636774	9	Yes		Yes		Yes		0		
(J) SOUTHEASTERN INDIANA YMCA	351855594	9	Yes		Yes		Yes		0		
(K) SCOTT COUNTY FAMILY YMCA	351876673	9	Yes		Yes		Yes		0		
(L) YMCA OF STEUBEN COUNTY INC	351999599	9	Yes		Yes		Yes		0		
(M) OWEN COUNTY FAMILY YMCA	352017600	9	Yes		Yes		Yes		0		
(N) BARBARA B JORDAN YMCA INC	352019312	9	Yes		Yes		Yes		0		

Form 990, Sc	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)	governing in (i) of your (document? support?		Is organız (ı) orga the l	vi) the ation in nized in JS?	(vii) A mount of support?				
			Yes	No	Yes	No	Yes	No			
(LD) BROWN COUNTY COMMUNITY YMCA	352038783	9	Yes		Yes		Yes		0		
(A) SWITZERLAND COUNTY YMCA	352090419	9	Yes		Yes		Yes		0		
(B) WASHINGTON COUNTY FAMILY YMCA	352097432	9	Yes		Yes		Yes		0		
(C) YMCA OF HARRISON COUNTY	352122124	9	Yes		Yes		Yes		0		
(D) TRI-COUNTY YMCA	352216734	9	Yes		Yes		Yes		0		
(E) PRAIRIE VALLEY YMCA	362169193	9	Yes		Yes		Yes		0		
(F) MCGAW YMCA	362169194	9	Yes		Yes		Yes		0		
(G) YMCA OF NORTHWEST ILLINOIS	362169195	9	Yes		Yes		Yes		0		
(H) JOLIET YMCA	362169197	9	Yes		Yes		Yes		0		
(I) KANKAKEE AREA YMCA	362169198	9	Yes		Yes		Yes		0		
(J) TWO RIVERS YMCA	362169199	9	Yes		Yes		Yes		0		
(K) YMCA OF ROCK RIVER VALLEY	362174838	9	Yes		Yes		Yes		0		
(L) THE WEST COOK YMCAS	362179780	9	Yes		Yes		Yes		0		
(M) YMCA OF METROPOLITAN CHICAGO	362179782	9	Yes		Yes		Yes		0		
(N) STREATOR FAMILY YMCA	362205999	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	v) the ation in d in your rning ment?	the orga	u notify	Is organız (ı) orga	vi) the ation in nized in JS?	(vii) A mount of support?
			Yes	No	Yes	No	Yes	No	
(LS) STERLING- ROCK FALLS FAMILY YMCA	362225496	9	Yes		Yes		Yes		0
(A) YMCA OF KEWANEE	362239384	9	Yes		Yes		Yes		0
(B) YMCA OF BELVIDERE	362287520	9	Yes		Yes		Yes		0
(C) YMCA OF OTTAWA ILLINOIS	362337893	9	Yes		Yes		Yes		0
(D) KISHWAUKEE FAMILY YMCA INC	362379649	9	Yes		Yes		Yes		0
(E) YMCA OF NORTHWESTERN DUPAGE COUNTY	362470895	9	Yes		Yes		Yes		0
(F) DIXON FAMILY YMCA	362487927	9	Yes		Yes		Yes		0
(G) NORTH SUBURBAN YMCA	362546842	9	Yes		Yes		Yes		0
(H) TRI-TOWN YMCA	362643097	9	Yes		Yes		Yes		0
(I) YMCA OF BERWYN- CICERO	362702522	9	Yes		Yes		Yes		0
(J) FOX VALLEY FAMILY YMCA INC	363028169	9	Yes		Yes		Yes		0
(K) ALFRED CAMPANELLI YMCA	363234727	9	Yes		Yes		Yes		0
(L) YMCA OF THE USA	363256696	9	Yes		Yes		Yes		0
(M) ALLIANCE AREA FAMILY YMCA	363390518	9	Yes		Yes		Yes		0
(N) MERCER COUNTY FAMILY YMCA	363832360	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 docur	v) the ation in d in your rning ment?	Did you the orga in (i) o supp		Is organız (ı) orga the l	ation in nized in JS?	(vii) A mount of support?
			Yes	No	Yes	No	Yes	No	
(MH) ILLINOIS VALLEY YMCA INC	366218217	9	Yes		Yes		Yes		0
(A) YMCA OF THE UNIVERSITY OF ILLINOIS	370661257	9	Yes		Yes		Yes		0
(B) DECATUR FAMILY YMCA	370661258	9	Yes		Yes		Yes		0
(C) EDWARDSVILLE YMCA	370661259	9	Yes		Yes		Yes		0
(D) YMCA OF KNOX COUNTY	370661260	9	Yes		Yes		Yes		0
(E) SHERWOOD EDDY MEMORIAL YMCA	370661261	9	Yes		Yes		Yes		0
(F) QUINCY YMCA	370661262	9	Yes		Yes		Yes		0
(G) YMCA OF SPRINGFIELD	370661263	9	Yes		Yes		Yes		0
(H) BLOOMINGTON YMCA	370662603	9	Yes		Yes		Yes		0
(I) YMCA OF DANVILLE	370662604	9	Yes		Yes		Yes		0
(J) GREATER PEORIA FAMILY YMCA	370662605	9	Yes		Yes		Yes		0
(K) YMCA OF WARREN COUNTY	370663575	9	Yes		Yes		Yes		0
(L) CHAMPAIGN COUNTY YMCA	370673564	9	Yes		Yes		Yes		0
(M) YMCA OF SOUTHWEST ILLINOIS	370673565	9	Yes		Yes		Yes		0
(N) TRI-CITY AREA YMCA	370673566	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) lısteo gove	the the ation in d in your rning ment?	Did you the orga in (i) o	u notify inization of your	Is organız (ı) orga	vi) the ation in nized in J S ?	(vii) A mount of support?
			Yes	No	Yes	No	Yes	No	
(MW) YMCA OF CANTON	370748000	9	Yes		Yes		Yes		0
(A) YMCA OF MCDONOUGH COUNTY	370792409	9	Yes		Yes		Yes		0
(B) CLINTON COMMUNITY YMCA	370812114	9	Yes		Yes		Yes		0
(C) YMCA OF JEFFERSON COUNTY	370863227	9	Yes		Yes		Yes		0
(D) CHRISTIAN COUNTY YMCA	371071231	9	Yes		Yes		Yes		0
(E) MATTOON AREA FAMILY YMCA	371122559	9	Yes		Yes		Yes		0
(F) LINCOLN AREA YMCA	371353644	9	Yes		Yes		Yes		0
(G) BENTON HARBOR-ST JOSEPH YMCA	381358054	9	Yes		Yes		Yes		0
(H) YMCA OF METROPOLITAN DETROIT	381358055	9	Yes		Yes		Yes		0
(I) YMCA OF GREATER FLINT	381358056	9	Yes		Yes		Yes		0
(J) YMCA OF GREATER GRAND RAPIDS	381358058	9	Yes		Yes		Yes		0
(K) YMCA OF BARRY COUNTY	381358059	9	Yes		Yes		Yes		0
(L) NILES- BUCHANAN YMCA	381358236	9	Yes		Yes		Yes		0
(M) KIMBALL CAMP YMCA NATURE CENTER	381358416	9	Yes		Yes		Yes		0
(N) YMCA OF THE BLUE WATER AREA	381358417	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 docur	v) the ation in d in your rning ment?	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?		
			Yes	No	Yes	No	Yes	No			
(NL) STATE YMCA OF MICHIGAN	381358418	9	Yes		Yes		Yes		0		
(A) YMCA OF METROPOLITAN LANSING	381359576	9	Yes		Yes		Yes		0		
(B) SHIAWASSEE FAMILY YMCA	381359577	9	Yes		Yes		Yes		0		
(C) YMCA OF GREATER KALAMAZOO	381360592	9	Yes		Yes		Yes		0		
(D) YMCA OF SAGINAW	381360594	9	Yes		Yes		Yes		0		
(E) JACKSON YMCA CENTER INC	381381139	9	Yes		Yes		Yes		0		
(F) YMCA OF LENAWEE COUNTY	381393859	9	Yes		Yes		Yes		0		
(G) MONROE FAMILY YMCA	381508585	9	Yes		Yes		Yes		0		
(H) ANN ARBOR YMCA	381525162	9	Yes		Yes		Yes		0		
(I) GRAND TRAVERSE BAY YMCA	381709640	9	Yes		Yes		Yes		0		
(J) TRI-CITIES FAMILY YMCA	381717502	9	Yes		Yes		Yes		0		
(K) BATTLE CREEK FAMILY YMCA	381986068	9	Yes		Yes		Yes		0		
(L) NORTHERN LIGHTS YMCA INC	382615035	9	Yes		Yes		Yes		0		
(M) SHERMAN LAKE YMCA OUTDOOR CENTER	383167869	9	Yes		Yes		Yes		0		
(N) YMCA OF MARQUETTE COUNTY	383211419	9	Yes		Yes		Yes		0		

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 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	vi) the ation in nized in JS?	(vii) A mount of support?		
			Yes	No	Yes	No	Yes	No			
(OA) GREATER MARINETTE- MENOMINEE YMCA INC	386119445	9	Yes		Yes		Yes		0		
(A) LA CROSSE AREA FAMILY YMCA	390806172	9	Yes		Yes		Yes		0		
(B) YMCA OF THE FOX CITIES INC	390806191	9	Yes		Yes		Yes		0		
(C) YMCA OF DANE COUNTY INC	390806253	9	Yes		Yes		Yes		0		
(D) YMCA OF METROPOLITAN MILWAUKEE INC	390806314	9	Yes		Yes		Yes		0		
(E) YMCA OF EAU CLAIRE WISCONSIN	390806351	9	Yes		Yes		Yes		0		
(F) FAMILY YMCA OF NORTHERN ROCK COUNTY	390806368	9	Yes		Yes		Yes		0		
(G) YMCA AT PABST FARMS INC	390806378	9	Yes		Yes		Yes		0		
(H) FOND DU LAC FAMILY YMCA	390806436	9	Yes		Yes		Yes		0		
(I) STATELINE FAMILY YMCA OF BELOIT INC	390806449	9	Yes		Yes		Yes		0		
(J) RACINE FAMILY YMCA	390807254	9	Yes		Yes		Yes		0		
(K) WAUSAU - WOODSON YMCA	390808463	9	Yes		Yes		Yes		0		
(L) GREATER GREEN BAY YMCA INC	390813466	9	Yes		Yes		Yes		0		
(M) SUPERIOR- DOUGLAS COUNTY FAMILY YMCA	390813468	9	Yes		Yes		Yes		0		
(N) LAKE GENEVA FAM YMCA	390816867	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) lısteo gove	the the ation in d in your rning ment?	Did you the orga in (i) o	v) u notify inization of your port?	Is organız (ı) orga	vi) the ation in nized in J S ?	(vii) A mount of support?
			Yes	No	Yes	No	Yes	No	
(OP) KENOSHA YMCA	390826296	9	Yes		Yes		Yes		0
(A) SHEBOYGAN COUNTY YMCA	390830271	9	Yes		Yes		Yes		0
(B) WAUKESHA FAMILY YMCA	390847658	9	Yes		Yes		Yes		0
(C) OSHKOSH COMMUNITY YMCA	390878909	9	Yes		Yes		Yes		0
(D) SOUTH WOOD COUNTY YMCA	390929462	9	Yes		Yes		Yes		0
(E) YMCA OF DODGE COUNTY	390975426	9	Yes		Yes		Yes		0
(F) MANITOWOC- TWO RIVERS AREA YMCA	391028773	9	Yes		Yes		Yes		0
(G) CAMP MANITO-WISH YMCA INC	391136315	9	Yes		Yes		Yes		0
(H) KETTLE MORAINE YMCA INC	391175559	9	Yes		Yes		Yes		0
(I) CHIPPEWA VALLEY FAMILY YMCA	391308377	9	Yes		Yes		Yes		0
(J) GREEN COUNTY FAMILY YMCA INC	391405623	9	Yes		Yes		Yes		0
(K) PHANTOM LAKE YMCA CAMP INC	391501649	9	Yes		Yes		Yes		0
(L) MARSHFIELD AREA YMCA	391557086	9	Yes		Yes		Yes		0
(M) DOOR COUNTY YMCA	391738982	9	Yes		Yes		Yes		0
(N) YMCA OF THE NORTHWOODS	391942168	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	in your rning nent?	Did you the orga in (i) o supp	1	Is organız (ı) orga the l	ation in nized in JS?	(vii) A mount of support?		
			Yes	No	Yes	No	Yes	No			
(PE) WINONA FAMILY YMCA INC	410693890	9	Yes		Yes		Yes		0		
(A) DULUTH AREA FAMILY YMCA	410693931	9	Yes		Yes		Yes		0		
(B) BRAINERD FAMILY YMCA INC	410693938	9	Yes		Yes		Yes		0		
(C) YMCA OF RED WING MINNESOTA	410695614	9	Yes		Yes		Yes		0		
(D) YMCA OF AUSTIN MINNESOTA	410718359	9	Yes		Yes		Yes		0		
(E) YMCA OF MANKATO	410739108	9	Yes		Yes		Yes		0		
(F) YMCA OF ROCHESTER INC	410807581	9	Yes		Yes		Yes		0		
(G) FERGUS FALLS AREA FAMILY YMCA	410940250	9	Yes		Yes		Yes		0		
(H) ST CLOUD AREA FAMILY YMCA	410952420	9	Yes		Yes		Yes		0		
(I) YMCA CAMP OLSON	410967781	9	Yes		Yes		Yes		0		
(J) ALBERT LEA FAMILY YMCA	411000679	9	Yes		Yes		Yes		0		
(K) ITASCA COUNTY FAMILY YMCA	411358634	9	Yes		Yes		Yes		0		
(L) MESABI FAMILY YMCA INC	411460551	9	Yes		Yes		Yes		0		
(M) KANDIYOHI COUNTY AREA FAMILY YMCA	411908049	9	Yes		Yes		Yes		0		
(N) MARSHALL AREA YMCA	411984589	9	Yes		Yes		Yes		0		

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(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?	Did you the orga in (i) o	v) u notify inization of your port?	Is organız (ı) orga	vi) the ration in nized in JS?	(vii) A mount of support?		
			Yes	No	Yes	No	Yes	No			
(PT) WORTHINGTON AREA YMCA	416007569	9	Yes		Yes		Yes		0		
(A) YMCA OF THE CEDAR RAPIDS METROPOLITAN AREA	420680306	9	Yes		Yes		Yes		0		
(B) FAMILY YMCA OF CHARLES CITY IOWA	420680309	9	Yes		Yes		Yes		0		
(C) MASON CITY FAMILY YMCA	420680330	9	Yes		Yes		Yes		0		
(D) MUSCATINE COMMUNITY YMCA	420680340	9	Yes		Yes		Yes		0		
(E) YMCA OF GREATER DES MOINES IOWA	420680438	9	Yes		Yes		Yes		0		
(F) FAMILY YMCA OF BLACK HAWK COUNTY	420681109	9	Yes		Yes		Yes		0		
(G) HOERNER YMCA	420690393	9	Yes		Yes		Yes		0		
(H) YMCA OF WASHINGTON IOWA	420698186	9	Yes		Yes		Yes		0		
(I) YMCA OF NEWTON IOWA INC	420703250	9	Yes		Yes		Yes		0		
(J) SCOTT COUNTY FAMILY YMCA	420703278	9	Yes		Yes		Yes		0		
(K) YMCA OF OTTUMWA IOWA	420725202	9	Yes		Yes		Yes		0		
(L) SIOUXLAND YMCA	420738980	9	Yes		Yes		Yes		0		
(M) MAHASKA COUNTY YMCA	420741010	9	Yes		Yes		Yes		0		
(N) YMCA OF SPENCER IOWA	420820570	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) lısteo gove	v) the ation in d in your rning ment?	Did you the orga	fyour	Is organız (ı) orga	vi) the ation in nized in J S ?	(vii) A mount of support?
			Yes	No	Yes	No	Yes	No	
(QI) NISHNA VALLEY FAMILY YMCA	420844143	9	Yes		Yes		Yes		0
(A) YMCA OF DUBUQUE IOWA	420934471	9	Yes		Yes		Yes		0
(B) CAMP FOSTER YMCA	420958909	9	Yes		Yes		Yes		0
(C) ALGONA FAMILY YMCA	421225829	9	Yes		Yes		Yes		0
(D) YMCA OF FOREST CITY IOWA	421257332	9	Yes		Yes		Yes		0
(E) LE MARS AREA FAMILY YMCA	421413807	9	Yes		Yes		Yes		0
(F) MONTGOMERY COUNTY FAMILY YMCA	421433436	9	Yes		Yes		Yes		0
(G) SOUTHERN PRAIRIE YMCA	421436507	9	Yes		Yes		Yes		0
(H) YMCA OF MARSHALLTOWN IOWA	421478611	9	Yes		Yes		Yes		0
(I) FORT MADISON FAMILY YMCA	426080176	9	Yes		Yes		Yes		0
(J) GREATER ST LOUIS YMCA	430653616	9	Yes		Yes		Yes		0
(K) YMCA OF HANNIBAL	430663323	9	Yes		Yes		Yes		0
(L) ADAIR COUNTY FAMILY YMCA	430811428	9	Yes		Yes		Yes		0
(M) JEFFERSON CITY AREA YMCA	430953286	9	Yes		Yes		Yes		0
(N) GRAND RIVER AREA FAMILY YMCA INC	431493664	9	Yes		Yes		Yes		0

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(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 ation in d in your rning ment?	Did you the orga in (i) o	v) u notify inization of your port?	Is organız (ı) orga	vi) the cation in nized in JS?	(vii) A mount of support?		
			Yes	No	Yes	No	Yes	No			
(QX) CALLAWAY COUNTY YMCA	431552855	9	Yes		Yes		Yes		0		
(A) FAIR ACRES FAMILY YMCA	431558437	9	Yes		Yes		Yes		0		
(B) OZARKS FAMILY YMCA INC	431617662	9	Yes		Yes		Yes		0		
(C) YMCA OF SOUTHEAST MISSOURI	431666987	9	Yes		Yes		Yes		0		
(D) TWIN PIKE FAMILY YMCA INC	431675923	9	Yes		Yes		Yes		0		
(E) OSAGE PRAIRIE YMCA INC	431706486	9	Yes		Yes		Yes		0		
(F) SALT FORK YMCA	431710180	9	Yes		Yes		Yes		0		
(G) FREEMAN SOUTHWEST FAMILY YMCA	431729473	9	Yes		Yes		Yes		0		
(H) LONG BRANCH AREA YMCA	431761240	9	Yes		Yes		Yes		0		
(I) BOONSLICK HEARTLAND YMCA	431798929	9	Yes		Yes		Yes		0		
(J) CAMERON REGIONAL YMCA	431933672	9	Yes		Yes		Yes		0		
(K) OZARKS REGIONAL YMCA	440545283	9	Yes		Yes		Yes		0		
(L) YMCA OF GREATER KANSAS CITY	440546002	9	Yes		Yes		Yes		0		
(M) JOPLIN FAMILY YMCA	440552026	9	Yes		Yes		Yes		0		
(N) YMCA OF ST JOSEPH MISSOURI	440552491	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	v) the ation in d in your rning ment?	Did you the orga	v) u notify inization of your port?	Is organız (ı) orga	vi) the ation in nized in J S ?	(vii) A mount of support?	
			Yes	No	Yes	No	Yes	No		
(RM) GRAND FORKS YMCA FAMILY CENTER	450226434	9	Yes		Yes		Yes		0	
(A) YMCA OF CASS AND CLAY COUNTIES	450232096	9	Yes		Yes		Yes		0	
(B) YMCA OF MINOT NORTH DAKOTA	450237612	9	Yes		Yes		Yes		0	
(C) MISSOURI VALLEY FAMILY YMCA	450305520	9	Yes		Yes		Yes		0	
(D) JAMES RIVER FAMILY YMCA	450337816	9	Yes		Yes		Yes		0	
(E) YMCA OF THE GREATER TWIN CITIES	452563299	9	Yes		Yes		Yes		0	
(F) YMCA OF SIOUX FALLS	460225021	9	Yes		Yes		Yes		0	
(G) YMCA OF RAPID CITY SOUTH DAKOTA	460227218	9	Yes		Yes		Yes		0	
(H) ABERDEEN FAMILY YMCA	460255779	9	Yes		Yes		Yes		0	
(I) GENERAL CONVENTION OF SIOUX YMCAS	460336514	9	Yes		Yes		Yes		0	
(J) YMCA OF NORFOLK NEBRASKA	470376546	9	Yes		Yes		Yes		0	
(K) YMCA OF LINCOLN NEBRASKA	470376578	9	Yes		Yes		Yes		0	
(L) YMCA OF GREATER OMAHA	470376586	9	Yes		Yes		Yes		0	
(M) YMCA OF FREMONT NEBRASKA	470376600	9	Yes		Yes		Yes		0	
(N) YMCA OF HASTINGS NEBRASKA	470376607	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	v) the ation in d in your rning ment?	the orga	u notify inization of your	Is organız (ı) orga	vi) the ation in nized in J S ?	(vii) A mount of support?
			Yes	No	Yes	No	Yes	No	
(SB) ED THOMAS YMCA	470377999	9	Yes		Yes		Yes		0
(A) COLUMBUS FAMILY YMCA INC	470398817	9	Yes		Yes		Yes		0
(B) BEATRICE MARY FAMILY YMCA	470415814	9	Yes		Yes		Yes		0
(C) YMCA OF GRAND ISLAND NEBRASKA	470425015	9	Yes		Yes		Yes		0
(D) SCOTTSBLUFF FAMILY YMCA	470439999	9	Yes		Yes		Yes		0
(E) KEARNEY FAMILY YMCA	470720055	9	Yes		Yes		Yes		0
(F) BLAIR FAMILY YMCA	470782711	9	Yes		Yes		Yes		0
(G) YMCA OF THE PRAIRIE	470807617	9	Yes		Yes		Yes		0
(H) YMCA OF TOPEKA KANSAS	480543757	9	Yes		Yes		Yes		0
(I) YMCA OF SALINA KANSAS	480544573	9	Yes		Yes		Yes		0
(J) YMCA OF WICHITA KANSAS	480554440	9	Yes		Yes		Yes		0
(K) YMCA OF HUTCHINSON AND RENO COUNTY	480556722	9	Yes		Yes		Yes		0
(L) MCPHERSON FAMILY YMCA	480650061	9	Yes		Yes		Yes		0
(M) JUNCTION CITY FAMILY YMCA INC	480677789	9	Yes		Yes		Yes		0
(N) GARDEN CITY FAMILY YMCA	480693241	9	Yes		Yes		Yes		0

(i) Name of Supported	(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	Did you the orga in (i) o	v) u notify inization of your port?	Is organız (ı) orga	ri) the ation in nized in JS?	(vii) A mount of support?
Organization		above of IRC section)	docur Yes	nent? No	Yes	No	Yes	No	
(SQ) CAMP WOOD YMCA	480908238	9	Yes		Yes		Yes		0
(A) YMCA OF DELAWARE	510065748	9	Yes		Yes		Yes		0
(B) RALPH J STOLLE COUNTRYSIDE YMCA OF WARREN CO	510181689	9	Yes		Yes		Yes		0
(C) OLD TOWN- ORONO YMCA	510201156	9	Yes		Yes		Yes		0
(D) PRINCETON YMCA-YWCA CORP	510233934	9	Yes		Yes		Yes		0
(E) YMCA OF CENTRAL MARYLAND	520591699	9	Yes		Yes		Yes		0
(F) YMCA OF CUMBERLAND MD	520591700	9	Yes		Yes		Yes		0
(G) YMCA OF HAGERSTOWN MARYLAND INC	520591701	9	Yes		Yes		Yes		0
(H) YMCA OF FREDERICK COUNTY MD INC	520607953	9	Yes		Yes		Yes		0
(I) YMCA OF CECIL COUNTY INC	520620245	9	Yes		Yes		Yes		0
(J) YMCA OF CHESAPEAKE INC	520646895	9	Yes		Yes		Yes		0
(K) DORCHESTER COUNTY FAMILY YMCA INC	521359696	9	Yes		Yes		Yes		0
(L) YMCA OF METROPOLITAN WASHINGTON	530207403	9	Yes		Yes		Yes		0
(M) YMCA OF SOUTH HAMPTON ROADS	540445205	9	Yes		Yes		Yes		0
(N) YMCA OF CENTRAL VIRGINIA	540505924	9	Yes		Yes		Yes		0

7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	ed organization(s).								
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			Yes	No	Yes	No	Yes	No	
(TF) DANVILLE YMCA	540505982	9	Yes		Yes		Yes		0
(A) HENSEL ECKMAN YMCA INC	540505984	9	Yes		Yes		Yes		0
(B) YMCA OF GREATER RICHMOND	540505986	9	Yes		Yes		Yes		0
(C) STAUNTON- AUGUSTA YMCA	540506438	9	Yes		Yes		Yes		0
(D) YMCA OF ROANOKE VALLEY	540515736	9	Yes		Yes		Yes		0
(E) PENINSULA METROPOLITAN YMCA	540524905	9	Yes		Yes		Yes		0
(F) PORTSMOUTH YMCA	540534407	9	Yes		Yes		Yes		0
(G) WAYNESBORO FAMILY YMCA	540633243	9	Yes		Yes		Yes		0
(H) MARTINSVILLE HENRY COUNTY FAMILY YMCA	540839746	9	Yes		Yes		Yes		0
(I) VIRGINIA YMCA	540881950	9	Yes		Yes		Yes		0
(J) ALTAVISTA AREA YMCA	540895639	9	Yes		Yes		Yes		0
(K) YMCA OF SOUTH BOSTON AND HALIFAX COUNTY INC	540951231	9	Yes		Yes		Yes		0
(L) RAPPAHANNOCK AREA YMCA	540965826	9	Yes		Yes		Yes		0
(M) BEDFORD AREA FAMILY YMCA	541140513	9	Yes		Yes		Yes		0
(N) MECKLENBURG COUNTY YMCA	541351309	9	Yes		Yes		Yes		0

Form 990, Sch A, Part I, Line 11h - Provide the following information about t							tne su	portea	organization(s).
(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section)	Is organiz (i) listed gove	v) the ation in d in your rning ment?	Did you the orga in (i) o	v) u notify anization of your port?	Is organız (ı) orga	vi) the ation in nized in JS?	(vii) A mount of support?
			Yes	No	Yes	No	Yes	No	
(TU) ALLEGHANY HIGHLANDS YMCA	541637131	9	Yes		Yes		Yes		0
(A) PIEDMONT FAMILY YMCA INC	541717336	9	Yes		Yes		Yes		0
(B) FRANKLIN COUNTY FAMILY YMCA	541740065	9	Yes		Yes		Yes		0
(C) FAMILY YMCA OF EMPORIAGREENSVILLE INC	542005981	9	Yes		Yes		Yes		0
(D) ROCKBRIDGE AREA YMCA	542070140	9	Yes		Yes		Yes		0
(E) CAMP JORN 2 YMCA INC	542184387	9	Yes		Yes		Yes		0
(F) YMCA OF KANAWHA INC	550357058	9	Yes		Yes		Yes		0
(G) YMCA OF PARKERSBURG WEST VIRGINIA	550357059	9	Yes		Yes		Yes		0
(H) YMCA OF WHEELING	550357071	9	Yes		Yes		Yes		0
(I) YMCA OF SOUTHERN WEST VIRGINIA	550464596	9	Yes		Yes		Yes		0
(J) HARRISON COUNTY YMCA INC	550486791	9	Yes		Yes		Yes		0
(K) TRI-COUNTY YMCA INC	550702900	9	Yes		Yes		Yes		0
(L) YMCA OF WESTERN NORTH CAROLINA INC	560530013	9	Yes		Yes		Yes		0
(M) YMCA OF HIGH POINT INC	560530014	9	Yes		Yes		Yes		0
(N) YMCA OF NORTHWEST NORTH CAROLINA	560530015	9	Yes		Yes		Yes		0

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(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 ation in d in your rning 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?
			Yes	No	Yes	No	Yes	No	
(UJ) BLUE RIDGE ASSEMBLY YMCA	560532130	9	Yes		Yes		Yes		0
(A) YMCA OF WILMINGTON INC	560532317	9	Yes		Yes		Yes		0
(B) GREENSBORO METROPOLITAN YMCA	560543243	9	Yes		Yes		Yes		0
(C) ROCKY MOUNT FAMILY YMCA INC	560543251	9	Yes		Yes		Yes		0
(D) EDEN FAMILY YMCA	560547468	9	Yes		Yes		Yes		0
(E) J SMITH YOUNG FAMILY YMCA	560576153	9	Yes		Yes		Yes		0
(F) FAYETTEVILLE YMCA	560582025	9	Yes		Yes		Yes		0
(G) YMCA OF THE TRIANGLE AREA	560591307	9	Yes		Yes		Yes		0
(H) YMCA OF ROWAN COUNTY	560606313	9	Yes		Yes		Yes		0
(I) ALAMANCE COUNTY COMMUNITY YMCA	560611575	9	Yes		Yes		Yes		0
(J) GASTON COUNTY FAMILY YMCA	560655420	9	Yes		Yes		Yes		0
(K) YMCA OF CATAWBA VALLEY	560928743	9	Yes		Yes		Yes		0
(L) YMCA OF ASHEBORO NC INC	560991786	9	Yes		Yes		Yes		0
(M) TOM A FINCH COMMUNITY YMCA	561004370	9	Yes		Yes		Yes		0
(N) YMCA OF GREATER CHARLOTTE	561045299	9	Yes		Yes		Yes		0

	,	ine 11h - Provide the						- P P 3 . CC	
(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section)	Is organiz (i) listed gove docui	v) the ation in d in your rning ment?	Did you the orga in (i) o supp		Is organız (ı) orga the l	ation in nized in JS?	(vii) A mount of support?
			Yes	No	Yes	No	Yes	No	
(UY) GOLDSBORO FAMILY YMCA	561285595	9	Yes		Yes		Yes		0
(A) BERTIE COUNTY YMCA	561738475	9	Yes		Yes		Yes		0
(B) WILSON FAMILY YMCA	562220375	9	Yes		Yes		Yes		0
(C) YMCA OF SUMTER	570314417	9	Yes		Yes		Yes		0
(D) YMCA OF COLUMBIA SOUTH CAROLINA- METRO	570314423	9	Yes		Yes		Yes		0
(E) YMCA OF GREENVILLE	570314424	9	Yes		Yes		Yes		0
(F) YMCA OF GREATER SPARTANBURG	570314425	9	Yes		Yes		Yes		0
(G) ANDERSON AREA YMCA	570314465	9	Yes		Yes		Yes		0
(H) UPPER PALMETTO YMCA	570335422	9	Yes		Yes		Yes		0
(I) GREENWOOD YMCA	570365055	9	Yes		Yes		Yes		0
(J) PICKENS COUNTY YMCA	570405623	9	Yes		Yes		Yes		0
(K) CLINTON FAMILY YMCA	570506273	9	Yes		Yes		Yes		0
(L) FLORENCE FAMILY YMCA	570516770	9	Yes		Yes		Yes		0
(M) FAMILY YMCA OF GREATER LAURENS	570517776	9	Yes		Yes		Yes		0
(N) CHEROKEE COUNTY FAMILY YMCA	570557200	9	Yes		Yes		Yes		0

	, -, -	ine 11h - Provide the							
(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	v) u notify anization of your port?	Is organız (ı) orga the l	vi) the ation in nized in JS?	(vii) A mount of support?
			Yes	No	Yes	No	Yes	No	
(VN) SUMMERVILLE FAMILY YMCA	570643100	9	Yes		Yes		Yes		0
(A) YMCA OF COASTAL CAROLINA	570747196	9	Yes		Yes		Yes		0
(B) NEWBERRY COUNTY FAMILY YMCA	570783484	9	Yes		Yes		Yes		0
(C) YMCA OF THE UPPER PEE DEE	570794011	9	Yes		Yes		Yes		0
(D) UNION COUNTY YMCA	570832992	9	Yes		Yes		Yes		0
(E) BEAUFORT COUNTY YMCA	570910326	9	Yes		Yes		Yes		0
(F) FOOTHILLS AREA FAMILY YMCA	570934024	9	Yes		Yes		Yes		0
(G) CANNON STREET YMCA	570935533	9	Yes		Yes		Yes		0
(H) YMCA OF NORTHEAST IOWA INC	571167577	9	Yes		Yes		Yes		0
(I) YMCAS OF WAYCROSS GA INC	580566129	9	Yes		Yes		Yes		0
(J) STATE YMCA OF GEORGIA	580566244	9	Yes		Yes		Yes		0
(K) YMCA OF METROPOLITAN ATLANTA INC	580566253	9	Yes		Yes		Yes		0
(L) METROPOLITAN AUGUSTA YMCA	580566254	9	Yes		Yes		Yes		0
(M) THOMASVILLE YMCA YOUTH CENTER INC	580566255	9	Yes		Yes		Yes		0
(N) MOULTRIE YMCA	580593424	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	v) the ation in d in your rning ment?	Did you the orga in (i) o	v) u notify inization of your port?	Is organız (ı) orga	vi) the ation in nized in J S ?	(vii) A mount of support?
(WC) ATHENS			Yes	No	Yes	No	Yes	No	
YMCA	580593443	9	Yes		Yes		Yes		0
(A) YMCA OF COASTAL GEORGIA INC	580603160	9	Yes		Yes		Yes		0
(B) ALBANY YMCA	580610051	9	Yes		Yes		Yes		0
(C) COLUMBUS METROPOLITAN YMCA	580648697	9	Yes		Yes		Yes		0
(D) ROME- FLOYD COUNTY YMCA	580814549	9	Yes		Yes		Yes		0
(E) TWIN RIVERS YMCA	581402035	9	Yes		Yes		Yes		0
(F) HENDERSON FAMILY YMCA	581406066	9	Yes		Yes		Yes		0
(G) GREATER KINGSPORT FAMILY YMCA	581564232	9	Yes		Yes		Yes		0
(H) CANNON MEMORIAL YMCA	581574620	9	Yes		Yes		Yes		0
(I) STANLY COUNTY FAMILY YMCA	581582063	9	Yes		Yes		Yes		0
(J) BAINBRIDGE- DECATUR COUNTY YMCA	581608613	9	Yes		Yes		Yes		0
(K) LAFAYETTE LOUISIANA YMCA	581640136	9	Yes		Yes		Yes		0
(L) CLEVELAND COUNTY FAMILY YMCA	582016066	9	Yes		Yes		Yes		0
(M) YMCA OF METROPOLITAN HUNTSVILLE AL	582058795	9	Yes		Yes		Yes		0
(N) GEORGIA MOUNTAINS YMCA	582203268	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	v) the ration in d in your rning ment?	Did you	v) u notify inization of your port?	Is organız (ı) orga	vi) the ation in nized in J S ?	(vii) A mount of support?		
			Yes	No	Yes	No	Yes	No			
(WR) TIFTAREA YMCA INC	582383631	9	Yes		Yes		Yes		0		
(A) CENTRAL FLORIDA METRO YMCA	590624430	9	Yes		Yes		Yes		0		
(B) YMCA OF BROWARD COUNTY	590624463	9	Yes		Yes		Yes		0		
(C) YMCA OF GREATER MIAMI	590624464	9	Yes		Yes		Yes		0		
(D) YMCA OF NORTHWEST FLORIDA	590624465	9	Yes		Yes		Yes		0		
(E) YMCA OF GREATER ST PETERSBURG	590624468	9	Yes		Yes		Yes		0		
(F) PALM BEACHES METROPOLITAN YMCA	590624470	9	Yes		Yes		Yes		0		
(G) FLORIDA'S FIRST COAST YMCA - METROPOLITAN	590638514	9	Yes		Yes		Yes		0		
(H) CAPITAL REGION YMCA	590808247	9	Yes		Yes		Yes		0		
(I) YMCA OF THE SUNCOAST	590810731	9	Yes		Yes		Yes		0		
(J) FLORIDA'S EMERALD COAST YMCA	590978077	9	Yes		Yes		Yes		0		
(K) YMCA OF WEST CENTRAL FLORIDA	591158144	9	Yes		Yes		Yes		0		
(L) YMCA OF SOUTH PALM BEACH COUNTY	591416281	9	Yes		Yes		Yes		0		
(M) SARASOTA FAMILY YMCA INC	591618413	9	Yes		Yes		Yes		0		
(N) MANATEE COUNTY FAMILY YMCA	591626905	9	Yes		Yes		Yes		0		

FULLI 330, SCIL	11n - Provide the	e following information about the suppor						organization(s).	
(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section)	Is organiz (i) listed gove docui	v) the ation in d in your rning ment?	Did yo the orga in (i) o supp	v) u notify anization of your port?	Is organız (ı) orga the l	vi) the vation in nized in J S ?	(vii) A mount of support?
			Yes	No	Yes	No	Yes	No	
(XG) SOUTH COUNTY FAMILY YMCA	591629660	9	Yes		Yes		Yes		0
(A) LAKE WALES FAMILY YMCA	591741481	9	Yes		Yes		Yes		0
(B) TAMPA METROPOLITAN AREA YMCA	591742909	9	Yes		Yes		Yes		0
(C) YMCA OF THE TREASURE COAST	591911653	9	Yes		Yes		Yes		0
(D) MARCO ISLAND YMCA	592498619	9	Yes		Yes		Yes		0
(E) HIGHLANDS COUNTY FAMILY YMCA	592859656	9	Yes		Yes		Yes		0
(F) VOLUSIAFLAGLER FAMILY YMCA	593284968	9	Yes		Yes		Yes		0
(G) NORTHFIELD AREA FAMILY YMCA	593817686	9	Yes		Yes		Yes		0
(H) ASHLAND AREA YMCA	610444836	9	Yes		Yes		Yes		0
(I) KENTUCKY YMCA YOUTH ASSOCIATION INC	610444841	9	Yes		Yes		Yes		0
(J) YMCA OF CENTRAL KENTUCKY	610444842	9	Yes		Yes		Yes		0
(K) YMCA OF GREATER LOUISVILLE	610444843	9	Yes		Yes		Yes		0
(L) YMCA OF OWENSBORODAVIESS COUNTY	610561344	9	Yes		Yes		Yes		0
(M) FRANKFORT YMCA	610562021	9	Yes		Yes		Yes		0
(N) HENDERSON COUNTY FAMILY YMCA	610597114	9	Yes		Yes		Yes		0

(i) Name of Supported O rganization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section)	Is organiz (i) listed gove	the ation in d in your rning nent? No	Did you th organiz	atıon ın your	Is organız	atıon ın nızed ın	(vii) A mount of support?
(XV) PARIS-BOURBON COUNTY YMCA	610676727	9	Yes		Yes		Yes		0
(A) HOPKINS COUNTY FAMILY YMCA	610904719	9	Yes		Yes		Yes		0
(B) WILDERNESS TRACE FAMILY YMCA	611024933	9	Yes		Yes		Yes		0
(C) LIMESTONE FAMILY YMCA	611080836	9	Yes		Yes		Yes		0
(D) UNION COUNTY YMCA	611173801	9	Yes		Yes		Yes		0
(E) PIKEVILLE AREA FAMILY YMCA	611177162	9	Yes		Yes		Yes		0
(F) YMCA OF MAYFIELDGRAVES COUNTY	611204017	9	Yes		Yes		Yes		0
(G) YMCA OF WINCHESTER	611206677	9	Yes		Yes		Yes		0
(H) HOPKINSVILLECHRISTIAN COUNTY FAMILY YMCA	611297293	9	Yes		Yes		Yes		0
(I) FAYETTE COUNTY FAMILY YMCA	611416843	9	Yes		Yes		Yes		0
(J) TELFORD COMMUNITY CENTER YMCA	616000619	9	Yes		Yes		Yes		0
(K) YMCA OF METROPOLITAN CHATTANOOGA	620475699	9	Yes		Yes		Yes		0
(L) YMCA OF EAST TENNESSEE	620475700	9	Yes		Yes		Yes		0
(M) YMCA OF MIDDLE TENNESSEE	620476243	9	Yes		Yes		Yes		0
(N) YMCA OF MEMPHIS & THE MID-SOUTH	620476304	9	Yes		Yes		Yes		0

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(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	the cation 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 J S ?	(vii) A mount of support?			
			Yes	No	Yes	No	Yes	No				
(YK) ARMED SERVICES YMCA OF THE USA- NATIONAL HDQTRS	620491361	9	Yes		Yes		Yes		0			
(A) YMCA OF BRISTOL	620521204	9	Yes		Yes		Yes		0			
(B) YMCA OF GREENE COUNTY	620809014	9	Yes		Yes		Yes		0			
(C) MILAN FAMILY YMCA	621547529	9	Yes		Yes		Yes		0			
(D) YMCA OF DYER COUNTY	621616172	9	Yes		Yes		Yes		0			
(E) LEGACY YMCA	630288881	9	Yes		Yes		Yes		0			
(F) MONTGOMERY YMCA METRO BOARD	630288885	9	Yes		Yes		Yes		0			
(G) BIRMINGHAM METROPOLITAN YMCA	630299894	9	Yes		Yes		Yes		0			
(H) YMCA OF SOUTH ALABAMA INC	630302187	9	Yes		Yes		Yes		0			
(I) TUSCALOOSA METROPOLITAN YMCA	630302189	9	Yes		Yes		Yes		0			
(J) YMCA OF CALHOUN COUNTY	630332253	9	Yes		Yes		Yes		0			
(K) YMCA OF SELMA-DALLAS COUNTY	630414814	9	Yes		Yes		Yes		0			
(L) YMCA OF THE COOSA VALLEY INC	630436456	9	Yes		Yes		Yes		0			
(M) YMCA OF THE SHOALS	630545200	9	Yes		Yes		Yes		0			
(N) ENTERPRISE YMCA	630589262	9	Yes		Yes		Yes		0			

(i)	(::)	(iii)	Is organız	v) the atıon ın	Did you	v) u notify inization	Is	/i) the ation in	()
Name of Supported Organization	(ii) EIN	Type of organization (described on lines 1-9 above or IRC section)	gove	in your rning ment?		fyour	(ı) orga	nized in JS?	(vii) A mount of support?
			Yes	No	Yes	No	Yes	No	
(YZ) BREWTON AREA YMCA	630999102	9	Yes		Yes		Yes		0
(A) ATMORE AREA YMCA INC	631151492	9	Yes		Yes		Yes		0
(B) PRATTVILLE YMCA	636052425	9	Yes		Yes		Yes		0
(C) JACKSON METROPOLITAN YMCA	640303099	9	Yes		Yes		Yes		0
(D) JUNIUS WARD JOHNSON YMCA	640303115	9	Yes		Yes		Yes		0
(E) HODDING CARTER MEMORIAL YMCA	640306257	9	Yes		Yes		Yes		0
(F) FAMILY YMCA OF SOUTHEAST MISSISSIPPI INC	640340760	9	Yes		Yes		Yes		0
(G) MISSISSIPPI GULF COAST YMCA	640584648	9	Yes		Yes		Yes		0
(H) FRANK P PHILLIPS MEMORIAL YMCA	646025994	9	Yes		Yes		Yes		0
(I) MONROEVILLE AREA YMCA	651058521	9	Yes		Yes		Yes		0
(J) SAN JUAN - PUERTO RICO YMCA	660190784	9	Yes		Yes			No	0
(K) PONCE YMCA	660204831	9	Yes		Yes			No	0
(L) SISKIYOU FAMILY YMCA	680294653	9	Yes		Yes		Yes		0
(M) YMCA OF WARREN AND BRADLEY COUNTY	700275848	9	Yes		Yes		Yes		0
(N) THE DENNY PRICE FAMILY YMCA OF ENID OKLAHOMA	700599309	9	Yes		Yes		Yes		0

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			Yes	No	Yes	No	Yes	No			
(ZO) YMCA OF HOT SPRINGS ARKANSAS INC	710236925	9	Yes		Yes		Yes		0		
(A) YMCA OF CENTRAL LOUISIANA	720408980	9	Yes		Yes		Yes		0		
(B) YMCA OF THE CAPITAL AREA	720408994	9	Yes		Yes		Yes		0		
(C) SHREVEPORT BOSSIER METRO YMCA	720408997	9	Yes		Yes		Yes		0		
(D) YMCA OF GREATER NEW ORLEANS	720423490	9	Yes		Yes		Yes		0		
(E) DRYADES YMCA	720428019	9	Yes		Yes		Yes		0		
(F) BAYOULAND YMCA	720880478	9	Yes		Yes		Yes		0		
(G) OKMULGEE COUNTY FAMILY YMCA	730106247	9	Yes		Yes		Yes		0		
(H) GREAT PLAINS FAMILY YMCA INC	730149048	9	Yes		Yes		Yes		0		
(I) FAMILY YMCA OF BARTLESVILLE	730521535	9	Yes		Yes		Yes		0		
(J) YMCA OF GREATER TULSA - METRO OFFICE	730579269	9	Yes		Yes		Yes		0		
(K) YMCA OF GREATER OKLAHOMA CITY	730579270	9	Yes		Yes		Yes		0		
(L) SHAWNEE FAMILY YMCA	730602462	9	Yes		Yes		Yes		0		
(M) ARDMORE FAMILY YMCA AT ARDMORE OKLAHOMA	730603523	9	Yes		Yes		Yes		0		
(N) YMCA OF PONCA CITY OKLAHOMA	730634724	9	Yes		Yes		Yes		0		

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			Yes	No	Yes	No	Yes	No			
(AAD) YMCA OF LAWTON OKLAHOMA	730642616	9	Yes		Yes		Yes		0		
(A) STILLWATER FAMILY YMCA	730674204	9	Yes		Yes		Yes		0		
(B) NOBLE COUNTY FAMILY YMCA	731099310	9	Yes		Yes		Yes		0		
(C) CLEVELAND COUNTY FAMILY YMCA	731149824	9	Yes		Yes		Yes		0		
(D) TEXAS COUNTY FAMILY YMCA	731464310	9	Yes		Yes		Yes		0		
(E) RANDOLPH AREA YMCA	731663479	9	Yes		Yes		Yes		0		
(F) YMCA OF GREATER SAN ANTONIO	741109634	9	Yes		Yes		Yes		0		
(G) YMCA OF THE GREATER HOUSTON AREA	741109737	9	Yes		Yes		Yes		0		
(H) YMCA OF GREATER EL PASO TX & RIO GRANDE VALLEY	741109880	9	Yes		Yes		Yes		0		
(I) YMCA OF PORT ARTHUR TEXAS	741143027	9	Yes		Yes		Yes		0		
(J) AUSTIN METROPOLITAN YMCA	741193464	9	Yes		Yes		Yes		0		
(K) YMCA OF THE COASTAL BEND	741211670	9	Yes		Yes		Yes		0		
(L) THE YMCA OF THE GOLDEN CRESCENT INC	741368574	9	Yes		Yes		Yes		0		
(M) YMCA OF GREATER WILLIAMSON COUNTY	742206558	9	Yes		Yes		Yes		0		
(N) YMCA OF CENTRAL TEXAS	742668685	9	Yes		Yes		Yes		0		

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			Yes	No	Yes	No	Yes	No		
(AAS) YMCA OF AMARILLO TEXAS INC	750800695	9	Yes		Yes		Yes		0	
(A) YMCA OF METROPOLITAN DALLAS	750800696	9	Yes		Yes		Yes		0	
(B) SAN ANGELO YMCA	750800698	9	Yes		Yes		Yes		0	
(C) YMCA OF CORSICANA	750808817	9	Yes		Yes		Yes		0	
(D) WICHITA FALLS METROPOLITAN YMCA	750808818	9	Yes		Yes		Yes		0	
(E) YMCA OF BIG SPRING TEXAS	750827470	9	Yes		Yes		Yes		0	
(F) YMCA OF METROPOLITAN FORT WORTH	750827471	9	Yes		Yes		Yes		0	
(G) YMCA OF ABILENE TEXAS	750855638	9	Yes		Yes		Yes		0	
(H) YMCA OF MIDLAND TEXAS	750871732	9	Yes		Yes		Yes		0	
(I) YMCA OF TYLER TEXAS INC	750891469	9	Yes		Yes		Yes		0	
(J) GREENVILLEHUNT COUNTY YMCA	750968474	9	Yes		Yes		Yes		0	
(K) PALESTINE YMCA	750975622	9	Yes		Yes		Yes		0	
(L) YMCA OF ARLINGTON	751000839	9	Yes		Yes		Yes		0	
(M) YMCA OF MOORE COUNTY INC	751073132	9	Yes		Yes		Yes		0	
(N) ODESSA FAMILY YMCA	751187026	9	Yes		Yes		Yes		0	

F01111 990, 30	II A, Pait I, L	ine 11n - Provide th			oi illa tit	лі ароц	t tile st	apporte	u organizacion(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 I 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	vi) the ation in nized in JS?	(vii) A mount of support?
			Yes	No	Yes	No	Yes	No	
(ABH) YMCA OF PLAINVIEW TEXAS	756042150	9	Yes		Yes		Yes		0
(A) CENTRAL COAST YMCA	770202335	9	Yes		Yes		Yes		0
(B) YMCA OF BILLINGS	810229368	9	Yes		Yes		Yes		0
(C) YMCA OF HELENA INC	810231815	9	Yes		Yes		Yes		0
(D) BUTTE FAMILY YMCA INC	810233504	9	Yes		Yes		Yes		0
(E) GREATER MISSOULA FAMILY YMCA	810300829	9	Yes		Yes		Yes		0
(F) SOUTHWESTERN MONTANA FAMILY YMCA INC	810486053	9	Yes		Yes		Yes		0
(G) GALLATIN VALLEY YMCA INC	810542574	9	Yes		Yes		Yes		0
(H) YMCA OF BOISE INC	820200908	9	Yes		Yes		Yes		0
(I) YMCA OF IDAHO FALLS INC	820222174	9	Yes		Yes		Yes		0
(J) YMCA OF TWIN FALLS INC	820255460	9	Yes		Yes		Yes		0
(K) WOOD RIVER COMMUNITY YMCA	820481436	9	Yes		Yes		Yes		0
(L) CHEYENNE FAMILY YMCA	830179528	9	Yes		Yes		Yes		0
(M) CASPER FAMILY YMCA	830197773	9	Yes		Yes		Yes		0
(N) JOHNSON COUNTY FAMILY YMCA	830237890	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	v) the ation in d in your rning ment?	Did you the orga in (i) o	v) u notify inization of your port?	(vi) Is the organization in (i) organized in the U S ?		(vii) A mount of support?	
			Yes	No	Yes	No	Yes	No		
(ABW) YMCA OF METROPOLITAN DENVER	840402696	9	Yes		Yes		Yes		0	
(A) YMCA OF THE PIKES PEAK REGION	840404266	9	Yes		Yes		Yes		0	
(B) YMCA OF THE ROCKIES	840404913	9	Yes		Yes		Yes		0	
(C) YMCA OF PUEBLO	840404925	9	Yes		Yes		Yes		0	
(D) YMCA OF BOULDER VALLEY	840459944	9	Yes		Yes		Yes		0	
(E) ED RUTH LEHMAN YMCA	841129504	9	Yes		Yes		Yes		0	
(F) THE YMCA OF CENTRAL NEW MEXICO	850105592	9	Yes		Yes		Yes		0	
(G) THE FAMILY YMCA	850130054	9	Yes		Yes		Yes		0	
(H) YMCA OF SOUTHERN ARIZONA	860101237	9	Yes		Yes		Yes		0	
(I) PRESCOTT YMCA OF YAVAPAI COUNTY	860119151	9	Yes		Yes		Yes		0	
(J) YMCA OF GREATER SALT LAKE AREA	870212472	9	Yes		Yes		Yes		0	
(K) YMCA OF SOUTHERN NEVADA	880059266	9	Yes		Yes		Yes		0	
(L) WHATCOM FAMILY YMCA	910482690	9	Yes		Yes		Yes		0	
(M) YMCA OF GREATER SEATTLE	910482710	9	Yes		Yes		Yes		0	
(N) YMCA OF SOUTHWEST WASHINGTON	910565021	9	Yes		Yes		Yes		0	

Form 990, Sc	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 organız (ı) lısted gove	v) the ation in d in your rning ment?	Did you the orga	u notify inization of your port?	Is organız (ı) orga	vi) the ation in nized in JS?	(vii) A mount of support?			
			Yes	No	Yes	No	Yes	No				
(ACL) SKAGIT VALLEY FAMILY YMCA	910565022	9	Yes		Yes		Yes		0			
(A) YMCA OF SNOHOMISH COUNTY	910565561	9	Yes		Yes		Yes		0			
(B) YMCA OF PIERCE AND KITSAP COUNTIES	910565562	9	Yes		Yes		Yes		0			
(C) YMCA OF YAKIMA	910568717	9	Yes		Yes		Yes		0			
(D) YMCA AT WASHINGTON STATE UNIVERSITY	910573117	9	Yes		Yes		Yes		0			
(E) WENATCHEE VALLEY YMCA	910578224	9	Yes		Yes		Yes		0			
(F) YMCA OF WALLA WALLA	910580856	9	Yes		Yes		Yes		0			
(G) SOUTH SOUND YMCA	910586473	9	Yes		Yes		Yes		0			
(H) CLALLAM COUNTY YMCA INC	910652924	9	Yes		Yes		Yes		0			
(I) YMCA OF THE INLAND NORTHWEST	910827958	9	Yes		Yes		Yes		0			
(J) YMCA OF THE GREATER TRI-CITIES	911655754	9	Yes		Yes		Yes		0			
(K) YMCA OF GRAYS HARBOR	911984900	9	Yes		Yes		Yes		0			
(L) YMCA OF ANCHORAGE ALASKA	920034878	9	Yes		Yes		Yes		0			
(M) YMCA OF KLAMATH COUNTY OREGON	930386978	9	Yes		Yes		Yes		0			
(N) YMCA OF COLUMBIA- WILLAMETTE ASSOCIATION SERVICES	930386981	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	v) the ation in d in your rning ment?	Did you the orga in (i) o	v) u notify inization of your port?	Is organız (ı) orga	vi) the ation in nized in J S ?	(vii) A mount of support?
			Yes	No	Yes	No	Yes	No	
(ADA) FAMILY YMCA OF MARION AND POLK COUNTIES	930386982	9	Yes		Yes		Yes		0
(A) YMCA OF MEDFORD	930391645	9	Yes		Yes		Yes		0
(B) CENTRAL DOUGLAS COUNTY FAMILY YMCA	930395593	9	Yes		Yes		Yes		0
(C) TILLAMOOK COUNTY FAMILY YMCA	930457167	9	Yes		Yes		Yes		0
(D) MID- WILLAMETTE FAMILY YMCA	930479079	9	Yes		Yes		Yes		0
(E) EUGENE FAMILY YMCA	930500679	9	Yes		Yes		Yes		0
(F) BAKER COUNTY YMCA	930621433	9	Yes		Yes		Yes		0
(G) YMCA OF GRANTS PASS OREGON	930848122	9	Yes		Yes		Yes		0
(H) YMCA OF SAN FRANCISCO	940997140	9	Yes		Yes		Yes		0
(I) YMCA OF THE EAST BAY	941156317	9	Yes		Yes		Yes		0
(J) YMCA OF SILICON VALLEY	941156318	9	Yes		Yes		Yes		0
(K) YMCA OF SAN JOAQUIN COUNTY	941156319	9	Yes		Yes		Yes		0
(L) YMCA OF SUPERIOR CALIFORNIA	941156634	9	Yes		Yes		Yes		0
(M) YMCA OF THE CENTRAL BAY AREA	941156635	9	Yes		Yes		Yes		0
(N) SHASTA COUNTY YMCA	941212141	9	Yes		Yes		Yes		0

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

Form 990, Sc	h A, Part I, L	ine 11h - Provide the	e follov	ving inf	ormatic	n abou	t the su	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 docur	Is the organization in (i) listed in your governing document?		Is the organization in (i) listed in your governing document?		Is the organization in (i) listed in your governing document?		organization in (i) listed in your governing document? Did you notify the organization in (i) of your support?		u notify inization of your	(vi) Is the organization in (i) organized in the US?		(vii) A mount of support?
			Yes	No	Yes	No	Yes	No							
(ADP) SONOMA COUNTY FAMILY YMCA	941265049	9	Yes		Yes		Yes		0						
(A) GREATER NEWBURGH YMCA	941415304	9	Yes		Yes		Yes		0						
(B) GOLDEN STATE YMCA	941459198	9	Yes		Yes		Yes		0						
(C) CALIFORNIA YMCA YOUTH AND GOVERNMENT	943360482	9	Yes		Yes		Yes		0						
(D) YMCA OF POMONA VALLEY	951641976	9	Yes		Yes		Yes		0						
(E) CHANNEL ISLANDS YMCA	951643379	9	Yes		Yes		Yes		0						
(F) SANTA MONICA FAMILY YMCA	951643380	9	Yes		Yes		Yes		0						
(G) YMCA OF GREATER LONG BEACH	951643396	9	Yes		Yes		Yes		0						
(H) YMCA OF WEST SAN GABRIEL VALLEY	951644051	9	Yes		Yes		Yes		0						
(I) YMCA OF METROPOLITAN LOS ANGELES	951644052	9	Yes		Yes		Yes		0						
(J) YMCA OF ORANGE COUNTY	951644055	9	Yes		Yes		Yes		0						
(K) YMCA OF BURBANK CALIFORNIA	951664139	9	Yes		Yes		Yes		0						
(L) YMCA OF THE EAST VALLEY	951684787	9	Yes		Yes		Yes		0						
(M) YMCA OF GREATER WHITTIER	951684795	9	Yes		Yes		Yes		0						
(N) YMCA OF ANAHEIM	951709299	9	Yes		Yes		Yes		0						

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

Form 990, Sc	h A, Part I, L	ine 11h - Provide the	e follov	ving inf	ormatic	n abou	t the su	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 organiz (i) listed gove docui	v) the ation in d in your rning ment?	Did you the orga in (i) o supp	u notify unization of your port?	Is organız (ı) orga the l	vi) the ation in nized in J S ?	(vii) A mount of support?
			Yes	No	Yes	No	Yes	No	
(AEE) WEST END YMCA	951727678	9	Yes		Yes		Yes		0
(A) YMCA OF ORANGE	951816053	9	Yes		Yes		Yes		0
(B) YMCA OF THE FOOTHILLS	951976183	9	Yes		Yes		Yes		0
(C) YMCA OF SAN DIEGO COUNTY	952039198	9	Yes		Yes		Yes		0
(D) SAN GABRIEL VALLEY YMCA	952040876	9	Yes		Yes		Yes		0
(E) SAN LUIS OBISPO COUNTY YMCA	952147727	9	Yes		Yes		Yes		0
(F) SANTA MARIA VALLEY YMCA	952158363	9	Yes		Yes		Yes		0
(G) SOUTHEAST VENTURA COUNTY YMCA	952305501	9	Yes		Yes		Yes		0
(H) CORONA- NORCO FAMILY YMCA	952879893	9	Yes		Yes		Yes		0
(I) FAMILY YMCA OF THE DESERT	953673295	9	Yes		Yes		Yes		0
(J) YMCA OF HONOLULU	990073533	9	Yes		Yes		Yes		0
(K) YMCA OF KAUAI	990074494	9	Yes		Yes		Yes		0
(L) MAUI FAMILY YMCA	990105206	9	Yes		Yes		Yes		0
(M) ALLIANCE OF NEW YORK STATE YMCAS INC	010567018	9	Yes		Yes		Yes		0
(N) ATHOL YMCA	042103727	9	Yes		Yes		Yes		0

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

	,,,,,, a,,, <u> </u>								3 (- ,- ,-		
(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section)	organization in (i) listed in your governing document?		support?		Did you notify the organization in (i) of your support?		(vi) Is the organization in (i) organized in the US?		(vii) A mount of support?
			Yes	No	Yes	No	Yes	No			
(AET) OLD COLONY Y	042125014	9	Yes		Yes		Yes		0		
(A) WAYNE COUNTY YMCA	232122456	9	Yes		Yes		Yes		0		
(B) PULASKI COUNTY FAMILY YMCA	352094935	9	Yes		Yes		Yes		0		
(C) STEVENS POINT AREA YMCA	391102612	9	Yes		Yes		Yes		0		
(D) SOUTH HILL YMCA	541849696	9	Yes		Yes		Yes		0		
(E) UNICOI COUNTY FAMILY YMCA	620478092	9	Yes		Yes		Yes		0		
(F) SOUTHSIDE VIRGINIA FAMILY YMCA	621487256	9	Yes		Yes		Yes		0		
(G) VALLEY OF THE SUN YMCA	860096799	9	Yes		Yes		Yes		0		
(H) YMCA OF ASHLAND	930386976	9	Yes		Yes		Yes		0		
(I) YMCA OF GLENDALE CALIFORNIA	951661118	9	Yes		Yes		Yes		0		

DLN: 93493309013494

OMB No 1545-0047

Open to Public Inspection

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

1 / 1 / 1	anizations Complete Fart III		Employer iden	tification number
	ETIREMENT FUND		Employer iden	tirication number
t T. A. Complete if the or		soction FO1/a	13-5562401	' organization
				organization.
	ganization's direct and indirect politic	cal campaign acti	ivities in Part IV	
·			•	\$
Volunteer hours				
t I-B Complete if the or	ganization is exempt under s	section 501(d	c)(3).	
Enter the amount of any excise	e tax incurred by the organization und	der section 4955	•	\$
Enter the amount of any excise	e tax incurred by organization manage	ers under sectior	n 4955 ►	\$
If the organization incurred a s	ection 4955 tax, did it file Form 472	O for this year?		┌ Yes ┌ No
Was a correction made?				┌ Yes ┌ No
If "Yes," describe in Part IV				
t I-C Complete if the or	ganization is exempt under s	section 501(d	c), except section 50	1(c)(3).
Enter the amount directly expe	ended by the filing organization for se	ction 527 exemp	t function activities 🕨	\$
Enter the amount of the filing of exempt function activities	rganızatıon's funds contributed to otl	her organizations	for section 527	\$
Total exempt function expendi	tures Add lines 1 and 2 Enter here a	and on Form 112	0-POL, line 17b ►	\$
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? 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 paid from the filing organization's funds.	┌ Yes ┌ No			
organization made payments f amount of political contribution	funds Also enter the inization, such as a			
(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter - 0 -
				enter -o-
				enter -0-
				enter -0-
				enter -o-
				enter -o-
				enter 70°
				enter -o-
	me of the organization and MEN'S CHRISTIAN ASSOCIATION RIVER TELL TO THE PROVIDE A COMPLETE IF THE OR Political expenditures Volunteer hours The Complete if the organization incurred as the amount of any excise and the organization incurred as the organization made? The Complete if the organization of the filing of exempt function activities to the organization of the filing organization file organization made payments organization made payments organization made payments organization made payments organization organization amount of political contribution separate segregated fund or a contribution or the organization organ	me of the organization ING MEN'S CHRISTIAN ASSOCIATION RETIREMENT FUND **TI-A** Complete if the organization is exempt under a provide a description of the organization's direct and indirect political expenditures Volunteer hours **TI-B** Complete if the organization is exempt under a political expenditures Enter the amount of any excise tax incurred by the organization under the amount of any excise tax incurred by organization managed if the organization incurred a section 4955 tax, did it file Form 472. Was a correction made? If "Yes," describe in Part IV **TI-C** Complete if the organization is exempt under a political exempt function activities Total exempt function expenditures Add lines 1 and 2. Enter here a point the filing organization file Form 1120-POL for this year? Enter the names, addresses and employer identification number (E) organization made payments. For each organization listed, enter the amount of political contributions received that were promptly and diseparate segregated fund or a political action committee (PAC). If the provided in the provided in the promptly and diseparate segregated fund or a political action committee (PAC).	TIPMENTS CHRISTIAN ASSOCIATION RETIREMENT FUND **TIPMENTS CHRISTIAN ASSOCIATION RETIREMENT FUND **Provide a description of the organization is exempt under section 501(organization) and indirect political campaign active political expenditures **Volunteer hours **TIPMENTS Complete if the organization is exempt under section 501(organization) and exection 501(organization) and exection 4955 **Enter the amount of any excise tax incurred by the organization under section 4955 **Enter the amount of any excise tax incurred by organization managers under section 1 ft the organization incurred a section 4955 tax, did it file Form 4720 for this year? **Was a correction made?** **If "Yes," describe in Part IV **IIICMENTS Complete if the organization is exempt under section 501(organization) activities **Inter the amount directly expended by the filing organization for section 527 exempt function activities **Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 112 **Did the filing organization file Form 1120-POL for this year?** **Enter the names, addresses and employer identification number (EIN) of all section organization made payments. For each organization listed, enter the amount paid fro amount of political contributions received that were promptly and directly delivered separate segregated fund or a political action committee (PAC) If additional space.	Employer iden It I Complete if the organization is exempt under section 501(c) or is a section 527 Provide a description of the organization's direct and indirect political campaign activities in Part IV Political expenditures Volunteer hours It I 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 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? Was a correction made? If "Yes," describe in Part IV I Complete if the organization is exempt under section 501(c), except section 502 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? Enter the names, addresses and employer identification number (EIN) of all section 527 political organization organization made payments. For each organization listed, enter the amount paid from the filing organization's amount of political contributions received that were promptly and directly delivered to a separate political organization's separate segregated fund or a political action committee (PAC) If additional space is needed, provide informal filing organization's

Sch	nedule C (Form 990 or 990-EZ) 2013					Page 2
Pä	art II-A Complete if the organization	is exempt under	section 501(c)(3) and file	ed Form 5768	
_	under section 501(h)).		Link in Doub TV an	- h - 66:1: - h - d		a adduces FIN
٠.	Check ► If the filing organization belongs to a expenses, and share of excess lobb		iist in Part IV ea	ch amiliated gro	up members nam	e, address, EIN,
3	Check ► ☐ If the filing organization checked bo		l" provisions app	ly		
	Limits on Lobbying E (The term "expenditures" means ar		l .)		(a) Filing organization's totals	(b) Affiliated group totals
La	Total lobbying expenditures to influence public o	pinion (grass roots lob	bying)			
ь	Total lobbying expenditures to influence a legisl	ative body (direct lobby	yıng)			
c	Total lobbying expenditures (add lines 1a and 1	o)		Γ		
d	O ther exempt purpose expenditures			Γ		
e	Total exempt purpose expenditures (add lines 1	c and 1d)		Γ		
f	Lobbying nontaxable amount Enter the amount is columns	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 lir	ne 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,0	00		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000	,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,0	000		
	Over \$17,000,000	\$1,000,000				
g	Grassroots nontaxable amount (enter 25% of lir	ue 1f)				
h	Subtract line 1g from line 1a If zero or less, ent	er-0-				
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -				
j	If there is an amount other than zero on either li section 4911 tax for this year?	ne 1h or line 1ı, did the	organization file	Form 4720 repo	orting	┌ Yes ┌ No
	(Some organizations that made a columns below. See t	he instructions fo	ection do not r lines 2a thro	havè to con ough 2f on p		ne five
	Lobbying Exp	enditures During	4-Year Avera ⊤	ging Period	1	1
	Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
C	Total lobbying expenditures					
d	Grassroots nontaxable amount					

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

Grassroots lobbying expenditures

Part II-B	Complete if the organization is exempt under section $501(c)(3)$ and has NC	DT
	filed Form 5768 (election under section 501(h)).	

_		(a	1)	(b)
ror e activ	ach "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying ity.	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?		Νo	
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?		Νo	
е	Publications, or published or broadcast statements?		Νo	
f	Grants to other organizations for lobbying purposes?		Νo	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		Νo	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Νo	
i	O ther activities?	Yes		47,70
j	Total Add lines 1c through 1i			47,70
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Νo	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6)	501(c)(5), d	r section

			res	NO
L	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		

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)	I	

- Current year
- Carryover from last year
- Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues
- 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?
- Taxable amount of lobbying and political expenditures (see instructions)

Part IV Supplemental Information

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

Explanation
THE YMCA RETIREMENT 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 REFERENCED DUES PAID

2a

2b 2c

3

4 5

Schedule e (Form 330 of 330 EZ)		raye -r
Part IV Supplemental:	Information (continued)	
Return Reference	Explanation	
-		
	I .	

Schedule D (Form 990) 2013

DLN: 93493309013494

OMB No 1545-0047

SCHEDULE D

(Form 990)

Department of the Treasury

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. ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.aov/form990.

Open to Public

mai Rev	venue Service dita its instructi	ions is at <u>***********************************</u>			Tushecu	UII
Name OUNG	of the organization G MEN'S CHRISTIAN ASSOCIATION RETIREMENT FUND				ation number	•
Name of the organization PORTE Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete organizations answered "Yes" to Form 990, Part IV, line 6. 1 Total number at end of year 2 Aggregate contributions to (during year) 3 Aggregate contributions to (during year) 4 Aggregate contributions to (during year) 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, donors, and donor advisors in writing that the assets held in donor advised funds are the organization inform all denors and donor advisors in writing that the assets held in donor advised funds are the organization from all grantees, donors, and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, donors, and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, donors, and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, donors, and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, donors, and donor advisors in writing that the assets held in donor advised funds are the organization informal grantees and the property of the property of the organization answered "Yes" to Form 990, Part IV, line 7. 1 Purpose(3) conservation assements. Complete if the organization (check all that spply) 1 Preservation of long page. 2 Complete lines 2 at through 2 off the organization held a qualified conservation contribution in the form of a conservation easements. 3 Number of conservation easements. 4 Total number of conservation easements. 5 Does the organization assements and certified historic structure included in (a) 6 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year. 5 Number of conservation easements	e if the					
	organization answered "Yes" to Form 990,		<u> </u>	(1) = 1		
т,	otal number at and of year	(a) Donor advised funds		(b) Funds and	otner accour	nts
	, , , , , , , , , , , , , , , , , , ,					
	· ·					
	· · · · · · · · · · · · · · · · · · ·		_			
	·	rs in writing that the assets held in do	onor adv	ısed		
D	old the organization inform all grantees, donors, and do	onor advisors in writing that grant fund			Yes	No
C	onferring impermissible private benefit?	·			,	┌ No
	•		to Forn	n 990, Part I\	/, line 7.	
P						
<u> </u>	_	·				
' -	_	j i leselvation of c	a cerdine	a matoric struc	.carc	
ا -	·				L	
		qualified conservation contribution in	i the forn	n or a conserva	tion	
	,			Held at the	End of the	/ear
Т	otal number of conservation easements		2a			
Т	otal acreage restricted by conservation easements		2b			
N	umber of conservation easements on a certified histo	rıc structure ıncluded ın (a)	2c			
		uired after 8/17/06, and not on a	2d			
Ν	umber of conservation easements modified, transferre	ed, released, extinguished, or termina	ted by th	ne organization	during	
th	ne tax year ▶					
N	lumber of states where property subject to conservati	on easement is located 🕨				
D	oes the organization have a written policy regarding t			f violations, and		┌ No
S	taff and volunteer hours devoted to monitoring, inspec	cting, and enforcing conservation easo	ements o	during the year		
^	·					
		, and enforcing conservation easemer	nts durin	g the year		
	'					
		d) above satisfy the requirements of so	ection 17	70(h)(4)(B)(ı)	┌ Yes	┌ No
b	alance sheet, and include, if applicable, the text of the	e footnote to the organization's financi				
rt I			, or Ot	her Similar	Assets.	
W	f the organization elected, as permitted under SFAS 1 orks of art, historical treasures, or other similar asset	16 (ASC 958), not to report in its rev ts held for public exhibition, educatior	n, or rese	earch in further		с
I f w	f the organization elected, as permitted under SFAS 1 orks of art, historical treasures, or other similar asset	16 (ASC 958), to report in its revenu ts held for public exhibition, educatior	e statem	nent and balanc		с
(i	i) Revenues included in Form 990, Part VIII, line 1			► \$		
(i	ii) Assets included in Form 990. Part X					
Ιf	f the organization received or held works of art, histori					
R	evenues included in Form 990. Part VIII. line 1			► \$		
				<u> </u>		
Α	ssets included in Form 990, Part X			F \$		

Part	TIPE Organizations Maintaining Col	lections of Art,	, Hist	tori	cal T	<u>reasu</u>	ires, or O	the	r Similar <i>i</i>	sse	ts (co	ntınued)
3	Using the organization's acquisition, accessi collection items (check all that apply)	on, and other record	ds, ch	eck	any of	the foll	lowing that a	are a	sıgnıfıcant u	se of	ıts	
а	Public exhibition		d	Γ	Loan	orexc	hange progr	rams				
b	Scholarly research		e	\sqcap	Othe	r						
С	Preservation for future generations											
4	Provide a description of the organization's co Part XIII	llections and explai	n how	v the	y furth	er the o	organızatıor	ı's ex	empt purpos	e ın		
5	During the year, did the organization solicit o assets to be sold to raise funds rather than to	be maintained as	part o	fthe	organ	ızatıon	's collection	۱?			Yes	┌ No
Par	Part IV, line 9, or reported an am						n answere	d "Y	es" to Form	990),	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	an or other interme	dıary	forc	ontribi	utions	or other ass	etsı	not	Γ	Yes	┌ No
b	If "Yes," explain the arrangement in Part XII $$	I and complete the	follow	ving t	able		_					
							-		4	Amou	ınt	
С	Beginning balance						-	1c				
d	Additions during the year						-	1d				
е	Distributions during the year						-	1e				
f	Ending balance							1f				
2a	Did the organization include an amount on Fo	rm 990, Part X, line	21?							Γ	Yes	☐ No
b	If "Yes," explain the arrangement in Part XII	I Check here if the	expla	anatı	on has	been p	orovided in F	Part	XIII			Г
Pa	rt V Endowment Funds. Complete											
		(a)Current year	(b)	Prior	year	b (c) ⊤	wo years back	(d)	Three years bac	k (e)Four ye	ears back
1a	Beginning of year balance							+		-		
Ь	Contributions							+		+		
С	Net investment earnings, gains, and losses											
d	Grants or scholarships											
e	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the curr	ent year end balanc	e (line	e 1g	, colun	nn (a))	held as					
а	Board designated or quasi-endowment ►											
ь	Permanent endowment ►											
C	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c show	ld equal 100%										
За	Are there endowment funds not in the posses	sion of the organiza	ition t	hat	are hel	d and a	admınıstere	d for	the			
	organization by								_		Yes	No
	(i) unrelated organizations			•				•		a(i)		
L	(ii) related organizations							•	<u> 3</u>	a(ii)	<u> </u>	
ь 4	Describe in Part XIII the intended uses of th	•						•		3b		
	t VI Land, Buildings, and Equipme					n ansv	wered 'Yes	to:	Form 990.	Part	TV. lır	ne
	11a. See Form 990, Part X, line 1			. 9			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
	Description of property) Cost o is (inves		(b)Cost or o		(c) Accumula depreciation		(d) Bo	ok value
1a	Land											
	Buildings		•	<u> </u>						$ \bot \!\!\! \downarrow$		
	Leasehold improvements		•	<u></u>			5,037	,567	4,912	,442		125,125
	Equipment		•					,467		,679		210,788
e	Other			1			I 6 984	,912	396	,997	(5,587,915
	I. Add lines 1a through 1e (Column (d) must ed				- · ·	4011				+		5,923,828

Part VII Investments—Other Securities. Comp See Form 990, Part X, line 12.	plete if the organization a	answered 'Yes' to Form 990, Part IV, line 11b.
(a) Description of security or category	(b) Book value	(c) Method of valuation
(including name of security) (1)Financial derivatives	2,407,788	Cost or end-of-year market value F
(2)Closely-held equity interests	855,047,294	
(3)O ther		
(A) HEDGE FUND OF FUNDS	648,807,860	F
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	, , ,	
Part VIII Investments—Program Related. Con See Form 990, Part X, line 13.	nplete if the organization	answered 'Yes' to Form 990, Part IV, line 11c.
(a) Description of investment	(b) Book value	(c) Method of valuation
		Cost or end-of-year market value
	 	
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		
Part IX Other Assets. Complete if the organization (a) Descrip		, Part IV, line 11d See Form 990, Part X, line 15 (b) Book value
(a) Descrip	tion	(b) Book value
	,	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15. Part X Other Liabilities. Complete if the organ		
Form 990, Part X, line 25.	iization answered Tes to	Troini 990, Part IV, line 11e or 111. See
1 (a) Description of liability	(b) Book value	
Federal income taxes		
DEFERRED RENT	638,972	
RETIREMENT PLAN ACCOUNTS	3,191,720,549	
TAX-DEFERRED SAVING PLAN ACCOUNTS	572,892,907	
ANNUITY BENEFIT LIABILITY	1,754,728,164	
DEATH AND DISABILITY LIABILITY PARTICIPANTS DIVIDENDS PAYABLE	276,579,641 31,803,115	
THE TOTAL PROPERTY OF THE PROP	31,003,113	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	F 020 262 246	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	5,828,363,348	

Part XI		evenue per Audited Financial Statements With Revenue pe vered 'Yes' to Form 990, Part IV, line 12a.	er Re	eturn Complete if
1 Tota		· · · · · · · · · · · · · · · · · · ·	1	997,680,000
2 A m	ounts included on line 1 bu	t not on Form 990, Part VIII, line 12		
a Net	unrealized gains on invest	ments		
b Don	ated services and use of fa	acilities 2b		
c Rec	overies of prior year grants	5 2c		
d Oth	er (Describe in Part XIII)	2d		
e Add	lines 2a through 2d .		2e	167,803,000
3 Sub	tract line 2e from line 1 .		3	829,877,000
4 A m	ounts included on Form 99	0, Part VIII, line 12, but not on line 1		
a Inv	estment expenses not incl	uded on Form 990, Part VIII, line 7b . 4a 20,391,000		
b 0 th	er (Describe in Part XIII)	4b 946,136		
c Add	lines 4a and 4b		4c	21,337,136
5 Tota		4c. (This must equal Form 990, Part I, line 12)	5	851,214,136
Part XII		xpenses per Audited Financial Statements With Expenses	per	Return. Complete
		swered 'Yes' to Form 990, Part IV, line 12a.	_	F24 407 000
		audited financial statements	1	521,497,000
		t not on Form 990, Part IX, line 25		
		ocilities		
	, ,			
	erlosses			
			_	
	•		2e	0
			3	521,497,000
		0, Part IX, line 25, but not on line 1:		
	•	uded on Form 990, Part VIII, line 7b 4a 20,391,000		
			_	
			4c	20,606,929
		nd 4c. (This must equal Form 990, Part I, line 18)	5	542,103,929
	Supplemental Inf			
	e 4, Part X, line 2, Part XI,	Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to p		le any additional
F	Return Reference	Explanation		
PART X, LI	NE 2	THE FUND IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION INTERNAL REVENUE CODE THE RETIREMENT PLAN RECEIVED A FAVE DETERMINATION LETTER FROM THE INTERNAL REVENUE SERVICE (INDICATING THAT IT MEETS ALL OF THE REQUIREMENTS OF A QUAUNDER THE INTERNAL REVENUE CODE ACCOUNTING PRINCIPLES OF IN THE UNITED STATES OF AMERICA REQUIRE THE FUND'S MANAGE TAX POSITIONS TAKEN BY THE FUND AND RECOGNIZE A TAX LIABING FUND HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THE SUSTAINED UPON EXAMINATION BY THE IRS MANAGEMENT HAS AN TAX POSITIONS, AND HAS CONCLUDED THAT AS OF JUNE 30, 2014, UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WE RECOGNITION OF A LIABILITY (OR ASSET) OR DISCLOSURE IN THE STATEMENTS THE IRS GENERALLY HAS THE ABILITY TO EXAMINE A ACTIVITY FOR UP TO THREE YEARS	VORA IRS) LIFI GENE EMEN LITY AN N NALY THE	ABLE ON APRIL 24, 2014 ED PENSION PLAN FRALLY ACCEPTED IT TO EVALUATE (OR ASSET) IF THE IOT WOULD NOT BE ZED THE FUND'S RE ARE NO D REQUIRE D'S FINANCIAL
PART XI, L	INE 4B - OTHER	CHARITABLE INCOME 945866 ROUNDING 270		
	INE 4B - OTHER	CHARITABLE DISTRIBUTIONS 216010 ROUNDING -81		

•	<u> </u>	
Part XIII	Supplemental Info	ormation (continued)
Ret	turn Reference	Explanation

Schedule D (Form 990) 2013

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493309013494

0112

OMB No 1545-0047

- - - -

SCHEDULE F (Form 990)

Department of the Treasury

Statement of Activities Outside the United States

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

▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

2013
Open to Public

пистна	i Revenue Service					Inspection
Vam	e of the organization				Employer ident	ification number
Y O U	NG MEN'S CHRISTIAN ASSOCIA	ATION RETIRE	MENT FUND			
					13-5562401	
Pa	ITT I General Information "Yes" to Form 990, Pai			ne United States. Co	omplete if the organiz	ation answered
1	For grantmakers. Does the o	rganızatıon ma	ıntaın records	to substantiate the a	mount of its grants an	d
	other assistance, the grantee	es' eligibility fo	r the grants o	assistance, and the s	selection criteria used	
	to award the grants or assista	ance?				┌ Yes ┌ No
2	For grantmakers. Describe in assistance outside the United		ganızatıon's pı	rocedures for monitori	ng the use of its grant	s and other
3	Activites per Region (The follow	ing Part I, line 3	table can be du	uplicated if additional spa	ace is needed)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in 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
(1) See Add'l Data		j	,		
(2)					
(3)					
(4)					
(5)					
3a	Sub-total	0	0			1,094,113,519
ŀ	Total from continuation sheets to Part I	0	0			26,184,717
•	c Totals (add lines 3a and 3b)	0	0			1,120,298,236

			ived more than \$5,0					
1 (a) Name of organization	(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) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)								
(2)								
(3)								
(4)								
			ted above that are re or counsel has pro					
3 Enter total nu	mber of other or	ganızatıons or en	tities					

Schedule F (Form 990) 2013

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 addit	ional space is ne	eeded.				
(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)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							
	1			l .			

Part IV Foreign Forms

1	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)	দ	Yes	Γ	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may 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	।ন	Νo
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)	[৵	Yes	Γ	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, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	ঘ	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)	굣	Yes	Γ	Νo
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	굣	No

Schedule F (Form 990) 2013

Additional Data

Software ID: Software Version:

EIN: 13-5562401

Name: YOUNG MEN'S CHRISTIAN ASSOCIATION RETIREMENT

FUND

Schedule F (Form 990) 2013

Page **5**

Part V Supplemental Information

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

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, 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 region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		53,122,722
EAST ASIA AND THE PACIFIC	0	0	INVESTMENTS		258,118,533
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	INVESTMENTS		579,689,838

Form 990 Schedule F Part I - Activities Outside The United States									
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, 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 region				
MIDDLE EAST AND NORTH AFRICA	0	0	INVESTMENTS		4,633,885				
NORTH AMERICA	0	0	INVESTMENTS		95,938,647				
RUSSIA & NEIGHBORING STATES	0	0	INVESTMENTS		19,528,521				

Form 990 Schedule F Part I - Activities Outside The United States									
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, 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 region				
SOUTH AMERICA	0	0	INVESTMENTS		60,811,542				
SOUTH ASIA	0	0	INVESTMENTS		22,269,831				
SUB SAHARAN AFRICA	0	0	INVESTMENTS		25,218,950				

Form 990 Schedule F Part I - Activities Outside The United States									
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, 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 region				
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	LIFE ANNUITIES	74,336				
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	LIFE ANNUITIES	83,626				
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	PROGRAM SERVICES	LIFE ANNUITIES	36,482				

Form 990 Schedule F Part I - Activities Outside The United States										
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, 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 region					
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	LIFE ANNUITIES	1,753					
NORTH AMERICA	0	0	PROGRAM SERVICES	LIFE ANNUITIES	730,264					
RUSSIA & NEIGHBORING STATES	0	0	PROGRAM SERVICES	LIFE ANNUITIES	2,002					

form 990 Schedule F Part I - Activities Outside The United States										
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, 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 region					
SOUTH AMERICA	0	0	PROGRAM SERVICES	LIFE ANNUITIES	33,790					
SUB SAHARAN AFRICA	0	0	PROGRAM SERVICES	LIFE ANNUITIES	3,514					

DLN: 93493309013494

OMB No 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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. Attach to Form 990 or Form 990-EZ.

Supplemental Information Regarding

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

Open to Public Inspection

Name of the organization		Employer identification number							
OUNG MEN'S CHRISTIAN ASSO	OCIATION RETIR	EMENTF	UND			13-5562401			
Part I Fundraising Active Form 990-EZ filers					to Form	990, Part IV	, line 17.		
1 Indicate whether the organiza	ation raised funds t	through a	ny of the f	ollowing activities Che	eck all th	at apply			
a Mail solicitations									
b Internet and email solicit	tations		f	☐ Solicitation of gov					
c Phone solicitations			q	Special fundraisin					
d In-person solicitations			,	,	,				
2a Did the organization have a w or key employees listed in Fo							Г Yes Г No		
b If "Yes," list the ten highest to be compensated at least \$			fundraıseı	rs) pursuant to agreem	ents und	er which the fui	ndraiser is		
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrais custo cont	Did ser have ody or crol of outions?	(iv) Gross receipts from activity	(or re fundra	nount paid to etained by) iser listed in col (i)	(vi) A mount paid to (or retained by) organization		
		Yes	No						
1									
2									
2					<u> </u>				
3									
4									
5									
6									
7									
8									
9									
10									
			>						
3 List all states in which the or registration or licensing	ganızatıon ıs regist	tered or li	censed to	solicit contributions o	or has bee	en notified it is	exempt from		
For Paperwork Reduction Act Notice,	see the Instruction	s for Form	990or 990	0-EZ. Cat No !	50083H	Schedule G (F	Form 990 or 990-EZ) 2013		

Pa	rt II	Fundraising Events. Com more than \$15,000 of fundra events with gross receipts g	aising event contribut	on answered "Yes" to ions and gross income	Form 990, Part IV, li e on Form 990-EZ, lir	ne 18, or reported nes 1 and 6b. List		
		<u> </u>	(a) Event #1 ANNUAL DINNER	(b) Event #2	(c) O ther events	(d) Total events (add col (a) through col (c))		
<u>Φ</u>			(event type)	(event type)	(total number)			
Revenue	1	Gross receipts	256,729	9		256,729		
Æ	2	Less Contributions	229,279	9		229,279		
	3	Gross income (line 1 minus line 2)	27,450			27,450		
	4	Cash prizes						
မွာ	5	Noncash prizes	16,86	5		16,865		
Expenses	6	Rent/facility costs	500			500		
쬬	7	Food and beverages .	22,990	o l		22,990		
Direct	8	Entertainment	12,03:	L		12,031		
ā	9	Other direct expenses .	8,477	7		8,477		
	10	Direct expense summary Add lin	es 4 through 9 ın column	(d)		(60,863)		
	11	Net income summary Subtract lii	ne 10 from line 3, columr	n(d)		-33,413		
Par	t II	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir		"Yes" to Form 990, Pa	rt IV, line 19, or rep			
Revenue	1	Gross revenue	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))		
— ses	2	Cash prizes						
Expenses	3	Non-cash prizes						
	4	Rent/facility costs						
Direct	5	Other direct expenses						
	6	Volunteerlabor	┌ Yes	┌ Yes%	┌ Yes % % % % % % % % % % % % % % % % % % %			
		Direct expense summary Add lines			>			
9 a b	Is	ter the state(s) in which the organizathe organization licensed to operate	gaming activities in eac	h of these states?				
10a b	, tes i la							

						1:
Does	s the organization operate gaming activi	ties with nonmember	rs?		T Yes T No	
12	Is the organization a grantor, beneficia					
	formed to administer charitable gaming	g [,]			· Fyes [– No
13	Indicate the percentage of gaming act	ıvıty operated ın				
а	The organization's facility					%
b	An outside facility			13b		%
14	Enter the name and address of the per	son who prepares the	e organization's gaming/special e	vents books and reco	ords	
	Name ▶					
	Address 🟲					
15a b	Does the organization have a contract revenue?	evenue received by t	the organization 🟲 \$		· · 「Yes「	– No
	amount of gaming revenue retained by	the third party 🟲 \$ _				
C	If "Yes," enter name and address of th	e thırd party				
	Name ▶					
	Address ►					
16	Gaming manager information					
	Name 🕨					
	Gaming manager compensation ► \$					
	Description of services provided					
	Director/officer	T Employee	☐ Independent cor	ntractor		
17	Mandatory distributions					
а	Is the organization required under stat	e law to make charit	able distributions from the gaming	g proceeds to		
	retain the state gaming license?				┌ Yes 「	— No
b	Enter the amount of distributions requi	red under state law (distributed to other exempt organi	ızatıons or spent		
	ın the organızatıon's own exempt actıv	ities during the tax y	∕ear ⊳ \$			
Pai		5b, 15c, 16, and 1	xplanations required by Part I 7b, as applicable. Also compl			and
	Return Reference		Explanat	ıon		
		<u> </u>	<u> </u>		rm 990 or 990-	7) 2012

YOUNG MEN'S CHRISTIAN ASSOCIATION RETIREMENT FUND

Schedule I (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

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

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

Attach to Form 990

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

DLN: 93493309013494

2013

Open to Public Inspection

Employer identification number

13-5562401

Part I General Inform	nation on Grants	and Assistance				I	
 Does the organization mainstrain the selection criteria used Describe in Part IV the organization 	d to award the grants o	rassistance?					∀ Yes
		Governments and received					"Yes" to
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) ASSOCIATION OF YMCA RETIREES 909 4TH AVENUE SEATTLE, WA 98104	91-1704431	501(C)(3)	20,000				SUPPORT GRANT
(2) ARMED SERVICES YMCA 6359 WALKER LANE SUITE 200 ALEXANDRIA,VA 22310	36-3274346	501(C)(3)	75,000				SUPPORT GRANT
(3) YMCA OF GREATER NEW YORK 333 7TH AVENUE 15TH FL NEW YORK, NY 10001	13-1624228	501(C)(3)	19,000				SUPPORT GRANT
(4) YMCA OFTHE USA 101 NORTH WACKER DRIVE CHICAGO,IL 60606	13-3256696	501(C)(3)	10,000				SUPPORT GRANT
2 Enter total number of sect	ion 501(c)(3) and gov	ernment organizations l	sted in the line 1 table			-	4

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

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

(a)Type of grant or assistance	(b)Number of recipients	(c)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	55	92,010			
Part IV Supplemental Informat	tion. Provide the info	rmation required in P	art I, line 2, Part III,	column (b), and any other	additional information.

UNDERTAKEN

Return Reference	Explanation
SCHEDULE I, PART II	THE YMCA RETIREMENT FUND MAKES SMALL GRANTS TO SUPPORT VARIOUS YMCA PROGRAMS THESE GRANTS ARE INTENDED TO SUPPORT THE INDIVIDUAL MISSIONS OF THE RECIPIENT YMCA'S AND ARE SINGULAR IN NATURE NO FURTHER MONITORING IS UNDERTAKEN ALL RECIPIENTS ARE 501(C)(3) TYPE ORGANIZATIONS 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
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 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 FALLINTO 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 SCHEDULE I, PART 1, LINE 1 AFTER THEY'VE DEMONSTRATED FINANCIAL NEED IN ONE OF THE

ASSISTANCE CATEGORIES, A ONE-TIME PAYMENT OF UP TO \$2,000 IS PROVIDED PER CALENDAR YEAR NO FURTHER MONITORING IS Schedule I (Form 990) 2013

DLN: 93493309013494

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

Compensation Information

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23. ► Attach to Form 990. ► See separate instructions.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Internal Revenue Service **Employer identification number** Name of the organization YOUNG MEN'S CHRISTIAN ASSOCIATION RETIREMENT FUND 13-5562401 Part I Ouestions Regarding Compensation

			Yes	No
1a	Check the approprate box(es) if the organization provided any of the following 990, Part VII, Section A, line 1a Complete Part III to provide any relevant			
	First-class or charter travel Housing allow	ance or residence for personal use		
	Travel for companions Payments for	business use of personal residence		
	<u> </u>	al club dues or initiation fees		
	Discretionary spending account Personal serv	ces (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a writereimbursement or provision of all of the expenses described above? If "No,		Yes	
2	Did the organization require substantiation prior to reimbursing or allowing directors, trustees, officers, including the CEO/Executive Director, regardi		Yes	
3	Indicate which, if any, of the following the filing organization used to establi organization's CEO/Executive Director Check all that apply Do not check used by a related organization to establish compensation of the CEO/Exec	any boxes for methods		
	✓ Compensation committee	yment contract		
	▼ Independent compensation consultant ▼ Compensation	survey or study		
	Form 990 of other organizations Approval by the	ne board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, lin or a related organization	e 1a with respect to the filing organization		
а	Receive a severance payment or change-of-control payment?	4a		No
b	Participate in, or receive payment from, a supplemental nonqualified retirer	nent plan?	Yes	
c	Participate in, or receive payment from, an equity-based compensation arr	angement? 4c		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable an	nounts 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 organic compensation contingent on the revenues of	zation pay or accrue any		
а	The organization?	5a		No
b	Any related organization?	5b		No
	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 organic compensation contingent on the net earnings of			
а	The organization?	6a		No
b	Any related organization?	6b		No
	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 organic payments not described in lines 5 and 6? If "Yes," describe in Part III	zation provide any non-fixed 7	Yes	
В	Were any amounts reported in Form 990, Part VII, paid or accured pursuar	nt to a contract that was		
	subject to the initial contract exception described in Regulations section 5			
	ın Part III	8		Νo
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption section 53 $4958-6(c)$?	on procedure described in Regulations 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 W-2 and/or 1099-MISC 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) 2013

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II

Also complete this part for any additional information

Also complete this part for any addition	onal morniación
Return Reference	Explanation
PART I, LINE 4B	PARTICIPANTS IN THE SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN BOULOUS, VANESSA \$7,447, BUCHHOLZ, ELLIOTT \$9,699, DE SIO, VINCENT \$8,739, HOWARD, LOUISE \$17,500, KIRSCHNER, JAMES \$7,153, LANDAU, DAVID \$17,500, PREIS, JOHN \$17,500, QUINONES, JOHN \$14,695, REISNER, HUNTER \$17,500, DAVID SLIFKA \$17,500, TAN, LI \$17,500,
PART VI, SECTION B, LINE 15A, 15B	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) 2013

Software ID: Software Version:

EIN: 13-5562401

Name: YOUNG MEN'S CHRISTIAN ASSOCIATION RETIREMENT FUND

Form 990, Schedule J,	Part I	I - Officers, Direc	tors, Trustees, Ke	y Employees, and	Highest Compens	sated Employees	, T	
(A) Name	J	(B) Breakdown of	of W-2 and/or 1099-MIS	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation reported in prior Form
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) O ther compensation	compensation	benefits	(B)(ı)-(D)	990 or Form 990-EZ
DENISE DAY TRUSTEE VOLUNTEER	(1) (11)	0 283,727	0 0	0 10,081	0 30,000	0 10,418	-	0 0
CARMELITA GALLO TRUSTEE VOLUNTEER	(I) (II)	0 242,751	0 14,004	0 0	0 30,600	0 12,623	1	0
ERIC MANN VICE CHAIRMAN	(ı) (ıı)	0 307,900	0 63,412	0 0	0 20,000	0 7,073	0 398,385	0
REID THEBAULT VICE CHAIRMAN UNTIL - 12/31/2013	(1) (11)	185,982	0	0	0	0	0	0
JOHN MARK JOHNSON TRUSTEE VOLUNTEER UNTIL - 12/31/2013	(I) (II)		0 39,850	0 9,943	0 44,415	0 10,276	"	0
JOHN M PREIS PRESIDENT AND CHIEF EXECUTIVE OFFICE	(I) (II)		413,820	19,822	48,100 0	30,822	1,012,580	0
VANESSA BOULOUS CHIEF OPERATIONS OFFICER - EXTERNAL	(I) (II)		50,587	8,040	38,047 0	26,611 0	389,757 0	0
ELLIOTT BUCHHOLZ CHIEF OPERATIONS OFFICER - INTERNAL	(1) (11)		53,584	10,114	40,299 0	30,169 0	416,406 0	0
VINCENT M DE SIO CHIEF FINANCIAL OFFICER	(1) (11)		52,306 0	9,895	39,339 0	37,495 0	414,555 0	0
JAMES G KIRSCHNER CHIEF STRATEGY OFFICER	(1) (11)	269,448	45,160	8,277	37,753 0	36,853 0	397,491 0	0
JOHN QUINONES GENERAL COUNSEL	(1) (11)		60,480	15,174	45,295 0	34,456 0	472,385 0	0
HUNTER REISNER CHIEF INVESTMENT OFFICER	(1) (11)		382,825	20,947	48,100 0	34,757 0	924,233	0
LISA WORTHY VICE PRESIDENT - FINANCE	(1) (11)		0 0	283	25,547 0	27,442 0	266,164 0	0
ELIZABETH DELGADO VICE PRESIDENT - HUMAN RESOURCES	(1) (11)		0 0	134	19,771 0	18,104 0	202,769 0	0
MARCELA DEITRICH VICE PRESIDENT - CUSTOMER SERVICE	(ı) (ıı)		0 0	169	25,548 0	6,101 0	244,710	0
DAVID I LANDAU PORTFOLIO MANAGER - PE	(I) (II)		130,569	19,380	48,100 0	37,997 0	523,903 0	0
LOUISE A HOWARD PORTFOLIO MANAGER - FI	(ı) (ıı)		201,698	18,101	48,100 0	12,051	548,942 0	0
DAVID SLIFKA PORTFOLIO MANAGER - RE	(ı) (ıı)	275,427	197,099	17,737	48,100 0	33,975 0	572,338 0	0
LI TAN PORTFOLIO MANAGER - EQ	(ı) (ıı)	270,672	180,012	17,896	17,500 0	35,271 0	521,351 0	0
CHRISTOPHER TYD DIRECTOR - TECHNICAL SERVICES	(I) (II)		0	200	19,456 0	29,607 0	211,395 0	0

DLN: 93493309013494

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047

Open to Public Inspection

Name of the or YOUNG MEN'S CHI	ganization RISTIAN ASSOCIAT	TION RETIREMEN	IT FUND				ı	Employ	er ident	tificatio	n numb	er
Part I Exce	ess Benefit	Transactio	ne (sostu	on F01/c\/2) and costin	n F01/c\/4\			62401	1		
	olete if the orga										40b	
	e of disqualifie			ship between		(c) Des						rrected?
	-		perso	n and organiz	ation						Yes	No
												_
												_
										-		_
												_
												_
												_
												_
2 Enter the a	amount of tax ii	ncurred by or	ganızatıon r	managers or o	disqualified pe	rsons during t	he yea	r unde	rsectio	n		
4958 .									F \$			
3 Enterthe a	amount of tax,	ıf any, on lıne	2, above, r	eımbursed by	the organizat	ion			> \$			
Doub III I o		/ F T		d D								
	ans to and, mplete if the or					/ line 382 or	Form 0	100 D	art IV l	ine 26	orifthe	
	janization repo						1 01111 3	, 50, F	aiciv, ii	ille 20,	or ii tiie	
(a) Name of	(b)	(c)	(d) Loan		(e)Original	(f)Balance	(g) In		(h)		(i)W	rıtten
interested	Relationship		or from th	ne	principal	due	defaul		A pprov	/ed		ment?
person	with	loan	organizatio	on?	amount				by			
	organization								board or			
									commi	ttee?		
			То	From			Yes	No	Yes	No	Yes	No
											_	
											_	
											_	
											_	
											_	
Total		▶ \$										
	ants or Assi											
	mplete if the	_										
(a) Name of ir		b) Relationsh			nt of assistanc	e (d) Type	eofass	istand	:e (e	Purpo	se of as	sistance
perso	n lir	nterested pers organiza										
		Organiza	111011									
				1								
												
												
				+								
				-								

Part IV Business Transactions					
Complete if the organizati	<u>on answered "Yes" on I</u>	<u>Form 990, Part IV, lın</u>	ie 28a, 28b, or 28c.		
(a) Name of Interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sh organiz reven	f zatıon':
				Yes	No
(1) CHRISTINA PREIS	SEE PART V	78,090	EMPLOYMENT		No
·					

Part V Supplemental Information

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

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
	\$78,090(D) DESCRIPTION OF TRANSACTION EMPLOYMENT(E) SHARING OF ORGANIZATION REVENUES? = NO

Schedule L (Form 990 or 990-EZ) 2013

YOUNG MEN'S CHRISTIAN ASSOCIATION RETIREMENT FUND

DLN: 93493309013494

OMB No 1545-0047

Employer identification number

SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

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

► Attach to Form 990. ▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Noncash Contributions

Open to Public <u>Inspection</u>

					13-5562401			
Pa	rt I Types of Property							
1	Art—Works of art	(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	(d Method of d noncash contrib	etermı	_	ts
				1				
	Art—Historical treasures .							
_	Art—Fractional interests							
	Books and publications							
	Clothing and household goods							
	Cars and other vehicles							
	Boats and planes							
	Intellectual property							
	Securities—Publicly traded .							
	Securities—Closely held stock .							
11	Securities—Partnership, LLC, or trust interests	×	1	750,000	INDEPENDENT TH	IRD P	ARTY	
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—O ther							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	O ther ► ()							
26	O ther ►()							
27	O ther ▶()							
28	O ther ▶ ()							
29	Number of Forms 8283 received for which the organization comple				29			1
	-		•	-	<u>'</u>		Yes	No
30a	During the year, did the organiza							
	it must hold for at least three ye			ition, and which is not requi	red to be used			
	for exempt purposes for the enti					30a		No
	If "Yes," describe the arrangem							NI -
31	Does the organization have a gif					31	<u> </u>	No
32a	Does the organization hire or us contributions?	e third parti	es or related organizations	to solicit, process, or sell	noncash • • •	32a		No
b	If "Yes," describe in Part II							
33	If the organization did not report	: an amount	in column (c) for a type of	property for which column (a) ıs checked,			
	describe in Part II							

Part II

Supplemental Information. Provide the information required by Part I, lines 30b,

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

Return Reference Explanation

Schedule M (Form 990) (2013)

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493309013494

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

2013
Open to Public Inspection

OMB No 1545-0047

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

13-5562401

Return Reference	Explanation
FORM 990 PART III, LINE 4A	THE YMCA RETIREMENT FUND PROVIDED MONTHLY ANNUITY PAYMENTS TO APPROXIMATELY 12,400 RETIRED YMCA EMPLOYEES WITH AN AVERAGE ANNUAL ANNUITY OF APPROXIMATELY \$17,100 DURING THE FISCAL YEAR ENDED JUNE 30, 2014, THE YMCA RETIREMENT FUND PROVIDED BENEFITS (INCLUDING DEATH AND DISABILITY BENEFITS)IN EXCESS OF \$501,871,000 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

Return Reference	Explanation
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 FILED WITH THE INTENT OF FILING PRIOR TO MAY 15, 2015

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

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

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

Return Reference	Explanation
	DECISIONS RELATED TO CHANGES IN BY LAWS AND ELECTION OF TRUSTEES MADE BY THE GOVERNING BODY IS SUBJECT TO APPROVAL BY MEMBERS

Return Reference	Explanation
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 WAS PRESENTED TO THE AUDIT COMMITTEE ON SEPTEMBER 18TH, 2014. THEY WERE ADVISED THAT IT IS AVAILABLE FOR THEIR REVIEW ON OUR TRUSTEE'S WEBSITE. A LINK TO A PASSWORD PROTECTED WEBSITE CONTAINING A FULL COPY OF THE 990 WAS EMAILED TO ALL MEMBERS OF THE GOVERNING BODY PRIOR TO THE FILING OF THE FORM

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 A VAILABLE ON OUR WEBSITE HTTP://www.yretirement.org/aboutus/governance/conflict-of-interest-policy

Return Reference	Explanation
PART VI, SECTION B, LINE 15 THE REPORT OF CHERE MARK AF INTERECTION B, MARK AF INTERECTION	HEY MCA RETIREMENT FUND (FUND) HAS ESTABLISHED A COMPENSATION PHILOSOPHY FOR THE ORGANIZATION TO PAY IT THE MEDIAN OF THE MARKETPLACE, (THE LEVEL AT WHICH HALF OF THE ORGANIZATIONS IN THE MARKETPLACE PAY ORDEFOR A PARTICULAR JOB AND HALF PAY LESS). THE FUND HIRDS PEOPLE AT THE MEDIAN SALARY THEN ANTICIPATES HAT STRONG PERFORMANCE WILL CAUSE THE EMPLOYEE TO GRAVITATE HIGHEN IN THE SALARY RANGE THE FUND REVIEWS COMPENSATION DATA FROM THE EXTERNAL MARKETPLACE EACH YEAR TO ENSURE THAT THIS COMPENSATION HILDSOPHY 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 ITTRACTED FROM THE NOT-FOR-PROFIT LABOR MARKET OR IN SOME CASES THE BROADEN MARKETHACE. (CCORDINGLY, WE COLLECT DATA ON BOTH THE BROAD MARKETPLACE FOR EXECUTIVE TALENT THROUGH A SURVEY OF XECUTIVES CONDUCTED BY TOWERS-WATSON AS WELL AS THE NOT-FOR-PROFIT MARKETPLACE THROUGH A SURVEY OF OTHER NOT-FOR-PROFIT ORGANIZATIONS THE FUND RELES ON DATA FROM MCLAGAN PARTINERS, A WELL-KNOWN URVEY FIRM SPECIALIZING IN THE FINANCIAL SERVICES INDUSTRY, PENSION, ENDOWMENT, AND FOUNDATION MANAGERS HESE ARE ORGANIZATIONS THAT, LIKE THE FUND, MANAGE MULTI-BILLION DOLLAR PORTFOLIOS FOR THE BENEFIT OF HARRITIES, EDUCATIONAL INSTITUTIONAL OR MUTUAL FUND AREAS (E.G. FIDELITY, PUTNAM, ETC.) AS A 501(C)(3) TAX-EXEMPT REGANIZATION THE FUND IS SUBJECT TO FEDERAL GOVERNMENT-IMPOSED TAXES ON BOARDS AND MANAGERS OF HARRITIES EDUCATIONAL UNRESTORMENS AND MAPROVES ALL OFFICER COMPENSATION, AND CHANGES TO ALL BENEFIT PLANS, REVIEWS COMPENSATION FOR EXPLOYERS AND APPROVES ALL OFFICER COMPENSATION, AND CHANGES TO ALL BENEFIT PLANS, REVIEWS COMPENSATION FOR EXPLOYERS AND APPROVES ALL OFFICER COMPENSATION, AND CHANGES TO ALL BENEFIT PLANS, REVIEWS COMPENSATION FOR ALL DOTHERS EXCITIVES BENEFIT OF HERE BUTTABLE PRESSUMPTION OF REASONABLENESS WITH REGARDS TO COMPENSATION FOR THE REBUITTABLE PRESSUMPTION OF REASONABLENESS WITH REGARD TO COMPENSATION FOR THE FUND THE REB

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-statements the form 990 is also available on various websites such as guidestar org and the New York State Charities Bureau

SECTION A OF TRUSTEES FROM EITHER THE YMCA RETIREMENT FUND OR THEIR SPECIFIC EMPLOYERS. THE TRUSTEES WHO HAVE	Return Reference	Explanation
THEIR EMPLOYMENT AT THEIR RESPECTIVE YMCA'S THE FUND'S BOARD OF TRUSTEES MEETS FOUR TIMES PER YEAR THE 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 ELEVEN DAY'S OF THE YEAR WITH 98% ATTENDANCE IN FULFILLMENT OF THE FIDUCIARY OBLIGATIONS ASSOCIATED WITH FUND GOVERNANCE. TRUSTEES SPENT 60 HOURS OF ACTUAL MEETING TIME DURING THE PAST FISCAL YEAR EXCLUSIVE OF THE APPROXIMATELY 25 HOLD OF PREPATORY 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 (60 HOURS OF MEETING TIME / 8 HOURS PER DAY = DAY'S PLUS 4 TRAVEL. DAY'S = JUST OVER 11 5 BUSINESS DAY'S PER YEAR EXCLUDING PREP TIME; DETAILS AS FOLLOWS THE BOARD OF TRUSTEES MET 4 TIMES DURING THE FISCAL YEAR FOR A TOTAL OF 11 25 HOURS PREPARATION TIME EXCEEDS 2 HOURS FOR EACH MEETING SEPTEMBER 19, 2013 - DALLAS, TX, 2 5 HOURS WITH 16/16 TRUSTEES ATTENDING (100%) NOVEMBER 21, 2013 - NEW YORK, NY, 2 25 HOURS WITH 15/16 TRUSTEES ATTENDING (94%) FEBRUARY 28, 2014. NAPLES, FL, 4 5 HOURS WITH 16/16 TRUSTEES ATTENDING (100%) MAY 15, 2014 - NEW YORK, NY, 2 0 HOURS WITH 16/16 TRUSTEES ATTENDING (100%) MAY 15, 2014 - NEW YORK, NY, 2 0 HOURS WITH 15/16 TRUSTEES ATTENDING THE FISCAL YEAR, 4 TIMES IN PERSON AND PREPARATION TIME, FOR THE ONSITE MEETINGS AVERAGES 30 MINUTES PER MEETING THE BENEF AND OPERARATION TIME, FOR THE ONSITE MEETINGS AVERAGES 30 MINUTES PER MEETING THE BENEF AND OPERARATION TIME, FOR THE ONSITE MEETING THE AUDIT COMMITTEE MET 4 TIMES DURING THE FISCAL YEAR, 3 TIMES IN PERSON AND ONCE TELEPHONICALLY FOR A TOTAL OF 4 75 HOURS PREPARATION TIME, GENERALLY REQUIRES 30 MINUTES OR MORE FOR EACH MEETING ON-SITE MEETINGS INCLUDE EXECUTIVE SESSIONS WITH		COMPENSATION REPORTED FROM RELATED ORGANIZATIONS RECEIVE SUCH COMPENSATION SOLELY IN CONNECTION WITH THEIR EMPLOY MENT AT THEIR RESPECTIVE Y MCA'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 ELEVEN DAY'S OF THE YEAR WITH 98% ATTENDANCE IN FULFILLMENT OF THE FIDUCIARY OBLIGATIONS ASSOCIATED WITH FUND GOVERNANCE. TRUSTEES SPENT 60 HOURS OF ACTUAL MEETING TIME DURING THE PAST FISCAL YEAR EXCLUSIVE OF THE APPROXIMATELY 25 HOURS OF PREPATORY 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 (60 HOURS OF MEETING TIME /8 HOURS PER DAY = 7.5 DAYS PLUS 4 TRAVEL DAY'S = JUST OVER 11.5 BUSINESS DAY'S PER YEAR EXCLUDING PREP TIME)DETAILS AS FOLLOWS THE BOARD OF TRUSTEES MET 4 TIMES DURING THE FISCAL YEAR FOR A TOTAL OF 11.25 HOURS PREPARATION TIME EXCEEDS 2 HOURS FOR EACH MEETING SEPTEMBER 19, 2013 - DALLAS, TX, 2.5 HOURS WITH 16/16 TRUSTEES ATTENDING (94%) FEBRUARY 28, 2014 - NAPLES, FL, 4.5 HOURS WITH 16/16 TRUSTEES ATTENDING (100%) NOVEMBER 21, 2013 - NEW YORK, NY, 2.25 HOURS WITH 15/16 TRUSTEES ATTENDING (94%) FEBRUARY 28, 2014 - NAPLES, FL, 4.5 HOURS WITH 16/16 TRUSTEES ATTENDING (100%) THE INVESTMENT COMMITTEE MET 12 TIMES DURING THE FISCAL YEAR, 4 TIMES IN PERSON AND 8 TEPPARATION TIME FOR THE ONSITE MEETINGS AVERAGES 30 MINUTES PER MEETING THE BENEFITS AND OPERATIONS COMMITTEE MET 4 TIMES DURING THE FISCAL YEAR FOR A TOTAL OF 4.75 HOURS PREPARATION TIME, INCLUDING MATERIAL REVIEW AND DUE DILIGENCE FOR ALCH MEETING THE SICAL YEAR FOR A TOTAL OF 4.75 HOURS PREPARATION TIME, GENERALLY REQUIRES 30 MINUTES OR MORE FOR EACH MEETING ON-SITE MEETIN

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 EMPLOYMENT WITH SUPPORTED YMCAS THE 5 BOARD MEMBERS THAT ARE EMPLOYED OFFICERS WITH RELATED PARTIES ARE ERIC MANN - CEO, YMCA OF FLORIDA'S FIRST COAST IN JACKSONVILLE, FL DENISE DAY - CEO, YMCA OF THE BRANDYWINE VALLEY IN WEST CHESTER, PA CARMELITA GALLO - COO, YMCA OF METROPOLITAN LOS ANGELES, CA ANDREW ROBERTS - PRESIDENT, YMCA OF CENTRAL OHIO

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CHARITABLE DISTRIBUTIONS - PENDING -729856 ROUNDING -1

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

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

DLN: 93493309013494

OMB No 1545-0047

2013

Schedule R (Form 990) 2013

Employer identification number

(f)

13-5562401

(e)

Open to Public Inspection

SCHEDULE R (Form 990)

Name of the organization

YOUNG MEN'S CHRISTIAN ASSOCIATION RETIREMENT FUND

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
 ► Attach to Form 990.
 ► See separate instructions.

► Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

(c)

Name, address, and EIN (if applicable) of disregarded entity Primary activity Legal domicile (state Total income End-of-year assets Direct controlling or foreign country) entity Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one Part II or more related tax-exempt organizations during the tax year. (c) (d) (e) (f) (g) Name, address, and EIN of related organization Primary activity Legal domicile (state Exempt Code section Public charity status Direct controlling Section 512(b) (13) controlled or foreign country) (if section 501(c)(3)) entity entity? Yes See Additional Data Table

Cat No 50135Y

(a) Name, address, and EIN of related organization		(b) Primary activ	(c) Legal domicile (state o foreign country)	r entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets		prtionate	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene	j) eral or aging ener?	(k) Percentag ownersh
					314)			Yes	No		Yes	No	
]
Identification of Related Org line 34 because it had one or m								swere	d "Yes	" on Form	990,	Part	IV,
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreig country)	n	(d) Direct controllin entity	(e) Type of entit (C corp, S corp, or trust)	y Share of income	total Share e of	(g) e of end -year ssets		(h) ercentage wnership	Section (b) cont	i) on 512 (13) rolled tity?	2
		I		<u> </u>	1	<u> </u>			_		Yes		No
									+				+

Yes No

	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No
1 D	ring the tax year, did the orgranization engage in any of the following transactions with one or more	related organizations li	sted in Parts II-IV?				
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		No
b	Gift, grant, or capital contribution to related organization(s)				1b	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
е	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)				1 g		No
h	Purchase of assets from related organization(s)				1h		No
i	Exchange of assets with related organization(s)				1i		No
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
1	Performance of services or membership or fundraising solicitations for related organization(s)				11		No
m	Performance of services or membership or fundraising solicitations by related organization(s)				1m		No
n	Sharıng of facılıtıes, equipment, mailing lists, or other assets with related organization(s)				1n		No
0	Sharing of paid employees with related organization(s)				10		No
р	Reimbursement paid to related organization(s) for expenses				1 p		No
q	Reimbursement paid by related organization(s) for expenses				1q		No
r	Other 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 on who must complet	<u> </u>					
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amo	ount ir	nvolved	
1) AF	MED SERVICES YMCA	В	75,000	CASH PAYMENT			

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

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

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

revenue) that was not a related organization. See instructions													
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)		(e) all partners section 501(c)(3) anizations?	(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtiona allocations ⁷	_	(i) Code V ² UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	_	(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No	
												1	
		·					<u> </u>						

Part VII Supplemental Information

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

Return Reference	Explanation
	THE SUPPORTED ORGANIZATIONS OF THE YMCA RETIREMENT FUND CONSIST OF OVER 830 INDEPENTLY INCORPORATED YMCA'S ACROSS THE 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

Schedule R (Form 990) 2013

04-1859893

Software ID: Software Version:

EIN: 13-5562401

Name: YOUNG MEN'S CHRISTIAN ASSOCIATION RETIREMENT FUND

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations (a) (b) (c) (d) (e) (f) (g) Name, address, and EIN of related organization Primary activity Legal domicile Exempt Code Public charity Direct controlling Section 512 (state section status (b)(13)entity (if section 501(c) or foreign country) controlled entity? (3)) Yes 501(C)(3) (1) STATE YMCA OF MAINE SOCIAL SERVICE ΜЕ LINE 9 N/A Νo PO BOX 446 WINTHROP, ME 043640446 01-0186800 (1) MOUNT DESERT ISLAND YMCA SOCIAL SERVICE ΜE 501(C)(3) LINE 9 N/A 21 PARK ST BAR HARBOR, ME 04609 01-0211486 (2) AUBURN-LEWISTON YMCA SOCIAL SERVICE LINE 9 N/A ΜE 501(C)(3) Νo **62 TURNER STREET** AUBURN, ME 042105953 01-0211567 501(C)(3) (3) YMCA OF SOUTHERN MAINE SOCIAL SERVICE ΜЕ LINE 9 N/A Νo 70 FOREST AVENUE PORTLAND, ME 041012813 01-0211568 SOCIAL SERVICE (4) KENNEBEC VALLEY YMCA ΜE 501(C)(3) LINE 9 N/A Νo 31 UNION STREET AUGUSTA, ME 04330 01-0211811 (5) BATH AREA FAMILY YMCA SOCIAL SERVICE ΜЕ LINE 9 501(C)(3) N/A Νo 303 CENTRE ST BATH, ME 045302089 01-0211812 SOCIAL SERVICE (6) PENOBSCOT BAY YMCA ΜЕ 501(C)(3) LINE 9 N/A Νo PO BOX 840 ROCKPORT, ME 04856 01-0211813 (7) SANFORD-SPRINGVALE YMCA SOCIAL SERVICE ΜE 501(C)(3) LINE 9 N/A Νo PO BOX 249 SANFORD, ME 04073 01-0211814 LINE 9 SOCIAL SERVICE ΜЕ N/A (8) BOOTHBAY REGION YMCA 501(C)(3) Νo PO BOX 500 BOOTHBAY HARBOR, ME 045380500 01-0237912 (9) DOWN EAST FAMILY YMCA SOCIAL SERVICE ΜЕ 501(C)(3) LINE 9 N/A Νo PO BOX 25 ELLSWORTH, ME 046050025 01-0412269 (10) WALDO COUNTY YMCA SOCIAL SERVICE ΜЕ 501(C)(3) LINE 9 N/A Νo 157 LINCOLNVILLE AVENUE BELFAST, ME 049151535 01-0493123 (11) CHESHIRE YMCA SOCIAL SERVICE 501(C)(3) LINE 9 N/A NΗ Νo 32 LAKE ST NORTH SWANZEY, NH 034314451 02-0222246 (12) KEENE FAMILY YMCA SOCIAL SERVICE NH501(C)(3) LINE 9 N/A Νo 200 SUMMIT RD KEENE, NH 034311760 02-0222247 (13) THE GRANITE YMCA SOCIAL SERVICE NΗ 501(C)(3) LINE 9 N/A Νo 30 MECHANIC STREET MANCHESTER, NH 031011923 02-0222248 (14) YMCA OF GREATER NASHUA SOCIAL SERVICE LINE 9 N/A NΗ 501(C)(3) Νo 6 HENRY CLAY DRIVE MERRIMACK, NH 030544848 02-0222250 (15) CONCORD FAMILY YMCA SOCIAL SERVICE NH501(C)(3) LINE 9 N/A Νo 15 NORTH STATE STREET CONCORD, NH 03301 02-0223358 (16) CARROLL COUNTY YMCACAMP HUCKINS SOCIAL SERVICE NH501(C)(3) LINE 9 N/A Νo 17 CAMP HUCKINS ROAD FREEDOM, NH 03836 02-6001065 (17) GREATER BURLINGTON YMCA SOCIAL SERVICE VT 501(C)(3) LINE 9 N/A Νo 266 COLLEGE ST BURLINGTON, VT 054018318 03-0185810 (18) MEETING WATERS YMCA SOCIAL SERVICE VT501(C)(3) LINE 9 N/A 66 ATKINSON ST BELLOWS FALLS, VT 05101 03-0214294 LINE 9 (19) YMCA OF GREATER SPRINGFIELD INC SOCIAL SERVICE 501(C)(3) N/A МΑ Νo 275 CHESTNUT STREET STE 1 SPRINGFIELD, MA 011043474

Form 990, Schedule R, Part II - Identification of Rela			1	1	1	1
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state	(d) Exempt Code section	(e) Public charity status	(f) Direct controlling entity	(g) Section 512 (b)(13)
		or foreign country)	Section	(if section 501(c) (3))	entity	controlled entity?
				. , ,		Yes No
(21) YMCA OF GREATER BOSTON	SOCIAL SERVICE	MA	501(C)(3)	LINE 9	N/A	No
316 HUNTINGTON AVE BOSTON, MA 021155018						
04-2103551 (1) SOMERVILLE YMCA	SOCIAL SERVICE	MA	501(C)(3)	LINE 9	N/A	No
101 HIGHLAND AVE SOMERVILLE, MA 021431661						
04-2103853 (2) CAMBRIDGE YMCA	SOCIAL SERVICE	MA	501(C)(3)	LINE 9	N/A	No
820 MASSACHUSETTS AVENUE	SOCIAL SERVICE	l la	301(0)(3)		1177	110
CAMBRIDGE, MA 021393206 04-2103960						
(3) MERRIMACK VALLEY YMCA INC	SOCIAL SERVICE	MA	501(C)(3)	LINE 9	N/A	No
101 AMESBURY STREET 4TH FL LAWRENCE, MA 01840						
04-2104378 (4) YMCA SOUTHCOAST	SOCIAL SERVICE	MA	501(C)(3)	LINE 9	N/A	No
18 S WATER ST						
NEW BEDFORD, MA 02740 04-2104749	COCIAL CERVICE	MA	F01/C)/2)	LINE 9	N/A	NI -
(5) WEST SUBURBAN YMCA 276 CHURCH STREET	SOCIAL SERVICE	MA	501(C)(3)	LINE 9	N/A	No
NEWTON, MA 021581992 04-2104783						
(6) PITTSFIELD FAMILY YMCA	SOCIAL SERVICE	MA	501(C)(3)	LINE 9	N/A	No
292 NORTH STREET PITTSFIELD, MA 012014604						
04-2104837 (7) GREATER LOWELL FAMILY YMCA	SOCIAL SERVICE	MA	501(C)(3)	LINE 9	N/A	No
35 YMCA DRIVE						
LOWELL, MA 018524005 04-2104898						
(8) YMCA OF THE NORTH SHORE	SOCIAL SERVICE	MA	501(C)(3)	LINE 9	N/A	No
245 CABOT STREET BEVERLY, MA 019154519						
04-2104913 (9) NORTHERN BERKSHIRE YMCA	SOCIAL SERVICE	MA	501(C)(3)	LINE 9	N/A	No
22 BRICKYARD COURT NORTH ADAMS, MA 01247						
04-2105871 (10) TRI-COMMUNITY YMCA OF SOUTHBRIDGE INC	SOCIAL SERVICE	MA	501(C)(3)	LINE 9	N/A	No
43 EVERETT ST	SO GIAL SERVICE		301(0)(3)			110
SOUTHBRIDGE, MA 015502619 _04-2105872						
(11) MALDEN YMCA	SOCIAL SERVICE	MA	501(C)(3)	LINE 9	N/A	No
99 DARTMOUTH MALDEN, MA 02148						
04-2105874 (12) SOUTH SHORE YMCA	SOCIAL SERVICE	MA	501(C)(3)	LINE 9	N/A	No
91 LONGWATER CIRCLE NORWELL, MA 02061						
04-2105881 (13) YMCA OF METRO NORTH	SOCIAL SERVICE	MA	501(C)(3)	LINE 9	N/A	No
2 CENTENNIAL DR STE 4A	SOCIAL SERVICE	l ma	301(0)(3)	LINE 9	N/A	No
PEABODY, MA 019607919 04-2105883						
(14) YMCA OF CENTRAL MASSACHUSETTS	SOCIAL SERVICE	MA	501(C)(3)	LINE 9	N/A	No
766 MAIN STREET WORCESTER, MA 01610						
04-2105885 (15) HAMPSHIRE REGIONAL YMCA	SOCIAL SERVICE	MA	501(C)(3)	LINE 9	N/A	No
286 PROSPECT ST						
NORTHAMPTON, MA 010602035 04-2105887	COCIAL CERVICE		F04/C)/2)	LINEO	D1 (0	N
(16) BECKET-CHIMNEY CORNERS YMCA CAMPSOUTDOOR CTR	SOCIAL SERVICE	MA	501(C)(3)	LINE 9	N/A	No
748 HAMILTON ROAD BECKET, MA 012239686						
04-2105946 (17) YMCA OF GREATER WESTFIELD INC	SOCIAL SERVICE	MA	501(C)(3)	LINE 9	N/A	No
67 COURT STREET						
WESTFIELD, MA 010853530 04-2126585						
(18) HOCKOMOCK AREA YMCA	SOCIAL SERVICE	MA	501(C)(3)	LINE 9	N/A	No
300 ELMWOOD STREET NORTH ATTLEBORO, MA 027601304						
04-2131749 (19) GREENFIELD YMCA	SOCIAL SERVICE	MA	501(C)(3)	LINE 9	N/A	No
451 MAIN ST GREENFIELD, MA 013013304						
04-2149363		I			[

Form 990, Schedule R, Part II - Identification of Rela			7.15	7-5	150	1 7.5
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?
(41) WENDELL P CLARK MEMORIAL YMCA	SOCIAL SERVICE	MA	501(C)(3)	LINE 9	N/A	Yes No
155 CENTRAL STREET WINCHENDON, MA 01475	SOCIAL SERVICE		301(0)(3)		IV/A	
04-2173363 (1) GREATER HOLYOKE YMCA	SOCIAL SERVICE	MA	501(C)(3)	LINE 9	N/A	No
171 PINE STREET HOLYOKE, MA 010404065						
04-2192693 (2) YMCA OF ATTLEBORO	SOCIAL SERVICE	MA	501(C)(3)	LINE 9	N/A	No
63 N MAIN ST ATTLEBORO, MA 027032219 04-2255819						
(3) METROWEST YMCA INC	SOCIAL SERVICE	MA	501(C)(3)	LINE 9	N/A	No
280 OLD CONNECTICUT PATH FRAMINGHAM, MA 017014539 04-2281530						
(4) COMMUNITY YMCA OF DANVERS MA INC	SOCIAL SERVICE	MA	501(C)(3)	LINE 9	N/A	No
34 PICKERING STREET DANVERS, MA 019232019 04-2308404						
(5) CAPE COD YOUNG MEN'S CHRISTIAN ASSOCIATION	SOCIAL SERVICE	MA	501(C)(3)	LINE 9	N/A	No
PO BOX 188 ROUTE 132 WEST BARNSTABLE, MA 026680188 04-2394925			504(6)(2)	LINE	20142	
(6) YMCA OF MARTHA'S VINEYARD 111 EDGARTOWN VINEYARD HAVEN RD VINEYARD HAVEN, MA 025684036	SOCIAL SERVICE	MA	501(C)(3)	LINE 9	N/A	No
04-3293959 (7) YMCA CAMP BELKNAP INC	SOCIAL SERVICE	NH	501(C)(3)	LINE 9	N/A	No
POST OFFICE BOX 70 LANCASTER, NH 03584 04-3356887						
(8) YMCA CAMP CONISTON	SOCIAL SERVICE	NH	501(C)(3)	LINE 9	N/A	No
94 WOODLAND GREEN ROCHESTER, NH 038685720 04-3357821						
(9) SOUTHERN DISTRICT YMCACAMP LINCOLN INC	SOCIAL SERVICE	NH	501(C)(3)	LINE 9	N/A	No
67 BALL RD KINGSTON, NH 03848 04-3383996						
(10) PROVIDENCE METROPOLITAN YMCA	SOCIAL SERVICE	RI	501(C)(3)	LINE 9	N/A	No
371 PINE STREET PROVIDENCE, RI 02903 05-0258878 (11) NEWPORT COUNTY YMCA	SOCIAL SERVICE	RI	501(C)(3)	LINE 9	N/A	No
792 VALLEY ROAD MIDDLETOWN, RI 028427095	SOCIAL SERVICE	RI	501(C)(3)	LINE 9	IN/A	No
05-0258916 (12) PAWTUCKET CENTRAL FALLS METRO BD YMCA	SOCIAL SERVICE	RI	501(C)(3)	LINE 9	N/A	No
METRO OFFICES-LEVEL 2 660 ROOSEVELT PAWTUCKET, RI 02860 05-0259114						
(13) OCEAN COMMUNITY YMCA	SOCIAL SERVICE	RI	501(C)(3)	LINE 9	N/A	No
95 HIGH STREET WESTERLY, RI 02891 05-0268126						
(14) CAMP MOHAWK YMCA INC	SOCIAL SERVICE	СТ	501(C)(3)	LINE 9	N/A	No
PO BOX 1209 LITCHFIELD, CT 06759 06-0646565						
(15) NAUGATUCK YMCA	SOCIAL SERVICE	СТ	501(C)(3)	LINE 9	N/A	No
284 CHURCH STREET NAUGATUCK, CT 067704122 06-0646770						
(16) SOUTHINGTON-CHESHIRE COMMUNITY YMCAS INC 29 HIGH ST	SOCIAL SERVICE	СТ	501(C)(3)	LINE 9	N/A	No
SOUTHINGTON, CT 064893126 06-0646905						
(17) MERIDEN YMCA	SOCIAL SERVICE	СТ	501(C)(3)	LINE 9	N/A	No
110 WEST MAIN STREET MERIDEN, CT 064514142 06-0646977	506141 6557755		E01/C/2)	LINEC	N/A	
(18) VALLEY-SHORE YMCA P O BOX 694 WESTBROOK, CT 06498	SOCIAL SERVICE	СТ	501(C)(3)	LINE 9	N/A	No
06-0646979 (19) NORTHERN MIDDLESEX COUNTY YMCA	SOCIAL SERVICE	СТ	501(C)(3)	LINE 9	N/A	No
99 UNION STREET MIDDLETOWN, CT 064573483 06-0646981	SOCIAL SERVICE					NO

Form 990, Schedule R, Part II - Identification of Rela			7.15	7-3	165	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 section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?
(61) YMCA OF STAMFORD	SOCIAL SERVICE	СТ	501(C)(3)	LINE 9	N/A	Yes No
909 WASHINGTON BOULEVARD STAMFORD, CT 069012916						
06-0646985 (1) WALLINGFORD FAMILY YMCA	SOCIAL SERVICE	СТ	501(C)(3)	LINE 9	N/A	No
81 SOUTH ELM STREET WALLINGFORD, CT 06492 06-0646987						
(2) GREATER WATERBURY YMCA 136 W MAIN ST	SOCIAL SERVICE	СТ	501(C)(3)	LINE 9	N/A	No
WATERBURY, CT 067022005 06-0646988						
(3) YMCA OF WESTPORTWESTON CT INC PO BOX 190	SOCIAL SERVICE	СТ	501(C)(3)	LINE 9	N/A	No
WESTPORT, CT 068810190 06-0646989 (4) CENTRAL CONNECTICUT COAST YMCA	SOCIAL SERVICE	СТ	501(C)(3)	LINE 9	N/A	No
1240 CHAPEL STREET NEW HAVEN, CT 06511						
06-0662195 (5) YMCA OF NORWALK INC	SOCIAL SERVICE	СТ	501(C)(3)	LINE 9	N/A	No
370 WEST AVENUE NORWALK, CT 068504006 06-0662196						
(6) NEW CANAAN COMMUNITY YMCA	SOCIAL SERVICE	СТ	501(C)(3)	LINE 9	N/A	No
564 SOUTH AVENUE NEW CANAAN, CT 068406399 06-0763077						
(7) WILTON FAMILY YMCA INC 404 DANBURY ROAD WILTON, CT 06897	SOCIAL SERVICE	СТ	501(C)(3)	LINE 9	N/A	No
06-0853258 (8) YMCA OF DARIEN COMMUNITY INC	SOCIAL SERVICE	СТ	501(C)(3)	LINE 9	N/A	No
2420 POST ROAD DARIEN, CT 068205699 06-0859795						
(9) CAMP HAZEN YMCA	SOCIAL SERVICE	СТ	501(C)(3)	LINE 9	N/A	No
204 WEST MAIN STREET CHESTER, CT 06412 06-0860014						
(10) YMCA OF METROPOLITAN HARTFORD	SOCIAL SERVICE	СТ	501(C)(3)	LINE 9	N/A	No
241 TRUMBULL STREET HARTFORD, CT 06103 06-0881325 (11) REGIONAL YMCA OF WESTERN CONNECTICUT INC	SOCIAL SERVICE	СТ	501(C)(3)	LINE 9	N/A	No
2 HUCKLEBERRY HILL ROAD BROOKFIELD, CT 06804 06-6051610						
(12) YMCA OF LONG ISLAND	SOCIAL SERVICE	NY	501(C)(3)	LINE 9	N/A	No
121 DOSORIS LN GLEN COVE, NY 11542 11-1649914						
(13) THE FOUR SEASONS YMCA 106 GRATTON RD TAZEWELL, VA 24651	SOCIAL SERVICE	VA	501(C)(3)	LINE 9	N/A	No
11-3774789 (14) YMCA OF GREATER NEW YORK	SOCIAL SERVICE	NY	501(C)(3)	LINE 9	N/A	No
5 WEST 63RD STREET 5TH FLOOR NEW YORK, NY 10023	, , , , , , , , , , , , , , , , , , ,		//- /			
(15) CAMP SLOANE YMCA INC	SOCIAL SERVICE	СТ	501(C)(3)	LINE 9	N/A	No
124 INDIAN MOUNTAIN RD LAKEVILLE, CT 06039 13-1739939						
(16) ROCKLAND COUNTY YMCA 35 SOUTH BROADWAY	SOCIAL SERVICE	NY	501(C)(3)	LINE 9	N/A	No
NYACK, NY 109603122 13-1740513						
(17) YMCA OF RYE NY 21 LOCUST AVE RYE, NY 105802959	SOCIAL SERVICE	NY	501(C)(3)	LINE 9	N/A	No
13-1740515 (18) YMCA OF CENTRAL NORTHERN WESTCHESTER INC	SOCIAL SERVICE	NY	501(C)(3)	LINE 9	N/A	No
250 MAMARONECK AVE WHITE PLAINS, NY 106051302 13-1740518						
(19) YMCA OF YONKERS INC	SOCIAL SERVICE	NY	501(C)(3)	LINE 9	N/A	No
17 RIVERDALE AVENUE YONKERS, NY 107013646 13-1740520						

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				(3))		Yes	ty? No
(81) NEW ROCHELLE YMCA	SOCIAL SERVICE	NY	501(C)(3)	LINE 9	N/A		No
50 WEYMAN AVENUE NEW ROCHELLE, NY 108051411 13-1740542							
(1) BURLINGTON AREA COMMUNITY YMCA-YWCA	SOCIAL SERVICE	IA	501(C)(3)	LINE 9	N/A		No
2410 MOUNT PLEASANT STREET BURLINGTON, IA 526012764 13-4289848							
(2) SILVER BAY YMCA OF THE ADIRONDACKS	SOCIAL SERVICE	NY	501(C)(3)	LINE 9	N/A		No
87 SILVER BAY RD SILVER BAY, NY 128749708 13-5604788							
(3) ASSOCIATION OF YMCA PROFESSIONALS	SOCIAL SERVICE	MA	501(C)(3)	LINE 9	N/A		No
STITZER YMCA CENTER 2ND FLOOR SPRIN SPRINGFIELD, MA 011093797 13-5616526							
(4) YMCA OF KINGSTON AND ULSTER COUNTY	SOCIAL SERVICE	NY	501(C)(3)	LINE 9	N/A		No
507 BROADWAY KINGSTON, NY 124013919 14-1338342							
(5) FAMILY YMCA OF GLENS FALLS AREA	SOCIAL SERVICE	NY	501(C)(3)	LINE 9	N/A		No
600 UPPER GLEN STREET GLENS FALLS, NY 12801 14-1340008							
(6) PLATTSBURGH YMCA	SOCIAL SERVICE	NY	501(C)(3)	LINE 9	N/A		No
17 OAK STREET PLATTSBURGH, NY 129012810 14-1340011							
(7) YMCA OF MIDDLETOWN NY 81 HIGHLAND AVENUE	SOCIAL SERVICE	NY	501(C)(3)	LINE 9	N/A		Νo
MIDDLETOWN, NY 109405413 14-1340134							
(8) FULTON COUNTY YMCA	SOCIAL SERVICE	NY	501(C)(3)	LINE 9	N/A		Νo
213 HARRISON STREET PO BOX 629 JOHNSTOWN, NY 12095 14-1374493							
(9) SARATOGA REGIONAL YMCA	SOCIAL SERVICE	NY	501(C)(3)	LINE 9	N/A		Νo
PO BOX 4610 SARATOGA SPRINGS, NY 12866 14-1427442							
(10) CAMP DUDLEY YMCA INC	SOCIAL SERVICE	NY	501(C)(3)	LINE 9	N/A		No
126 DUDLEY ROAD WESTPORT, NY 129939711							
14-1504974 (11) YMCA OF CAPITAL DISTRICT	SOCIAL SERVICE	NY	501(C)(3)	LINE 9	N/A		No
465 NEW KARNER ROAD 2ND FLOOR ALBANY, NY 12205 14-1726531							
(12) ONEONTA FAMILY YMCA	SOCIAL SERVICE	NY	501(C)(3)	LINE 9	N/A		No
20-26 FORD AVENUE ONEONTA, NY 138201818 15-0532270							
(13) GREATER SYRACUSE YMCA	SOCIAL SERVICE	NY	501(C)(3)	LINE 9	N/A		No
340 MONTGOMERY ST SYRACUSE, NY 132022094 15-0532278							
(14) BROOME COUNTY YMCA	SOCIAL SERVICE	NY	501(C)(3)	LINE 9	N/A		No
61 SUSQUEHANNA ST BINGHAMTON, NY 139013705 15-0532282							
(15) CORTLAND COUNTY FAMILY YMCA	SOCIAL SERVICE	NY	501(C)(3)	LINE 9	N/A		No
22 TOMPKINS STREET CORTLAND, NY 13045 15-0533570							
(16) ITHACA AND TOMPKINS COUNTY YMCA	SOCIAL SERVICE	NY	501(C)(3)	LINE 9	N/A		No
GRAHAM ROAD WEST ITHACA, NY 14850 15-0545415							
(17) NORWICH YMCA	SOCIAL SERVICE	NY	501(C)(3)	LINE 9	N/A		No
68 NORTH BROAD STREET NORWICH, NY 138151332 15-0550177							
(18) GLOW YMCA INC	SOCIAL SERVICE	NY	501(C)(3)	LINE 9	N/A		No
209 E MAIN ST BATAVIA, NY 140202205 16-0743230							
(19) YMCA BUFFALO NIAGARA	SOCIAL SERVICE	NY	501(C)(3)	LINE 9	N/A		No
301 CAYUGA ROAD SUITE 100 BUFFALO, NY 14225 16-0743231							

Form 990, Schedule R, Part II - Identification of Rela			1		1	1	
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(101) HORNELL AREA FAMILY YMCA	SOCIAL SERVICE	NY	501(C)(3)	LINE 9	N/A	Yes	No
18 CENTER STREET HORNELL, NY 148431911	SOCIAL SERVICE		301(0)(3)		N/O		NO
16-0743237 (1) JAMESTOWN YMCA	SOCIAL SERVICE	NY	501(C)(3)	LINE 9	N/A		No
101 E 4TH STREET JAMESTOWN, NY 147015301 16-0743238							
(2) LOCKPORT FAMILY YMCA 19 EAST AVENUE	SOCIAL SERVICE	NY	501(C)(3)	LINE 9	N/A		Νo
LOCKPORT, NY 14094 16-0743239							
(3) YMCA OF TWIN TIERS 1020 REED STREET OLEAN, NY 14760	SOCIAL SERVICE	NY	501(C)(3)	LINE 9	N/A		No
16-0743241 (4) YMCA OF GREATER ROCHESTER	SOCIAL SERVICE	NY	501(C)(3)	LINE 9	N/A		No
444 EAST MAIN STREET ROCHESTER, NY 146042595 16-0743242			(-//-/				
(5) GREATER CANANDAIGUA FAMILY YMCA	SOCIAL SERVICE	NY	501(C)(3)	LINE 9	N/A		No
32 NORTH MAIN STREET CANANDAIGUA, NY 14424 16-0755898							
(6) CORNING COMMUNITY YMCA	SOCIAL SERVICE	NY	501(C)(3)	LINE 9	N/A		No
127 CENTERWAY CORNING, NY 14830 16-0915490 (7) AUBURN YMCA-WEIU	SO CIAL SERVICE	NY	501(C)(3)	LINE 9	N/A		No
27-29 WILLIAM STREET AUBURN, NY 130213707	SOCIAL SERVICE	IN T	301(C)(3)	LINE 9	N/A		NO
16-0978301 (8) CLIFTON SPRINGS AREA YMCA	SOCIAL SERVICE	NY	501(C)(3)	LINE 9	N/A		No
5 CRANE ST CLIFTON SPRINGS, NY 14432 16-6000962							
(9) ILLINOIS YMCA YOUTH AND GOVERNMENT	SOCIAL SERVICE	IL	501(C)(3)	LINE 9	N/A		No
59 E PARK BLVD VILLA PARK, IL 60181							
(10) YMCA OF GEORGIA'S PIEDMONT INC	SOCIAL SERVICE	GA	501(C)(3)	LINE 9	N/A		No
50 BRAD AKINS DRIVE WINDER, GA 30680 20-1759275							
(11) ALEXANDRIA AREA YMCA 110 KARL DRIVE ALEXANDRIA, MN 56308	SOCIAL SERVICE	MN	501(C)(3)	LINE 9	N/A		No
20-2231427 (12) YMCA OF AVERY COUNTY	SOCIAL SERVICE	NC	501(C)(3)	LINE 9	N/A		No
PO BOX 707 LINVILLE, NC 28646							
(13) BURLINGTON COUNTY YMCA	SOCIAL SERVICE	NJ	501(C)(3)	LINE 9	N/A		No
59 CENTERTON RD MOUNT LAUREL, NJ 080546001 21-0634482							
(14) THE COMMUNITY YMCA	SOCIAL SERVICE	NJ	501(C)(3)	LINE 9	N/A		Νo
170 PATTERSON AVE STE 4 SHREWSBURY, NJ 077024167 21-0635051							
(15) TRENTON AREA FAMILY YMCA	SOCIAL SERVICE	NJ	501(C)(3)	LINE 9	N/A		No
431 PENNINGTON AVE TRENTON, NJ 086183104 21-0635052							
(16) CUMBERLAND CAPE ATLANTIC YMCA 1159 EAST LANDIS AVENUE	SOCIAL SERVICE	NJ	501(C)(3)	LINE 9	N/A		Νo
VINELAND, NJ 08360 21-0635053							
(17) CAMP OCKANICKON YMCA	SOCIAL SERVICE	NJ	501(C)(3)	LINE 9	N/A		No
1303 STOKES ROAD MEDFORD, NJ 080558632 21-0635054	COCIAL CERVICE		E01/C)/2)	LINEO	N/A		NJ -
(18) PRINCETON FAMILY YMCA PAUL ROBESON PLACE	SOCIAL SERVICE	N J	501(C)(3)	LINE 9	N/A		Νo
PAUL ROBESON PLACE PRINCETON, NJ 08540 21-0639890 (19) GLOUCESTER COUNTY YMCA	SOCIAL SERVICE	NJ	501(C)(3)	LINE 9	N/A		No
235 EAST RED BANK AVENUE WOODBURY, NJ 08096 21-0649032							5

Form 990, Schedule R, Part II - Identification of Rela			1 40	1	1	1
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(121) HAMILTON AREA YMCA	SOCIAL SERVICE	NJ	501(C)(3)	LINE 9	N/A	Yes No
1315 WHITEHORSE-MERCERVILLE RD HAMILTON, NJ 086193815	SOCIAL SERVICE	IV5	301(0)(3)	LINE 3	N/A	140
21-0702879 (1) YMCA OF EASTERN UNION COUNTY	SOCIAL SERVICE	NJ	501(C)(3)	LINE 9	N/A	No
144 MADISON AVENUE ELIZABETH, NJ 07201						
22-1487381 (2) HOBOKEN-NORTH HUDSON YMCA	SOCIAL SERVICE	NJ	501(C)(3)	LINE 9	N/A	No
1301 WASHINGTON STREET HOBOKEN, NJ 07030 22-1487383						
(3) YMCA OF MADISON NJ INC	SOCIAL SERVICE	NJ	501(C)(3)	LINE 9	N/A	No
111 KINGS ROAD MADISON, NJ 07940 22-1487385						
(4) METROPOLITAN YMCA OF THE ORANGES	SOCIAL SERVICE	NJ	501(C)(3)	LINE 9	N/A	No
139 EAST MCCLELLAN AVENUE LIVINGSTON, NJ 07039 22-1487387						
(5) YMCA OF PATERSON NJ	SOCIAL SERVICE	NJ	501(C)(3)	LINE 9	N/A	No
128 WARD ST PATERSON, NJ 075051904 22-1487389						
(6) RARITAN BAY AREA YMCA	SOCIAL SERVICE	NJ	501(C)(3)	LINE 9	N/A	No
365 NEW BRUNSWICK AVENUE PO BOX 148 PERTH AMBOY, NJ 08862 22-1487390						
(7) YMCA OF SUMMIT NJ 490 MORRIS AVE SUMMIT, NJ 07901	SOCIAL SERVICE	NJ	501(C)(3)	LINE 9	N/A	No
22-1487392 (8) YMCA OF WESTFIELD	SOCIAL SERVICE	NJ	501(C)(3)	LINE 9	N/A	No
220 CLARK ST WESTFIELD, NJ 070904029	JOGIAL SERVICE		301(0)(3)			
22-1487393 (9) YMCA OF METUCHEN	SOCIAL SERVICE	NJ	501(C)(3)	LINE 9	N/A	No
483 MIDDLESEX AVE METUCHEN, NJ 08840 22-1487616						
(10) YMCA OF MONTCLAIR	SOCIAL SERVICE	NJ	501(C)(3)	LINE 9	N/A	No
25 PARK STREET MONTCLAIR, NJ 07042 22-1487617	COCIAL CERVICE	N/3	F01(C)(2)	LINE 9	N/A	N.a.
(11) THE GREATER MORRISTOWN YMCA INC 79 HORSEHILL ROAD CEDAR KNOLLS, NJ 079272003	SOCIAL SERVICE	NJ	501(C)(3)	LINE 9	IN/A	No
22-1487618 (12) RARITAN VALLEY YMCA	SOCIAL SERVICE	NJ	501(C)(3)	LINE 9	N/A	No
144 TICES LANE EAST BRUNSWICK, NJ 08816						
22-1494457 (13) YMCA OF RIDGEWOOD	SOCIAL SERVICE	NJ	501(C)(3)	LINE 9	N/A	No
55 N BROAD STREET RIDGEWOOD, NJ 074502509 22-1508752						
(14) PLAINFIELD AREA YMCA	SOCIAL SERVICE	NJ	501(C)(3)	LINE 9	N/A	No
518 WATCHUNG AVENUE PLAINFIELD, NJ 07060 22-1515227						
(15) HUNTERDON COUNTY YMCA	SOCIAL SERVICE	NJ	501(C)(3)	LINE 9	N/A	No
144 W WOODSCHURCH RD FLEMINGTON, NJ 088227016 22-1524183						
(16) SOMERSET VALLEY YMCA	SOCIAL SERVICE	NJ	501(C)(3)	LINE 9	N/A	No
2 GREEN STREET SOMERVILLE, NJ 088761620 22-1537698						
(17) YMWCA NEWARK AND VICINITY	SOCIAL SERVICE	NJ	501(C)(3)	LINE 9	N/A	No
600 BROAD STREET NEWARK, NJ 071024504 22-1552820						
(18) LAKELAND HILLS FAMILY YMCA 100 FANNY RD	SOCIAL SERVICE	NJ	501(C)(3)	LINE 9	N/A	No
MOUNTAIN LAKES, NJ 07046 22-1559438 (10) SOMERSET HILLS YMCA	SOCIAL SERVICE	NI T	E01/C)(2)	LINEO	N/A	NI -
(19) SOMERSET HILLS YMCA 140 MOUNT AIRY RD BASKING RIDGE, NJ 079202098 22-1559439	SOCIAL SERVICE	NJ	501(C)(3)	LINE 9	N/A	No
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Form 990, Schedule R, Part II - Identification of Relat		7	1	1	ı	1
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(141) YMCA OF FANWOOD - SCOTCH PLAINS	SOCIAL SERVICE	NJ	501(C)(3)	LINE 9	N/A	Yes No
1340 MARTINE AVENUE	SOCIAL SERVICE	143	301(0)(3)	LINE 9	IN/A	l No
SCOTCH PLAINS, NJ 07076 22-1589199						
(1) WEST MORRIS AREA YMCA	SOCIAL SERVICE	NJ	501(C)(3)	LINE 9	N/A	No
14 DOVER-CHESTER RD RANDOLPH, NJ 07869 22-1601259						
(2) FROST VALLEY YMCA	SOCIAL SERVICE	NY	501(C)(3)	LINE 9	N/A	No
2000 FROST VALLEY ROAD CLARYVILLE, NY 127259600						
22-1625176 (3) CAMP RALPH S MASON YMCA	SOCIAL SERVICE	NJ	501(C)(3)	LINE 9	N/A	No
23 BIRCH RIDGE ROAD HARDWICK, NJ 078259502						
22-1625643 (4) YMCA OF GREATER BERGEN COUNTY	SOCIAL SERVICE	NJ	501(C)(3)	LINE 9	N/A	No
360 MAIN ST						
HACKENSACK, NJ 07601 22-1739117	COCIAL CERVICE	N.3	F01(C)(2)	LINEO	NI /A	N.o.
(5) SALEM COUNTY YMCA 204 SHELL RD	SOCIAL SERVICE	NJ	501(C)(3)	LINE 9	N/A	No
CARNEYS POINT, NJ 080692117 22-1815915						
(6) CAMP SPEERS-ELJABAR YMCA	SOCIAL SERVICE	PA	501(C)(3)	LINE 9	N/A	No
143 NICHECRONK ROAD DINGMANS FERRY, PA 18328 22-1897170						
(7) O CEAN COUNTY YMCA	SOCIAL SERVICE	NJ	501(C)(3)	LINE 9	N/A	No
1088 W WHITTY RD TOMS RIVER, NJ 078553278						
22-1900146 (8) MEADOWLANDS AREA YMCA	SOCIAL SERVICE	NJ	501(C)(3)	LINE 9	N/A	No
PO BOX 252 RUTHERFORD, NJ 070700252 22-1997720						
(9) WYCKOFF FAMILY YMCA INC	SOCIAL SERVICE	NJ	501(C)(3)	LINE 9	N/A	No
691 WYCKOFF AVENUE WYCKOFF, NJ 074811524						
22-2011431 (10) YMCA OF GARFIELD	SOCIAL SERVICE	NJ	501(C)(3)	LINE 9	N/A	No
33 OUTWATER LANE GARFIELD, NJ 07026						
22-2324697 (11) PISCATAQUIS REGIONAL YMCA	SOCIAL SERVICE	ME	501(C)(3)	LINE 9	N/A	No
48 PARK STREET						
DOVERFOXCROFT, ME 04426 22-2592628 (12) NEW BRITAIN-BERLIN YMCA	SOCIAL SERVICE	СТ	501(C)(3)	LINE 9	N/A	No
50 HIGH ST	SOCIAL SERVICE		301(0)(3)	LINE	N/A	
NEW BRITAIN, CT 060512299 22-2680676						
(13) NORTHWESTERN CONNECTICUT YMCA	SOCIAL SERVICE	СТ	501(C)(3)	LINE 9	N/A	No
259 PROSPECT ST TORRINGTON, CT 067905315 22-2878484						
(14) CENTRAL LINCOLN COUNTY YMCA	SOCIAL SERVICE	ME	501(C)(3)	LINE 9	N/A	No
PO BOX 787 DAMARISCOTTA, ME 045430787						
(15) YMCA OF WESTERN MONMOUTH COUNTY	SOCIAL SERVICE	NJ	501(C)(3)	LINE 9	N/A	No
470 E FREEHOLD RD FREEHOLD, NJ 077287722						
22-6069158 (16) YMCA OF PHILADELPHIA AND VICINITY	SOCIAL SERVICE	PA	501(C)(3)	LINE 9	N/A	No
2000 MARKET ST STE 750						
PHILADELPHIA, PA 191033231 23-1243965 (17) LANCASTER FAMILY YMCA	SOCIAL SERVICE	PA	501(C)(3)	LINE 9	N/A	No
265 HARRISBURG AVE	SOCIAL SERVICE	FA FA	301(0)(3)	LINE 3	Y/C	IN O
LANCASTER, PA 17603 23-1243970						
(18) LEBANON VALLEY FAMILY YMCA	SOCIAL SERVICE	PA	501(C)(3)	LINE 9	N/A	No
201 N 7TH ST LEBANON, PA 170465007 23-1243980						
(19) READING & BERKS METRO YMCA	SOCIAL SERVICE	PA	501(C)(3)	LINE 9	N/A	No
PO BOX 1622 READING, PA 19603 23-1244009						
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Form 990, Schedule R, Part II - Identification of Rela			7.15		"	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 section 501(c) (3))	(f) Direct controlling entity	(g) Section 51 (b)(13) controlled entity?
						Yes No
(161) YORK YORK COUNTY YMCA 90 N NEWBERRY STREET	SOCIAL SERVICE	PA	501(C)(3)	LINE 9	N/A	No
YORK, PA 17401 23-1352600						
(1) WAYNESBORO AREA YMCA	SOCIAL SERVICE	PA	501(C)(3)	LINE 9	N/A	No
810 E MAIN ST WAYNESBORO, PA 17268						
23-1352601 (2) HOLLIDAYSBURG AREA YMCA	SOCIAL SERVICE	PA	501(C)(3)	LINE 9	N/A	No
1111 HEWIT STREETS HOLLIDAYSBURG, PA 16648						
23-1352603 (3) ALLENTO WN YMCA	SOCIAL SERVICE	PA	501(C)(3)	LINE 9	N/A	No
425 S 15TH ST					,	
ALLENTOWN, PA 18102 23-1365989		<u> </u>				
(4) STATE YMCA OF PENNSYLVANIA INC 224 PINE ST SUITE 203	SOCIAL SERVICE	PA	501(C)(3)	LINE 9	N/A	No
HARRISBURG, PA 171011350 23-1365990						
(5) YMCA OF THE BRANDYWINE VALLEY	SOCIAL SERVICE	PA	501(C)(3)	LINE 9	N/A	No
1 EAST CHESTNUT STREET WEST CHESTER, PA 19380 23-1365994						
(6) CARLISLE FAMILY YMCA	SOCIAL SERVICE	PA	501(C)(3)	LINE 9	N/A	No
311 S WEST ST CARLISLE, PA 17013 23-1386198						
(7) LO WER BUCKS FAMILY YMCA	SOCIAL SERVICE	PA	501(C)(3)	LINE 9	N/A	No
601 SOUTH OXFORD VALLEY ROAD FAIRLESS HILLS, PA 190303901						
23-1433890 (8) CHAMBERSBURG MEMORIAL YMCA	SOCIAL SERVICE	PA	501(C)(3)	LINE 9	N/A	No
570 E MCKINLEY ST CHAMBERSBURG, PA 172013402 23-1476339						
(9) NORTH PENN YMCA	SOCIAL SERVICE	PA	501(C)(3)	LINE 9	N/A	No
608 E MAIN ST LANSDALE, PA 194462970 23-1489848						
(10) YMCA OF THE UPPER MAIN LINE	SOCIAL SERVICE	PA	501(C)(3)	LINE 9	N/A	No
1416 BERWYN-PAOLI ROAD BERWYN, PA 193121884						
23-1613647 (11) COMMUNITY YMCA OF EASTERN DELAWARE COUNTY	SOCIAL SERVICE	PA	501(C)(3)	LINE 9	N/A	No
2110 GARRETT ROAD LANSDOWNE, PA 190501090 23-1614045						
(12) HARRISBURG AREA METROPOLITAN YMCA	SOCIAL SERVICE	PA	501(C)(3)	LINE 9	N/A	No
123 FORSTER STREET HARRISBURG, PA 171023409 23-1665437						
(13) UPPER BUCKS COUNTY YMCA	SOCIAL SERVICE	PA	501(C)(3)	LINE 9	N/A	No
401 FAIRVIEW AVE QUAKERTOWN, PA 18951 23-1713382						
(14) JUNIATA VALLEY YMCA	SOCIAL SERVICE	PA	501(C)(3)	LINE 9	N/A	No
105 FIRST AVE BURNHAM, PA 17009						
23-1879734 (15) CENTRAL BUCKS FAMILY YMCA	SOCIAL SERVICE	PA	501(C)(3)	LINE 9	N/A	No
2500 LOWER STATE RD DOYLESTOWN, PA 189012668 23-1903158						
(16) BLOOMSBURG AREA YMCA	SOCIAL SERVICE	PA	501(C)(3)	LINE 9	N/A	No
30 EAST SEVENTH STREET BLOOMSBURG, PA 178152728						
23-2085257 (17) SOUTH MOUNTAIN YMCA	SOCIAL SERVICE	PA	501(C)(3)	LINE 9	N/A	No
PO BOX 147 WERNERSVILLE, PA 195650147 23-2239299						
(18) SCHUYLKILL YMCA	SOCIAL SERVICE	PA	501(C)(3)	LINE 9	N/A	No
520 NORTH CENTRE ST POTTSVILLE, PA 17901 23-2825683						
(19) YMCA OF THE PALMS	SOCIAL SERVICE	FL	501(C)(3)	LINE 9	N/A	No
5450 YMCA ROAD NAPLES, FL 34109 23-7039993						
NAPLES, FL 34109						

Form 990, Schedule R, Part II - Identification of Rela			1 40			1 ()
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		or foreign country)		(if section 501(c) (3))	,	controlled entity?
(4.0.4.) COLIF CENTED FAMILY VINCA	50.0141.550.4165	***	E04 (0)(2)	17115.0	N. /A	Yes No
(181) COLE CENTER FAMILY YMCA PO BOX 233	SOCIAL SERVICE	IN	501(C)(3)	LINE 9	N/A	No
KENDALLVILLE, IN 467550233 23-7077600						
(1)OAHE YMCA INC	SOCIAL SERVICE	SD	501(C)(3)	LINE 9	N/A	No
900 EAST CHURCH STREET PIERRE, SD 575012219						
23-7169291 (2) HANOVER AREA YMCA	SOCIAL SERVICE	PA	501(C)(3)	LINE 9	N/A	No
500 N GEORGE ST HANOVER, PA 173311452						
23-7172265 (3) CHARLOTTE COUNTY FAMILY YMCA-ADMIN OFFICE	SOCIAL SERVICE	FL	501(C)(3)	LINE 9	N/A	No
19333 QUESADA AVENUE						
PORT CHARLOTTE, FL 33948 23-7193663	COCIAL CERVICE	MT	E04 (C)(2)	LINE O	21.40	
(4) MUSKEGON FAMILY YMCA 900 W WESTERN AVE	SOCIAL SERVICE	MI	501(C)(3)	LINE 9	N/A	No
MUSKEGON, MI 494411617 23-7229622						
(5) YMCA CAMP TECUMSEH INC	SOCIAL SERVICE	IN	501(C)(3)	LINE 9	N/A	No
12635 W TECUMSEH BEND RD BROOKSTON, IN 47923 23-7331099						
(6) HOPEWELL VALLEY YMCA	SOCIAL SERVICE	NJ	501(C)(3)	LINE 9	N/A	No
PO BOX 301 PENNINGTON, NJ 08534						
23-7380624 (7) CARBONDALE YMCA	SOCIAL SERVICE	PA	501(C)(3)	LINE 9	N/A	No
82 N MAIN ST						
CARBONDALE, PA 184071914 24-0795515						
(8) YMCA OF THE CITY OF SCRANTON 706 NORTH BLAKELY STREET	SOCIAL SERVICE	PA	501(C)(3)	LINE 9	N/A	No
DUNMORE, PA 18512 24-0795516						
(9) POCONO FAMILY YMCA	SOCIAL SERVICE	PA	501(C)(3)	LINE 9	N/A	No
809 MAIN STREET STROUDSBURG, PA 18360						
24-0795519 (10) GREATER SUSQUEHANNA VALLEY YMCA	SOCIAL SERVICE	PA	501(C)(3)	LINE 9	N/A	No
1150 N 4TH ST SUNBURY, PA 17801						
24-0795634 (11) BETHLEHEM YMCA	SOCIAL SERVICE	PA	501(C)(3)	LINE 9	N/A	No
430 E BROAD STREET						
BETHLEHEM, PA 18018 24-0795635	COCIAL CERVICE	D.A.	E04 (C)(2)	LINE O	21.40	
(12) WILKES-BARRE FAMILY YMCA 40 WEST NORTHAMPTON STREET	SOCIAL SERVICE	PA	501(C)(3)	LINE 9	N/A	No
WILKESBARRE, PA 18701 24-0795638						
(13) RIVER VALLEY REGIONAL YMCA	SOCIAL SERVICE	PA	501(C)(3)	LINE 9	N/A	No
320 ELMIRA STREET WILLIAMSPORT, PA 17701 24-0795698						
(14) FREELAND YMCA	SOCIAL SERVICE	PA	501(C)(3)	LINE 9	N/A	No
600 FRONT STREET PO BOX 6 FREELAND, PA 18224						
24-0796037 (15) HAZLETON YMCA	SOCIAL SERVICE	PA	501(C)(3)	LINE 9	N/A	No
75 S CHURCH ST						
HAZLETON, PA 182016229 24-0796038 (16) GREATER PITTSTON YMCA	SOCIAL SERVICE	PA	501(C)(3)	LINE 9	N/A	No
10 NORTH MAIN STREET	SOCIAL SERVICE		301(0)(3)	LINE	11/0	No
PITTSTON, PA 18640 24-0796039						
(17) LOCK HAVEN AREA YMCA	SOCIAL SERVICE	PA	501(C)(3)	LINE 9	N/A	No
145 EAST WATER ST LOCK HAVEN, PA 17745 24-0798644						
(18) NAZARETH YMCA	SOCIAL SERVICE	PA	501(C)(3)	LINE 9	N/A	No
33 S MAIN ST NAZARETH, PA 18064						
24-0798706 (19) YMCA OF CENTRE COUNTY	SOCIAL SERVICE	PA	501(C)(3)	LINE 9	N/A	No
125 W HIGH STREET						
BELLEFONTE, PA 16823 24-0802437	1					

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		or loreign country)		(3))		entit	y?
(201) BERWICK AREA YMCA	SOCIAL SERVICE	PA	501(C)(3)	LINE 9	N/A	Yes	No No
231 W 3RD STREET BERWICK, PA 18603							
24-0813665 (1) REGIONAL FAMILY YMCA OF LAUREL HIGHLANDS	SOCIAL SERVICE	PA	501(C)(3)	LINE 9	N/A		No
490 BESSEMER ROAD MT PLEASANT, PA 15666 25-0965554							
(2) BUTLER COUNTY FAMILY YMCA	SOCIAL SERVICE	PA	501(C)(3)	LINE 9	N/A		Νo
339 N WASHINGTON STREET BUTLER, PA 16001 25-0965619							
(3) CLEARFIELD YMCA	SOCIAL SERVICE	PA	501(C)(3)	LINE 9	N/A		Νo
21 NORTH SECOND STREET CLEARFIELD, PA 16830 25-0965620							
(4) YMCA OF GREATER ERIE	SOCIAL SERVICE	PA	501(C)(3)	LINE 9	N/A		Νo
31 W 10TH STREET ERIE, PA 165011401 25-0965621							
(5) GREENSBURG YMCA	SOCIAL SERVICE	PA	501(C)(3)	LINE 9	N/A		Νo
101 SOUTH MAPLE AVENUE GREENSBURG, PA 156013215 25-0965622							
(6) GREATER JOHNSTOWN COMMUNITY YMCA	SOCIAL SERVICE	PA	501(C)(3)	LINE 9	N/A		Νo
100 HAYNES STREET JOHNSTOWN, PA 159012526 25-0965623							
(7) VALLEY POINTS FAMILY YMCA 800 CONSTITUTION BLVD	SOCIAL SERVICE	PA	501(C)(3)	LINE 9	N/A		No
NEW KENSINGTON, PA 15068 25-0965625							
(8) OIL CITY AREA YMCA	SOCIAL SERVICE	PA	501(C)(3)	LINE 9	N/A		Νo
7 PETROLEUM STREET OIL CITY, PA 163012744 25-0965626							
(9) RIDGWAY YMCA	SOCIAL SERVICE	PA	501(C)(3)	LINE 9	N/A		Νo
34 N BROAD ST RIDGWAY, PA 15853 25-0965629							
(10) ALLEGHENY VALLEY YMCA	SOCIAL SERVICE	PA	501(C)(3)	LINE 9	N/A		Νo
5021 FREEPORT ROAD NATRONA HEIGHTS, PA 150651944 25-0965630							
(11) UNIONTOWN AREA YMCA	SOCIAL SERVICE	PA	501(C)(3)	LINE 9	N/A		No
ONE YMCA DRIVE UNIONTOWN, PA 15401 25-0965631							
(12) DUBOIS AREA YMCA	SOCIAL SERVICE	PA	501(C)(3)	LINE 9	N/A		Νo
25 PARKWAY DRIVE DU BOIS, PA 15801 25-0969494							
(13) MEADVILLE YMCA	SOCIAL SERVICE	PA	501(C)(3)	LINE 9	N/A		Νo
356 CHESTNUT STREET MEADVILLE, PA 163353211 25-0969495							
(14) NEW CASTLE COMMUNITY YMCA	SOCIAL SERVICE	PA	501(C)(3)	LINE 9	N/A		Νo
20 WEST WASHINGTON STREET NEW CASTLE, PA 16101							
25-0969496 (15) YMCA OF GREATER PITTSBURGH	SOCIAL SERVICE	PA	501(C)(3)	LINE 9	N/A		No
420 FORT DUQUESNE BLVD SUITE 625 PITTSBURGH, PA 15222 25-0969497							
(16) TITUSVILLE YMCA	SOCIAL SERVICE	PA	501(C)(3)	LINE 9	N/A		Νo
201 W SPRING STREET TITUSVILLE, PA 16354							
25-0969498 (17) SEWICKLEY VALLEY YMCA	SOCIAL SERVICE	PA	501(C)(3)	LINE 9	N/A		No
625 BLACKBURN ROAD SEWICKLEY, PA 15143 25-0979384							
(18) BEAVER COUNTY YMCA	SOCIAL SERVICE	PA	501(C)(3)	LINE 9	N/A		No
2236 THIRD AVENUE NEW BRIGHTON, PA 15066 25-0993391							
(19) FRANKLINGROVE CITY YMCA	SOCIAL SERVICE	PA	501(C)(3)	LINE 9	N/A		No
111 W PARK ST FRANKLIN, PA 16323 25-0995782							

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		or foreign country)	Section	(if section 501(c) (3))	entity	controlled entity?
						Yes No
(221) YMCA OF WARREN COUNTY	SOCIAL SERVICE	PA	501(C)(3)	LINE 9	N/A	No
212 LEXINGTON AVENUE WARREN, PA 163652822						
25-0995783 (1) BROOKVILLE YMCA	SOCIAL SERVICE	PA	501(C)(3)	LINE 9	N/A	No
125 MAIN STREET						
BROOKVILLE, PA 15825 25-1028128	COCIAL CERVICE		504/63/33	LINE O	21.60	N. S
(2) YMCA OF CORRY 906 N CENTER ST	SOCIAL SERVICE	PA	501(C)(3)	LINE 9	N/A	No
CORRY, PA 16407 25-1032621						
(3) RICHARD G SNYDER YMCA CAMPUS	SOCIAL SERVICE	PA	501(C)(3)	LINE 9	N/A	No
1150 NORTH WATER STREET KITTANNING, PA 162011516						
25-1034424 (4) SHENANGO VALLEY YMCA	SOCIAL SERVICE	PA	501(C)(3)	LINE 9	N/A	No
925 NORTH HERMITAGE ROAD						
HERMITAGE, PA 161483219 25-1113698						
(5) INDIANA COUNTY YMCA	SOCIAL SERVICE	PA	501(C)(3)	LINE 9	N/A	No
60 BEN FRANKLIN RD N INDIANA, PA 157011593 25-1191545						
(6) LIGONIER VALLEY YMCA	SOCIAL SERVICE	PA	501(C)(3)	LINE 9	N/A	No
110 W CHURCH ST LIGONIER, PA 156581223						
25-1428011 (7) CADILLAC AREA YMCA	SOCIAL SERVICE	MI	501(C)(3)	LINE 9	N/A	No
9845 CAMPUS DRIVE					,	
CADILLAC, MI 49601 30-0013507						
(8) GREAT MIAMI VALLEY YMCA	SOCIAL SERVICE	ОН	501(C)(3)	LINE 9	N/A	No
105 N 2ND STREET HAMILTON, OH 450112701						
31-0536719 (9) SPRINGFIELD FAMILY YMCA	SOCIAL SERVICE	ОН	501(C)(3)	LINE 9	N/A	No
300 SOUTH LIMESTONE STREET						
SPRINGFIELD, OH 455051071 31-0537169	COCIAL CERVICE		F04/C)/2)	LINE	D1 (0	N. a
(10) MIAMI COUNTY YMCA AT PIQUA OHIO 223 WEST HIGH STREET	SOCIAL SERVICE	ОН	501(C)(3)	LINE 9	N/A	No
PIQUA, OH 45356 31-0537179						
(11) YMCA OF GREATER DAYTON	SOCIAL SERVICE	ОН	501(C)(3)	LINE 9	N/A	No
111 WEST FIRST STREET SUITE 207 DAYTON, OH 454021107						
31-0537517 (12) FAMILY YMCA OF LANCASTER & FAIRFIELD COUNTY	SOCIAL SERVICE	ОН	501(C)(3)	LINE 9	N/A	No
ОН						
465 W SIXTH AVE LANCASTER, OH 431302547						
31-1132606 (13) YMCA OF SOUTHERN INDIANA	SOCIAL SERVICE	IN	501(C)(3)	LINE 9	N/A	No
PO BOX 1525 JEFFERSONVILLE, IN 471311525						
31-1183203 (14) LAKOTA FAMILY YMCA	SOCIAL SERVICE	ОН	501(C)(3)	LINE 9	N/A	No
PO BOX 692	SOCIAL SERVICE		301(0)(3)	LINE	N/A	l No
WEST CHESTER, OH 450690692 31-1223296						
(15) UNION COUNTY FAMILY YMCA	SOCIAL SERVICE	ОН	501(C)(3)	LINE 9	N/A	No
1150 CHARLES LANE MARYSVILLE, OH 430409797						
31-1355370 (16) CHAMPAIGN FAMILY YMCA	SOCIAL SERVICE	ОН	501(C)(3)	LINE 9	N/A	No
191 COMMUNITY DR						
URBANA, OH 430786001 31-1506457	60.6141.655115	2	E04/03/23	LINE	21/2	
(17) YMCA OF GREATER CINCINNATI 1105 ELM STREET	SOCIAL SERVICE	ОН	501(C)(3)	LINE 9	N/A	No
CINCINNATI, OH 45202 31-1537178						
(18) WAPAKONETA FAMILY YMCA	SOCIAL SERVICE	ОН	501(C)(3)	LINE 9	N/A	No
1100 DEFIANCE STREET WAPAKONETA, OH 45895						
31-1568315 (19) PIKE COUNTY YMCA	SOCIAL SERVICE	ОН	501(C)(3)	LINE 9	N/A	No
400 PRIDE DRIVE					.,	
WAVERLY, OH 45690 31-1665134						
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		or foreign country)		(if section 501(c) (3))	,	controlled entity?
(244)		0.11	504 (0)(0)			Yes No
(241) HIGHLAND COUNTY FAMILY YMCA 201 DIAMOND DRIVE	SOCIAL SERVICE	ОН	501(C)(3)	LINE 9	N/A	No
HILLSBORO, OH 45133 31-1677179						
(1) MUSKINGUM FAMILY YMCA	SOCIAL SERVICE	ОН	501(C)(3)	LINE 9	N/A	No
1861 ADAMS LANE PO BOX 8108 ZANESVILLE, OH 437028108						
31-1694045 (2) YMCA OF CENTRAL OHIO	SOCIAL SERVICE	ОН	501(C)(3)	LINE 9	N/A	No
40 W LONG ST COLUMBUS, OH 432152891						
31-4379594 (3) YMCA OF ROSS COUNTY	SOCIAL SERVICE	ОН	501(C)(3)	LINE 9	N/A	No
100 MILL ST						
CHILLICOTHE, OH 45601 31-4379806						
(4) MARION FAMILY YMCA 645 BARKS ROAD E	SOCIAL SERVICE	ОН	501(C)(3)	LINE 9	N/A	No
MARION, OH 43302 31-4380058						
(5) YMCA OF MARIETTA	SOCIAL SERVICE	ОН	501(C)(3)	LINE 9	N/A	No
300 N 7TH ST MARIETTA, OH 45750						
31-4386270 (6) THE LICKING COUNTY FAMILY YMCA	SOCIAL SERVICE	ОН	501(C)(3)	LINE 9	N/A	No
470 W CHURCH STREET NEWARK, OH 43055						
31-6053101 (7) YMCA OF CENTRAL STARK COUNTY	SOCIAL SERVICE	ОН	501(C)(3)	LINE 9	N/A	No
1201 30TH ST NW	SOCIAL SERVICE		301(0)(3)			
CANTON, OH 44709 34-0714392						
(8) YMCA OF AKRON OHIO INC	SOCIAL SERVICE	ОН	501(C)(3)	LINE 9	N/A	No
50 S MAIN ST STE 100 AKRON, OH 443081847 34-0714727						
(9) YMCA OF GREATER CLEVELAND	SOCIAL SERVICE	ОН	501(C)(3)	LINE 9	N/A	No
2200 PROSPECT AVE E 900 CLEVELAND, OH 441152602						
34-0714728 (10) YMCA OF YOUNGSTOWN OHIO	SOCIAL SERVICE	ОН	501(C)(3)	LINE 9	N/A	No
17 NORTH CHAMPION STREET PO BOX 128 YOUNGSTOWN, OH 445031602						
34-0714730 (11) ALLIANCE YMCA	SOCIAL SERVICE	ОН	501(C)(3)	LINE 9	N/A	No
205 S UNION AVE	SOCIAL SERVICE		301(0)(3)	LINE	N/C	110
ALLIANCE, OH 446012537 34-0714792						
(12) YMCA OF ASHLAND OHIO	SOCIAL SERVICE	ОН	501(C)(3)	LINE 9	N/A	No
207 MILLER STREET ASHLAND, OH 44805 34-0714793						
(13) YMCA OF EAST LIVERPOOL OHIO	SOCIAL SERVICE	ОН	501(C)(3)	LINE 9	N/A	No
15655 ST RT 170 EAST LIVERPOOL, OH 43920						
34-0714794 (14) YMCA OF MANSFIELD OHIO	SOCIAL SERVICE	ОН	501(C)(3)	LINE 9	N/A	No
750 SCHOLL ROAD MANSFIELD, OH 44907						
34-0714795 (15) LAKE COUNTY YMCA	SOCIAL SERVICE	ОН	501(C)(3)	LINE 9	N/A	No
933 MENTOR AVENUE	SOCIAL SERVICE		301(0)(3)			
PAINESVILLE, OH 440772519 34-0714796						
(16) TUSCARAWAS COUNTY YMCA INC	SOCIAL SERVICE	ОН	501(C)(3)	LINE 9	N/A	No
600 MONROE ST DOVER, OH 446222047 34-0714797						
(17) YMCA OF WESTERN STARK COUNTY	SOCIAL SERVICE	ОН	501(C)(3)	LINE 9	N/A	No
131 TREMONT AVENUE SE MASSILLON, OH 446466698						
34-0719180 (18) ASHTABULA COUNTY FAMILY YMCA	SOCIAL SERVICE	ОН	501(C)(3)	LINE 9	N/A	No
263 PROSPECT ROAD						
ASHTABULA, OH 440045841 34-0726066 (19) YMCA OF WOOSTEP OHIO	SOCIAL SERVICE	ОН	501(0)(2)	LINE 9	N/A	No
(19) YMCA OF WOOSTER OHIO 680 WOODLAND AVE	SOCIAL SERVICE	J 0n	501(C)(3)	LTINE A	IN/M	INO
WOOSTER, OH 446912743 34-0766172						
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	ganizations	1 45	1 45	1 (5)	1 .
(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?
		504(0)(0)			Yes No
SOCIAL SERVICE	ОН	501(C)(3)	LINE 9	N/A	No
SOCIAL SERVICE	ОН	501(C)(3)	LINE 9	N/A	No
SOCIAL SERVICE	ОН	501(C)(3)	LINE 9	N/A	No
SOCIAL SERVICE	ОН	501(C)(3)	LINE 9	N/A	No
SOCIAL SERVICE	ОН	501(C)(3)	LINE 9	N/A	No
SOCIAL SERVICE	ОН	501(C)(3)	LINE 9	N/A	No
SOCIAL SERVICE	ОН	501(C)(3)	LINE 9	N/A	No
SOCIAL SERVICE	ОН	501(C)(3)	LINE 9	N/A	No
SOCIAL SERVICE	ОН	501(C)(3)	LINE 9	N/A	No
SOCIAL SERVICE	ОН	501(C)(3)	LINE 9	N/A	No
SOCIAL SERVICE	ОН	501(C)(3)	LINE 9	N/A	No
SOCIAL SERVICE	ОН	501(C)(3)	LINE 9	N/A	No
SOCIAL SERVICE	ОН	501(C)(3)	LINE 9	N/A	No
SOCIAL SERVICE	ОН	501(C)(3)	LINE 9	N/A	No
SOCIAL SERVICE	ОН	501(C)(3)	LINE 9	N/A	No
SOCIAL SERVICE	ОН	501(C)(3)	LINE 9	N/A	No
SOCIAL SERVICE	ОН	501(C)(3)	LINE 9	N/A	No
SOCIAL SERVICE	ОН	501(C)(3)	LINE 9	N/A	No
SOCIAL SERVICE	ОН	501(C)(3)	LINE 9	N/A	No
SOCIAL SERVICE	ОН	501(C)(3)	LINE 9	N/A	No
	SOCIAL SERVICE SOCIAL SERVICE OH SOCIAL SERVICE	Social Service OH Sol(CX3) Line 9	Clate Section Continue Co		

Form 990, Schedule R, Part II - Identification of Rela			7.5		-	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 section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?
(281) YMCA OF SIDNEY AND SHELBY COUNTY OHIO	SOCIAL SERVICE	ОН	501(C)(3)	LINE 9	N/A	Yes No
300 EAST PARKWOOD STREET SIDNEY, OH 453651667	SOCIAL SERVICE		301(0)(3)	LINE 3	N/A	140
34-6596911 (1) WABASH COUNTY YMCA	SOCIAL SERVICE	IN	501(C)(3)	LINE 9	N/A	No
500 SOUTH CASS STREET WABASH, IN 46992 35-0733765						
(2) YMCA OF MADISON COUNTY INC	SOCIAL SERVICE	IN	501(C)(3)	LINE 9	N/A	No
28 W 12TH ST PO BOX 527 ANDERSON, IN 460150527 35-0868206						
(3) YMCA OF CLAY COUNTY	SOCIAL SERVICE	IN	501(C)(3)	LINE 9	N/A	No
225 E KRUZAN BRAZIL, IN 47834 35-0868207						
(4) YMCA OF GREATER INDIANAPOLIS	SOCIAL SERVICE	IN	501(C)(3)	LINE 9	N/A	No
615 NORTH ALABAMA STREET STE200 INDIANAPOLIS, IN 462041430 35-0868211						
(5) YMCA OF LAFAYETTE INDIANA	SOCIAL SERVICE	IN	501(C)(3)	LINE 9	N/A	No
1950 S 18TH ST LAFAYETTE, IN 479052099 35-0868213						
(6) YMCA OF MUNCIE INDIANA INC	SOCIAL SERVICE	IN	501(C)(3)	LINE 9	N/A	No
500 SOUTH MULBERRY STREET MUNCIE, IN 473052493 35-0868215 (7) YMCA OF MICHIANA INC	SOCIAL SERVICE	IN	E01(C)(2)	LINE 9	N/A	N a
1201 NORTHSIDE BOULEVARD SOUTH BEND, IN 466153921	SOCIAL SERVICE	IN	501(C)(3)	LINE 9	IN/A	No
35-0868216 (8) YMCA OF VINCENNES INDIANA	SOCIAL SERVICE	IN	501(C)(3)	LINE 9	N/A	No
2010 COLLEGE AVE VINCENNES, IN 475915631 35-0868218						
(9) YMCA OF DEKALB COUNTY INC	SOCIAL SERVICE	IN	501(C)(3)	LINE 9	N/A	No
310 N MAIN ST AUBURN, IN 467061828 35-0868958						
(10) YMCA OF SOUTHWESTERN INDIANA	SOCIAL SERVICE	IN	501(C)(3)	LINE 9	N/A	No
222 NW 6TH STREET EVANSVILLE, IN 477081308 35-0869074 (11) HENRY COUNTY YMCA	SOCIAL SERVICE	IN	501(C)(3)	LINE 9	N/A	No
300 WITTENBRAKER AVENUE NEW CASTLE, IN 47362 35-0873347						
(12) CASS COUNTY FAMILY YMCA INC	SOCIAL SERVICE	IN	501(C)(3)	LINE 9	N/A	No
905 EAST BROADWAY LOGANSPORT, IN 469473184 35-0874281						
(13) YMCA OF VALPARAISO INDIANA INC	SOCIAL SERVICE	IN	501(C)(3)	LINE 9	N/A	No
1201 CUMBERLAND CROSS DRIVE VALPARAISO, IN 46383 35-0876401						
(14) YMCA OF GREATER FORT WAYNE	SOCIAL SERVICE	IN	501(C)(3)	LINE 9	N/A	No
347 W BERRY STREET SUITE 500 FORT WAYNE, IN 46802 35-0886850						
(15) YMCA OF LA PORTE INDIANA	SOCIAL SERVICE	IN	501(C)(3)	LINE 9	N/A	No
901 S MICHIGAN AVE LA PORTE, IN 463503504 35-0886851						
(16) YMCA OF GRANT COUNTY	SOCIAL SERVICE	IN	501(C)(3)	LINE 9	N/A	No
123 SUTTER WAY MARION, IN 469524401 35-0886981						
(17) YMCA OF KOKOMO INDIANA	SOCIAL SERVICE	IN	501(C)(3)	LINE 9	N/A	No
200 NORTH UNION STREET KOKOMO, IN 469014614 35-0893511						
(18) MIAMI COUNTY YMCA 34 E 6TH ST	SOCIAL SERVICE	IN	501(C)(3)	LINE 9	N/A	No
PERU, IN 469702350 35-0893512	60.6141.655	***	E01/02/22	LINE	NI /A	
(19) HUNTINGTON YMCA 1160 W 500 N HUNTINGTON, IN 46750 35-0905959	SOCIAL SERVICE	IN	501(C)(3)	LINE 9	N/A	No
	1	1	I	ı	1	I

Form 990, Schedule R, Part II - Identification of Rela		7	7.5			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 section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?
(201) DECATUR COUNTY FAMILY VMCA INC	COCIAL CERVICE	TNI	E01(C)(2)	LINE O	NI /A	Yes No
(301) DECATUR COUNTY FAMILY YMCA INC 1301 KATHYS WAY CREEN RULE IN 473401708	SOCIAL SERVICE	IN	501(C)(3)	LINE 9	N/A	No
GREENSBURG, IN 472401798 35-0919345	CO CIAL CERVICE	TNI	E01/(C)/(2)	LINE O	21.72	N.
(1) YMCA OF RICHMOND 2023 CHESTER BLVD	SOCIAL SERVICE	IN	501(C)(3)	LINE 9	N/A	No
RICHMOND, IN 47374 35-0984030						
(2) DAVIESS COUNTY FAMILY YMCA	SOCIAL SERVICE	IN	501(C)(3)	LINE 9	N/A	No
405 NE 3RD ST WASHINGTON, IN 475012062 35-1050606						
(3) KOSCIUSKO COMMUNITY YMCA INC	SOCIAL SERVICE	IN	501(C)(3)	LINE 9	N/A	No
1401 E SMITH ST WARSAW, IN 465804615						
35-1068182 (4) CROSSROADS YMCA INC	SOCIAL SERVICE	IN	501(C)(3)	LINE 9	N/A	No
1450 SOUTH COURT ST CROWN POINT, IN 463073935 35-1369437						
(5) HOBART FAMILY YMCA INC	SOCIAL SERVICE	IN	501(C)(3)	LINE 9	N/A	No
601 WEST 40TH PLACE HOBART, IN 463422223 35-1382817						
(6) YMCA OF MONROE COUNTY INC	SOCIAL SERVICE	IN	501(C)(3)	LINE 9	N/A	No
2125 S HIGHLAND AVE BLOOMINGTON, IN 474022598 35-1384859						
(7) YMCA OF PORTAGE TOWNSHIP INC	SOCIAL SERVICE	IN	501(C)(3)	LINE 9	N/A	No
3100 WILLOWCREEK ROAD PORTAGE, IN 463683516 35-1404478						
(8) DUNELAND FAMILY YMCA	SOCIAL SERVICE	IN	501(C)(3)	LINE 9	N/A	No
215 ROOSEVELT STREET CHESTERTON, IN 463042530 35-1404559						
(9) CLINTON COUNTY FAMILY YMCA	SOCIAL SERVICE	IN	501(C)(3)	LINE 9	N/A	No
950 SOUTH MAISH ROAD FRANKFORT, IN 460412838 35-1636774						
(10) SOUTHEASTERN INDIANA YMCA	SOCIAL SERVICE	IN	501(C)(3)	LINE 9	N/A	No
30 STATE RD 129 S BATESVILLE, IN 470069227 35-1855594 (11) SCOTT COUNTY FAMILY YMCA	SOCIAL SERVICE	IN	501(C)(3)	LINE 9	N/A	No
805 COMMUNITY WAY	SOCIAL SERVICE	IN	301(0)(3)	LINE 9	IN/A	NO
SCOTTSBURG, IN 47170 35-1876673						
(12) YMCA OF STEUBEN COUNTY INC 500 E HARCOURT	SOCIAL SERVICE	IN	501(C)(3)	LINE 9	N/A	No
ANGOLA, IN 46703 35-1999599						
(13) OWEN COUNTY FAMILY YMCA	SOCIAL SERVICE	IN	501(C)(3)	LINE 9	N/A	No
1111 W STATE HIGHWAY 46 SPENCER, IN 47460 35-2017600						
(14) BARBARA B JORDAN YMCA INC	SOCIAL SERVICE	IN	501(C)(3)	LINE 9	N/A	No
2039 E MORGAN STREET MARTINSVILLE, IN 46151						
35-2019312 (15) BROWN COUNTY COMMUNITY YMCA	SOCIAL SERVICE	IN	501(C)(3)	LINE 9	N/A	No
105 WILLOW STREET NASHVILLE, IN 474487913 35-2038783						
(16) SWITZERLAND COUNTY YMCA	SOCIAL SERVICE	IN	501(C)(3)	LINE 9	N/A	No
735 HIGHWAY 56 PO BOX 113 VEVAY, IN 47043						
35-2090419 (17) WASHINGTON COUNTY FAMILY YMCA	SOCIAL SERVICE	IN	501(C)(3)	LINE 9	N/A	No
1709 NORTH SHELBY STREET SALEM, IN 47167 35-2097432						
(18) YMCA OF HARRISON COUNTY	SOCIAL SERVICE	IN	501(C)(3)	LINE 9	N/A	No
198 JENKINS CT NE CORYDON, IN 47112 35-2122124						
(19) TRI-COUNTY YMCA	SOCIAL SERVICE	IN	501(C)(3)	LINE 9	N/A	No
PO BOX 171 FERDINAND, IN 47532 35-2216734						

Form 990, Schedule R, Part II - Identification of Relat		•	1				
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(321) PRAIRIE VALLEY YMCA	SOCIAL SERVICE	IL	501(C)(3)	LINE 9	N/A	Yes	No No
50 N MCLEAN BLVD	SOCIAL SERVICE	112	20 I (C)(3)	LINE 3			INU
ELGIN, IL 60123 36-2169193							
(1) MCGAW YMCA 1000 GROVE ST	SOCIAL SERVICE	IL	501(C)(3)	LINE 9	N/A		No
EVANSTON, IL 602014294 36-2169194							
(2) YMCA OF NORTHWEST ILLINOIS	SOCIAL SERVICE	IL	501(C)(3)	LINE 9	N/A		No
2998 W PEARL CITY RD FREEPORT, IL 610329338							
36-2169195 (3) JOLIET YMCA	SOCIAL SERVICE	IL	501(C)(3)	LINE 9	N/A		No
749 HOUBOLT ROAD JOLIET, IL 60431							
36-2169197 (4) KANKAKEE AREA YMCA	SOCIAL SERVICE	IL	501(C)(3)	LINE 9	N/A		No
1075 KENNEDY DR							
KANKAKEE, IL 609012032 36-2169198	SOCIAL SERVICE	TI	E01(C)(2)	LINE O	NI (A		No
(5)TWO RIVERS YMCA 2040 53RD STREET	SOCIAL SERVICE	IL	501(C)(3)	LINE 9	N/A		Νo
MOLINE, IL 612653650 36-2169199							
(6) YMCA OF ROCK RIVER VALLEY	SOCIAL SERVICE	IL	501(C)(3)	LINE 9	N/A		No
200 Y BOULEVARD ROCKFORD, IL 611073094 36-2174838							
(7) THE WEST COOK YMCAS	SOCIAL SERVICE	IL	501(C)(3)	LINE 9	N/A		No
255 SOUTH MARION STREET OAK PARK, IL 603023103							
36-2179780 (8) YMCA OF METROPOLITAN CHICAGO	SOCIAL SERVICE	IL	501(C)(3)	LINE 9	N/A		No
801 N DEARBORN ST CHICAGO, IL 606101012							
36-2179782 (9) STREATOR FAMILY YMCA	SOCIAL SERVICE	IL	501(C)(3)	LINE 9	N/A		No
10 OAKLEY AVENUE		12					
STREATOR, IL 61364 36-2205999							
(10) STERLING-ROCK FALLS FAMILY YMCA 2505 YMCA WAY	SOCIAL SERVICE	IL	501(C)(3)	LINE 9	N/A		No
STERLING, IL 610813603 36-2225496							
(11) YMCA OF KEWANEE	SOCIAL SERVICE	IL	501(C)(3)	LINE 9	N/A		Νo
315 WEST FIRST STREET KEWANEE, IL 614432103 36-2239384							
(12) YMCA OF BELVIDERE	SOCIAL SERVICE	IL	501(C)(3)	LINE 9	N/A		No
220 WEST LOCUST STREET BELVIDERE, IL 610083621							
36-2287520 (13) YMCA OF OTTAWA ILLINOIS	SOCIAL SERVICE	IL	501(C)(3)	LINE 9	N/A		No
201 E JACKSON ST OTTAWA, IL 613502246							
36-2337893 (14) KISHWAUKEE FAMILY YMCA INC	SOCIAL SERVICE	IL	501(C)(3)	LINE 9	N/A		No
2500 W BETHANY ROAD							
SYCAMORE, IL 60178 36-2379649 (15) YMCA OF NORTHWESTERN DURAGE COUNTY	SOCIAL SERVICE	71	E01/C\/2\	LINEO	NI /A		NI c
(15) YMCA OF NORTHWESTERN DUPAGE COUNTY 49 DEICKE DR	SOCIAL SERVICE	IL	501(C)(3)	LINE 9	N/A		Νo
GLEN ELLYN, IL 601375665 36-2470895							
(16) DIXON FAMILY YMCA	SOCIAL SERVICE	IL	501(C)(3)	LINE 9	N/A		No
110 NORTH GALENA AVENUE DIXON, IL 610212198 36-2487927							
(17) NORTH SUBURBAN YMCA	SOCIAL SERVICE	IL	501(C)(3)	LINE 9	N/A		No
2705 TECHNY ROAD NORTHBROOK, IL 600625963							
36-2546842 (18) TRI-TO WN YMCA	SOCIAL SERVICE	IL	501(C)(3)	LINE 9	N/A		No
1464 S MAIN ST LOMBARD, IL 60148							
36-2643097 (19) YMCA OF BERWYN-CICERO	SOCIAL SERVICE	IL	501(C)(3)	LINE 9	N/A		No
2947 OAK PARK AVENUE							
BERWYN, IL 604023048 36-2702522							

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		<u></u>				Yes	No
(341) FOX VALLEY FAMILY YMCA INC 3875 ELDAMAIN RD	SOCIAL SERVICE	IL	501(C)(3)	LINE 9	N/A		No
PLANO, IL 605459711 36-3028169							
(1) ALFRED CAMPANELLI YMCA	SOCIAL SERVICE	IL	501(C)(3)	LINE 9	N/A		No
300 W WISE RD SCHAUMBURG, IL 601934098							
36-3234727 (2) YMCA OF THE USA	SOCIAL SERVICE	IL	501(C)(3)	LINE 9	N/A		No
101 N WACKER DR STE1400 CHICAGO, IL 606067386							
36-3256696 (3) ALLIANCE AREA FAMILY YMCA	SOCIAL SERVICE	NE	501(C)(3)	LINE 9	N/A		No
PO BOX 602 ALLIANCE, NE 693014613							
36-3390518 (4) MERCER COUNTY FAMILY YMCA	SOCIAL SERVICE	IL	501(C)(3)	LINE 9	N/A		No
401 SW SECOND AVENUE		12	301(0)(3)				
ALEDO, IL 61231 36-3832360							
(5) ILLINOIS VALLEY YMCA INC 300 WALNUT DRIVE	SOCIAL SERVICE	IL	501(C)(3)	LINE 9	N/A		No
PERU, IL 613541946 36-6218217							
(6) YMCA OF THE UNIVERSITY OF ILLINOIS	SOCIAL SERVICE	IL	501(C)(3)	LINE 9	N/A		No
1001 SOUTH WRIGHT STREET CHAMPAIGN, IL 618206225 37-0661257							
(7) DECATUR FAMILY YMCA	SOCIAL SERVICE	IL	501(C)(3)	LINE 9	N/A		No
220 WEST MCKINLEY AVENUE DECATUR, IL 62526 37-0661258							
(8) EDWARDSVILLE YMCA	SOCIAL SERVICE	IL	501(C)(3)	LINE 9	N/A		No
1200 ESIC DRIVE EDWARDSVILLE, IL 620253818 37-0661259							
(9) YMCA OF KNOX COUNTY	SOCIAL SERVICE	IL	501(C)(3)	LINE 9	N/A		No
1324 W CARL SANDBURG DR GALESBURG, IL 614011347 37-0661260							
(10) SHERWOOD EDDY MEMORIAL YMCA	SOCIAL SERVICE	IL	501(C)(3)	LINE 9	N/A		No
1000 SHERWOOD LANE JACKSONVILLE, IL 626502700							
37-0661261 (11) QUINCY YMCA	SOCIAL SERVICE	IL	501(C)(3)	LINE 9	N/A		No
3101 MAINE STREET QUINCY, IL 623014418 37-0661262							
(12) YMCA OF SPRINGFIELD	SOCIAL SERVICE	IL	501(C)(3)	LINE 9	N/A		No
PO BOX 155 SPRINGFIELD, IL 62705							
37-0661263 (13) BLOOMINGTON YMCA	SOCIAL SERVICE	IL	501(C)(3)	LINE 9	N/A		No
602 SOUTH MAIN STREET BLOOMINGTON, IL 617015135 37-0662603							
(14) YMCA OF DANVILLE	SOCIAL SERVICE	IL	501(C)(3)	LINE 9	N/A		No
1111 N VERMILION ST DANVILLE, IL 618323049							
37-0662604 (15) GREATER PEORIA FAMILY YMCA	SOCIAL SERVICE	IL	501(C)(3)	LINE 9	N/A		No
7000 N FLEMING LANE PEORIA, IL 616141236 37-0662605							
(16) YMCA OF WARREN COUNTY	SOCIAL SERVICE	IL	501(C)(3)	LINE 9	N/A		No
PO BOX 527 MONMOUTH, IL 614620527 37-0663575							
(17) CHAMPAIGN COUNTY YMCA	SOCIAL SERVICE	IL	501(C)(3)	LINE 9	N/A		No
2501 FIELDS SOUTH DR CHAMPAIGN, IL 618223733 37-0673564							
(18) YMCA OF SOUTHWEST ILLINOIS	SOCIAL SERVICE	IL	501(C)(3)	LINE 9	N/A		No
424 LEBANON AVENUE BELLEVILLE, IL 622204127 37-0673565							
(19) TRI-CITY AREA YMCA	SOCIAL SERVICE	IL	501(C)(3)	LINE 9	N/A		No
451 NIEDRINGHAUS AVENUE GRANITE CITY, IL 62040 37-0673566							

Form 990, Schedule R, Part II - Identification of Rela	l .		l	1	1	1 -	_
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile	(d) Exempt Code	(e) Public charity	(f) Direct controlling	Section (b)(:	n 512
		(state or foreign country)	section	status (if section 501(c) (3))	entity	(b)(: contro enti	olled
				(3))		Yes	No
(361) YMCA OF CANTON	SOCIAL SERVICE	IL	501(C)(3)	LINE 9	N/A		No
1325 E ASH STREET CANTON, IL 615201504							
37-0748000 (1) YMCA OF MCDONOUGH COUNTY	SOCIAL SERVICE	IL	501(C)(3)	LINE 9	N/A		No
400 EAST CALHOUN STREET MACOMB, IL 614552366							
37-0792409 (2) CLINTON COMMUNITY YMCA	SOCIAL SERVICE	IL	501(C)(3)	LINE 9	N/A		No
417 SOUTH ALEXANDER STREET							""
CLINTON, IL 617272348 37-0812114							
(3) YMCA OF JEFFERSON COUNTY	SOCIAL SERVICE	IL	501(C)(3)	LINE 9	N/A		No
1304 BROADWAY MOUNT VERNON, IL 62864 37-0863227							
(4) CHRISTIAN COUNTY YMCA	SOCIAL SERVICE	IL	501(C)(3)	LINE 9	N/A		No
900 MCADAM DRIVE TAYLORVILLE, IL 625689635							
37-1071231 (5) MATTOON AREA FAMILY YMCA	SOCIAL SERVICE	IL	501(C)(3)	LINE 9	N/A		No
PO BOX 875							
MATTOON, IL 619380875 37-1122559							
(6) LINCOLN AREA YMCA 604 BROADWAY STREET SUITE 1	SOCIAL SERVICE	IL	501(C)(3)	LINE 9	N/A		No
LINCOLN, IL 62656 37-1353644							
(7) BENTON HARBOR-ST JOSEPH YMCA	SOCIAL SERVICE	MI	501(C)(3)	LINE 9	N/A		No
3665 HOLLYWOOD RD SAINT JOSEPH, MI 490859581							
38-1358054 (8) YMCA OF METROPOLITAN DETROIT	SOCIAL SERVICE	MI	501(C)(3)	LINE 9	N/A		No
1401 BROADWAY STREET SUITE 3A							
DETROIT, MI 48226 38-1358055 (9) YMCA OF GREATER FLINT	SOCIAL SERVICE	MI	501(C)(3)	LINE 9	N/A		No
411 EAST THIRD STREET	SOCIAL SERVICE	MII	501(C)(3)	LINE 9	IN/A		INO
FLINT, MI 485032006 38-1358056							
(10) YMCA OF GREATER GRAND RAPIDS	SOCIAL SERVICE	MI	501(C)(3)	LINE 9	N/A		No
475 LAKE MICHIGAN DR NW GRAND RAPIDS, MI 49504							
38-1358058 (11) YMCA OF BARRY COUNTY	SOCIAL SERVICE	MI	501(C)(3)	LINE 9	N/A		No
PO BOX 252 HASTINGS, MI 490580252							
38-1358059 (12) NILES-BUCHANAN YMCA	SOCIAL SERVICE	MI	501(C)(3)	LINE 9	N/A		No
905 NORTH FRONT STREET							
NILES, MI 49120 38-1358236							
(13) KIMBALL CAMP YMCA NATURE CENTER	SOCIAL SERVICE	MI	501(C)(3)	LINE 9	N/A		No
4444 LONG LAKE ROAD READING, MI 492749303 38-1358416							
(14) YMCA OF THE BLUE WATER AREA	SOCIAL SERVICE	MI	501(C)(3)	LINE 9	N/A		No
1525 THIRD STREET PORT HURON, MI 48060							
38-1358417 (15) STATE YMCA OF MICHIGAN	SOCIAL SERVICE	MI	501(C)(3)	LINE 9	N/A		No
919 NE TORCH LAKE DRIVE							
CENTRAL LAKE, MI 496229628 38-1358418	COCIAL CERVICE	MT	F01(C)(2)	LINEO	N. (A		NI -
(16) YMCA OF METROPOLITAN LANSING 119 N WASHINGTON SQUARE	SOCIAL SERVICE	MI	501(C)(3)	LINE 9	N/A		No
LANSING, MI 48933 38-1359576							
(17) SHIA WASSEE FAMILY YMCA	SOCIAL SERVICE	MI	501(C)(3)	LINE 9	N/A		No
515 WEST MAIN STREET OWOSSO, MI 488672608							
38-1359577 (18) YMCA OF GREATER KALAMAZOO	SOCIAL SERVICE	MI	501(C)(3)	LINE 9	N/A		No
1001 W MAPLE ST KALAMAZOO, MI 490081885							
38-1360592 (19) YMCA OF SAGINAW	SOCIAL SERVICE	MI	501(C)(3)	LINE 9	N/A		No
1915 FORDNEY STREET	SOCIAL SERVICE	111	301(0)(3)				110
SAGINAW, MI 486012809 38-1360594							
						'	

(a)	1 415	ganizations	1 7.5	1	1 (6)	1
Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?
(381) JACKSON YMCA CENTER INC	SOCIAL SERVICE	MI	501(C)(3)	LINE 9	N/A	Yes No
127 WEST WESLEY AVENUE JACKSON, MI 492012226	SOCIAL SERVICE		301(0)(3)			
38-1381139 (1) YMCA OF LENAWEE COUNTY	SOCIAL SERVICE	MI	501(C)(3)	LINE 9	N/A	No
638 W MAUMEE ST ADRIAN, MI 492212030						
38-1393859 (2) MONROE FAMILY YMCA	SOCIAL SERVICE	MI	501(C)(3)	LINE 9	N/A	No
1111 W ELM AVENUE MONROE, MI 481622801						
38-1508585 (3) ANN ARBOR YMCA	SOCIAL SERVICE	MI	501(C)(3)	LINE 9	N/A	No
400 W WASHINGTON ANN ARBOR, MI 48103						
38-1525162 (4) GRAND TRAVERSE BAY YMCA	SOCIAL SERVICE	MI	501(C)(3)	LINE 9	N/A	No
3000 RACQUET CLUB DRIVE TRAVERSE CITY, MI 496844770 38-1709640						
(5) TRI-CITIES FAMILY YMCA	SOCIAL SERVICE	MI	501(C)(3)	LINE 9	N/A	No
1 Y DR GRAND HAVEN, MI 494171768 38-1717502						
(6) BATTLE CREEK FAMILY YMCA	SOCIAL SERVICE	MI	501(C)(3)	LINE 9	N/A	No
182 CAPITAL AVENUE NE BATTLE CREEK, MI 490173925 38-1986068						
(7) NORTHERN LIGHTS YMCA INC PO BOX 602	SOCIAL SERVICE	MI	501(C)(3)	LINE 9	N/A	No
ESCANABA, MI 498290602 38-2615035						
(8) SHERMAN LAKE YMCA OUTDOOR CENTER	SOCIAL SERVICE	MI	501(C)(3)	LINE 9	N/A	No
6225 N 39TH ST AUGUSTA, MI 490129722 38-3167869						
(9) YMCA OF MARQUETTE COUNTY	SOCIAL SERVICE	MI	501(C)(3)	LINE 9	N/A	No
1420 PINE STREET MARQUETTE, MI 498550441 38-3211419						
(10) GREATER MARINETTE-MENOMINEE YMCA INC	SOCIAL SERVICE	MI	501(C)(3)	LINE 9	N/A	No
1600 WEST DRIVE MENOMINEE, MI 498582238 38-6119445						
(11) LA CROSSE AREA FAMILY YMCA	SOCIAL SERVICE	WI	501(C)(3)	LINE 9	N/A	No
1140 MAIN ST LA CROSSE, WI 546014190 39-0806172						
(12) YMCA OF THE FOX CITIES INC 229 E COLLEGE AVE	SOCIAL SERVICE	WI	501(C)(3)	LINE 9	N/A	No
APPLETON, WI 54911 39-0806191						
(13) YMCA OF DANE COUNTY INC 8001 EXCELSIOR DRIVE SUITE 200	SOCIAL SERVICE	WI	501(C)(3)	LINE 9	N/A	No
MADISON, WI 53717 39-0806253						
(14) YMCA OF METROPOLITAN MILWAUKEE INC 161 W WISCONSIN AVENUE SUITE 4000	SOCIAL SERVICE	WI	501(C)(3)	LINE 9	N/A	No
MILWAUKEE, WI 532032601 39-0806314		11.07	504 (0)(0)	1.7115.0	<u></u>	
(15) YMCA OF EAU CLAIRE WISCONSIN 700 GRAHAM AVENUE EAU CLAIRE WI 547013840	SOCIAL SERVICE	WI	501(C)(3)	LINE 9	N/A	No
EAU CLAIRE, WI 547013840 39-0806351 (16) FAMILY YMCA OF NORTHERN ROCK COUNTY	SOCIAL SERVICE	WI	501(C)(3)	LINE 9	N/A	No
221 DODGE STREET	SO CIAL SERVICE	W1	301(0)(3)		11/0	140
JANESVILLE, WI 53548 39-0806368						
(17) YMCA AT PABST FARMS INC 1750 VALLEY ROAD	SOCIAL SERVICE	WI	501(C)(3)	LINE 9	N/A	No
OCONOMOWOC, WI 53066 39-0806378 (18) FOND DU LAC FAMILY YMCA	SOCIAL SERVICE	WI	501(C)(3)	LINE 9	N/A	No
90 W SECOND ST FOND DU LAC, WI 549354141			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
39-0806436 (19) STATELINE FAMILY YMCA OF BELOIT INC	SOCIAL SERVICE	WI	501(C)(3)	LINE 9	N/A	No
1865 RIVERSIDE DRIVE BELOIT, WI 535113521 39-0806449						

Form 990, Schedule R, Part II - Identification of Rela	l .		l	1	1	1 -	_
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile	(d) Exempt Code	(e) Public charity	(f) Direct controlling	Section (1)	n 512
		(state or foreign country)	section	status (if section 501(c) (3))	entity	(b)(: contro enti	olled
				(3))		Yes	No
(401) RACINE FAMILY YMCA	SOCIAL SERVICE	WI	501(C)(3)	LINE 9	N/A	•	No
725 LAKE AVE RACINE, WI 534031207 39-0807254							
(1) WAUSAU - WOODSON YMCA	SOCIAL SERVICE	WI	501(C)(3)	LINE 9	N/A		No
707 THIRD ST WAUSAU, WI 544034703							
39-0808463 (2) GREATER GREEN BAY YMCA INC	SOCIAL SERVICE	WI	501(C)(3)	LINE 9	N/A		No
235 NORTH JEFFERSON STREET							
GREEN BAY, WI 543015126 39-0813466							
(3) SUPERIOR-DOUGLAS COUNTY FAMILY YMCA	SOCIAL SERVICE	WI	501(C)(3)	LINE 9	N/A		No
9 N 21ST ST SUPERIOR, WI 54880 39-0813468							
(4) LAKE GENEVA FAM YMCA	SOCIAL SERVICE	WI	501(C)(3)	LINE 9	N/A		No
203 WELLS STREET LAKE GENEVA, WI 531472022							
39-0816867 (5) KENOSHA YMCA	SOCIAL SERVICE	WI	501(C)(3)	LINE 9	N/A		No
7101 53RD STREET							
KENOSHA, WI 53144 39-0826296							
(6) SHEBOYGAN COUNTY YMCA	SOCIAL SERVICE	WI	501(C)(3)	LINE 9	N/A		No
PO BOX 609 SHEBOYGAN, WI 530820609							
39-0830271 (7) WAUKESHA FAMILY YMCA	SOCIAL SERVICE	WI	501(C)(3)	LINE 9	N/A		No
320 EAST BROADWAY WAUKESHA, WI 53186							
39-0847658 (8) OSHKOSH COMMUNITY YMCA	SOCIAL SERVICE	WI	501(C)(3)	LINE 9	N/A		No
324 WASHINGTON AVENUE	SOCIAL SERVICE	,,,,	301(0)(3)				
OSHKOSH, WI 54901 39-0878909							
(9) SOUTH WOOD COUNTY YMCA	SOCIAL SERVICE	WI	501(C)(3)	LINE 9	N/A		No
211 WISCONSIN RIVER DR PORT EDWARDS, WI 544691437							
39-0929462 (10) YMCA OF DODGE COUNTY	SOCIAL SERVICE	WI	501(C)(3)	LINE 9	N/A		No
220 CORPORATE DRIVE BEAVER DAM, WI 53916							
39-0975426 (11) MANITO WO C-TWO RIVERS AREA YMCA	SOCIAL SERVICE	WI	501(C)(3)	LINE 9	N/A		No
PO BOX 471	SOCIAL SERVICE	, , , , , , , , , , , , , , , , , , ,	301(0)(3)				
MANITOWOC, WI 542210471 39-1028773							
(12) CAMP MANITO-WISH YMCA INC	SOCIAL SERVICE	WI	501(C)(3)	LINE 9	N/A		No
PO BOX 246 BOULDER JUNCTION, WI 545120246							
39-1136315 (13) KETTLE MORAINE YMCA INC	SOCIAL SERVICE	WI	501(C)(3)	LINE 9	N/A		No
1111 W WASHINGTON ST WEST BEND, WI 530952433							
39-1175559 (14) CHIPPEWA VALLEY FAMILY YMCA	SOCIAL SERVICE	WI	501(C)(3)	LINE 9	N/A		No
611 JEFFERSON AVENUE							
CHIPPEWA FALLS, WI 54729 39-1308377							
(15) GREEN COUNTY FAMILY YMCA INC	SOCIAL SERVICE	WI	501(C)(3)	LINE 9	N/A		No
1307 SECOND STREET MONROE, WI 535661169							
39-1405623 (16) PHANTOM LAKE YMCA CAMP INC	SOCIAL SERVICE	WI	501(C)(3)	LINE 9	N/A		No
S 110 W30240 YMCA CAMP ROAD MUKWONAGO, WI 53149							
39-1501649 (17) MARSHFIELD AREA YMCA	SOCIAL SERVICE	WI	501(C)(3)	LINE 9	N/A		No
410 WEST MCMILLAN STREET	SO CIAL SERVICE	,,,,	301(0)(3)				
MARSHFIELD, WI 54449 _39-1557086							
(18) DOOR COUNTY YMCA	SOCIAL SERVICE	WI	501(C)(3)	LINE 9	N/A		No
1900 MICHIGAN ST STURGEON BAY, WI 54235							
39-1738982 (19) YMCA OF THE NORTHWOODS	SOCIAL SERVICE	WI	501(C)(3)	LINE 9	N/A		No
2003 WINNEBAGO STREET - EAST RHINELANDER, WI 54501							
39-1942168	1				1		

Form 990, Schedule R, Part II - Identification of Rela	•		1 40			1 ()
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state	(d) Exempt Code section	(e) Public charity status	(f) Direct controlling entity	(g) Section 512 (b)(13)
		or foreign country)		(if section 501(c) (3))	,	controlled entity?
						Yes No
(421) WINONA FAMILY YMCA INC 207 WINONA STREET	SOCIAL SERVICE	MN	501(C)(3)	LINE 9	N/A	No
WINONA, MN 55987 41-0693890						
(1) DULUTH AREA FAMILY YMCA	SOCIAL SERVICE	MN	501(C)(3)	LINE 9	N/A	No
302 W FIRST ST DULUTH, MN 558021606						
41-0693931 (2) BRAINERD FAMILY YMCA INC	SOCIAL SERVICE	MN	501(C)(3)	LINE 9	N/A	No
602 OAK STREET BRAINERD, MN 564013611						
41-0693938 (3) YMCA OF RED WING MINNESOTA	SOCIAL SERVICE	MN	501(C)(3)	LINE 9	N/A	No
434 MAIN ST						
RED WING, MN 55066 41-0695614						
(4) YMCA OF AUSTIN MINNESOTA 704 FIRST DR NW	SOCIAL SERVICE	MN	501(C)(3)	LINE 9	N/A	No
704 FIRST DR NW AUSTIN, MN 559123099 41-0718359						
(5) YMCA OF MANKATO	SOCIAL SERVICE	MN	501(C)(3)	LINE 9	N/A	No
1401 SOUTH RIVERFRONT DRIVE MANKATO, MN 560012413						
41-0739108 (6) YMCA OF ROCHESTER INC	SOCIAL SERVICE	MN	501(C)(3)	LINE 9	N/A	No
709 FIRST AVE SW ROCHESTER, MN 559023396						
41-0807581 (7) FERGUS FALLS AREA FAMILY YMCA	SOCIAL SERVICE	MN	501(C)(3)	LINE 9	N/A	No
1164 N FRIBERG AVENUE	SOCIAL SERVICE	MIN	301(0)(3)	LINE 9	N/A	No
FERGUS FALLS, MN 565371580 41-0940250						
(8) ST CLOUD AREA FAMILY YMCA	SOCIAL SERVICE	MN	501(C)(3)	LINE 9	N/A	No
1530 NORTHWAY DRIVE SAINT CLOUD, MN 563031255 41-0952420						
(9) YMCA CAMP OLSON	SOCIAL SERVICE	MN	501(C)(3)	LINE 9	N/A	No
PO BOX 118 LONGVILLE, MN 566550118						
41-0967781 (10) ALBERT LEA FAMILY YMCA	SOCIAL SERVICE	MN	501(C)(3)	LINE 9	N/A	No
2021 WEST MAIN STREET						
ALBERT LEA, MN 560074335 41-1000679 (11) ITASCA COUNTY FAMILY YMCA	SOCIAL SERVICE	MN	501(C)(3)	LINE 9	N/A	No
400 RIVER RD	SOCIAL SERVICE	IMIN	301(0)(3)	LINE 9	IN/A	l No
GRAND RAPIDS, MN 557443784 41-1358634						
(12) MESABI FAMILY YMCA INC	SOCIAL SERVICE	MN	501(C)(3)	LINE 9	N/A	No
8367 S 8TH ST VIRGINIA, MN 557923604 41-1460551						
(13) KANDIYOHI COUNTY AREA FAMILY YMCA	SOCIAL SERVICE	MN	501(C)(3)	LINE 9	N/A	No
PO BOX 757 WILLMAR, MN 562010757						
41-1908049 (14) MARSHALL AREA YMCA	SOCIAL SERVICE	MN	501(C)(3)	LINE 9	N/A	No
200 SOUTH A STREET						
MARSHALL, MN 56258 41-1984589	SOCIAL SERVICE	MAN	F01(C)(2)	LINEO	N/A	No.
(15) WORTHINGTON AREA YMCA 1501 COLLEGEWAY	SOCIAL SERVICE	MN	501(C)(3)	LINE 9	IN/A	No
WORTHINGTON, MN 561873028 41-6007569						
(16) YMCA OF THE CEDAR RAPIDS METROPOLITAN AREA	SOCIAL SERVICE	IA	501(C)(3)	LINE 9	N/A	No
207 7TH AVENUE SE CEDAR RAPIDS, IA 52401 42-0680306						
(17) FAMILY YMCA OF CHARLES CITY IOWA	SOCIAL SERVICE	IA	501(C)(3)	LINE 9	N/A	No
800 HULIN STREET CHARLES CITY, IA 506162149						
42-0680309 (18) MASON CITY FAMILY YMCA	SOCIAL SERVICE	IA	501(C)(3)	LINE 9	N/A	No
1840 SOUTH MONROE AVENUE						
MASON CITY, IA 504013402 42-0680330			F04/53/53	1.71.7	11.70	
(19) MUSCATINE COMMUNITY YMCA 1823 LOGAN STREET PO BOX 978	SOCIAL SERVICE	IA	501(C)(3)	LINE 9	N/A	No
MUSCATINE, IA 527610017 42-0680340						
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Form 990, Schedule R, Part II - Identification of Rela		7	4.15		-	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 section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?
(441) YMCA OF GREATER DES MOINES IOWA	SOCIAL SERVICE	IA	501(C)(3)	LINE 9	N/A	Yes No
101 LOCUST STREET DES MOINES, IA 503091720	SO CINE SERVICE		301(0)(3)	EINE 3		
42-0680438 (1) FAMILY YMCA OF BLACK HAWK COUNTY	SOCIAL SERVICE	IA	501(C)(3)	LINE 9	N/A	No
669 SOUTH HACKETT ROAD WATERLOO, IA 507015632 42-0681109						
(2) HOERNER YMCA	SOCIAL SERVICE	IA	501(C)(3)	LINE 9	N/A	No
2126 PLANK ROAD KEOKUK, IA 526322899 42-0690393						
(3) YMCA OF WASHINGTON IOWA	SOCIAL SERVICE	IA	501(C)(3)	LINE 9	N/A	No
121 E MAIN ST WASHINGTON, IA 523532012 42-0698186						
(4) YMCA OF NEWTON IOWA INC	SOCIAL SERVICE	IA	501(C)(3)	LINE 9	N/A	No
1701 S 8TH AVE E NEWTON, IA 502085055 42-0703250			504(0)(2)	17115.0	10.40	
(5) SCOTT COUNTY FAMILY YMCA	SOCIAL SERVICE	IA	501(C)(3)	LINE 9	N/A	No
DAVENPORT, IA 52801 42-0703278 (6) YMCA OF OTTUMWA IOWA	SOCIAL SERVICE	IA	501(C)(3)	LINE 9	N/A	No
611-621 NORTH HANCOCK STREET OTTUMWA, IA 525014233	SOCIAL SERVICE	10	301(0)(3)	LINE	IV/A	IN O
42-0725202 (7) SIOUXLAND YMCA	SOCIAL SERVICE	NE	501(C)(3)	LINE 9	N/A	No
601 RIVERVIEW DR SOUTH SIOUX CITY, NE 68776 42-0738980						
(8) MAHASKA COUNTY YMCA	SOCIAL SERVICE	IA	501(C)(3)	LINE 9	N/A	No
414 N 3RD STREET OSKALOOSA, IA 525772216 42-0741010						
(9) YMCA OF SPENCER IOWA	SOCIAL SERVICE	IA	501(C)(3)	LINE 9	N/A	No
PO BOX 212 SPENCER, IA 513010212 42-0820570						
(10) NISHNA VALLEY FAMILY YMCA 1100 MAPLE STREET	SOCIAL SERVICE	IA	501(C)(3)	LINE 9	N/A	No
ATLANTIC, IA 50022 42-0844143 (11) YMCA OF DUBUQUE IOWA	SOCIAL SERVICE	IA	501(C)(3)	LINE 9	N/A	No
35 N BOOTH ST DUBUQUE, IA 520017332 42-0934471						
(12) CAMP FOSTER YMCA	SOCIAL SERVICE	IA	501(C)(3)	LINE 9	N/A	No
PO BOX 296 SPIRIT LAKE, IA 513600296 42-0958909						
(13) ALGONA FAMILY YMCA	SOCIAL SERVICE	IA	501(C)(3)	LINE 9	N/A	No
2101 E MCGREGOR STREET ALGONA, IA 505113000 42-1225829						
(14) YMCA OF FOREST CITY IOWA	SOCIAL SERVICE	IA	501(C)(3)	LINE 9	N/A	No
916 WEST I STREET FOREST CITY, IA 504361739 42-1257332						
(15) LE MARS AREA FAMILY YMCA	SOCIAL SERVICE	IA	501(C)(3)	LINE 9	N/A	No
PO BOX 41 LE MARS, IA 51031 42-1413807						
(16) MONTGOMERY COUNTY FAMILY YMCA	SOCIAL SERVICE	IA	501(C)(3)	LINE 9	N/A	No
101 E CHERRY STREET RED OAK, IA 515661004 42-1433436						
(17) SOUTHERN PRAIRIE YMCA	SOCIAL SERVICE	IA	501(C)(3)	LINE 9	N/A	No
1201 WEST TOWNLINE STREET CRESTON, IA 508011036 42-1436507						
(18) YMCA OF MARSHALLTOWN IOWA	SOCIAL SERVICE	IA	501(C)(3)	LINE 9	N/A	No
108 WASHINGTON STREET MARSHALL, IA 50158 42-1478611						
(19) FORT MADISON FAMILY YMCA 220 26TH STREET FORT MADISON, IA 526272204	SOCIAL SERVICE	IA	501(C)(3)	LINE 9	N/A	No
42-6080176						

Form 990, Schedule R, Part II - Identification of Rela		I	7.5		1	1
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(461) GREATER ST LOUIS YMCA	SOCIAL SERVICE	MO	501(C)(3)	LINE 9	N/A	Yes No
326 SOUTH 21ST STREET SUITE 400 ST LOUIS, MO 63103	SO CIAL SERVICE	140	301(0)(3)	LINE 3	N/O	
43-0653616 (1) YMCA OF HANNIBAL	SOCIAL SERVICE	MO	501(C)(3)	LINE 9	N/A	No
1 YMCA DRIVE HANNIBAL, MO 634012270 43-0663323						
(2) ADAIR COUNTY FAMILY YMCA 1708 S JAMISON	SOCIAL SERVICE	МО	501(C)(3)	LINE 9	N/A	No
KIRKSVILLE, MO 635010644 43-0811428						
(3) JEFFERSON CITY AREA YMCA PO BOX 104176 JEFFERSON CITY, MO 651104176	SOCIAL SERVICE	МО	501(C)(3)	LINE 9	N/A	No
43-0953286 (4) GRAND RIVER AREA FAMILY YMCA INC	SOCIAL SERVICE	МО	501(C)(3)	LINE 9	N/A	No
PO BOX 751 CHILLICHOTHE, MO 64601 43-1493664						
(5) CALLAWAY COUNTY YMCA	SOCIAL SERVICE	МО	501(C)(3)	LINE 9	N/A	No
1715 WOOD STREET FULTON, MO 65251 43-1552855			F04/03/23	LINEC	N/4	
(6) FAIR ACRES FAMILY YMCA 2600 S GRAND AVE CARTHAGE, MO 648363535	SOCIAL SERVICE	МО	501(C)(3)	LINE 9	N/A	No
43-1558437 (7) O ZARKS FAMILY YMCA INC	SOCIAL SERVICE	МО	501(C)(3)	LINE 9	N/A	No
1 YMCA DRIVE MOUNTAIN GROVE, MO 65711 43-1617662						
(8) YMCA OF SOUTHEAST MISSOURI	SOCIAL SERVICE	МО	501(C)(3)	LINE 9	N/A	No
602 TANNER STREET SIKESTON, MO 63801 43-1666987						
(9) TWIN PIKE FAMILY YMCA INC	SOCIAL SERVICE	МО	501(C)(3)	LINE 9	N/A	No
614 KELLY LANE LOUISIANA, MO 63353 43-1675923 (10) OSAGE PRAIRIE YMCA INC	SOCIAL SERVICE	MO	501(C)(3)	LINE 9	N/A	No
500 W HIGHLAND						
NEVADA, MO 64772 43-1706486 (11) SALT FORK YMCA	SOCIAL SERVICE	МО	501(C)(3)	LINE 9	N/A	No
740 E YERBY MARSHALL, MO 653400157 43-1710180						
(12) FREEMAN SOUTHWEST FAMILY YMCA	SOCIAL SERVICE	МО	501(C)(3)	LINE 9	N/A	No
4701 CHOUTEAU AVENUE NEOSHO, MO 64850 43-1729473 (13) LONG BRANCH AREA YMCA	SOCIAL SERVICE	MO	501(C)(3)	LINE 9	N/A	No
1304 S MISSOURI STREET MACON, MO 63552	SOCIAL SERVICE	MO	301(0)(3)	LINE 9	IV/A	
43-1761240 (14) BOONSLICK HEARTLAND YMCA	SOCIAL SERVICE	MO	501(C)(3)	LINE 9	N/A	No
PO BOX 104 BOONVILLE, MO 65233 43-1798929						
(15) CAMERON REGIONAL YMCA	SOCIAL SERVICE	МО	501(C)(3)	LINE 9	N/A	No
402 E EVERGREEN CAMERON, MO 64429 43-1933672						
(16) OZARKS REGIONAL YMCA 417 S JEFFERSON ST	SOCIAL SERVICE	МО	501(C)(3)	LINE 9	N/A	No
SPRINGFIELD, MO 65806 44-0545283						
(17) YMCA OF GREATER KANSAS CITY 3100 BROADWAY 1020	SOCIAL SERVICE	МО	501(C)(3)	LINE 9	N/A	No
KANSAS CITY, MO 641112413 44-0546002 (18) JOPLIN FAMILY YMCA	SOCIAL SERVICE	МО	501(C)(3)	LINE 9	N/A	No
510 WALL STREET JOPLIN, MO 64801 44-0552026						
(19) YMCA OF ST JOSEPH MISSOURI 315 S 6TH ST SAINT JOSEPH, MO 64501	SOCIAL SERVICE	МО	501(C)(3)	LINE 9	N/A	No
44-0552491	I	1	I	I		I

Form 990, Schedule R, Part II - Identification of Rela		7	7.5		-	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 section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?
(481) GRAND FORKS YMCA FAMILY CENTER	SOCIAL SERVICE	ND	501(C)(3)	LINE 9	N/A	Yes No
PO BOX 13177 GRAND FORKS, ND 582083177	SO CIAL SERVICE	ND	301(0)(3)	LINE 3	N/A	
45-0226434 (1) YMCA OF CASS AND CLAY COUNTIES	SOCIAL SERVICE	ND	501(C)(3)	LINE 9	N/A	No
400 FIRST AVE S FARGO, ND 581031998 45-0232096						
(2) YMCA OF MINOT NORTH DAKOTA	SOCIAL SERVICE	ND	501(C)(3)	LINE 9	N/A	No
PO BOX 69 MINOT, ND 587020069 45-0237612						
(3) MISSOURI VALLEY FAMILY YMCA	SOCIAL SERVICE	ND	501(C)(3)	LINE 9	N/A	No
1608 N WASHINGTON ST BISMARCK, ND 585012675 45-0305520						
(4) JAMES RIVER FAMILY YMCA	SOCIAL SERVICE	ND	501(C)(3)	LINE 9	N/A	No
918 SEVENTH ST NE JAMESTOWN, ND 584013400 45-0337816						
(5) YMCA OF THE GREATER TWIN CITIES 2125 EAST HENNEPIN AVE	SOCIAL SERVICE	MN	501(C)(3)	LINE 9	N/A	No
MINNEAPOLIS, MN 55413 45-2563299 (6) YMCA OF SIOUX FALLS	SOCIAL SERVICE	SD	501(C)(3)	LINE 9	N/A	No
220 S MINNESOTA AVE SIOUX FALLS, SD 571046314	SO CIAL SERVICE		301(0)(3)	LINE 3	N/A	
46-0225021 (7) YMCA OF RAPID CITY SOUTH DAKOTA	SOCIAL SERVICE	SD	501(C)(3)	LINE 9	N/A	No
815 KANSAS CITY ST RAPID CITY, SD 577012605 46-0227218						
(8) ABERDEEN FAMILY YMCA	SOCIAL SERVICE	SD	501(C)(3)	LINE 9	N/A	No
5 SOUTH STATE STREET ABERDEEN, SD 57401 46-0255779						
(9) GENERAL CONVENTION OF SIOUX YMCAS	SOCIAL SERVICE	SD	501(C)(3)	LINE 9	N/A	No
PO BOX 218 DUPREE, SD 576230218 46-0336514						
(10) YMCA OF NORFOLK NEBRASKA	SOCIAL SERVICE	NE	501(C)(3)	LINE 9	N/A	No
301 W BENJAMIN AVE NORFOLK, NE 687012910 47-0376546						
(11) YMCA OF LINCOLN NEBRASKA 570 FALLBROOK BLVD SUITE 210 LINCOLN, NE 68521	SOCIAL SERVICE	NE	501(C)(3)	LINE 9	N/A	No
47-0376578 (12) YMCA OF GREATER OMAHA	SOCIAL SERVICE	NE	501(C)(3)	LINE 9	N/A	No
430 S 20TH ST OMAHA, NE 681022506	000111201111101					
47-0376586 (13) YMCA OF FREMONT NEBRASKA	SOCIAL SERVICE	NE	501(C)(3)	LINE 9	N/A	No
810 N LINCOLN AVE FREMONT, NE 680254488 47-0376600						
(14) YMCA OF HASTINGS NEBRASKA	SOCIAL SERVICE	NE	501(C)(3)	LINE 9	N/A	No
PO BOX 1065 HASTINGS, NE 689021065 47-0376607						
(15) ED THOMAS YMCA	SOCIAL SERVICE	NE	501(C)(3)	LINE 9	N/A	No
PO BOX 408 MCCOOK, NE 69001 47-0377999						
(16) COLUMBUS FAMILY YMCA INC	SOCIAL SERVICE	NE	501(C)(3)	LINE 9	N/A	No
COLUMBUS, NE 686013261 47-0398817						
(17) BEATRICE MARY FAMILY YMCA	SOCIAL SERVICE	NE	501(C)(3)	LINE 9	N/A	No
1801 SCOTT STREET BEATRICE, NE 68310 47-0415814						
(18) YMCA OF GRAND ISLAND NEBRASKA	SOCIAL SERVICE	NE	501(C)(3)	LINE 9	N/A	No
221 EAST SOUTH FRONT ST GRAND ISLAND, NE 68801 47-0425015	SOCIAL SERVICE	NE	E01/CV2\	LINE 9	N/A	B1 -
(19) SCOTTSBLUFF FAMILY YMCA PO BOX 2423 SCOTTSBLUFF, NE 693632423 47-0439999	SOCIAL SERVICE	NE	501(C)(3)	ITINE A	IV/A	No
T/ UTJ2222	1	1	I	I	1	I

Form 990, Schedule R, Part II - Identification of Rela			7.15		-	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 section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?
(501) KEARNEY FAMILY YMCA	SOCIAL SERVICE	NE	501(C)(3)	LINE 9	N/A	Yes No
4500 6TH AVE	JOGINE SERVICE					
KEARNEY, NE 68847 47-0720055						
(1) BLAIR FAMILY YMCA 1278 WILBUR STREET	SOCIAL SERVICE	NE	501(C)(3)	LINE 9	N/A	No
BLAIR, NE 680082373 47-0782711						
(2) YMCA OF THE PRAIRIE	SOCIAL SERVICE	NE	501(C)(3)	LINE 9	N/A	No
P O BOX 618 HOLDREGE, NE 68949						
47-0807617 (3) YMCA OF TOPEKA KANSAS	SOCIAL SERVICE	KS	501(C)(3)	LINE 9	N/A	No
421 VAN BUREN STREET TOPEKA, KS 666033331						
48-0543757 (4) YMCA OF SALINA KANSAS	SOCIAL SERVICE	KS	501(C)(3)	LINE 9	N/A	No
PO BOX 973						
SALINA, KS 674010973 48-0544573						
(5) YMCA OF WICHITA KANSAS 340 S BROADWAY SUITE 200	SOCIAL SERVICE	KS	501(C)(3)	LINE 9	N/A	No
WICHITA, KS 67202 48-0554440						
(6) YMCA OF HUTCHINSON AND RENO COUNTY	SOCIAL SERVICE	KS	501(C)(3)	LINE 9	N/A	No
716 EAST 13TH STREET HUTCHINSON, KS 675015856 48-0556722						
(7) MCPHERSON FAMILY YMCA	SOCIAL SERVICE	KS	501(C)(3)	LINE 9	N/A	No
220 N WALNUT PO BOX 1066 MCPHERSON, KS 674601066 48-0650061						
(8) JUNCTION CITY FAMILY YMCA INC	SOCIAL SERVICE	KS	501(C)(3)	LINE 9	N/A	No
PO BOX 113 JUNCTION CITY, KS 664410113 48-0677789						
(9) GARDEN CITY FAMILY YMCA	SOCIAL SERVICE	KS	501(C)(3)	LINE 9	N/A	No
1224 CENTER ST GARDEN CITY, KS 678464643 48-0693241						
(10) CAMP WOOD YMCA	SOCIAL SERVICE	KS	501(C)(3)	LINE 9	N/A	No
1101 CAMP WOOD RD ELMDALE, KS 668509784						
48-0908238 (11) YMCA OF DELAWARE	SOCIAL SERVICE	DE	501(C)(3)	LINE 9	N/A	No
100 WEST 10TH STREET SUITE 1100 WILMINGTON, DE 19801 51-0065748						
(12) RALPH J STOLLE COUNTRYSIDE YMCA OF WARREN CO	SOCIAL SERVICE	ОН	501(C)(3)	LINE 9	N/A	No
1699 DEERFIELD ROAD LEBANON, OH 450360617 51-0181689						
(13) OLD TOWN-ORONO YMCA	SOCIAL SERVICE	ME	501(C)(3)	LINE 9	N/A	No
472 STILLWATER STREET OLD TOWN, ME 044682133 51-0201156						
(14) PRINCETON YMCA-YWCA CORP	SOCIAL SERVICE	NJ	501(C)(3)	LINE 9	N/A	No
59 PAUL ROBESON PLACE PRINCETON, NJ 08540						
51-0233934 (15) YMCA OF CENTRAL MARYLAND	SOCIAL SERVICE	MD	501(C)(3)	LINE 9	N/A	No
303 W CHESAPEAKE AVENUE BALTIMORE, MD 21204 52-0591699						
(16) YMCA OF CUMBERLAND MD	SOCIAL SERVICE	MD	501(C)(3)	LINE 9	N/A	No
601 KELLY ROAD CUMBERLAND, MD 21502						
52-0591700 (17) YMCA OF HAGERSTOWN MARYLAND INC	SOCIAL SERVICE	MD	501(C)(3)	LINE 9	N/A	No
1100 EASTERN BLVD NORTH PO BOX 1857 HAGERSTOWN, MD 21742 52-0591701						
(18) YMCA OF FREDERICK COUNTY MD INC	SOCIAL SERVICE	MD	501(C)(3)	LINE 9	N/A	No
1000 N MARKET STREET FREDERICK, MD 217014628 52-0607953						
(19) YMCA OF CECIL COUNTY INC	SOCIAL SERVICE	MD	501(C)(3)	LINE 9	N/A	No
25 YMCA BLVD ELKTON, MD 219214719 52-0620245						

Form 990, Schedule R, Part II - Identification of Relat		•	1		1	1 -
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						Yes No
(521) YMCA OF CHESAPEAKE INC	SOCIAL SERVICE	MD	501(C)(3)	LINE 9	N/A	No
202 PEACHBLOSSOM ROAD EASTON, MD 216012545 52-0646895						
(1) DORCHESTER COUNTY FAMILY YMCA INC	SOCIAL SERVICE	MD	501(C)(3)	LINE 9	N/A	No
201 TALBOT AVENUE CAMBRIDGE, MD 216131500						
52-1359696 (2)YMCA OF METROPOLITAN WASHINGTON	SOCIAL SERVICE	DC	501(C)(3)	LINE 9	N/A	No
1112 16TH ST NW 720 WASHINGTON, DC 200364823						
3) YMCA OF SOUTH HAMPTON ROADS	SOCIAL SERVICE	VA	501(C)(3)	LINE 9	N/A	No
920 COPORATE LANE CHESAPEAKE, VA 23320						
54-0445205 (4) YMCA OF CENTRAL VIRGINIA	SOCIAL SERVICE	VA	501(C)(3)	LINE 9	N/A	No
801 WINDURST DR LYNCHBURG, VA 24502						
54-0505924 (5) DANVILLE YMCA	SOCIAL SERVICE	VA	501(C)(3)	LINE 9	N/A	No
810 MAIN STREET			\ - /\ - /			140
DANVILLE, VA 24541 54-0505982	CO CIAL CERVICE		E01/0\/2\	LINE	NI /A	
(6) HENSEL ECKMAN YMCA INC 615 OAKHURST AVE	SOCIAL SERVICE	VA	501(C)(3)	LINE 9	N/A	No
PULASKI, VA 24301 54-0505984						
(7) YMCA OF GREATER RICHMOND	SOCIAL SERVICE	VA	501(C)(3)	LINE 9	N/A	No
2 WEST FRANKLIN STREET RICHMOND, VA 232205006 54-0505986						
(8) STAUNTON-AUGUSTA YMCA	SOCIAL SERVICE	VA	501(C)(3)	LINE 9	N/A	No
PO BOX 2746 STAUNTON, VA 244012746 54-0506438						
(9) YMCA OF ROANOKE VALLEY	SOCIAL SERVICE	VA	501(C)(3)	LINE 9	N/A	No
PO BOX 2130 ROANOKE, VA 24009						
(10) PENINSULA METROPOLITAN YMCA	SOCIAL SERVICE	VA	501(C)(3)	LINE 9	N/A	No
101 LONG GREEN BLVD YORKTOWN, VA 23693						
54-0524905 (11) PORTSMOUTH YMCA	SOCIAL SERVICE	VA	501(C)(3)	LINE 9	N/A	No
4900 HIGH STREET WEST PORTSMOUTH, VA 23703						
54-0534407 (12) WAYNESBORO FAMILY YMCA	SOCIAL SERVICE	VA	501(C)(3)	LINE 9	N/A	No
648 SOUTH WAYNE AVENUE						
WAYNESBORO, VA 229804838 54-0633243 (13) MARTINSVILLE HENRY COUNTY FAMILY YMCA	SOCIAL SERVICE	VA	501(C)(3)	LINE 9	N/A	No
3 STARLING AVENUE	SOCIAL SERVICE		301(0)(3)	LINE 9	N/A	No
MARTINSVILLE, VA 24112 54-0839746						
(14) VIRGINIA YMCA PO BOX 10365	SOCIAL SERVICE	VA	501(C)(3)	LINE 9	N/A	No
LYNCHBURG, VA 245060365 54-0881950						
(15) ALTAVISTA AREA YMCA	SOCIAL SERVICE	VA	501(C)(3)	LINE 9	N/A	No
PO BOX 149 ALTAVISTA, VA 245170149 54-0895639						
(16) YMCA OF SOUTH BOSTON AND HALIFAX COUNTY INC	SOCIAL SERVICE	VA	501(C)(3)	LINE 9	N/A	No
650 HAMILTON BLVD SOUTH BOSTON, VA 245925210						
54-0951231 (17) RAPPAHANNOCK AREA YMCA	SOCIAL SERVICE	VA	501(C)(3)	LINE 9	N/A	No
212 BUTLER ROAD FREDERICKSBURG, VA 224052441						
54-0965826 (18) BEDFORD AREA FAMILY YMCA	SOCIAL SERVICE	VA	501(C)(3)	LINE 9	N/A	No
PO BOX 1026 BEDFORD, VA 24523						
54-1140513 (19) MECKLENBURG COUNTY YMCA	SOCIAL SERVICE	VA	501(C)(3)	LINE 9	N/A	No
1567 NOBLIN FARM RD			\ - /\- /			
CLARKSVILLE, VA 239273137 54-1351309						

Form 990, Schedule R, Part II - Identification of Related					1	1
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		oouner, y		(5))		Yes No
(541) ALLEGHANY HIGHLANDS YMCA	SOCIAL SERVICE	VA	501(C)(3)	LINE 9	N/A	No
101 YMCA WAY COVINGTON, VA 24426						
(1) PIEDMONT FAMILY YMCA INC	SOCIAL SERVICE	VA	501(C)(3)	LINE 9	N/A	No
442 WESTFIELD ROAD CHARLOTTESVILLE, VA 22901						
54-1717336 (2) FRANKLIN COUNTY FAMILY YMCA	SOCIAL SERVICE	VA	501(C)(3)	LINE 9	N/A	No
235 TECHNOLOGY DRIVE PO BOX 720			, , , ,			
ROCKY MOUNT, VA 24151 54-1740065 (3) FAMILY YMCA OF EMPORIAGREENSVILLE INC	SOCIAL SERVICE	VA	501(C)(3)	LINE 9	N/A	No
212 WEAVER AVENUE	SOCIAL SERVICE		301(0)(3)	LINE 9	N/A	100
EMPORIA, VA 23847 54-2005981						
(4) ROCKBRIDGE AREA YMCA	SOCIAL SERVICE	VA	501(C)(3)	LINE 9	N/A	No
790 N LEE HWY LEXINGTON, VA 24450 54-2070140						
(5) CAMP JORN 2 YMCA INC	SOCIAL SERVICE	WI	501(C)(3)	LINE 9	N/A	No
PO BOX 430 MANITOWISH WATERS, WI 54545						
54-2184387 (6) YMCA OF KANAWHA INC	SOCIAL SERVICE	WV	501(C)(3)	LINE 9	N/A	No
100 YMCA DRIVE CHARLESTOWN, WV 25311 55-0357058						
(7) YMCA OF PARKERSBURG WEST VIRGINIA	SOCIAL SERVICE	WV	501(C)(3)	LINE 9	N/A	No
1800 30TH ST PARKERSBURG, WV 26104 55-0357059						
(8) YMCA OF WHEELING	SOCIAL SERVICE	WV	501(C)(3)	LINE 9	N/A	No
PO BOX 6537 WHEELING, WV 260036537 55-0357071						
(9) YMCA OF SOUTHERN WEST VIRGINIA	SOCIAL SERVICE	wv	501(C)(3)	LINE 9	N/A	No
121 EAST MAIN STREET BECKLEY, WV 258014705 55-0464596						
(10) HARRISON COUNTY YMCA INC	SOCIAL SERVICE	wv	501(C)(3)	LINE 9	N/A	No
PO BOX 688 CLARKSBURG, WV 26301						
55-0486791 (11) TRI-COUNTY YMCA INC	SOCIAL SERVICE	WV	501(C)(3)	LINE 9	N/A	No
PO BOX 737 SCOTT DEPOT, WV 255600737 55-0702900						
(12) YMCA OF WESTERN NORTH CAROLINA INC	SOCIAL SERVICE	NC	501(C)(3)	LINE 9	N/A	No
53 ASHELAND AVENUE SUITE 105 ASHEVILLE, NC 28801 56-0530013						
(13) YMCA OF HIGH POINT INC	SOCIAL SERVICE	NC	501(C)(3)	LINE 9	N/A	No
PO BOX 6258 HIGH POINT, NC 272626258 56-0530014						
(14) YMCA OF NORTHWEST NORTH CAROLINA	SOCIAL SERVICE	NC	501(C)(3)	LINE 9	N/A	No
301 NORTH MAIN ST SUITE 1900 WINSTONSALEM, NC 27101						
56-0530015 (15) BLUE RIDGE ASSEMBLY YMCA	SOCIAL SERVICE	NC	501(C)(3)	LINE 9	N/A	No
84 BLUE RIDGE CIRCLE BLACK MOUNTAIN, NC 287119750 56-0532130						
(16) YMCA OF WILMINGTON INC	SOCIAL SERVICE	NC	501(C)(3)	LINE 9	N/A	No
2710 MARKET STREET WILMINGTON, NC 284031218						
56-0532317 (17) GREENSBORO METROPOLITAN YMCA	SOCIAL SERVICE	NC	501(C)(3)	LINE 9	N/A	No
620 GREEN VALLEY ROAD SUITE 210 GREENSBORO, NC 27408 56-0543243						
(18) ROCKY MOUNT FAMILY YMCA INC	SOCIAL SERVICE	NC	501(C)(3)	LINE 9	N/A	No
PO BOX 4063 ROCKY MOUNT, NC 278030063 56-0543251						
(19) EDEN FAMILY YMCA	SOCIAL SERVICE	NC	501(C)(3)	LINE 9	N/A	No
301 KENNEDY AVENUE EDEN, NC 272885001 56-0547468						

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(561) J SMITH YOUNG FAMILY YMCA	SOCIAL SERVICE	NC	501(C)(3)	LINE 9	N/A	Yes No
119 W THIRD AVENUE LEXINGTON, NC 27292	SO CIAL SERVICE	Ne	301(0)(3)	LINE 3	N/A	
56-0576153 (1) FAYETTEVILLE YMCA	SOCIAL SERVICE	NC	501(C)(3)	LINE 9	N/A	No
2717 FORT BRAGG ROAD FAYETTEVILLE, NC 283034720 56-0582025						
(2) YMCA OF THE TRIANGLE AREA 801 CORPORATE CENTER DRIVE SUITE 20 RALEIGH, NC 27607	SOCIAL SERVICE	NC	501(C)(3)	LINE 9	N/A	No
56-0591307 (3) YMCA OF ROWAN COUNTY	SOCIAL SERVICE	NC	501(C)(3)	LINE 9	N/A	No
PO BOX 1575 SALISBURY, NC 281441575	SOCIAL SERVICE	IVC	301(0)(3)	LINE 9	IV/A	INO
56-0606313 (4) ALAMANCE COUNTY COMMUNITY YMCA	SOCIAL SERVICE	NC	501(C)(3)	LINE 9	N/A	No
1346 SOUTH MAIN STREET BURLINGTON, NC 272155604 56-0611575						
(5) GASTON COUNTY FAMILY YMCA	SOCIAL SERVICE	NC	501(C)(3)	LINE 9	N/A	No
201 S CLAY STREET GASTONIA, NC 280523828 56-0655420						
(6) YMCA OF CATAWBA VALLEY 1375 LENOIR RHYNE BLVD SE SUITE 202 HICKORY, NC 28602	SOCIAL SERVICE	NC	501(C)(3)	LINE 9	N/A	No
56-0928743 (7) YMCA OF ASHEBORO NC INC	SOCIAL SERVICE	NC	501(C)(3)	LINE 9	N/A	No
PO BOX 1152 ASHEBORO, NC 272031152					·	
56-0991786 (8) TOM A FINCH COMMUNITY YMCA	SOCIAL SERVICE	NC	501(C)(3)	LINE 9	N/A	No
1010 MENDENHALL ROAD THOMASVILLE, NC 273602546 56-1004370						
(9) YMCA OF GREATER CHARLOTTE	SOCIAL SERVICE	NC	501(C)(3)	LINE 9	N/A	No
500 E MOREHEAD ST 300 CHARLOTTE, NC 282022606						
(10) GOLDSBORO FAMILY YMCA	SOCIAL SERVICE	NC	501(C)(3)	LINE 9	N/A	No
PO BOX 10355 GOLDSBORO, NC 27530 56-1285595						
(11) BERTIE COUNTY YMCA PO BOX 834 WINDSOR, NC 279830834	SOCIAL SERVICE	NC	501(C)(3)	LINE 9	N/A	No
56-1738475 (12) WILSON FAMILY YMCA	SOCIAL SERVICE	NC	501(C)(3)	LINE 9	N/A	No
3436C AIRPORT BLVD WILSON, NC 27896 56-2220375					·	
(13) YMCA OF SUMTER	SOCIAL SERVICE	SC	501(C)(3)	LINE 9	N/A	No
510 MILLER ROAD SUMTER, SC 29150 57-0314417						
(14) YMCA OF COLUMBIA SOUTH CAROLINA-METRO	SOCIAL SERVICE	SC	501(C)(3)	LINE 9	N/A	No
1612 MARION ST STE 100 COLUMBIA, SC 292012939 57-0314423						
(15) YMCA OF GREENVILLE	SOCIAL SERVICE	SC	501(C)(3)	LINE 9	N/A	No
601 E MCBEE AVE 212 GREENVILLE, SC 296012945 57-0314424						
(16) YMCA OF GREATER SPARTANBURG	SOCIAL SERVICE	SC	501(C)(3)	LINE 9	N/A	No
266 S PINE STREET SPARTANBURG, SC 29302 57-0314425						
(17) ANDERSON AREA YMCA	SOCIAL SERVICE	SC	501(C)(3)	LINE 9	N/A	No
201 E REED ROAD ANDERSON, SC 296212095 57-0314465 (18) UPPER PALMETTO YMCA	SOCIAL SERVICE	SC	501(C)(3)	LINE 9	N/A	No
361 CHARLOTTE AVENUE ROCK HILL, SC 29730	SOCIAL SERVICE	30	201(0)(3)	LINE 3	IV.0	140
57-0335422 (19) GREENWOOD YMCA	SOCIAL SERVICE	SC	501(C)(3)	LINE 9	N/A	No
1760 CALHOUN ROAD GREENWOOD, SC 29649 57-0365055						
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(581) PICKENS COUNTY YMCA	SOCIAL SERVICE	SC	501(C)(3)	LINE 9	N/A	Yes No
201 BURNS ROAD	SO CIAL SERVICE	30	301(0)(3)	LINE 9	N/A	140
EASLEY, SC 29640 57-0405623						
(1) CLINTON FAMILY YMCA	SOCIAL SERVICE	SC	501(C)(3)	LINE 9	N/A	No
PO BOX 492 CLINTON, SC 293250492 57-0506273						
(2) FLORENCE FAMILY YMCA	SOCIAL SERVICE	SC	501(C)(3)	LINE 9	N/A	No
1700 SOUTH RUTHERFORD ROAD FLORENCE, SC 29505						
57-0516770 (3) FAMILY YMCA OF GREATER LAURENS	SOCIAL SERVICE	SC	501(C)(3)	LINE 9	N/A	No
410 ANDERSON DRIVE LAURENS, SC 29360						
57-0517776 (4) CHEROKEE COUNTY FAMILY YMCA	SOCIAL SERVICE	SC	501(C)(3)	LINE 9	N/A	No
390 WHELCHEL RD						
GAFFNEY, SC 293413408 57-0557200						
(5) SUMMERVILLE FAMILY YMCA 140 S CEDAR STREET	SOCIAL SERVICE	SC	501(C)(3)	LINE 9	N/A	No
SUMMERVILLE, SC 29483 57-0643100						
(6) YMCA OF COASTAL CAROLINA	SOCIAL SERVICE	SC	501(C)(3)	LINE 9	N/A	No
PO BOX 218 MURRELLS INLET, SC 29576 57-0747196						
(7) NEWBERRY COUNTY FAMILY YMCA	SOCIAL SERVICE	SC	501(C)(3)	LINE 9	N/A	No
PO BOX 662 NEWBERRY, SC 29108						
57-0783484 (8) YMCA OF THE UPPER PEE DEE	SOCIAL SERVICE	SC	501(C)(3)	LINE 9	N/A	No
111 EAST CAROLINA AVENUE HARTSVILLE, SC 29550						
57-0794011 (9) UNION COUNTY YMCA	SOCIAL SERVICE	SC	501(C)(3)	LINE 9	N/A	No
106 LAKESIDE DRIVE						
UNION, SC 293791939 57-0832992						
(10) BEAUFORT COUNTY YMCA 1801 RICHMOND AVE	SOCIAL SERVICE	SC	501(C)(3)	LINE 9	N/A	No
PORT ROYAL, SC 29935 57-0910326						
(11) FOOTHILLS AREA FAMILY YMCA	SOCIAL SERVICE	SC	501(C)(3)	LINE 9	N/A	No
10121 CLEMSON BLVD SUITE F SENECA, SC 29678 57-0934024						
(12) CANNON STREET YMCA	SOCIAL SERVICE	SC	501(C)(3)	LINE 9	N/A	No
61 CANNON STREET CHARLESTON, SC 29403						
57-0935533 (13) YMCA OF NORTHEAST IOWA INC	SOCIAL SERVICE	IA	501(C)(3)	LINE 9	N/A	No
PO BOX 268 POSTVILLE, IA 52162						
57-1167577 (14) YMCAS OF WAYCROSS GA INC	SOCIAL SERVICE	GA	501(C)(3)	LINE 9	N/A	No
1634 PLANT AVENUE						
WAYCROSS, GA 31501 58-0566129	SOCIAL SERVICE	GA	E01/C)(2)	LINE 9	N/A	No
(15) STATE YMCA OF GEORGIA PO BOX 820	SOCIAL SERVICE	GA .	501(C)(3)	LIIVL 3		No
MCDONOUGH, GA 30253 58-0566244						
(16) YMCA OF METROPOLITAN ATLANTA INC	SOCIAL SERVICE	GA	501(C)(3)	LINE 9	N/A	No
100 EDGEWOOD AVE NE SUITE 1100 ATLANTA, GA 303033026 58-0566253						
(17) METROPOLITAN AUGUSTA YMCA	SOCIAL SERVICE	GA	501(C)(3)	LINE 9	N/A	No
3570 WHEELER ROAD AUGUSTA, GA 30909						
58-0566254 (18) THOMASVILLE YMCA YOUTH CENTER INC	SOCIAL SERVICE	GA	501(C)(3)	LINE 9	N/A	No
PO BOX 1037 THOMASVILLE, GA 317991037 58-0566255						
(19) MOULTRIE YMCA	SOCIAL SERVICE	GA	501(C)(3)	LINE 9	N/A	No
601 26TH AVENUE SE MOULTRIE, GA 31768 58-0593424						
	_			-		•

(601) ATHENS YMCA 915 HAWTHORNE AVE ATHENS, GA 30606 58-0593443 (1) YMCA OF COASTAL GEORGIA INC PO BOX 14142 SAVANNAH, GA 31416 58-0603160 (2) ALBANY YMCA 1701 GILLIONVILLE ROAD ALBANY, GA 31707 58-0610051 (3) COLUMBUS METROPOLITAN YMCA PO BOX 1640 COLUMBUS, GA 31902 58-0648697	(b) Pary activity L SERVICE L SERVICE L SERVICE L SERVICE	GA GA	(d) Exempt Code section 501(C)(3) 501(C)(3)	(e) Public charity status (if section 501(c) (3)) LINE 9 LINE 9	N/A N/A	Section (b)(1 control entit	n 512 13) olled
915 HAWTHORNE AVE ATHENS, GA 30606 58-0593443 (1) YMCA OF COASTAL GEORGIA INC PO BOX 14142 SAVANNAH, GA 31416 58-0603160 (2) ALBANY YMCA 1701 GILLIONVILLE ROAD ALBANY, GA 31707 58-0610051 (3) COLUMBUS METROPOLITAN YMCA PO BOX 1640 COLUMBUS, GA 31902 58-0648697	L SERVICE L SERVICE	GA GA	501(C)(3) 501(C)(3)	LINE 9	N/A		No
915 HAWTHORNE AVE ATHENS, GA 30606 58-0593443 (1) YMCA OF COASTAL GEORGIA INC PO BOX 14142 SAVANNAH, GA 31416 58-0603160 (2) ALBANY YMCA 1701 GILLIONVILLE ROAD ALBANY, GA 31707 58-0610051 (3) COLUMBUS METROPOLITAN YMCA PO BOX 1640 COLUMBUS, GA 31902 58-0648697	L SERVICE L SERVICE	GA GA	501(C)(3) 501(C)(3)	LINE 9	N/A		
ATHENS, GA 30606 58-0593443 (1) YMCA OF COASTAL GEORGIA INC PO BOX 14142 SAVANNAH, GA 31416 58-0603160 (2) ALBANY YMCA 1701 GILLIONVILLE ROAD ALBANY, GA 31707 58-0610051 (3) COLUMBUS METROPOLITAN YMCA PO BOX 1640 COLUMBUS, GA 31902 58-0648697	L SERVICE L SERVICE	GA	501(C)(3)				No .
(1) YMCA OF COASTAL GEORGIA INC PO BOX 14142 SAVANNAH, GA 31416 58-0603160 (2) ALBANY YMCA 1701 GILLIONVILLE ROAD ALBANY, GA 31707 58-0610051 (3) COLUMBUS METROPOLITAN YMCA PO BOX 1640 COLUMBUS, GA 31902 58-0648697	L SERVICE L SERVICE	GA	501(C)(3)				No
SAVANNAH, GA 31416 58-0603160 (2) ALBANY YMCA 1701 GILLIONVILLE ROAD ALBANY, GA 31707 58-0610051 (3) COLUMBUS METROPOLITAN YMCA PO BOX 1640 COLUMBUS, GA 31902 58-0648697	L SERVICE			LINE 9	N/A		
58-0603160 (2) ALBANY YMCA SOCIA 1701 GILLIONVILLE ROAD ALBANY, GA 31707 58-0610051 (3) COLUMBUS METROPOLITAN YMCA PO BOX 1640 COLUMBUS, GA 31902 58-0648697	L SERVICE			LINE 9	N/A		
1701 GILLIONVILLE ROAD ALBANY, GA 31707 58-0610051 (3) COLUMBUS METROPOLITAN YMCA PO BOX 1640 COLUMBUS, GA 31902 58-0648697	L SERVICE					I	No
(3) COLUMBUS METROPOLITAN YMCA SOCIA PO BOX 1640 COLUMBUS, GA 31902 58-0648697		GA	501(C)(3)				
COLUMBUS, GA 31902 58-0648697	L SERVICE			LINE 9	N/A		No
58-0648697	L SERVICE						I
		GA	501(C)(3)	LINE 9	N/A		No
810 E 2ND AVE ROME, GA 30161 58-0814549							
	L SERVICE	NC	501(C)(3)	LINE 9	N/A		No
100 YMCA LANE NEW BERN, NC 285605400 58-1402035							
	L SERVICE	NC	501(C)(3)	LINE 9	N/A		Νo
380 RUIN CREEK ROAD HENDERSON, NC 275362955 58-1406066	LCERVICE	TN	F01(C)(2)	LINE			<u></u>
1840 MEADOWVIEW PARKWAY KINGSPORT, TN 37660	L SERVICE	TN	501(C)(3)	LINE 9	N/A		No
58-1564232 (8) CANNON MEMORIAL YMCA SOCIA	L SERVICE	NC	501(C)(3)	LINE 9	N/A		No
PO BOX 46 KANNAPOLIS, NC 280820046 58-1574620							
-	L SERVICE	NC	501(C)(3)	LINE 9	N/A		No
427 N 1ST ST ALBEMARLE, NC 280013906							I
58-1582063 (10) BAINBRIDGE-DECATUR COUNTY YMCA SOCIA	L SERVICE	GA	501(C)(3)	LINE 9	N/A		No
1818 EAST SHOTWELL STREET BAINBRIDGE, GA 317174352 58-1608613							
	L SERVICE	LA	501(C)(3)	LINE 9	N/A		No
800 E FARREL RD LAFAYETTE, LA 70508 58-1640136	L CERVICE	N.C.	F01(C)(2)	LINE 9			<u></u>
(12) CLEVELAND COUNTY FAMILY YMCA PO BOX 2272 SOCIA	L SERVICE	NC	501(C)(3)	LINE 9	N/A		No
SHELBY, NC 281512272 58-2016066							
(13) YMCA OF METROPOLITAN HUNTSVILLE AL SOCIA	L SERVICE	AL	501(C)(3)	LINE 9	N/A		No
120 HOLMES AVENUE SUITE 405 HUNTSVILLE, AL 35801 58-2058795							
	L SERVICE	GA	501(C)(3)	LINE 9	N/A		No
2455 HOWARD ROAD GAINESVILLE, GA 30507							I
58-2203268 (15) TIFTAREA YMCA INC SOCIA	L SERVICE	GA	501(C)(3)	LINE 9	N/A		No
1657 S CARPENTER RD TIFTON, GA 31794 58-2383631							
	L SERVICE	FL	501(C)(3)	LINE 9	N/A		No
433 NORTH MILLS AVENUE ORLANDO, FL 328035798							l
59-0624430 (17) YMCA OF BROWARD COUNTY SOCIA	L SERVICE	FL	501(C)(3)	LINE 9	N/A		No
900 SE 3RD AVENUE 3RD FLOOR FORT LAUDERDALE, FL 33316 59-0624463							
	L SERVICE	FL	501(C)(3)	LINE 9	N/A		No
730 NW 107TH AVE SUITE 200 MIAMI, FL 33172 59-0624464							
	L SERVICE	FL	501(C)(3)	LINE 9	N/A		Νo
415-B N TARRAGONA STREET PENSACOLA, FL 32501 59-0624465							I

Form 990, Schedule R, Part II - Identification of Rela			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 section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?
(621) VMCA OF CDEATED ST DETERORIES	SOCIAL SERVICE	E1	501(0)(2)	LINE O	N/A	Yes No
(621) YMCA OF GREATER ST PETERSBURG 600 1ST AVENUE SUITE 201	SOCIAL SERVICE	FL	501(C)(3)	LINE 9	IN/A	No
ST PETERSBURG, FL 33701 59-0624468						
(1) PALM BEACHES METROPOLITAN YMCA	SOCIAL SERVICE	FL	501(C)(3)	LINE 9	N/A	No
2085 SOUTH CONGRESS AVENUE WEST PALM BEACH, FL 334067601 59-0624470						
(2) FLORIDA'S FIRST COAST YMCA - METROPOLITAN	SOCIAL SERVICE	FL	501(C)(3)	LINE 9	N/A	No
12735 GRAN BAY PKWY W STE 250 JACKSONVILLE, FL 32258						
59-0638514 (3) CAPITAL REGION YMCA	SOCIAL SERVICE	FL	501(C)(3)	LINE 9	N/A	No
2001 APALACHEE PARKWAY TALLAHASSEE, FL 323014845						
59-0808247 (4) YMCA OF THE SUNCOAST	SOCIAL SERVICE	FL	501(C)(3)	LINE 9	N/A	No
2469 ENTERPRISE ROAD CLEARWATER, FL 33763 59-0810731						
(5) FLORIDA'S EMERALD COAST YMCA	SOCIAL SERVICE	FL	501(C)(3)	LINE 9	N/A	No
4345 COMMONS DR W DESTIN, FL 325418414 59-0978077						
(6) YMCA OF WEST CENTRAL FLORIDA	SOCIAL SERVICE	FL	501(C)(3)	LINE 9	N/A	No
3620 CLEVELAND HEIGHTS BOULEVARD LAKELAND, FL 33803 59-1158144						
(7) YMCA OF SOUTH PALM BEACH COUNTY 6631 PALMETTO CIRCLE SOUTH BOCA RATON, FL 33433	SOCIAL SERVICE	FL	501(C)(3)	LINE 9	N/A	No
59-1416281 (8) SARASOTA FAMILY YMCA INC	SOCIAL SERVICE	FL	501(C)(3)	LINE 9	N/A	No
ONE S SCHOOL AVENUE SUITE 301 SARASOTA, FL 34237 59-1618413						140
(9) MANATEE COUNTY FAMILY YMCA	SOCIAL SERVICE	FL	501(C)(3)	LINE 9	N/A	No
3805 59TH STREET WEST BRADENTON, FL 342096050						
(10) SOUTH COUNTY FAMILY YMCA	SOCIAL SERVICE	FL	501(C)(3)	LINE 9	N/A	No
701 CENTER ROAD VENICE, FL 34285						
(11) LAKE WALES FAMILY YMCA	SOCIAL SERVICE	FL	501(C)(3)	LINE 9	N/A	No
1001 BURNS AVENUE LAKE WALES, FL 33853 59-1741481						
(12) TAMPA METROPOLITAN AREA YMCA	SOCIAL SERVICE	FL	501(C)(3)	LINE 9	N/A	No
110 E OAK AVENUE TAMPA, FL 33602 59-1742909						
(13) YMCA OF THE TREASURE COAST	SOCIAL SERVICE	FL	501(C)(3)	LINE 9	N/A	No
1700 SE MONTEREY RD STUART, FL 349964109 59-1911653						
(14) MARCO ISLAND YMCA	SOCIAL SERVICE	FL	501(C)(3)	LINE 9	N/A	No
PO BOX 2529 MARCO ISLAND, FL 339692529						
(15) HIGHLANDS COUNTY FAMILY YMCA	SOCIAL SERVICE	FL	501(C)(3)	LINE 9	N/A	No
100 YMCA LN SEBRING, FL 33875 59-2859656						
(16) VOLUSIAFLAGLER FAMILY YMCA	SOCIAL SERVICE	FL	501(C)(3)	LINE 9	N/A	No
761 EAST INTERNATIONAL SPEEDWAY BLV DELAND, FL 32724 59-3284968						
(17) NORTHFIELD AREA FAMILY YMCA	SOCIAL SERVICE	MN	501(C)(3)	LINE 9	N/A	No
519 DIVISION STREET NORTHFIELD, MN 55057 59-3817686						
(18) ASHLAND AREA YMCA	SOCIAL SERVICE	KY	501(C)(3)	LINE 9	N/A	No
3232 OLD 13TH STREET ASHLAND, KY 411025454 61-0444836						
(19) KENTUCKY YMCA YOUTH ASSOCIATION INC PO BOX 4285	SOCIAL SERVICE	KY	501(C)(3)	LINE 9	N/A	No
FRANKFORT, KY 40604 61-0444841						

Form 990, Schedule R, Part II - Identification of Related				1	l	1
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state	(d) Exempt Code section	(e) Public charity status	(f) Direct controlling entity	(g) Section 512 (b)(13)
		or foreign country)	section	(if section 501(c)	entity	controlled entity?
				(-7)		Yes No
(641) YMCA OF CENTRAL KENTUCKY	SOCIAL SERVICE	KY	501(C)(3)	LINE 9	N/A	No
239 E HIGH ST LEXINGTON, KY 405071409						
61-0444842 (1) YMCA OF GREATER LOUISVILLE	SOCIAL SERVICE	KY	501(C)(3)	LINE 9	N/A	No
545 SOUTH SECOND STREET LOUISVILLE, KY 402021864						
61-0444843 (2) YMCA OF OWENSBORODAVIESS COUNTY	SOCIAL SERVICE	KY	501(C)(3)	LINE 9	N/A	No
900 KENTUCKY PARKWAY						
OWENSBORO, KY 423015423 61-0561344						
(3) FRANKFORT YMCA 402 WEST BROADWAY	SOCIAL SERVICE	KY	501(C)(3)	LINE 9	N/A	No
FRANKFORT, KY 40601 61-0562021						
(4) HENDERSON COUNTY FAMILY YMCA	SOCIAL SERVICE	KY	501(C)(3)	LINE 9	N/A	No
460 KLUTEY PARK PLAZA HENDERSON, KY 424203348						
61-0597114 (5) PARIS-BOURBON COUNTY YMCA	SOCIAL SERVICE	KY	501(C)(3)	LINE 9	N/A	No
917 MAIN STREET PARIS, KY 40361						
61-0676727 (6) HOPKINS COUNTY FAMILY YMCA	SOCIAL SERVICE	KY	501(C)(3)	LINE 9	N/A	No
150 YMCA DRIVE						
MADISONVILLE, KY 424319936 61-0904719						
(7) WILDERNESS TRACE FAMILY YMCA PO BOX 326	SOCIAL SERVICE	KY	501(C)(3)	LINE 9	N/A	No
HARRODSBURG, KY 403300326 61-1024933						
(8) LIMESTONE FAMILY YMCA	SOCIAL SERVICE	KY	501(C)(3)	LINE 9	N/A	No
1080 US ROUTE 68 MAYSVILLE, KY 41056						
61-1080836 (9) UNION COUNTY YMCA	SOCIAL SERVICE	KY	501(C)(3)	LINE 9	N/A	No
PO BOX 603 MORGANFIELD, KY 424370603						
61-1173801 (10) PIKEVILLE AREA FAMILY YMCA	SOCIAL SERVICE	KY	501(C)(3)	LINE 9	N/A	No
424 BOB AMUS DRIVE						
PIKEVILLE, KY 41501 61-1177162						
(11) YMCA OF MAYFIELDGRAVES COUNTY PO BOX 402	SOCIAL SERVICE	KY	501(C)(3)	LINE 9	N/A	No
MAYFIELD, KY 420660402 61-1204017						
(12) YMCA OF WINCHESTER	SOCIAL SERVICE	KY	501(C)(3)	LINE 9	N/A	No
645 WESTMEAD DRIVE WINCHESTER, KY 40391						
61-1206677 (13) HOPKINSVILLECHRISTIAN COUNTY FAMILY YMCA	SOCIAL SERVICE	KY	501(C)(3)	LINE 9	N/A	No
7805 EAGLE WAY HOPKINSVILLE, KY 42240						
61-1297293 (14) FAYETTE COUNTY FAMILY YMCA	SOCIAL SERVICE	ОН	501(C)(3)	LINE 9	N/A	No
PO BOX 1021						
WASHINGTON CH, OH 43160 61-1416843						
(15) TELFORD COMMUNITY CENTER YMCA	SOCIAL SERVICE	KY	501(C)(3)	LINE 9	N/A	No
1100 E MAIN STREET RICHMOND, KY 404752027 61-6000619						
(16) YMCA OF METROPOLITAN CHATTANOOGA	SOCIAL SERVICE	TN	501(C)(3)	LINE 9	N/A	No
301 WEST SIXTH STREET CHATTANOOGA, TN 374021108						
62-0475699 (17) YMCA OF EAST TENNESSEE	SOCIAL SERVICE	TN	501(C)(3)	LINE 9	N/A	No
136 FOX ROAD KNOXVILLE, TN 379223303						
62-0475700 (18) YMCA OF MIDDLE TENNESSEE	SOCIAL SERVICE	TN	501(C)(3)	LINE 9	N/A	No
1000 CHURCH STREET	J. J. J. J. J. KVIGE					140
NASHVILLE, TN 37203 62-0476243						
(19) YMCA OF MEMPHIS & THE MID-SOUTH	SOCIAL SERVICE	TN	501(C)(3)	LINE 9	N/A	No
6373 QUAIL HOLLOW ROAD SUITE 201 MEMPHIS, TN 38120 62-0476304						
02 UT/UUUT	1	<u> </u>	1	1	1	I

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 section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?			
				, ,,		Yes No			
(661) ARMED SERVICES YMCA OF THE USA-NATIONAL HDQTRS	SOCIAL SERVICE	VA	501(C)(3)	LINE 9	N/A	No			
7405 ALBAN STATION CT STEB215 SPRINGFIELD, VA 221502318 62-0491361									
(1)YMCA OF BRISTOL	SOCIAL SERVICE	TN	501(C)(3)	LINE 9	N/A	No			
400 M L KING JR BLVD BRISTOL, TN 37620									
62-0521204 (2) YMCA OF GREENE COUNTY	SOCIAL SERVICE	TN	501(C)(3)	LINE 9	N/A	No			
404 Y STREET GREENEVILLE, TN 377456243 62-0809014 (3) MILAN FAMILY YMCA	SOCIAL SERVICE	TN	501(C)(3)	LINE 9	N/A	No			
5207 INDUSTRIAL DR	SOCIAL SERVICE		301(0)(3)	LINE 9	N/A	l No			
MILAN, TN 38358 62-1547529	SOCIAL SERVICE	TN	F01(C)(2)	LINE 9	N/A	No			
(4) YMCA OF DYER COUNTY PO BOX 1502	SOCIAL SERVICE	T IV	501(C)(3)	LINE 9	N/A	No			
DYERSBURG, TN 380251502 62-1616172									
(5) LEGACY YMCA	SOCIAL SERVICE	AL	501(C)(3)	LINE 9	N/A	No			
1501 FOURTH AVE SW BESSEMER, AL 350236016 63-0288881									
(6) MONTGOMERY YMCA METRO BOARD	SOCIAL SERVICE	AL	501(C)(3)	LINE 9	N/A	No			
PO BOX 2336 MONTGOMERY, AL 361032336 63-0288885									
(7) BIRMINGHAM METROPOLITAN YMCA	SOCIAL SERVICE	AL	501(C)(3)	LINE 9	N/A	No			
2101 FOURTH AVE N BIRMINGHAM, AL 35203 63-0299894									
(8) YMCA OF SOUTH ALABAMA INC	SOCIAL SERVICE	AL	501(C)(3)	LINE 9	N/A	No			
PO BOX 2272 MOBILE, AL 366911506 63-0302187									
(9) TUSCALOOSA METROPOLITAN YMCA	SOCIAL SERVICE	AL	501(C)(3)	LINE 9	N/A	No			
2405 PAUL BRYANT DR TUSCALOOSA, AL 35401 63-0302189									
(10) YMCA OF CALHOUN COUNTY	SOCIAL SERVICE	AL	501(C)(3)	LINE 9	N/A	No			
29 W 14TH ST PO BOX 1649 ANNISTON, AL 362011649 63-0332253	50 6741 6591765		F04/G)/(2)	LINE O		No.			
(11) YMCA OF SELMA-DALLAS COUNTY 1 YMCA DRIVE	SOCIAL SERVICE	AL	501(C)(3)	LINE 9	N/A	No			
SELMA, AL 367017770 63-0414814									
(12) YMCA OF THE COOSA VALLEY INC	SOCIAL SERVICE	AL	501(C)(3)	LINE 9	N/A	No			
100 WALNUT STREET GADSDEN, AL 359015253 63-0436456									
(13) YMCA OF THE SHOALS	SOCIAL SERVICE	AL	501(C)(3)	LINE 9	N/A	No			
2121 HELTON DRIVE FLORENCE, AL 356301448 63-0545200									
(14) ENTERPRISE YMCA	SOCIAL SERVICE	AL	501(C)(3)	LINE 9	N/A	No			
PO BOX 310700 ENTERPRISE, AL 36331 63-0589262									
(15) BREWTON AREA YMCA 1 YMCA DRIVE	SOCIAL SERVICE	AL	501(C)(3)	LINE 9	N/A	No			
BREWTON, AL 36426 63-0999102									
(16) ATMORE AREA YMCA INC	SOCIAL SERVICE	AL	501(C)(3)	LINE 9	N/A	No			
501 SOUTH PENSACOLA AVENUE ATMORE, AL 36502 63-1151492									
(17) PRATTVILLE YMCA	SOCIAL SERVICE	AL	501(C)(3)	LINE 9	N/A	No			
PO BOX 680009 PRATTVILLE, AL 360680009 63-6052425									
(18) JACKSON METROPOLITAN YMCA	SOCIAL SERVICE	MS	501(C)(3)	LINE 9	N/A	No			
800 E RIVER PLACE JACKSON, MS 39202 64-0303099	0.000		F04(0)(2)	LINE	10.00				
(19) JUNIUS WARD JOHNSON YMCA 267 YMCA PLACE	SOCIAL SERVICE	MS	501(C)(3)	LINE 9	N/A	No			
VICKSBURG, MS 39180 64-0303115									

Form 990, Schedule R, Part II - Identification of Rela		I I	7.15	1.5	150	1 7.5
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?
			E 0.4 (0.1/0.)	1.711.5		Yes No
(681) HODDING CARTER MEMORIAL YMCA 1688 FAIRGROUND ROAD	SOCIAL SERVICE	MS	501(C)(3)	LINE 9	N/A	No
GREENVILLE, MS 38703 64-0306257						
(1) FAMILY YMCA OF SOUTHEAST MISSISSIPPI INC	SOCIAL SERVICE	MS	501(C)(3)	LINE 9	N/A	No
3719 VETERANS MEMORIAL DRIVE HATTIESBURG, MS 39401						
64-0340760 (2) MISSISSIPPI GULF COAST YMCA	SOCIAL SERVICE	MS	501(C)(3)	LINE 9	N/A	No
1810 GOVERNMENT ST OCEAN SPRINGS, MS 395643931 64-0584648						
(3) FRANK P PHILLIPS MEMORIAL YMCA	SOCIAL SERVICE	MS	501(C)(3)	LINE 9	N/A	No
602 NORTH SECOND AVENUE COLUMBUS, MS 39701						
64-6025994 (4) MONROEVILLE AREA YMCA	SOCIAL SERVICE	AL	501(C)(3)	LINE 9	N/A	No
2197 S MT PLEASANT AVE MONROEVILLE, AL 36460 65-1058521						
(5) SAN JUAN - PUERTO RICO YMCA	SOCIAL SERVICE	RQ	501(C)(3)	LINE 9	N/A	No
800 BLVD SAGRADO CORAZON ESQ LOS AN SAN JUAN, PR 009093333 66-0190784						
(6) PONCE YMCA	SOCIAL SERVICE	RQ	501(C)(3)	LINE 9	N/A	No
7843 NAZARET STREET PONCE, PR 00717 66-0204831 (7) SISKIYOU FAMILY YMCA	SOCIAL SERVICE	CA	501(C)(3)	LINE 9	N/A	No
350 FOOTHILL DRIVE YREKA, CA 960972627	SOCIAL SERVICE	CA	301(0)(3)	LINE 9	IV/A	No
68-0294653 (8) YMCA OF WARREN AND BRADLEY COUNTY	SOCIAL SERVICE	AR	501(C)(3)	LINE 9	N/A	No
207 NORTH MAIN STREET WARREN, AR 716712716 70-0275848						
(9) THE DENNY PRICE FAMILY YMCA OF ENID OKLAHOMA	SOCIAL SERVICE	ок	501(C)(3)	LINE 9	N/A	No
415 W CHEROKEE ENID, OK 73701 70-0599309						
(10) YMCA OF HOT SPRINGS ARKANSAS INC	SOCIAL SERVICE	AR	501(C)(3)	LINE 9	N/A	No
130 WERNER STREET HOT SPRINGS, AR 719136443 71-0236925						
(11) YMCA OF CENTRAL LOUISIANA 724 SCOTT STREET	SOCIAL SERVICE	LA	501(C)(3)	LINE 9	N/A	No
ALEXANDRIA, LA 71301 72-0408980	COCIAL CERVICE		F04(G)(2)	LINE	21.40	
(12) YMCA OF THE CAPITAL AREA 350 SOUTH FOSTER DRIVE	SOCIAL SERVICE	LA	501(C)(3)	LINE 9	N/A	No
BATON ROUGE, LA 708064105 72-0408994						
(13) SHREVEPORT BOSSIER METRO YMCA	SOCIAL SERVICE	LA	501(C)(3)	LINE 9	N/A	No
PO BOX 566 SHREVEPORT, LA 711620566 72-0408997						
(14) YMCA OF GREATER NEW ORLEANS	SOCIAL SERVICE	LA	501(C)(3)	LINE 9	N/A	No
6691 RIVERSIDE DR MATAIRIE, LA 70003						
72-0423490 (15) DRYADES YMCA	SOCIAL SERVICE	LA	501(C)(3)	LINE 9	N/A	No
PO BOX 56217 NEW ORLEANS, LA 701566217 72-0428019						
(16) BAYOULAND YMCA	SOCIAL SERVICE	LA	501(C)(3)	LINE 9	N/A	No
103 VALHI BOULEVARD HOUMA, LA 703606280						
72-0880478 (17) OKMULGEE COUNTY FAMILY YMCA	SOCIAL SERVICE	ок	501(C)(3)	LINE 9	N/A	No
106 WEST 13TH STREET OKMULGEE, OK 74447 73-0106247						
(18) GREAT PLAINS FAMILY YMCA INC	SOCIAL SERVICE	ок	501(C)(3)	LINE 9	N/A	No
1400 AIRPORT ROAD WEATHERFORD, OK 73096 73-0149048						
(19) FAMILY YMCA OF BARTLESVILLE	SOCIAL SERVICE	ок	501(C)(3)	LINE 9	N/A	No
101 NORTH OSAGE BARTLESVILLE, OK 74003 73-0521535						

Form 990, Schedule R, Part II - Identification of Relation	•		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 section 501(c) (3))	(f) Direct controlling entity	Section (b)(1 contro entit	n 512 L3) olled
						Yes	No
(701) YMCA OF GREATER TULSA - METRO OFFICE 420 S MAIN STREET	SOCIAL SERVICE	ок	501(C)(3)	LINE 9	N/A		Νo
TULSA, OK 74103 73-0579269							
(1) YMCA OF GREATER OKLAHOMA CITY	SOCIAL SERVICE	ок	501(C)(3)	LINE 9	N/A		No
500 N BROADWAY AVE SUITE 500 OKLAHOMA CITY, OK 731026298							
73-0579270 (2) SHAWNEE FAMILY YMCA	SOCIAL SERVICE	ок	501(C)(3)	LINE 9	N/A		No
700 W SARATOGA SHAWNEE, OK 74804							
73-0602462 (3) ARDMORE FAMILY YMCA AT ARDMORE OKLAHOMA	SOCIAL SERVICE	ок	501(C)(3)	LINE 9	N/A		No
920 15TH ST NW							
ARDMORE, OK 73401 73-0603523							
(4) YMCA OF PONCA CITY OKLAHOMA 702 E GRAND AVE	SOCIAL SERVICE	ок	501(C)(3)	LINE 9	N/A		Νo
PONCA CITY, OK 746015514 73-0634724							
(5) YMCA OF LAWTON OKLAHOMA	SOCIAL SERVICE	ок	501(C)(3)	LINE 9	N/A		No
5 SW FIFTH STREET LAWTON, OK 73501							
73-0642616 (6) STILLWATER FAMILY YMCA	SOCIAL SERVICE	ок	501(C)(3)	LINE 9	N/A		No
204 SOUTH DUCK STREET STILLWATER, OK 74074 73-0674204							
(7) NOBLE COUNTY FAMILY YMCA	SOCIAL SERVICE	ок	501(C)(3)	LINE 9	N/A		No
107 N SEVENTH STREET PERRY, OK 73077							
73-1099310 (8) CLEVELAND COUNTY FAMILY YMCA	SOCIAL SERVICE	ок	501(C)(3)	LINE 9	N/A		No
1350 LEXINGTON AVENUE NORMAN, OK 73069 73-1149824							
(9) TEXAS COUNTY FAMILY YMCA	SOCIAL SERVICE	ОК	501(C)(3)	LINE 9	N/A		Νo
1401 N MAIN ST PO BOX 1428 GUYMON, OK 73942 73-1464310							
(10) RANDOLPH AREA YMCA	SOCIAL SERVICE	МО	501(C)(3)	LINE 9	N/A		No
1600 N MORLEY STREET STE 110A MOBERLEY, MO 65270 73-1663479							
(11) YMCA OF GREATER SAN ANTONIO	SOCIAL SERVICE	TX	501(C)(3)	LINE 9	N/A		Νo
3233 N SAINT MARYS STREET SAN ANTONIO, TX 782123579 74-1109634 (12) YMCA OF THE GREATER HOUSTON AREA	SOCIAL SERVICE	TX	501(C)(3)	LINE 9	N/A		No
PO BOX 3007	SOCIAL SERVICE		301(C)(3)	LINE 9	IN/A		NO
HOUSTON, TX 772533007 74-1109737							
(13) YMCA OF GREATER EL PASO TX & RIO GRANDE VALLEY	SOCIAL SERVICE	TX	501(C)(3)	LINE 9	N/A		No
810 WYOMING AVENUE EL PASO, TX 799025339 74-1109880							
(14) YMCA OF PORT ARTHUR TEXAS	SOCIAL SERVICE	TX	501(C)(3)	LINE 9	N/A		No
6760 NINTH AVENUE PORT ARTHUR, TX 776426413							
74-1143027 (15) AUSTIN METROPOLITAN YMCA	SOCIAL SERVICE	TX	501(C)(3)	LINE 9	N/A		No
1402 EAST CESAR CHAVEZ AUSTIN, TX 78702 74-1193464							
(16) YMCA OF THE COASTAL BEND	SOCIAL SERVICE	TX	501(C)(3)	LINE 9	N/A		No
417 S UPPER BROADWAY ST CORPUS CHRISTI, TX 784013431							
74-1211670 (17) THE YMCA OF THE GOLDEN CRESCENT INC	SOCIAL SERVICE	TX	501(C)(3)	LINE 9	N/A		No
1806 NORTH NIMITZ STREET VICTORIA, TX 779015534 74-1368574							
(18) YMCA OF GREATER WILLIAMSON COUNTY	SOCIAL SERVICE	TX	501(C)(3)	LINE 9	N/A		No
PO BOX 819 ROUND ROCK, TX 786800819 74-2206558							
(19) YMCA OF CENTRAL TEXAS	SOCIAL SERVICE	TX	501(C)(3)	LINE 9	N/A		Νo
PO BOX 20515 WACO, TX 767020515 74-2668685							

Form 990, Schedule R, Part II - Identification of Rela			7.15	1 7-3	150	-	>
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(TOAL) VMCA OF AMARYLLO TEVACANO	COCIAL CERVICE	TV	504 (0)(2)	LTN5 0	21.70	Yes	No
(721) YMCA OF AMARILLO TEXAS INC 4101 HILLSIDE ROAD AMARILLO, TX 79110	SOCIAL SERVICE	ТХ	501(C)(3)	LINE 9	N/A		No
75-0800695 (1) YMCA OF METROPOLITAN DALLAS	SOCIAL SERVICE	TX	501(C)(3)	LINE 9	N/A		No
601 N AKARD ST DALLAS, TX 752013303	SOCIAL SERVICE		301(0)(3)	LINE 3	N/O		140
75-0800696 (2) SAN ANGELO YMCA	SOCIAL SERVICE	TX	501(C)(3)	LINE 9	N/A		No
353 S RANDOLPH ST SAN ANGELO, TX 769036427 75-0800698							
(3) YMCA OF CORSICANA	SOCIAL SERVICE	TX	501(C)(3)	LINE 9	N/A		No
400 OAKLAWN CORSICANA, TX 75110 75-0808817							
(4) WICHITA FALLS METROPOLITAN YMCA	SOCIAL SERVICE	TX	501(C)(3)	LINE 9	N/A		No
1010 NINTH STREET WICHITA FALLS, TX 763013212 75-0808818							
(5) YMCA OF BIG SPRING TEXAS PO BOX 1428	SOCIAL SERVICE	TX	501(C)(3)	LINE 9	N/A		No
BIG SPRING, TX 797211428 75-0827470	SOCIAL SERVICE	TV	501/0/2\	LINEO	N /A		N o
(6) YMCA OF METROPOLITAN FORT WORTH 512 LAMAR STREET SUITE 400 FORT WORTH, TX 76102	SOCIAL SERVICE	ТХ	501(C)(3)	LINE 9	N/A		No
75-0827471 (7) YMCA OF ABILENE TEXAS	SOCIAL SERVICE	TX	501(C)(3)	LINE 9	N/A		No
PO BOX 3137 ABILENE, TX 79604					,		
75-0855638 (8) YMCA OF MIDLAND TEXAS	SOCIAL SERVICE	TX	501(C)(3)	LINE 9	N/A		No
PO BOX 954 MIDLAND, TX 797020954 75-0871732							
(9) YMCA OF TYLER TEXAS INC	SOCIAL SERVICE	TX	501(C)(3)	LINE 9	N/A		No
225 S VINE AVENUE TYLER, TX 757027143 75-0891469							
(10) GREENVILLEHUNT COUNTY YMCA	SOCIAL SERVICE	ТХ	501(C)(3)	LINE 9	N/A		No
1915 STANFORD STREET GREENVILLE, TX 754015908 75-0968474 (11) PALESTINE YMCA	SOCIAL SERVICE	TX	501(C)(3)	LINE 9	N/A		No
5500 N LOOP 256 PALESTINE, TX 75801 75-0975622							
(12) YMCA OF ARLINGTON	SOCIAL SERVICE	ТХ	501(C)(3)	LINE 9	N/A		No
1148 W PIONEER PKWY SUITE H ARLINGTON, TX 76013 75-1000839							
(13) YMCA OF MOORE COUNTY INC 1400 SOUTH MADDOX AVENUE	SOCIAL SERVICE	ТХ	501(C)(3)	LINE 9	N/A		No
DUMAS, TX 790295722 75-1073132	CO CIAL CERVICE	TV	F04 (0)(2)	1,11,5	21.42		
(14) ODESSA FAMILY YMCA 3001 E UNIVERSITY BLVD ODESSA, TX 79762	SOCIAL SERVICE	TX	501(C)(3)	LINE 9	N/A		No
75-1187026 (15) YMCA OF PLAINVIEW TEXAS	SOCIAL SERVICE	TX	501(C)(3)	LINE 9	N/A		No
PO BOX 1286 PLAINVIEW, TX 790731286					ŕ		
75-6042150 (16) CENTRAL COAST YMCA	SOCIAL SERVICE	CA	501(C)(3)	LINE 9	N/A		No
500 LINCOLN AVENUE SALINAS, CA 93901 77-0202335							
(17) YMCA OF BILLINGS	SOCIAL SERVICE	MT	501(C)(3)	LINE 9	N/A		No
402 N 32ND ST BILLINGS, MT 591011215 81-0229368							
(18) YMCA OF HELENA INC 1200 NORTH MAIN	SOCIAL SERVICE	МТ	501(C)(3)	LINE 9	N/A		No
HELENA, MT 596012906 81-0231815	60 6141 655115		F04 (C)(C)	LINE	NI /A		8.
(19) BUTTE FAMILY YMCA INC 2975 WASHOE ST BUTTE, MT 597013236 81-0233504	SOCIAL SERVICE	MT	501(C)(3)	LINE 9	N/A		No

Form 990, Schedule R, Part II - Identification of Relat						ı	
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				(= //		Yes	No
(741) GREATER MISSOULA FAMILY YMCA	SOCIAL SERVICE	MT	501(C)(3)	LINE 9	N/A		Νo
3000 RUSSELL ST MISSOULA, MT 598018547 81-0300829							
(1) SOUTHWESTERN MONTANA FAMILY YMCA INC	SOCIAL SERVICE	МТ	501(C)(3)	LINE 9	N/A		No
75 SWENSON WAY DILLON, MT 59725							
81-0486053 (2) GALLATIN VALLEY YMCA INC	SOCIAL SERVICE	MT	501(C)(3)	LINE 9	N/A		No
PO BOX 10158 BOZEMAN, MT 59719							
81-0542574 (3) YMCA OF BOISE INC	SOCIAL SERVICE	ID	501(C)(3)	LINE 9	N/A		No
1177 W STATE STREET BOISE, ID 83702							
82-0200908 (4) YMCA OF IDAHO FALLS INC	SOCIAL SERVICE	ID	501(C)(3)	LINE 9	N/A		No
155 NORTH CORNER IDAHO FALLS, ID 83402 82-0222174							
(5) YMCA OF TWIN FALLS INC	SOCIAL SERVICE	ID	501(C)(3)	LINE 9	N/A		No
1751 ELIZABETH BLVD TWIN FALLS, ID 83301							
82-0255460 (6) WOOD RIVER COMMUNITY YMCA	SOCIAL SERVICE	ID	501(C)(3)	LINE 9	N/A		No
POST OFFICE BOX 6801 KETCHUM, ID 83340 82-0481436							
(7) CHEYENNE FAMILY YMCA	SOCIAL SERVICE	WY	501(C)(3)	LINE 9	N/A		No
1426 E LINCOLNWAY CHEYENNE, WY 82001							
83-0179528 (8) CASPER FAMILY YMCA	SOCIAL SERVICE	WY	501(C)(3)	LINE 9	N/A		No
315 EAST 15TH STREET CASPER, WY 82602 83-0197773							
(9) JOHNSON COUNTY FAMILY YMCA	SOCIAL SERVICE	WY	501(C)(3)	LINE 9	N/A		Νo
101 SOUTH KLONDIKE DRIVE BUFFALO, WY 82834 83-0237890							
(10) YMCA OF METROPOLITAN DENVER	SOCIAL SERVICE	СО	501(C)(3)	LINE 9	N/A		No
2625 SOUTH COLORADO BLVD DENVER, CO 80222 84-0402696							
(11) YMCA OF THE PIKES PEAK REGION	SOCIAL SERVICE	СО	501(C)(3)	LINE 9	N/A		Νo
316 NORTH TEJON STREET COLORADO SPRINGS, CO 80903 84-0404266	COCIAL CERVICE	60	E01/CV2	LINE 9	NI (A		Nie
(12) YMCA OF THE ROCKIES PO BOX 20800	SOCIAL SERVICE	СО	501(C)(3)	LINE 9	N/A		Νo
ESTES PARK, CO 805112800 84-0404913							
(13) YMCA OF PUEBLO	SOCIAL SERVICE	СО	501(C)(3)	LINE 9	N/A		No
3200 SPAULDING AVENUE PUEBLO, CO 81008 84-0404925							
(14) YMCA OF BOULDER VALLEY	SOCIAL SERVICE	СО	501(C)(3)	LINE 9	N/A		No
2850 MAPLETON AVE BOULDER, CO 803011122							
84-0459944 (15) ED RUTH LEHMAN YMCA	SOCIAL SERVICE	СО	501(C)(3)	LINE 9	N/A		No
950 LASHLEY STREET LONGMONT, CO 805013516 84-1129504							
(16) THE YMCA OF CENTRAL NEW MEXICO	SOCIAL SERVICE	NM	501(C)(3)	LINE 9	N/A		No
PO BOX 52196 ALBUQUERQUE, NM 87181 85-0105592							
(17) THE FAMILY YMCA	SOCIAL SERVICE	NM	501(C)(3)	LINE 9	N/A		No
1450 IRIS ST LOS ALAMOS, NM 875443056 85-0130054							
(18) YMCA OF SOUTHERN ARIZONA	SOCIAL SERVICE	AZ	501(C)(3)	LINE 9	N/A		Νo
60 W ALAMEDA ST TUCSON, AZ 857011307 86-0101237 (19) PRESCOTT YMCA OF YAVAPAI COUNTY	SO CIAL SERVICE	AZ	501(C)(3)	LINE 9	N/A		No
750 WHIPPLE STREET	SOCIAL SERVICE	A 2	301(0)(3)	LTINE A	IN/A		110
PRESCOTT, AZ 863011718 86-0119151							

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		, , , , , , , , , , , , , , , , , , ,		(3))		entity?	?
(761) YMCA OF GREATER SALT LAKE AREA	SOCIAL SERVICE	UT	501(C)(3)	LINE 9	N/A		Vo Vo
3098 S HIGHLAND DRIVE SUITE 290 SALT LAKE CITY, UT 84106 87-0212472							
(1) YMCA OF SOUTHERN NEVADA	SOCIAL SERVICE	NV	501(C)(3)	LINE 9	N/A	N	N o
4141 MEADOWS LANE LAS VEGAS, NV 891073105 88-0059266							
(2) WHATCOM FAMILY YMCA	SOCIAL SERVICE	WA	501(C)(3)	LINE 9	N/A	N	N o
1256 N STATE STREET BELLINGHAM, WA 98225 91-0482690							
(3) YMCA OF GREATER SEATTLE	SOCIAL SERVICE	WA	501(C)(3)	LINE 9	N/A	N	۷o
909 FOURTH AVENUE SEATTLE, WA 981041194 91-0482710							
(4) YMCA OF SOUTHWEST WASHINGTON	SOCIAL SERVICE	WA	501(C)(3)	LINE 9	N/A	N	۷o
PO BOX 698 LONGVIEW, WA 98632 91-0565021	CO CIAL CERVICE		501(0)(2)	LITNE O	21/4		
(5) SKAGIT VALLEY FAMILY YMCA 215 E FULTON ST	SOCIAL SERVICE	WA	501(C)(3)	LINE 9	N/A		۷o
MOUNT VERNON, WA 982733309 91-0565022							
(6) YMCA OF SNOHOMISH COUNTY	SOCIAL SERVICE	WA	501(C)(3)	LINE 9	N/A	N	۷o
2720 ROCKEFELLER AVE EVERETT, WA 982013523 91-0565561							
(7) YMCA OF PIERCE AND KITSAP COUNTIES 1614 SOUTH MILDRED SUITE 1	SOCIAL SERVICE	WA	501(C)(3)	LINE 9	N/A	l N	۷o
TACOMA, WA 98465 91-0565562 (8) YMCA OF YAKIMA	SOCIAL SERVICE	WA	501(C)(3)	LINE 9	N/A	N	No.
5 NORTH NACHES AVENUE	SOCIAL SERVICE	WA	501(C)(3)	LINE 9	N/A		10
YAKIMA, WA 98901 91-0568717							
(9) YMCA AT WASHINGTON STATE UNIVERSITY	SOCIAL SERVICE	WA	501(C)(3)	LINE 9	N/A	N	۷o
105 NE SPRING ST PULLMAN, WA 991647230 91-0573117							
(10) WENATCHEE VALLEY YMCA	SOCIAL SERVICE	WA	501(C)(3)	LINE 9	N/A	N	۷o
217 ORONDO AVE WENATCHEE, WA 988012209							
91-0578224 (11) YMCA OF WALLA WALLA	SOCIAL SERVICE	WA	501(C)(3)	LINE 9	N/A	N	No
PO BOX 1637 WALLA WALLA, WA 993620359 91-0580856							
(12) SOUTH SOUND YMCA	SOCIAL SERVICE	WA	501(C)(3)	LINE 9	N/A	N	۷o
1530 YELM HWY SE OLYMPIA, WA 98501 91-0586473							
(13) CLALLAM COUNTY YMCA INC	SOCIAL SERVICE	WA	501(C)(3)	LINE 9	N/A	N	۷o
302 S FRANCIS ST PORT ANGELES, WA 98362 91-0652924							
(14) YMCA OF THE INLAND NORTHWEST	SOCIAL SERVICE	WA	501(C)(3)	LINE 9	N/A	N	٥١
1126 N MONROE SPOKANE, WA 99201 91-0827958							
(15) YMCA OF THE GREATER TRI-CITIES	SOCIAL SERVICE	WA	501(C)(3)	LINE 9	N/A	N	۷o
1234 COLUMBIA PARK TRAIL RICHLAND, WA 993523853							
91-1655754 (16) YMCA OF GRAYS HARBOR	SOCIAL SERVICE	WA	501(C)(3)	LINE 9	N/A	N	۷o
2500 SIMPSON AVENUE HOQUIAM, WA 985503937 91-1984900							
(17) YMCA OF ANCHORAGE ALASKA	SOCIAL SERVICE	AK	501(C)(3)	LINE 9	N/A	N	Νo
5353 LAKE OTIS PARKWAY ANCHORAGE, AK 995071709 92-0034878							
(18) YMCA OF KLAMATH COUNTY OREGON	SOCIAL SERVICE	OR	501(C)(3)	LINE 9	N/A	N	۷o
1221 S ALAMEDA KLAMATH FALLS, OR 976033657 93-0386978							
(19) YMCA OF COLUMBIA-WILLAMETTE ASSOCIATION SERVICES	SOCIAL SERVICE	O R	501(C)(3)	LINE 9	N/A	N	1 0
9500 SW BARBUR BLVD STE 200 PORTLAND, OR 972195426 93-0386981							
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(781) FAMILY YMCA OF MARION AND POLK COUNTIES	SOCIAL SERVICE	OR	501(C)(3)	LINE 9	N/A	Yes No
685 COURT STREET NE SALEM, OR 973013844	SOCIAL SERVICE		301(0)(3)		W/A	No
93-0386982 (1) YMCA OF MEDFORD	SOCIAL SERVICE	OR	501(C)(3)	LINE 9	N/A	No
522 WEST SIXTH STREET	SOCIAL SERVICE	O K	301(0)(3)	LINE 9	N/A	140
MEDFORD, OR 975012735 93-0391645						
(2) CENTRAL DOUGLAS COUNTY FAMILY YMCA	SOCIAL SERVICE	OR	501(C)(3)	LINE 9	N/A	No
1151 STEWART PARKWAY ROSEBURG, OR 974701902 93-0395593						
(3) TILLAMOOK COUNTY FAMILY YMCA	SOCIAL SERVICE	OR	501(C)(3)	LINE 9	N/A	No
610 STILLWELL ST TILLAMOOK, OR 97141						
93-0457167 (4) MID-WILLAMETTE FAMILY YMCA	SOCIAL SERVICE	OR	501(C)(3)	LINE 9	N/A	No
3311 S PACIFIC BLVD ALBANY, OR 973217797 93-0479079						
(5) EUGENE FAMILY YMCA	SOCIAL SERVICE	OR	501(C)(3)	LINE 9	N/A	No
2055 PATTERSON STREET EUGENE, OR 974052958 93-0500679						
(6) BAKER COUNTY YMCA	SOCIAL SERVICE	OR	501(C)(3)	LINE 9	N/A	No
2021 MAIN ST BAKER CITY, OR 978143351 93-0621433						
(7) YMCA OF GRANTS PASS OREGON PO BOX 5439 GRANTS PASS, OR 97527	SOCIAL SERVICE	OR	501(C)(3)	LINE 9	N/A	No
93-0848122 (8) YMCA OF SAN FRANCISCO	SOCIAL SERVICE	CA	501(C)(3)	LINE 9	N/A	No
50 CALIFORNIA STREET SUITE 650 SAN FRANCISCO, CA 94111 94-0997140						
(9) YMCA OF THE EAST BAY	SOCIAL SERVICE	CA	501(C)(3)	LINE 9	N/A	No
2330 BROADWAY OAKLAND, CA 946122496						
94-1156317 (10) YMCA OF SILICON VALLEY	SOCIAL SERVICE	CA	501(C)(3)	LINE 9	N/A	No
80 SARATOGA AVE SANTA CLARA, CA 950517398						
94-1156318 (11) YMCA OF SAN JOAQUIN COUNTY	SOCIAL SERVICE	CA	501(C)(3)	LINE 9	N/A	No
6135 TAM OSHANTER DRIVE STOCKTON, CA 95210 94-1156319						
(12) YMCA OF SUPERIOR CALIFORNIA	SOCIAL SERVICE	CA	501(C)(3)	LINE 9	N/A	No
2021 W STREET SACRAMENTO, CA 958181624 94-1156634						
(13) YMCA OF THE CENTRAL BAY AREA	SOCIAL SERVICE	CA	501(C)(3)	LINE 9	N/A	No
2111 MARTIN LUTHER KING JR WAY BERKELEY, CA 94704 94-1156635						
(14) SHASTA COUNTY YMCA	SOCIAL SERVICE	CA	501(C)(3)	LINE 9	N/A	No
1155 N COURT STREET REDDING, CA 960010437						
94-1212141 (15) SONOMA COUNTY FAMILY YMCA	SOCIAL SERVICE	CA	501(C)(3)	LINE 9	N/A	No
1111 COLLEGE AVENUE SANTA ROSA, CA 954043905 94-1265049						
(16) GREATER NEWBURGH YMCA	SOCIAL SERVICE	NY	501(C)(3)	LINE 9	N/A	No
377 BROADWAY NEWBURGH, NY 12550						
94-1415304 (17) GOLDEN STATE YMCA	SOCIAL SERVICE	CA	501(C)(3)	LINE 9	N/A	No
211 W TULARE AVE VISALIA, CA 932774813 94-1459198						
(18) CALIFORNIA YMCA YOUTH AND GOVERNMENT	SOCIAL SERVICE	CA	501(C)(3)	LINE 9	N/A	No
2555 3RD ST STE 215 SACRAMENTO, CA 958181100 94-3360482	60.6111.6551151		F04/G)/5	LINES	N/4	
(19) YMCA OF POMONA VALLEY 350 N GAREY AVE POMONA, CA 91767	SOCIAL SERVICE	СА	501(C)(3)	LINE 9	N/A	No
95-1641976	1	1	I	I		I

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(801) CHANNEL ISLANDS YMCA	SOCIAL SERVICE	CA	501(C)(3)	LINE 9	N/A	Yes No
105 E CARRILLO ST SANTA BARBARA, CA 931012110	SOCIAL SERVICE		301(0)(3)	LINE 3	N/A	
95-1643379 (1) SANTA MONICA FAMILY YMCA	SOCIAL SERVICE	CA	501(C)(3)	LINE 9	N/A	No
1332 SIXTH STREET SANTA MONICA, CA 90401						
95-1643380 (2) YMCA OF GREATER LONG BEACH	SOCIAL SERVICE	CA	501(C)(3)	LINE 9	N/A	No
PO BOX 90995 LONG BEACH, CA 908090995 95-1643396						
(3) YMCA OF WEST SAN GABRIEL VALLEY	SOCIAL SERVICE	CA	501(C)(3)	LINE 9	N/A	No
401 EAST CORTO STREET ALHAMBRA, CA 91801 95-1644051						
(4) YMCA OF METROPOLITAN LOS ANGELES	SOCIAL SERVICE	CA	501(C)(3)	LINE 9	N/A	No
625 S NEW HAMPSHIRE AVE LOS ANGELES, CA 900051371 95-1644052						
(5) YMCA OF ORANGE COUNTY	SOCIAL SERVICE	CA	501(C)(3)	LINE 9	N/A	No
13821 NEWPORT AVE 200 TUSTIN, CA 927807803 95-1644055						
(6) YMCA OF BURBANK CALIFORNIA	SOCIAL SERVICE	CA	501(C)(3)	LINE 9	N/A	No
321 EAST MAGNOLIA BOULEVARD BURBANK, CA 915021132 95-1664139	CO CIAL CERVICE	CA.	F01(C)(2)	LINEO	N/A	N
(7) YMCA OF THE EAST VALLEY 500 E CITRUS AVE REDLANDS, CA 923735221	SOCIAL SERVICE	CA	501(C)(3)	LINE 9	N/A	No
95-1684787 (8) YMCA OF GREATER WHITTIER	SOCIAL SERVICE	CA	501(C)(3)	LINE 9	N/A	No
12510 E HADLEY ST 201 WHITTIER, CA 90601 95-1684795						
(9) YMCA OF ANAHEIM	SOCIAL SERVICE	CA	501(C)(3)	LINE 9	N/A	No
240 S EUCLID STREET ANAHEIM, CA 92802 95-1709299						
(10) WEST END YMCA	SOCIAL SERVICE	CA	501(C)(3)	LINE 9	N/A	No
10970 ARROW ROUTE SUITE 106 RANCHO CUCAMONGA, CA 91730 95-1727678 (11) YMCA OF ORANGE	SOCIAL SERVICE	CA	501(C)(3)	LINE 9	N/A	No
2241 EAST PALMYRA ORANGE, CA 92869 95-1816053						
(12) YMCA OF THE FOOTHILLS	SOCIAL SERVICE	CA	501(C)(3)	LINE 9	N/A	No
1930 FOOTHILL BLVD LA CANADA, CA 91011 95-1976183						
(13) YMCA OF SAN DIEGO COUNTY 3708 RUFFIN RD	SOCIAL SERVICE	CA	501(C)(3)	LINE 9	N/A	No
SAN DIEGO, CA 92123 95-2039198						
(14) SAN GABRIEL VALLEY YMCA 1603 S STIMSON AVE	SOCIAL SERVICE	CA	501(C)(3)	LINE 9	N/A	No
HACIENDA HEIGHTS, CA 917452839 95-2040876 (15) SAN LUIS OBISPO COUNTY YMCA	SOCIAL SERVICE	CA	501(C)(3)	LINE 9	N/A	No
1020 SOUTHWOOD DRIVE SAN LUIS OBISPO, CA 93401	SOCIAL SERVICE	CA	501(C)(3)	LINE 9	IN/A	No
95-2147727 (16) SANTA MARIA VALLEY YMCA	SOCIAL SERVICE	CA	501(C)(3)	LINE 9	N/A	No
3400 SKYWAY DRIVE SANTA MARIA, CA 934552504						
95-2158363 (17) SOUTHEAST VENTURA COUNTY YMCA	SOCIAL SERVICE	CA	501(C)(3)	LINE 9	N/A	No
100 E THOUSAND OAKS BLVD SUITE 295 THOUSAND OAKS, CA 91360 95-2305501						
(18) CORONA-NORCO FAMILY YMCA 1331 RIVER ROAD	SOCIAL SERVICE	CA	501(C)(3)	LINE 9	N/A	No
CORONA, CA 91720 95-2879893						
(19) FAMILY YMCA OF THE DESERT 43-930 SAN PABLO AVE PALM DESERT, CA 92260 95-3673295	SOCIAL SERVICE	CA	501(C)(3)	LINE 9	N/A	No
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Form 990, Schedule R, Part II - Identification of Rela	<u> </u>	T	1	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 section 501(c) (3))	(f) Direct controlling entity	(b)(1 contro entit	on 512 (13) rolled city?
(821) YMCA OF HONOLULU	SOCIAL SERVICE	HI	501(C)(3)	LINE 9	N/A	Yes	No No
1441 PALI HWY HONOLULU, HI 968132050 99-0073533							
(1) YMCA OF KAUAI	SOCIAL SERVICE	HI	501(C)(3)	LINE 9	N/A		No
PO BOX 1786 LIHUE, HI 96766 99-0074494						_	
(2) MAUI FAMILY YMCA	SOCIAL SERVICE	HI	501(C)(3)	LINE 9	N/A		No
250 KANALOA AVE KAHULUI, HI 96732 99-0105206							
(3) ALLIANCE OF NEW YORK STATE YMCAS INC	SOCIAL SERVICE	NY	501(C)(3)	LINE 9	N/A		No
33 ELK STREET SUITE 200 ALBANY, NY 12207 01-0567018							
(4) ATHOL YMCA	SOCIAL SERVICE	MA	501(C)(3)	LINE 9	N/A		No
545 MAIN STREET ATHOL, MA 01331 04-2103727							
(5) OLD COLONY Y	SOCIAL SERVICE	MA	501(C)(3)	LINE 9	N/A		No
320 MAIN STREET BROCKTON, MA 02301 04-2125014							
(6) WAYNE COUNTY YMCA	SOCIAL SERVICE	PA	501(C)(3)	LINE 9	N/A		No
105 PARK STREET HONESDALE, PA 18431 _23-2122456							
(7) PULASKI COUNTY FAMILY YMCA	SOCIAL SERVICE	IN	501(C)(3)	LINE 9	N/A		No
120 W 15TH STREET WINAMAC, IN 46996 35-2094935							
(8) STEVENS POINT AREA YMCA	SOCIAL SERVICE	WI	501(C)(3)	LINE 9	N/A		No
1000 DIVISION STREET STEVENS POINT, WI 54481 39-1102612							
(9) SOUTH HILL YMCA	SOCIAL SERVICE	VA	501(C)(3)	LINE 9	N/A		No
116 N MECKLENBURG AVE SOUTH HILL, VA 23970 54-1849696							
(10) UNICOI COUNTY FAMILY YMCA	SOCIAL SERVICE	TN	501(C)(3)	LINE 9	N/A		No
PO BOX 60 ERWIN, TN 376500060 62-0478092							
(11) SOUTHSIDE VIRGINIA FAMILY YMCA	SOCIAL SERVICE	VA	501(C)(3)	LINE 9	N/A		No
580 COMMERCE RD FARMVILLE, VA 23901 62-1487256							
(12) VALLEY OF THE SUN YMCA	SOCIAL SERVICE	AZ	501(C)(3)	LINE 9	N/A		No
350 NORTH FIRST AVENUE PHOENIX, AZ 850031513 86-0096799							
(13) YMCA OF ASHLAND	SOCIAL SERVICE	OR	501(C)(3)	LINE 9	N/A		No
1952 ASHLAND AVE ASHLAND, OR 97520 93-0386976							
(14) YMCA OF GLENDALE CALIFORNIA	SOCIAL SERVICE	CA	501(C)(3)	LINE 9	N/A		No
140 N LOUISE STREET GLENDALE, CA 912064226 95-1661118							
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