

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



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

DLN: 93493315014086

201 Open to Public

OMB No 1545-0047

Inspection

15

10

118

15

-5,000,000

171,377,957

112,535,759

284,104,945

415,832,166

19,453,203

24,621,093

460,165,587

-176,060,642

6,133,685,280

6,738,508,793

-604,823,513

End of Year

Current Year

0

235,774

-44,545

259,125

4

5

6

7a

250,863

-44,243

185,890

173,043,327

470,877,264

644,127,211

745,951,501

17,500,761

26,337,160

789,975,312

-145,848,101

6,494,299,952

6,606,846,103

-112,546,151

2016-11-10

Check if self-employed

Firm's EIN > 13-5565207

Phone no (212) 758-9700

P01517891

Beginning of Current Year

Return of Organization Exempt From Income Tax

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

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

For the 2015 calendar year, or tax year beginning 07-01-2015 and ending 06-30-2016 C Name of organization D Employer identification number B Check if applicable YOUNG MEN'S CHRISTIAN ASSOCIATION RETIREMENT FUND Address change 13-5562401 Name change Doing business as Initial return -Fınal Number and street (or P O box if mail is not delivered to street address) Room/suite return/terminated 120 Broadway Amended return City or town, state or province, country, and ZIP or foreign postal code New York, NY 102711999 Application pending Name and address of principal officer John M Preis 120 Broadway Νo 102711999 New York, NY Tax-exempt status included? **√** 501(c)(3) 501(c)() **◄** (insert no) 4947(a)(1) or Website: ► WWW YRETIREMENT ORG

E Telephone number (646) 458-2400 G Gross receipts \$ 2,150,257,656 **H(a)** Is this a group return for subordinates? H(b) Are all subordinates If "No," attach a list (see instructions) Group exemption number **>** L Year of formation 1921 M State of legal domicile NY ✓ Corporation Trust Association K Form of organization Summary 1 Briefly describe the organization's mission or most significant activities See Part III and Schedule O

Activities & Governance

8

10

12

13

14

15

17

18

19

Use Only

Ravenue

Expenses

Department of the

Internal Revenue Service

Treasury

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a) .

4 Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2015 (Part V, line 2a) Total number of volunteers (estimate if necessary) . Total unrelated business revenue from Part VIII, column (C), line 12

b Net unrelated business taxable income from Form 990-T, line 34 Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)

Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3).

Benefits paid to or for members (Part IX, column (A), line 4) . Salaries, other compensation, employee benefits (Part IX, column (A), lines 5 - 10)Professional fundraising fees (Part IX, column (A), line 11e) . 16a b Total fundraising expenses (Part IX, column (D), line 25) $\blacktriangleright_{\underline{0}}^{\underline{0}}$ Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)

Assets or d Balances 20 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) . Net assets or fund balances Subtract line 21 from line 20 Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Signature of officer Sian Here VINCENT M DE SIO CHIEF FINANCIAL OFFICER Type or print name and title

Print/Type preparer's name DAVID M HIGHFILL **Paid** Fırm's name **Preparer**

Revenue less expenses Subtract line 18 from line 12

Preparer's signature DAVID M HIGHFILL

► KPMG LLP

Firm's address ► 345 PARK AVENUE

NEW YORK, NY 101540102 May the IRS discuss this return with the preparer shown above? (see instructions)

Cat No 11282Y

Date

. ✓Yes No Form**990**(2015) VIII, IX, or X as applicable

If "Yes," complete Schedule D, Part X 🕏

16

17

18

Form	n 990 (2015)			Page 3
Pai	rt IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 🗳	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🥞	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	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 I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	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
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII,			

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States?

for any foreign organization? If "Yes," complete Schedule F, Parts II and IV

assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV $\,\cdot\,\,$. $\,\cdot\,\,$.

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H .

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 💆 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

d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets

 ${f f}$ Did the organization's separate or consolidated financial statements for the tax year include a footnote that

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

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

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If

valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 💆 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other

IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Νo

Nο

Νo

Νo

Νo

Νo

Νo

Νo

Νo

Νo

Form 990 (2015)

11a

11b

11c

11d

11e

11f

12a

12b

13

14a

14b

15

16

17

18

19

20a

-61	Checklist of Required Schedules (Continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? 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 or for domestic individuals 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		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24 c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</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, Pait 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 "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28 c		No
29	Did the organization receive more than $$25,000$ in non-cash contributions? If "Yes," complete Schedule M	29		No
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

Νo

Νo

Νo

Νo

Νo

32

33

34

35a

35b

36

37

Yes

Yes

Form 990 (2015)

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Pait II, III, or IV,

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 . . . 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

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

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

34

37

orm	990 (2015)			Page 5
Par				
	Check if Schedule O contains a response or note to any line in this Part V			. 🗸
10	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 25,420		Yes	No
	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		V	
25	gaming (gambling) winnings to prize winners?	1c	Yes	
	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? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	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
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes	
b	If "Yes," enter the name of the foreign country ▶CA See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? \cdot .	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		No
b	organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	"		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7h		
	Sponsoring organizations maintaining donor advised funds.			
	Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	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]		
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	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	13 a		
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	[[
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
ь	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b		

year by the following The governing body? . .

Section C. Disclosure

Part

90 (2015)	
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

Section A. Governing Body and Management								
					Yes	N		
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	15					
	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							

	year	La					
	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	1b					
2	Did any officer, director, trustee, or key employee have a family relationship or a bu other officer, director, trustee, or key employee?	sıness • •	rel •	atıo	nship • •	with	ı a
3	Did the organization delegate control over management duties customarily performe	ed by d	or u	nder	the c	lirec	t

Did the organization have members or stockholders?

10a Did the organization have local chapters, branches, or affiliates?

b Describe in Schedule O the process, if any, used by the organization to review this Form 990

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

Did the organization become aware during the year of a significant diversion of the organization's assets?

7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or

Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders,

Did the organization contemporaneously document the meetings held or written actions undertaken during the

Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the

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

organization's mailing address? If "Yes," provide the names and addresses in Schedule O

b If "Yes," did the organization have written policies and procedures governing the activities of such chapters,

12a Did the organization have a written conflict of interest policy? If "No," go to line 13

Did the organization have a written document retention and destruction policy?

a The organization's CEO, Executive Director, or top management official

List the States with which a copy of this Form 990 is required to be filed▶

If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)

interest policy, and financial statements available to the public during the tax year

▶Vincent de Sio 120 Broadway New York, NY 102711999 (646) 485-2485

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?

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a

Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website Upon request Other (explain in Schedule O)

State the name, address, and telephone number of the person who possesses the organization's books and records

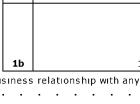
Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of

b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing

b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give

c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe





Νo

Νo

Νo

Nο

No Νo

2

3

4

5

7a

10a

10b

11a

12a

12h

12c

13

14

15a

15b

16a

16b

Yes

Νo

Form 990 (2015)

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

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	more t	tion (han d in is l	one l both	oox, an d	officer	i	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		1099-MISC) (W- 2/1099- MISC)	organization and related organizations
See Additional Data Table										

640 FIFTH AVENUE

(A) Name and Title	(B) Average hours per week (list any hours	more t	tion i han o on is	one l both	oox, an	heck unless officer stee)		(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	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
See Additional Data Table										
1b Sub-Total		 ection /		•		•				
d Total (add lines 1b and 1c				٠.	٠.	•		7,246,499	1,318,819	1,208,511

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization \blacktriangleright 39

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

services rendered to the organization? If "Yes," complete Schedule I for such person	·	No
Section B. Independent Contractors		
Complete this table for your five highest compensated independent contractors that recompensation from the organization. Report compensation for the calendar year ending.		tax year
(A) Name and business address	(B) Description of services	(C) Compensation
GARDNER RUSSO & GARNDER	INVESTMENT MANAGEMENT	1,936,416
223 EAST CHESTNUT STREET LANCASTER, PA 17602		
RGM CAPITAL MANAGEMENT	INVESTMENT MANAGEMENT	1,820,474
9010 STRADA STELL COURT SUITE 105 NAPLES, FL 34109		
WELLINGTON MANAGEMENT COMPANY	INVESTMENT MANAGEMENT	1,313,107
280 CONGRESS STREET BOSTON, MA 02210		
LAZARD ASSET MANAGEMENT	INVESTMENT MANAGEMENT	1,220,633
30 ROCKEFELLER PLAZA NEW YORK, NY 10112		
EPOCH INVESTMENT PARTNERS	INVESTMENT MANAGEMENT	1,160,924

NEW YORK, NY 10019 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 \blacktriangleright 40

Yes

Form 99		· · · · · · · · · · · · · · · · · · ·						Page 9
Part V	***	Statement o			and the Doublitte			F
		Check if Schedi	ule O contains a respoi	nse or note to any III	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
တ ည	1a	Federated cam	paigns 1a					
ant	ь	Membership du	ies 1b					
. Gr	С	Fundraising eve	ents 1 c	235,774				
ifts ar /	d	Related organiz	zations 1d					
Contributions, Gifts, Grants and Other Similar Amounts	е	Government grant	s (contributions) 1e					
tion r S	f	All other contribution	ons, gifts, grants, and 1f					
ibu	g	Noncash contributi	ons included in lines					
Contrand (h	1a-1f \$ Total. Add lines	c 1a-1f		235,774			
<u>ت =</u>	"	TOTAL A GU IIII es	5 1 d - 11	• • • • • • • • • • • • • • • • • • •	233,771			
훒	2a	LIFE ANNUITIES		Business Code	171,377,957	171,377,957		
Program Service Revenue	Ь				1,1,5,1,551	1,1,3,7,337		
r T	С							
ž.	d							
S E	е							
ogra	f	All other progra	am service revenue		0	0	(
<u>~</u>	g	Total. Add lines	s 2a-2f		171,377,957			
	3		ome (including dividen ar amounts)	ds, interest, ▶	39,672,232	39,672,232		
	4		stment of tax-exempt bond	proceeds ►				
	5	Royalties						
	6a	Gross rents	(ı) Real	(II) Personal				
	b	Less rental						
	ן ו	expenses Rental income	0	0				
	٠	or (loss)		Ŭ				
	d	Net rental inco	me or (loss) (i) Securities	▶ (II) O ther				
	7a	Gross amount from sales of assets other than inventory	1,938,941,693	(1) 0 51101				
	ь	Less cost or other basis and	1,866,078,166					
	c	sales expenses Gain or (loss)	72,863,527	0				
	d	, ,	(ss)		72,863,527	72,863,527		
Other Revenue	8a	Ψ	luding 5,774 s reported on line 1c)					
erF		Sec ruiciv, III	a a	30,000				
o ŧ			penses b	74,545	44.545			44.54
	C Qa		(loss) from fundraising from gaming activities	events >	-44,545			-44,54
		See Part IV, Iir	ne 19 a					
			penses b (loss) from gaming acti	vities				
	10a	Gross sales of returns and allo	owances .	•				
	l		a oods sold b (loss) from sales of inv	entory				
		Miscellaneou	s Revenue	Business Code				
	11a							
	Ь							
	d	All other reven	lle		0	0	ı	
	e e	Total. Add lines		▶	-			
	12	Total revenue.	See Instructions .		0			
		-			284,104,945	283,913,716	(-44,54

Part IX Statement of Functional Expenses

	4 () (0)			
ection 50	1 (C)(3) and 5 () 1 (C)(4) orda	anizations must complete all co	olumns. All other organizations n	aust complete column (A.)
0001011 0 0	1 (c)(c) and cc1 (c)(i) cigo	zaciono mast compiete an es	raining rin sense siganizations in	ilast complete column (il)

Check if Schedule O contains a response or note to any line in this Part IX \dots

	ot include amounts reported on lines 6b, b, 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 domestic organizations and domestic governments See Part IV, line 21	190,000	190,000		
2	Grants and other assistance to domestic individuals See Part IV, line 22	69,125	69,125		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members	415,832,166	415,832,166		
5	Compensation of current officers, directors, trustees, and key employees	5,457,653	2,634,330	2,823,323	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	121,180	121,180	0	
7	Other salaries and wages	10,751,243	7,824,966	2,926,277	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,079,955	721,676	358,279	
9	Other employee benefits	1,277,746	730,143	547,603	
10	Payroll taxes	705 420	492.652	204 772	
11	Fees for services (non-employees)	765,426	483,653	281,773	
a	Management				
b	Legal	319,651	291,655	27,996	
C	Accounting	360,570	75,000	27,996	
d	Lobbying	300,07	, 5,500	200,0.0	
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	15,330,123	15,260,052	70,071	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	900,978	173,124	727,854	0
12	Advertising and promotion	205,077	83,796	121,281	
13	Office expenses	739,159	223,265	515,894	
14	Information technology	1,858,945	1,719,391	139,554	
15	Royalties				
16	Occupancy	2,206,763	1,487,969	718,794	
17	Travel	706,319	499,139	207,180	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	524,726	65,431	459,295	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	999,932	649,956	349,976	
23	Insurance	417,425		417,425	
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	51,425		51,425	
b					
c					
d					
e	All other expenses	0	0	0	0
25	Total functional expenses. Add lines 1 through 24e	460,165,587	449,136,017	11,029,570	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)				

34

34

6,133,685,280 Form **990** (2015)

6,494,299,952

Part X	Bal	lan	ıce	Sh	1e	e١

1						(A)		(B)
2 Savings and temporary cash investments 2 3		Ι.				Beginning of year		End of year
3 Pledges and grants receivable, net 78,520,109 4 23,865,441						22,377,916		23,239,379
4 Accounts receivable, net								
Second Complete Part IV Interest Inte		3	Pledges and grants receivable, net					
## Trustees, key employees, and highest compensated employees. Complete Part II of Schedule L. Family Fam			·			78,520,109	4	23,865,447
Complete Part VI of Schedule D		5	trustees, key employees, and highest compensated ei Part II of					
Section 4958 (f)(1), persons described in section 4958 (c)(3)(8), and contributing employers and sponsoring organizations of section 501 (c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepard expenses and deferred charges 10a							5	C
8 Inventories for sale or use	ets	6	section 4958(f)(1)), persons described in section 495 contributing employers and sponsoring organizations voluntary employees' beneficiary organizations (see ii	8(c)(3 of secti)(B), and on 501(c)(9)			
8 Inventories for sale or use	SSI							(
9 Prepaid expenses and deferred charges	٩		'					
10a								
10a 8,491,962 10b 2,174,065 10c 6,317,893 11 11,165,66 10c 6,317,893 12 11,165,66 11,16		-				1,598,730	9	870,192
11 Investments—publicly traded securities		10a		10a	8,491,962			
12		b	Less accumulated depreciation	10b	2,174,065	7,116,566	10 c	6,317,897
13		11	Investments—publicly traded securities			4,212,451,396	11	3,213,080,922
14		12	Investments—other securities See Part IV, line 11			2,172,235,235	12	2,866,311,443
15 Other assets See Part IV, line 11		13	Investments—program-related See Part IV, line 11			0	13	
16 Total assets.Add lines 1 through 15 (must equal line 34) 6,494,299,952 16 6,133,685,280 17 Accounts payable and accrued expenses		14	Intangible assets				14	
17 Accounts payable and accrued expenses		15	Other assets See Part IV, line 11			0	15	C
18 Grants payable		16	Total assets. Add lines 1 through 15 (must equal line 3	34) .		6,494,299,952	16	6,133,685,280
Tax-exempt bond liabilities		17	Accounts payable and accrued expenses			269,245,146	17	248,405,992
Tax-exempt bond liabilities		18	Grants payable				18	
Escrow or custodial account liability Complete Part IV of Schedule D		19	Deferred revenue				19	
Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		20	Tax-exempt bond liabilities				20	
23 Secured mortgages and notes payable to unrelated third parties		21	Escrow or custodial account liability Complete Part I'	V of Sc	hedule D		21	
23 Secured mortgages and notes payable to unrelated third parties	lities	22						
23 Secured mortgages and notes payable to unrelated third parties	<u>.</u>		persons Complete Part II of Schedule L				22	
Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D Complete Part X of Schedule D Total liabilities. Add lines 17 through 25	:≚	23	Secured mortgages and notes payable to unrelated th	rd part	ies		23	
parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		24	Unsecured notes and loans payable to unrelated third	parties			24	
26 Total liabilities. Add lines 17 through 25		25	parties, and other liabilities not included on lines 17-2 Complete Part X of Schedule D		lated third	0.007.000.077		0.400.400.000
Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and								· · · · ·
Total net assets or fund balances	<u> </u>	26	Organizations that follow SFAS 117 (ASC 958), check			6,606,846,103	26	6,738,508,793
Temporarily restricted net assets	ce	27					27	
Permanently restricted net assets	<u>a</u>							
Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds	ထိ							
complete lines 30 through 34. 30 Capital stock or trust principal, or current funds	nnd	23		· · , check	here ▶ ☐ and		23	
Total net assets or fund balances	٥٢ ١		complete lines 30 through 34.		1		_	
Paid-in or capital surplus, or land, building or equipment fund 31	ts (30	
32 Retained earnings, endowment, accumulated income, or other funds 33 Total net assets or fund balances	sse	31	raid-in or capital surplus, or land, building or equipme	nt fund			31	
33 Total net assets or fund balances	Ř	32	Retained earnings, endowment, accumulated income,	or othe	r funds	-112,546,151	32	-604,823,513
	Zet Vet	33	- · · · · · · · · · · · · · · · · · · ·			-112,546,151	33	-604,823,513

Total liabilities and net assets/fund balances .

Investment expenses

column (B))

Schedule O

Schedule O

Separate basis

Separate basis

basis, consolidated basis, or both

Prior period adjustments

284,104,945

460,165,587

-176,060,642

-112,546,151

-316,284,620

67,900

No

Νo

Νo

Form 990 (2015)

-604,823,513

Yes

Yes

Yes

2a

2b

2c

3а

3b

1

2

3

4

5

6

7

8

9

10

Page **12**

1	Total revenue (must equal Part VIII, column (A), line 12)
2	Total expenses (must equal Part IX, column (A), line 25)
3	Revenue less expenses Subtract line 2 from line 1
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) .
5	Net unrealized gains (losses) on investments
6	Donated services and use of facilities

Part XII Financial Statements and Reporting

a separate basis, consolidated basis, or both

Single Audit Act and OMB Circular A-133?

Other changes in net assets or fund balances (explain in Schedule O) .

10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,

1 Accounting method used to prepare the Form 990 ☐ Cash ☐ Accrual ☐ Other

Consolidated basis

b Were the organization's financial statements audited by an independent accountant?

Consolidated basis

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

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

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

If the organization changed either its oversight process or selection process during the tax year, explain in

Both consolidated and separate basis

Both consolidated and separate basis

If the organization changed its method of accounting from a prior year or checked "Other," explain in

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

Additional Data

Software ID: 15000238

Software Version: 2015v2.1

EIN: 13-5562401

Name: YOUNG MEN'S CHRISTIAN ASSOCIATION RETIREMENT

FUND

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

Compensated Employees, a	na Inaepena	ent C			ors	;			1	1
(A) Name and Tıtle	(B) A verage hours per week (list any hours	more t	tion (han c on is l	ne l	oox, an c			(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	organization and related organizations
WILLIAM HOLBY	2 0	×		Х				0	0	0
CHAIRMAN	0.0	_ ^		^				0	0	0
ERIC K MANN	2 0	×		Х				0	200 252	24.424
VICE CHAIRMAN	40 0	^		X				U	300,253	24,424
MARK BAUMGARTNER	2 0	.,						0	0	
TRUSTEE VOLUNTEER	0.0	×						U	0	U
BARBARA A BETTIN	2 0									
TRUSTEE VOLUNTEER	40 0	×						0	220,519	33,143
ANGELA BROCK-KYLE	2 0	.,								
TRUSTEE VOLUNTEER	0.0	×						0	0	U
DENISE DAY	2 0	,,							204 402	46 504
TRUSTEE VOLUNTEER	40 0	×						0	394,482	46,584
CARMELITA GALLO	2 0	.,							0.00.070	10.054
TRUSTEE VOLUNTEER	40 0	×						0	268,379	43,964
JOSEPH R WEIST	2 0	.,							105.406	20.050
TRUSTEE VOLUNTEER	40 0	×						0	135,186	23,368
STEPHEN IVES	2 0									_
TRUSTEE VOLUNTEER	0 0	×						0	0	0
JURIJ Z KUSHNER	2 0									
TRUSTEE VOLUNTEER	0 0	×						0	0	0
	1 - "	'				' 				

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Emp Compensated Employees, and Independent Contractors (A) (B) (C) (D) (E) (F) Name Position (do not check Reportable Reportable Estimated Average and Title more than one box, compensation compensation amount of hours per week (list unless person is both an from the from related other any hours officer and a organization organizations compensation for related director/trustee) (W-2/1099-(W-2/1099from the organizations MISC) MISC) organization Q# | ₹ emplovee Individual trustee ŝ below Institutional lighest compensated and related 의행이 dotted line) organizations employee Trustee D SCOTT 20 LUTTRELL r 0 Χ TRUSTEE 0 0 VOLUNTEER ROBERT T 2 0 **LUTTS** Х 0 0 0 TRUSTEE 0 0 VOLUNTEER DAVID M 20 MARTIN Х C 0 0 TRUSTEE 0 0 VOLUNTEER GEORGANNE 2 0 F PERKINS Х 0 0 0 TRUSTEE 0 0 VOLUNTEER WILLIAM D 20 RUECKERT 0 0 0 Х TRUSTEE 0.0 VOLUNTEER DANIEL L COOPER 20 TRUSTEE Χ 0 0 0 VOLUNTEER - SERVED 40 0 UNTIL 12/31/2015 CARLOS GONZALEZ 2 0 TRUSTEE Χ 0 0 VOLUNTEER 0.0 - SERVED UNTIL 12/31/2015 JOHN M **PREIS** 40 0 PRESIDENT 935,468 0 62,236 Х AND CHIEF 0 0 **EXECUTIVE OFFICER** HUNTER REISNER 40 0 Χ 919,710 0 121,525 CHIEF 0.0 INVESTMENT **OFFICER** VANESSA **BOULOUS** 40 0 CHIEF Χ 365,167 0 69,290 **OPERATIONS** n n OFFICER -**EXTERNAL**

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Emp Compensated Employees, and Independent Contractors (A) (B) (C) (D) (E) (F) Name Average Position (do not check Reportable Reportable Estimated and Title hours per more than one box, compensation compensation amount of week (list unless person is both an from the from related other organization compensation any hours officer and a organizations for related director/trustee) (W-2/1099-(W-2/1099from the MISC) MISC) organizations organization emplo, ee Individual trustee Highest compensated below Institutional and related 自動ので dotted line) organizations employee Trustee **ELLIOTT** BUCHHOLZ 40 0 CHIEF Х 399,197 0 69,880 **OPERATIONS** 0.0 OFFICER -INTERNAL VINCENT M DE SIO 40 0 Χ 375,328 0 72,191 CHIEF 0.0 **FINANCIAL** OFFICER JAMES G KIRSCHNER 40 0 0 367,183 80,891 CHIEF 0.0 STRATEGY OFFICER JOHN 40 0 QUINONES X 433,454 0 64,759 GENERAL 0 0 COUNSEL MARCELA DIETRICH 40 0 VICE Х 245,999 0 35,926 **PRESIDENT** 0 0 CUSTOMER SERVICE ELIZABETH DELGADO 40 0 VICE 198,581 0 48,055 Х **PRESIDENT** 00 - HUMAN RESOURCES ELIZABETH KURILLA 40 0 VICE Х 214,340 0 53,768 PRESIDENT 00 - INTERNAL AUDIT LISA WORTHY 40 0 245,848 0 59,038 VICE PRESIDENT 0 0 FINANCE **NEIL NAG** 40 0 Χ 531,931 0 6,309 **PORTFOLIO** 0 0 MANAGER DAVID SLIFKA 40 0 Χ 516,037 0 71,609 **PORTFOLIO** 0 0 MANAGER -RE

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key En Compensated Employees, and Independent Contractors (A) (B) (C) (F) (D) (E) Position (do not check Reportable Estimated Name Average Reportable more than one box, and hours per compensation compensation amount of Title week (list unless person is both an from the from related other officer and a any hours organization organizations compensation director/trustee) for related (W-2/1099-(W-2/1099from the MISC) MISC) organizations organization Officer Former Key employee Highest compensated individual trustee emplovee Institutional Trustee below and related dotted line) organizations ⊔ TAN 40 0 **PORTFOLIO** Х 495,078 71,52 MANAGER 0 0 - EQ DAVID I LANDAU 40 0 370,062 Х 78,04 **PORTFOLIO** MANAGER 0 0 - PE GREGORY 40 0 ROZOLSKY Х 306,069 46.99 PORTFOLIO 0 0 MANAGER LOUISE 0 0 **HOWARD** Х 327,047 24,98

PORTFOLIO!

MANAGER

00

efil	le GR	APHIC pr	int - DO I	NOT PROCES	S As Filed Dat	ta -		DLN: 9	3493315014086
(Fo		OULE A 990 or	C		Charity Statue organization is a section 4947(a)(1) nonexe	tion 501(c)(3) empt charitable	organization or e trust	ort	2015
Treas				Information a ww.irs.gov/fo	bout Schedule A (Forn			uctions is at	Open to Public Inspection
Name	e of th	enue Service n e organizat S CHRISTIAN <i>A</i>		RETIREMENT FUN	D			Employer identific	ation number
Pa	rt I	Reason	for Publi	c Charity S	tatus (All organiza	tions must c	omplete this r	13-5562401 part.) See instructi	ons.
					ause it is (For lines 1				
1	_		•		r association of churc	-	•	•	
2	<u> </u>	•		•)(1)(A)(ii).(Attach So		•		
3	<u> </u>			-	service organization of	•		• •	
4	-	-	•		rated in conjunction v				ii). Enter the
	ı	hospital's	name, city,	and state	•				<u> </u>
5		170(b)(1)	(A)(iv). (C	omplete Part I	·				described in section
6				-	or governmental unit				
7					es a substantial part : i). (Complete Part II		rom a governme	ental unit or from the	general public
8	_				ion 170(b)(1)(A)(vi)	•	rt II)		
9	İ_	receipts f from gros	rom activitie s investmer	es related to it nt income and i	unrelated business tax	subject to cert xable income (ain exceptions, less section 51	and (2) no more than	331/3% of its support
10	_				ee section 509(a)(2).			m E00(a)(4)	
10	<u> </u>	-	=	•	ted exclusively to tes	•	•		aut the nurnees of
11	▽				ted exclusively for the nizations described in				
a	✓	the box in Type I. A s	lines 11a th supporting o organizatio	nrough 11d tha organization op n(s) the power	t describes the type of erated, supervised, or to regularly appoint o	of supporting o r controlled by r elect a major	rganization and its supported o	complete lines 11e, rganization(s), typica	11f, and 11g ally by giving the
	_	_			rt IV, Sections A and I		n with its suppose	rtad arganization(a)	hu haung aantral ar
b					upervised or controlle lization vested in the s				
		_		V, Sections A		sume persons	char control of t	nanage the supporter	a organization(3) 100
c	Г				supporting organizatio				grated with, its
	_				uctions) You must co				
d		not functio	nally integr	ated The orga	l. A supporting organi nization generally mu te Part IV, Sections A	st satisfy a dis	stribution requir		
e					ceived a written deter			s a Type I, Type II, 1	Type III functionally
	1.4	ıntegrated	, or⊤ype II	I non-function	ally integrated suppor	tıng organızatı	on		,
f	Ente				ns			<u>8</u>	1 3
g		Provide th	e following i	nformation abo	out the supported orga	inization(s)			
		(i)		(ii)EIN	(iii)	(iv)	(v)	(vi)
Nar	ne of s	upported or	ganızatıon		Type of organization (described on lines 1-9 above (see instructions))	Is the orga listed in youi docum	r governing	A mount of monetary support (see instructions)	A mount of other support (see instructions)
						Yes	No	1	
See	A ddıt	ional Data T	able						
_	•••						1	_	
Tota	1813							C	7
For F	aperv	vork Reduct	ion Act Not	ice, see the In	structions for Form 99	90 or 990EZ.	Cat No 112		n 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (a)2011 **(b)**2012 (c)2013 (d)2014 (e)2015 (f)Total (or fiscal year beginning in) ▶ 1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants) 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 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 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar vear **(b)**2012 (a)2011 (c)2013 (d)2014 (e)2015 (f)Total (or fiscal year beginning in) Amounts from line 4 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 VI) 11 Total support. Add lines 7 through 10 Gross receipts from related activities, etc (see instructions) 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, Section C. Computation of Public Support Percentage Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) 14 Public support percentage for 2014 Schedule A, Part II, line 14 15 16a 33 1/3% support test-2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶□ b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported ▶□

b 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2015 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.)

	III II ale el gamzado	rano to quani	y arraor are too	to noted below	picase compi		
Se	ction A. Public Support						
	Calendar year	(a)2011	(b) 2012	(c)2013	(d)2014	(e)2015	(f)⊤otal
•	iscal year beginning in) ▶	(-,	(-,	(-,	(/	(-/	(, ,
1	Gifts, grants, contributions, and						
	membership fees received (Do						
_	not include any "unusual grants ")		+				
2	Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished in any activity that is related to						
	the organization's tax-exempt						
	purpose						
3	Gross receipts from activities						
3	that are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
4	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
,	furnished by a governmental unit						
	to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2,						
/a	and 3 received from disqualified						
	persons						
h	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						
r	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
0	from line 6)						
Se	ction B. Total Support		1	1	1	I	1
	Calendar year		I	T	T		T
(or f	iscal year beginning in)	(a) 2011	(b) 2012	(c)2013	(d)2014	(e) 2015	(f) Total
9	Amounts from line 6						
	Gross income from interest,						
L0a	•						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar sources						
b	Unrelated business taxable						
U	income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated						
	business activities not included						
	in line 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
	VI)						
13	Total support. (Add lines 9, 10c,						
	11, and 12)						
14	First five years. If the Form 990 is f	or the organizati	on's first, second	, third, fourth, or	fifth tax year as a	section 501(c)(3) organization,
	check this box and stop here	-			,	. /	,
Se	ction C. Computation of Pub	lic Support P	ercentage				• 1
15	Public support percentage for 2015			13 column (f))		15	
	,, ,	•	• •	. 15, 001411111 (1))		15	
16	Public support percentage from 201		<u>`</u>			16	
Se	ction D. Computation of Inv						
17	Investment income percentage for 3	2015 (line 10c, c	column (f) divided	by line 13, colun	nn (f))	17	

Investment income percentage from 2014 Schedule A, Part III, line 17

19a 33 1/3% support tests—2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not

more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization b 33 1/3% support tests-2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I

	11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If yo	u chec	ked 11	d of Part
Se	I, complete Sections A and D, and complete Part V) ction A. All Supporting Organizations			
	one in the supporting of gamma tions		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1		No
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)?	,		N
	If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		No_
3a	Did the organization have a supported organization described in section $501(c)(4)$, (5) , or (6) ? If "Yes," answer (b) and (c) below	3a		No
b	Did the organization confirm that each supported organization qualified under section $501(c)(4)$, (5) , or (6) and satisfied the public support tests under section $509(a)(2)^{\circ}$ If "Yes," describe in Part VI when and how the organization made the determination	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section $170(c)(2)(B)$ purposes?	3 c		
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use		. I	
	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		No
D	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)?			
	If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a	Yes	
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	Yes	
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		No
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		No
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990)	8		No
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		No
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		No
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		No
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below	10a		No
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	10 b		
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		N o
h	A family member of a person described in (a) above?	11b		No
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c		No

No

Nο

No

No

Yes

Yes

Yes

Yes

1

2

1

2

3

Part IV Supporting Organizations (continued)

Sectio	n B. Type I Supporting Organizat	ions

1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
	restrictions, if any, applied to such powers during the tax year

that operated, supervised, or controlled the supporting organization?

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization Section C. Type II Supporting Organizations

Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or

trustees of each of the organization's supported organization(s)? If "No," describe in **Part VI** how contiol or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s) 1 Section D. All Type III Supporting Organizations

1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of

organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s) 3 By reason of the relationship described in (2), did the organization's supported organizations have a significant

all times during the tax year? If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard Section E. Type III Functionally-Integrated Supporting Organizations

Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)

The organization satisfied the Activities Test Complete line 2 below а

b

The organization is the parent of each of its supported organizations. Complete line 3 below

The organization supported a governmental entity Describe in Part VI how you supported a government entity (see c

instructions) 2 Activities Test_Answer (a) and (b) below.

a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the

supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly

furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the

organization determined that these activities constituted substantially all of its activities

b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in?

If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement

3 Parent of Supported Organizations Answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI

b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

the organization's governing documents in effect on the date of notification, to the extent not previously provided? 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported

voice in the organization's investment policies and in directing the use of the organization's income or assets at

2a

2b

3a

3b

Yes

No

Page **6**

1	Check here if the organization satisfied the Integral Part Test as a qualifying tr	uston	Nov 20, 1970 See inst	ructions. All other
	Type III non-functionally integrated supporting organizations must complete S	ection	s A through E	
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		

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

6	gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Section B - Minimum Asset Amount Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	(A) Prior Year	1 ' '

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		, , , , , , ,
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1 c		
d	Total (add lines 1a, 1b, and 1c)	1 d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater			

U	A verage monthly cash balances		
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1 d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

е	(explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
-	Section C - Distributable Amount		Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	

7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
			_
	Section C - Distributable Amount		Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	

1	Adjusted net income for prior year (from Section A, line 8, Column A)	_1_		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable A mount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-	ıntegra	ted Type III supporting o	rganızatıon (see
	Instructions)			

Section D - Distributions	Current Year								
A mounts paid to supported organizations to accom	plish exempt purposes								
2 Amounts paid to perform activity that directly furthe excess of income from activity									
3 Administrative expenses paid to accomplish exemp	ot purposes of supported orga	anızatıons							
4 Amounts paid to acquire exempt-use assets									
5 Qualified set-aside amounts (prior IRS approval rec	uured)								
6 Other distributions (describe in Part VI) See instru	ictions								
7 Total annual distributions. Add lines 1 through 6									
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is re	esponsive (provide							
9 Distributable amount for 2015 from Section C, line	6								
10 Line 8 amount divided by Line 9 amount									
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015						
f 1 Distributable amount for 2015 from Section C, line $f 6$									
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)									
3 Excess distributions carryover, if any, to 2015									
a	a								
b									
_ с									
d From 2013									
e From 2014									
f Total of lines 3a through e									
 g Applied to underdistributions of prior years h Applied to 2015 distributable amount 									
i Carryover from 2010 not applied (see									
instructions)									
j Remainder Subtract lines 3g, 3h, and 3i from 3f									
4 Distributions for 2015 from Section D, line 7									
\$ <u></u>									
A pplied to underdistributions of prior years									
b Applied to 2015 distributable amount									
c Remainder Subtract lines 4a and 4b from 4									
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)									
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)									
7 Excess distributions carryover to 2016. Add lines 31 and 4c									
8 Breakdown of line 7									
a									
b									
c Excess from 2013									
d From 2014									
e From 2015									
		Schedule A	(Form 990 or 990-EZ) (2015						

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

Schedule A (Form 990 or 990-EZ) 2015

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1: Part IV, Section D, lines 2 and 3: Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5,

Return Reference Explanation Schedule A, Part I, Line 11 PART I, THE SUPPORTED ORGANIZATIONS OF THE YMCA RETIREMENT FUND CONSIST OF 813 INDEPENDENTLY INCORPORATED YMCA'S ACROSS THE UNITED STATES AND PUERTO RICO, LINE 11 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

Schedule A, Part IV, Section A, Line 5a ADDED OR REMOVED

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

THE FOLLOWING YMCA'S WERE ADDED AS SUPPORTED ORGANIZATIONS EIN 262927214, RATHBUN LAKE AREA YMCA THE FOLLOWING YMCA'S WERE REMOVED AS SUPPORTED ORGANIZATIONS EIN 042105871, NORTHERN BERKSHIRE YMCA, MERGED WITH ANOTHER

and 6. Also complete this part for any additional information. (See instructions).

SUPPORTED ORGANIZATIONS YMCA EIN 311183203, YMCA OF SOUTHERN INDIANA, MERGED WITH ANOTHER YMCA EIN 311677179, HIGHLAND COUNTY FAMILY YMCA, MERGED WITH ANOTHER YMCA EIN 370673565, YMCA OF SOUTHWEST ILLINOIS, MERGED WITH ANOTHER YMCA EIN 542070140, ROCKBRIDGE AREA YMCA, MERGED WITH ANOTHER YMCA EIN 590624463, YMCA OF BROWARD COUNTY, MERGED WITH ANOTHER YMCA EIN 590808247, CAPITAL REGION YMCA, WITHDREW FROM THE PLAN EIN 750800695, YMCA OF AMARILLO TEXAS INC,

Facts And Circumstances Test

TERMINATED FROM PLAN EIN 841129504, ED / RUTH LEHMAN YMCA, TERMINATED FROM PLAN EIN 952040876, SAN GABRIEL VALLEY YMCA, TERMINATED FROM PLAN EIN 541849696. SOUTH HILL YMCA. TERMINATED FROM PLAN

Schedule A, Part IV, Section A, Line Designated by Class 1 Supported Orgs Listed By Name

Page 8

Additional Data

Software ID: 15000238 **Software Version:** 2015v2.1

EIN: 13-5562401

Name: YOUNG MEN'S CHRISTIAN ASSOCIATION RETIREMENT

FUND

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

(i) (ii) EIN (iii) (iv) (v) Amount of other

Name of supported organization		Type of organization (described on lines 1-9 above or IRC section (see instructions))	Is the organization listed in your governing document?		listed in your support (see governing instructions)	
			Yes	No		
(A) STATE YMCA OF MAINE	010186800			No	0	0
(A) MOUNT DESERT ISLAND YMCA	010211486			No	0	0
(B) AUBURN-LEWISTON YMCA	010211567			No	0	0
(C) YMCA OF SOUTHERN MAINE	010211568			No	0	0
(D) KENNEBEC VALLEY YMCA	010211811			No	0	0
(E) BATH AREA FAMILY YMCA	010211812			No	0	0
(F) PENOBSCOT BAY YMCA	010211813			No	0	0
(G) SANFORD-SPRINGVALE YMCA	010211814			No	0	0
(H) BOOTHBAY REGION YMCA	010237912			No	0	0
(I) DOWN EAST FAMILY YMCA	010412269			No	0	0
(J) WALDO COUNTY YMCA	010493123			No	0	0
(K) CHESHIRE YMCA	020222246			No	0	0
(L) KEENE FAMILY YMCA	020222247			No	0	0
(M) THE GRANITE YMCA	020222248			No	0	0
(N) YMCA OF GREATER NASHUA	020222250			Νn	0	0

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

(i) (ii) EIN (iii) (iv) (v) Amount of othe

(i) Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		Is the organization listed in your governing Amount of monetary support (see instructions)	
			Yes	No]	
(P) CONCORD FAMILY YMCA	020223358			No	0	0
(A) CARROLL COUNTY YMCACAMP HUCKINS	026001065			No	0	0
(B) GREATER BURLINGTON YMCA	030185810			No	0	0
(C) MEETING WATERS YMCA	030214294			No	0	0
(D) YMCA OF GREATER SPRINGFIELD INC	041859893			No	0	0
(E) YMCA OF GREATER BOSTON	042103551			No	0	0
(F) SOMERVILLE YMCA	042103853			No	0	0
(G) CAMBRIDGE YMCA	042103960			No	0	0
(H) MERRIMACK VALLEY YMCA INC	042104378			No	0	0
(I) YMCA SOUTHCOAST	042104749			No	0	0
(J) WEST SUBURBAN YMCA	042104783			No	0	0
(K) PITTSFIELD FAMILY YMCA	042104837			No	0	0
(L) GREATER LOWELL FAMILY YMCA	042104898			No	0	0
(M) YMCA OF THE NORTH SHORE	042104913			No	0	0
TRI-COMMUNITY YMCA OF	042105872			No	0	0

Form 990, Sch A, Part I, Line 11g - Provide the following information about the supported organization(s). (i) (ii)EIN (iii) (iv) Amount of monetary (vi) Type of organization A mount of other support Name of supported Is the organization support (see organization (described on lines 1 - 9 listed in your (v) instructions) (see instructions) above or IRC section governing document? (see instructions)) Yes No (AE) MALDEN YMCA 042105874 Νo 0 0 (A) 0 0 042105881 Νo SOUTH SHORE YMCA YMCA OF METRO 042105883 0 0 Νo (B) NORTH YMCA OF CENTRAL 0 0 042105885 Νo (C) MASSACHUSETTS (D) 042105887 0 0 Νo HAMPSHIRE REGIONAL **YMCA** (E) 0 042105946 Νo 0 BECKET-CHIMNEY CORNERS YMCA CAMPSOUTDOOR CTR YMCA OF GREATER 042126585 0 0 Νo (F) WESTFIELD INC (G) 042131749 Νo 0 0 HOCKOMOCK AREA YMCA (H) GREENFIELD YMCA 042149363 Νo 0 0 WENDELL P CLARK 042173363 0 0 Νo (I) MEMORIAL YMCA GREATER HOLYOKE 042192693 0 0 Νo (J) YMCA (K) 0 0 042255819 Νo YMCA OF ATTLEBORO METROWEST YMCA 042281530 Νo 0 0 (L) INC 042308404 Νo 0 0 COMMUNITY YMCA OF DANVERS MA INC CAPE COD YOUNG 0 042394925 Νo MEN'S CHRISTIAN (N) ASSOCIATION

(i)Name of supported organization	(ii)EIN	/:::\	7:	· · ·	(v)	A mount of other
(1)Name or supported organization	(II)EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		Is the organization listed in your governing Amount of monetary support (see instructions)	
			Yes	No		
(AT) YMCA OF MARTHA'S VINEYARD	043293959			No	0	0
(A) YMCA CAMP BELKNAP INC	043356887			No	0	0
(B) YMCA CAMP CONISTON	043357821			No	0	0
SOUTHERN DISTRICT YMCACAMP (C) LINCOLN INC	043383996			No	0	0
(D) PROVIDENCE METROPOLITAN YMCA	050258878			No	0	C
(E) NEWPORT COUNTY YMCA	050258916			No	0	С
(F) PAWTUCKET CENTRAL FALLS METRO BD YMCA	050259114			No	0	(
(G) OCEAN COMMUNITY YMCA	050268126	1		No	0	(
(H) CAMP MOHAWK YMCA INC	060646565			No	0	1
(I) NAUGATUCK YMCA	060646770			No	0	
(J) SOUTHINGTON-CHESHIRE COMMUNITY YMCAS INC	060646905			No	0	
(K) MERIDEN YMCA	060646977	1		No	0	
(L) VALLEY-SHORE YMCA	060646979			No	0	
(M) NORTHERN MIDDLESEX COUNTY YMCA	060646981			No	0	
(N) YMCA OF STAMFORD	060646985			No	0	

(i)Name of supported organization	(ii)EIN	(iii)	/:-	,)	(v)	A mount of other
(i) Name of Supported Organization	(II)CIN	Type of organization (described on lines 1 - 9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		A mount of monetary support (see instructions)	support (see (vi) instructions)
			Yes	No		
(BI) WALLINGFORD FAMILY YMCA	060646987			No	0	C
(A) GREATER WATERBURY YMCA	060646988			No	0	(
(B) YMCA OF WESTPORTWESTON CT INC	060646989			No	0	(
(C) CENTRAL CONNECTICUT COAST YMCA	060662195			No	0	(
(D) NEW CANAAN COMMUNITY YMCA	060763077			No	0	
(E) WILTON FAMILY YMCA INC	060853258			No	0	1
(F) YMCA OF DARIEN COMMUNITY INC	060859795			No	0	
(G) CAMP HAZEN YMCA	060860014			No	0	
(H) YMCA OF METROPOLITAN HARTFORD	060881325			No	0	
REGIONAL YMCA OF WESTERN (I) CONNECTICUT INC	066051610			No	0	
(J) YMCA OF LONG ISLAND	111649914			No	0	
(K) THE FOUR SEASONS YMCA	113774789			No	0	
(L) YMCA OF GREATER NEW YORK	131624228			No	0	
(M) CAMP SLOANE YMCA INC	131739939			No	0	
(N) ROCKLAND COUNTY YMCA	131740513			No	0	

(i)Name of supported organization	(ii)EIN	(iii)	(i	v)	(v)	A mount of other
(i)Nume of Supported organization	(11)2211	Type of organization (described on lines 1 - 9 above or IRC section (see instructions))			A mount of monetary support (see instructions)	support (see (vi) instructions)
			Yes	No		
(BX) YMCA OF RYE NY	131740515			No	0	0
YMCA OF CENTRAL NORTHERN (A) WESTCHESTER INC	131740518			No	0	0
(B) YMCA OF YONKERS INC	131740520			No	0	С
(C) NEW ROCHELLE YMCA	131740542			No	0	С
(D) BURLINGTON AREA COMMUNITY YMCA- YWCA	134289848			No	0	(
(E) SILVER BAY YMCA OF THE ADIRONDACKS	135604788			No	0	ı
(F) ASSOCIATION OF YMCA PROFESSIONALS	135616526			No	0	(
YMCA OF KINGSTON AND ULSTER (G) COUNTY	141338342			No	0	(
(H) FAMILY YMCA OF GLENS FALLS AREA	141340008			No	0	(
(I) PLATTSBURGH YMCA	141340011			No	0	C
(J) YMCA OF MIDDLETOWN	141340134			No	0	С
(K) FULTON COUNTY YMCA	141374493			No	0	С
(L) SARATOGA REGIONAL YMCA	141427442			No	0	C
(M) YMCA OF CAPITAL DISTRICT	141726531			No	0	(
(N) ONEONTA FAMILY YMCA	150532270			No	0	C

Form 990, Sch A, Part I, Line 11g - Provide the following information about the supported organization(s). (i) (ii)EIN (iii) (iv) (v) A mount of other Name of supported organization Type of organization | Is the organization | Amount of monetary support (see (described on lines listed in your support (see (vi) instructions)

		1- 9 above or IRC section (see instructions))	governing document?		instructions)	(c) mstractions)
			Yes	No		
(CM) GREATER SYRACUSE YMCA	150532278			No	0	0
(A) BROOME COUNTY YMCA	150532282			No	0	0

		Yes	No		
(CM) GREATER SYRACUSE YMCA	150532278		No	0	
(A) BROOME COUNTY YMCA	150532282		No	0	
(B) CORTLAND COUNTY FAMILY YMCA	150533570		No	0	
(C)	150545415		No	0	

	l				
(CM) GREATER SYRACUSE YMCA	150532278		No	0	
(A) BROOME COUNTY YMCA	150532282		No	0	
(B) CORTLAND COUNTY FAMILY YMCA	150533570		No	0	
(C) ITHACA AND TOMPKINS COUNTY YMCA	150545415		No	0	
(D) NORWICH YMCA	150550177		No	0	Г

160743238

160743239

160743241

160743242

160755898

160978301

166000962

(H) JAMESTOWN YMCA

(I) LOCKPORT FAMILY YMCA

(J) YMCA OF TWIN TIERS

(K) YMCA OF GREATER ROCHESTER

GREATER CANANDAÍGUA FAMILY YMCA (M) AUBURN YMCA-WEIU

(N) CLIFTON SPRINGS AREA YMCA

(CIM) GREATER STRACUSE TIMEA	1505322/8		NO	U	
(A) BROOME COUNTY YMCA	150532282		No	0	
(B) CORTLAND COUNTY FAMILY YMCA	150533570		No	0	
(C) ITHACA AND TOMPKINS COUNTY YMCA	150545415		No	0	
(D) NORWICH YMCA	150550177		No	0	
(E) GLOW YMCA INC	160743230		No	0	
(F) YMCA BUFFALO NIAGARA	160743231		No	0	
(G) HORNELL AREA FAMILY YMCA	1607/3337		No	0	

(A) BROOME COUNTY YMCA	150532282		No	0	0
(B) CORTLAND COUNTY FAMILY YMCA	150533570		No	0	0
(C) ITHACA AND TOMPKINS COUNTY YMCA	150545415		No	0	0
(D) NORWICH YMCA	150550177		No	0	0
(E) GLOW YMCA INC	160743230		No	0	0
(F) YMCA BUFFALO NIAGARA	160743231		No	0	0

				_	_
(B) CORTLAND COUNTY FAMILY YMCA	150533570		No	0	0
(C) ITHACA AND TOMPKINS COUNTY YMCA	150545415		No	0	0
(D) NORWICH YMCA	150550177		No	0	0
(E) GLOW YMCA INC	160743230		No	0	0
(F) YMCA BUFFALO NIAGARA	160743231		No	0	0
(G) HORNELL AREA FAMILY YMCA	160743237		No	0	0

Νo

Νo

Nο

Νo

Νo

Νo

Nο

0

0

0

0

0

0

0

0

0

0

0

0

0

(A) BROOME COUNTY YMCA	150532282		No	0	0
(B) CORTLAND COUNTY FAMILY YMCA	150533570		No	0	0
(C) ITHACA AND TOMPKINS COUNTY YMCA	150545415		No	0	0
(D) NORWICH YMCA	150550177		No	0	0
(E) GLOW YMCA INC	160743230		No	0	0

(CM) GREATER SYRACUSE YMCA	150532278		No	0	0
(A) BROOME COUNTY YMCA	150532282		No	0	0
(B) CORTLAND COUNTY FAMILY YMCA	150533570		No	0	0
(C) ITHACA AND TOMPKINS COUNTY YMCA	150545415		No	0	0
(D) NORWICH YMCA	150550177		No	0	0
(E) GLOW YMCA INC	160743230		No	0	0

(i)Name of supported organization	(ii)EIN	(iii)	(i	iv)	(v)	A mount of other	
(t) value of supported organization			Is the org	ganization in your erning ment?		support (see (vi) instructions)	
			Yes	No			
(DB) ILLINOIS YMCA YOUTH AND GOVERNMENT	200270050			No	0	0	
(A) YMCA OF GEORGIA"S PIEDMONT INC	201759275			No	0	0	
(B) ALEXANDRIA AREA YMCA	202231427			No	0	0	
(C) YMCA OF AVERY COUNTY	204910495			No	0	0	
(D) BURLINGTON COUNTY YMCA	210634482			No	0	0	
(E) THE COMMUNITY YMCA	210635051			No	0	0	
(F) TRENTON AREA FAMILY YMCA	210635052			No	0	0	
(G) CUMBERLAND CAPE ATLANTIC YMCA	210635053			No	0	0	
(H) CAMP OCKANICKON YMCA	210635054			No	0	0	
(I) PRINCETON FAMILY YMCA	210639890			No	0	0	
(J) GLOUCESTER COUNTY YMCA	210649032			No	0	0	
(K) HAMILTON AREA YMCA	210702879			No	0	0	
(L) YMCA OF EASTERN UNION COUNTY	221487381			No	0	0	
(M) YMCA OF MADISON NJ INC	221487385			No	0	0	
(N) METROPOLITAN YMCA OF THE ORANGES	221487387			No	0	0	

Form 990, Sch A, Part I, Line 11g - Provide the following information about the supported organization(s). (ii)EIN (iii) (iv) (v) A mount of other (i) Type of organization | Is the organization | Amount of monetary | Name of supported organization support (see

	Nume of Supported Organization		(described on lines 1-9 above or IRC section (see instructions))	gove	listed in your governing document?	support (see instructions)	1	instructions)
Ì				Yes	No			
	(DQ) YMCA OF PATERSON NJ	221487389			No	0		0
	(A) RARITAN BAY AREA YMCA	221487390			No	0		0
	(B) YMCA OF SUMMIT NJ	221487392			No	0		0

0

0

0

0

0

0

0

0

0

0

0

0

Νo

Nο

Νo

Νo

Νo

Nο

Νo

Νo

Νo

Nο

0

O

0

0

0

0

0

0

0

0

0

(DQ) YMCA OF PATERSON NJ	221487389		No	
(A) RARITAN BAY AREA YMCA	221487390		No	
(B) YMCA OF SUMMIT NJ	221487392		No	
(C) YMCA OF WESTFIELD	221487393		No	
(D) YMCA OF METUCHEN	221487616		No	

221487617

221487618

221494457

221508752

221515227

221524183

221552820

221559438

221559439

221589199

(E) YMCA OF MONTCLAIR

(F)

THE GREATER MORRISTOWN YMCA INC (G) RARITAN VALLEY YMCA

(H) YMCA OF RIDGEWOOD

(I) PLAINFIELD AREA YMCA

(J) HUNTERDON COUNTY YMCA

(K) YMWCA NEWARK AND VICINITY

(L) LAKELAND HILLS FAMILY YMCA

(M) SOMERSET HILLS YMCA

(N)

YMCA OF FANWOOD - SCOTCH PLAINS

(i)Name of supported organization	(ii)EIN	(iii)	(iv	v)	(v)	A mount of other
(1)Name of Supported organization	Type of organization Is the (described on lines lis 1 - 9 above or IRC g		Is the org listed i gove docun	n your rning	A mount of monetary support (see instructions)	support (see (vi) instructions)
			Yes	No		
(EF) WEST MORRIS AREA YMCA	221601259			No	0	0
(A) FROST VALLEY YMCA	221625176			No	0	0
(B) CAMP RALPH S MASON YMCA	221625643			No	0	0
(C) YMCA OF GREATER BERGEN COUNTY	221739117			No	0	0
(D) SALEM COUNTY YMCA	221815915			No	0	0
(E) OCEAN COUNTY YMCA	221900146			No	0	0
(F) MEADOWLANDS AREA YMCA	221997720			No	0	0
(G) WYCKOFF FAMILY YMCA INC	222011431			No	0	0
(H) YMCA OF GARFIELD	222324697			No	0	0
(I) PISCATAQUIS REGIONAL YMCA	222592628			No	0	0
(J) NEW BRITAIN-BERLIN YMCA	222680676			No	0	0
(K) NORTHWESTERN CONNECTICUT YMCA	222878484			No	0	0
(L) CENTRAL LINCOLN COUNTY YMCA	222978129			No	0	0
(M) YMCA OF WESTERN MONMOUTH COUNTY	226069158			No	0	0
(N) YMCA OF PHILADELPHIA AND VICINITY	231243965			No	0	0

Form 990, Sch A, Part I, Line 11g - Provide the following information about the supported organization(s). (ii)EIN (i) (iii) (iv) Amount of monetary (vi) Name of supported Type of organization support (see A mount of other support Is the organization organization (described on lines 1 - 9 (v) instructions) (see instructions) listed in your above or IRC section governing document? (see instructions)) Yes No (EU) 0 231243970 Νo 0 LANCASTER FAMILY **YMCA** LEBANON VALLEY 231243980 0 0 Νo (A) FAMILY YMCA READING & BERKS 231244009 0 0 Νo METRO YMCA (C) 231352600 0 0 Νo YORK YORK COUNTY YMCA - 23-1352600 (D) 0 231352601 0 Νo WAYNESBORO AREA YMCA (E) 0 0 231352603 Νo HOLLIDAYSBURG AREA **YMCA** (F) ALLENTOWN YMCA 231365989 0 0 Νo (G) 231365990 Νo 0 0 STATE YMCA OF PENNSYLVANIA INC (H) 231365994 Νo 0 0 YMCA OF THE BRANDYWINE VALLEY CARLISLE FAMILY 0 231386198 0 Νo (I) YMCA (J) 0 231433890 Νo 0 LOWER BUCKS FAMILY YMCA CHAMBERSBURG 0 0 231476339 Νo (K) MEMORIAL YMCA (L) 231489848 Νo 0 n NORTH PENN YMCA (M) 0 231614045 Νo COMMUNITY YMCA OF EASTERN DELAWARE COUNTY (N) 231665437 0 Νo HARRISBURG AREA METROPOLITAN YMCA

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

(i) (ii) (iii) (iv) (v) Amount of other Supported organization Type of organization Is the organization Amount of monetary Support (see

Νo

Νo

Nο

Νo

Νo

Νo

(vi) instructions)

0

0

0

0

0

0

support (see

0

0

0

0

0

0

(described on lines

(I) HANOVER AREA YMCA

(L) YMCA CAMP TECUMSEH INC

(M) HOPEWELL VALLEY YMCA

(N) CARBONDALE YMCA

(J)

CHARLOTTE COUNTY FAMILY YMCA-

ADMIN OFFICE

(K) MUSKEGON FAMILY YMCA

237172265

237193663

237229622

237331099

237380624

		1- 9 above or IRC section (see instructions))	governing document?		instructions)	(V) Histractions
			Yes	No		
(FJ) UPPER BUCKS COUNTY YMCA	231713382			No	0	0
(A) JUNIATA VALLEY YMCA	231879734			No	0	0
(B) CENTRAL BUCKS FAMILY YMCA	231903158			No	0	0
(C) BLOOMSBURG AREA YMCA	232085257			No	0	0
(D) SOUTH MOUNTAIN YMCA	232239299			No	0	0
(E) SCHUYLKILL YMCA	232825683			No	0	0
(F) YMCA OF THE PALMS	237039993			No	0	0
(G) COLE CENTER FAMILY YMCA	237077600			No	0	0
(H) OAHE YMCA INC	237169291			No	0	0

Form 990, Sch A, Part I, Line 11g - Provide the following information about the supported organization(s). (i) (ii)EIN (iii) (iv) (v) A mount of other Type of organization | Is the organization | Amount of monetary | Name of supported organization support (see

		(described on lines 1-9 above or IRC section (see instructions))	listed in your governing document?		support (see instructions)	(vi) instructions)
			Yes	No		
(FY) YMCA OF THE CITY OF SCRANTON	240795516			No	0	0
(A) POCONO FAMILY YMCA	240795519			No	0	0
(B)	240795634			No	0	0

		instructions))				
			Yes	No		
(FY) YMCA OF THE CITY OF SCRANTON	240795516			No	0	0
(A) POCONO FAMILY YMCA	240795519			No	0	0
(B) GREATER SUSQUEHANNA VALLEY YMCA	240795634			No	0	0
(C) WILKER DADDE FAMILY VMCA	0.40705600					

Nο

Nο

Νo

Νo

Νo

Νo

Nο

Νo

Νo

Νo

Νo

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

(D) RIVER VALLEY REGIONAL YMCA

(E) FREELAND YMCA

(F) HAZLETON YMCA

(G) GREATER PITTSTON YMCA

(H) LOCK HAVEN AREA YMCA

(I) NAZARETH YMCA

(J) YMCA OF CENTRE COUNTY

(K) BERWICK AREA YMCA

(L)

REGIONAL FAMILY YMCA OF LAUREL

HIGHLANDS (M) BUTLER COUNTY FAMILY YMCA

(N) CLEARFIELD YMCA

240795698

240796037

240796038

240796039

240798644

240798706

240802437

240813665

250965554

250965619

		instructions))				
			Yes	No		
(FY) YMCA OF THE CITY OF SCRANTON	240795516			No	0	0
(A) POCONO FAMILY YMCA	240795519			No	0	0
(B) GREATER SUSQUEHANNA VALLEY YMCA	240795634			No	0	0
(C) WILKES-BARRE FAMILY YMCA	240795638			No	0	0

Form 990, Sch A, Part I, Line 11g - Provide the following information about the supported organization(s). (i) (ii)EIN (iii) (iv) (v) A mount of other Name of supported organization Type of organization | Is the organization | A mount of monetary support (see

Νo

Νo

Νo

Nο

Νo

Νo

Νo

support (see

0

0

0

0

0

0

0

(vi) instructions)

0

0

0

0

0

0

0

(described on lines

		1- 9 above or IRC section (see instructions))	governing document?		instructions)	(ii) instructions,
			Yes	No		
(GN) YMCA OF GREATER ERIE	250965621			No	0	0
(A) GREENSBURG YMCA	250965622			No	0	0
GREATER JOHNSTOWN COMMUNITY (B) YMCA	250965623			No	0	0
(C) VALLEY POINTS FAMILY YMCA	250965625			No	0	0
(D) OIL CITY AREA YMCA	250965626			No	0	0
(E) RIDGWAY YMCA	250965629			No	0	0
(F) ALLEGHENY VALLEY YMCA	250965630			No	0	0
(G) UNIONTOWN AREA YMCA	250965631			No	0	0

GREATER JOHNSTOWN COMMUNITY (B) YMCA	250965623		No	0	0
(C) VALLEY POINTS FAMILY YMCA	250965625		No	0	0
(D) OIL CITY AREA YMCA	250965626		Nο	0	0

(H) DUBOIS AREA YMCA

(I) MEADVILLE YMCA

(J) NEW CASTLE COMMUNITY YMCA

(K) YMCA OF GREATER PITTSBURGH

(L) TITUSVILLE YMCA

(M) SEWICKLEY VALLEY YMCA

(N) BEAVER COUNTY YMCA

250969494

250969495

250969496

250969497

250969498

250979384

Form 990, Sch A, Part I, Line 11g - Provide the following information about the supported organization(s). (i) (ii)EIN (iii) (iv) Amount of monetary (vi) Name of supported Type of organization Is the organization support (see A mount of other support (described on lines 1 - 9 listed in your instructions) (see instructions) organization (v) above or IRC section governing document? (see instructions)) Yes No (HC) 250995782 Νo 0 FRANKLINGROVE CITY **YMCA** YMCA OF WARREN 250995783 0 0 Νo (A) COUNTY (B) BROOKVILLE YMCA 251028128 0 0 Νo (C) YMCA OF CORRY 251032621 0 0 Νo (D) 251034424 0 0 Νo RICHARD G SNYDER YMCA CAMPUS SHENANGO VALLEY 251113698 Νo 0 0 (E) YMCA INDIANA COUNTY 251191545 0 0 Νo (F) YMCA LIGONIER VALLEY 251428011 0 0 Νo (G) YMCA (H) 300013507 Νo 0 0 CADILLAC AREA YMCA (I) 310536719 0 0 Νo GREAT MIAMI VALLEY YMCA (J) 310537169 Νo 0 0 SPRINGFIELD FAMILY YMCA (K) 0 310537179 0 Νo MIAMI COUNTY YMCA AT PIQUA OHIO YMCA OF GREATER 310537517 0 0 Νo DAYTON (L) (M) 0 311132606 Νo FAMILY YMCA OF LANCASTER & FAIRFIELD COUNTY OH (N) 311223296 0 Nο LAKOTA FAMILY YMCA

(i) (ii)EIN (iii) (iv) (v) A mount of other Name of supported organization Type of organization | Is the organization | Amount of monetary | support (see

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

	(described on lines 1- 9 above or IRC section (see instructions))		in your rning ment?	support (see instructions)	(vi) instructions)
		Yes	No			

		instructions))				
			Yes	No		
(HR) UNION COUNTY FAMILY YMCA	311355370			No	0	

		Yes	No		
(HR) UNION COUNTY FAMILY YMCA	311355370		No	0	
(A) CHAMPAIGN FAMILY YMCA	311506457		No	0	
(B) VMCA OF CREATER CINCINNATI	211527170		NI -	0	

(HR) UNION COUNTY FAMILY YMCA	311355370		No	0	
(A) CHAMPAIGN FAMILY YMCA	311506457		No	0	
(B) YMCA OF GREATER CINCINNATI	311537178		No	0	
(C) WAPAKONETA FAMILY YMCA	311568315		No	0	
(D) DIKE COUNTY ANCY	211665124		NI a	0	

(B) YMCA OF GREATER CINCINNATI	311537178		No	0	0
(C) WAPAKONETA FAMILY YMCA	311568315		No	0	0
(D) PIKE COUNTY YMCA	311665134		No	0	0
(E) MUSKINGUM FAMILY YMCA	311694045		No	0	0
(F) YMCA OF CENTRAL OHIO	314379594		No	0	0

(C) WAPAKONETA FAMILY YMCA	311568315		No	0	0
(D) PIKE COUNTY YMCA	311665134		No	0	0
(E) MUSKINGUM FAMILY YMCA	311694045		No	0	0
(F) YMCA OF CENTRAL OHIO	314379594		No	0	0
(G) YMCA OF ROSS COUNTY	314379806		No	0	0

(E) MUSKINGUM FAMILY YMCA	311694045		No	0	0
(F) YMCA OF CENTRAL OHIO	314379594		No	0	0
(G) YMCA OF ROSS COUNTY	314379806		No	0	0
(H) MARION FAMILY YMCA	314380058		No	0	0
(I) VMCA OF MADIETTA	244206270		NI.	_	

(G) YMCA OF ROSS COUNTY	314379806		No	0	0
(H) MARION FAMILY YMCA	314380058		No	0	0
(I) YMCA OF MARIETTA	314386270		No	0	0

Νo

Νo

Νo

Νo

Νo

0

0

0

0

0

0

0

0

0

(J) THE LICKING COUNTY FAMILY YMCA

(K) YMCA OF CENTRAL STARK COUNTY

(L) YMCA OF AKRON OHIO INC

(M) YMCA OF GREATER CLEVELAND

(N) YMCA OF YOUNGSTOWN OHIO

316053101

340714392

340714727

340714728

(D) TUSCARAWAS COUNTY YMCA INC

(E) YMCA OF WESTERN STARK COUNTY

(F) ASHTABULA COUNTY FAMILY YMCA

(G) YMCA OF WOOSTER OHIO

(H) SHELBY YMCA COMMUNITY CENTER

(I) YMCA OF DARKE COUNTY INC

(J) DEFIANCE AREA YMCA

(K) HARDIN COUNTY FAMILY YMCA

GALION COMMUNITY CENTER YMCA INC (M)

AUGLAIZE-MERCER COUNTIES FAMILY YMCA (N) WILLIAMS COUNTY FAMILY YMCA

340714797

340719180

340726066

340766172

340792928

340969422

341014167

341262702

341267646

341371829

341448529

(i) Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) A mount of monetary support (see instructions)	A mount of other support (see (vi) instructions)
			Yes	No		
(IG) YMCA OF ASHLAND OHIO	340714793			No	0	0
(A) YMCA OF EAST LIVERPOOL OHIO	340714794			No	0	0
(B) YMCA OF MANSFIELD OHIO	340714795			No	0	C
(C) LAKE COUNTY YMCA	340714796			No	0	0

0

0

0

0

0

0

0

0

0

0

0

Νo

0

0

0

0

0

0

0

0

0

0

(i)	(ii)EIN	(iii)		v)	A mount of monetary	(vi)
Name of supported organization		Type of organization (described on lines 1-9 above or IRC section (see instructions))	Is the org	janızatıon ın your	support (see (v) instructions)	A mount of other support (see instructions)
			Yes	No		
(IV) YMCA OF ORRVILLE OHIO	341491294			No	0	0
(A) DON M AND MARGARET HILLIKER YMCA	341820020			No	0	0
PUTNAM COUNTY (B) YMCA	341946813			No	0	0
(C) YMCA OF GREATER TOLEDO	344428262			No	0	0
YMCA OF FINDLAY (D) OHIO	344428263			No	0	0
(E) YMCA OF VAN WERT COUNTY OHIO	344428264			No	0	0
(F) YMCA OF BUCYRUS OHIO	344428491			No	0	0
(G) YMCA OF LIMA OHIO	344431173			No	0	0
(H) GEARY FAMILY YMCA OF FOSTORIA OHIO INC	344439890			No	0	0
(I) YMCA OF SANDUSKY COUNTY	344444246			No	0	0
(J) YMCA OF SANDUSKY OHIO INC	344471834			No	0	0
(K) TIFFIN COMMUNITY YMCA RECREATION CENTER INC	344479386			No	0	0
(L) YMCA OF SIDNEY AND SHELBY COUNTY OHIO	346596911			No	0	0
WABASH COUNTY (M) YMCA	350733765			No	0	0
(N) YMCA OF MADISON COUNTY INC	350868206			No	0	0

(i)Name of supported organization	(ii)EIN	(iii)	(i)	v)	(v)	A mount of other
	(11)	Type of organization (described on lines 1 - 9 above or IRC section (see instructions))	Is the org	ianization in your rning	A mount of monetary support (see instructions)	support (see (vi) instructions)
			Yes	No		
(JK) YMCA OF CLAY COUNTY	350868207			No	0	0
(A) YMCA OF GREATER INDIANAPOLIS	350868211			No	0	0
(B) YMCA OF LAFAYETTE INDIANA	350868213			No	0	0
(C) YMCA OF MUNCIE INDIANA INC	350868215			No	0	0
(D) YMCA OF MICHIANA INC	350868216			No	0	0
(E) YMCA OF VINCENNES INDIANA	350868218			No	0	0
(F) YMCA OF DEKALB COUNTY INC	350868958			No	0	0
(G) YMCA OF SOUTHWESTERN INDIANA	350869074			Νo	0	0
(H) HENRY COUNTY YMCA	350873347			No	0	0
(I) CASS COUNTY FAMILY YMCA INC	350874281			No	0	0
(J) YMCA OF VALPARAISO INDIANA INC	350876401			No	0	0
(K) YMCA OF GREATER FORT WAYNE	350886850			No	0	0
(L) YMCA OF LA PORTE INDIANA	350886851			No	0	0
(M) YMCA OF GRANT COUNTY	350886981			No	0	0
(N) YMCA OF KOKOMO INDIANA	350893511			No	0	0

(i)Name of supported organization	(ii)EIN	(iii)	(iv	v)	(v)	A mount of other
	(11)2211	Type of organization (described on lines 1-9 above or IRC section (see instructions))	Is the org listed i gove docur	janization in your rning	A mount of monetary support (see instructions)	support (see (vi) instructions)
			Yes	No	-	
(JZ) MIAMI COUNTY YMCA	350893512			No	0	0
(A) HUNTINGTON YMCA	350905959			No	0	0
(B) DECATUR COUNTY FAMILY YMCA INC	350919345			No	0	0
(C) YMCA OF RICHMOND	350984030			No	0	0
(D) DAVIESS COUNTY FAMILY YMCA	351050606			No	0	0
(E) KOSCIUSKO COMMUNITY YMCA INC	351068182			No	0	0
(F) VALLEY POINTS FAMILY YMCA	351369437			No	0	0
(G) HOBART FAMILY YMCA INC	351382817			No	0	0
(H) YMCA OF MONROE COUNTY INC	351384859			No	0	0
(I) YMCA OF PORTAGE TOWNSHIP INC	351404478			No	0	0
(J) DUNELAND FAMILY YMCA	351404559			No	0	0
(K) CLINTON COUNTY FAMILY YMCA	351636774			No	0	0
(L) SOUTHEASTERN INDIANA YMCA	351855594			No	0	0
(M) SCOTT COUNTY FAMILY YMCA	351876673			No	0	0
(N) YMCA OF STEUBEN COUNTY INC	351999599			No	0	0

(i)Name of supported organization	(ii)EIN	(iii)	(i)	v)	(v)	A mount of other
	(II)LIN	Type of organization (described on lines 1-9 above or IRC section (see instructions))		janization in your rning		support (see (vi) instructions)
			Yes	No		
(KO) OWEN COUNTY FAMILY YMCA	352017600			No	0	0
(A) BARBARA B JORDAN YMCA INC	352019312			No	0	0
(B) BROWN COUNTY COMMUNITY YMCA	352038783			No	0	0
(C) SWITZERLAND COUNTY YMCA	352090419			No	0	0
(D) WASHINGTON COUNTY FAMILY YMCA	352097432			No	0	0
(E) YMCA OF HARRISON COUNTY	352122124			No	0	0
(F) TRI-COUNTY YMCA	352216734			No	0	0
(G) MCGAW YMCA	362169194			No	0	0
(H) YMCA OF NORTHWEST ILLINOIS	362169195			No	0	0
(I) JOLIET YMCA	362169197			No	0	0
(J) KANKAKEE AREA YMCA	362169198			No	0	0
(K) TWO RIVERS YMCA	362169199			No	0	0
(L) YMCA OF ROCK RIVER VALLEY	362174838			No	0	0
(M) THE WEST COOK YMCAS	362179780			No	0	0
(N) YMCA OF METROPOLITAN CHICAGO	362179782			No	0	0

Type of organization Is the organization Amount of monetary support ((i)Name of supported organization	(ii)EIN	(iii)	/:-		(4)	A mount of other	
(LD) STREATOR FAMILY YMCA 362205999 No 0 (A) STERLING-ROCK FAILS FAMILY YMCA 362225496 No 0 (B) YMCA OF KEWANEE 362239384 No 0 (C) YMCA OF BELVIDERE 362287520 No 0 (D) YMCA OF OTTAWA ILLINOIS 362337893 No 0 (E) KISHWAUKEE FAMILY YMCA INC 362379649 No 0 (F) YMCA OF NORTHWESTERN DUPAGE COUNTY 362470895 No 0 (G) DIXON FAMILY YMCA 362487927 No 0 (H) NORTH SUBURBAN YMCA 362546842 No 0 (I) TRI-TOWN YMCA 362643097 No 0 (J) YMCA OF BERWYN-CICERO 362702522 No 0 (K) FOX VALLEY FAMILY YMCA INC 363028169 No 0 (L) ALFRED CAMPANELLI YMCA 363234727 No 0 (M) YMCA OF THE USA 363256696 No 0		(described on lines 1- 9 above or IRC section (see		Is the org listed i gove	janization in your rning	support (see	support (see (vi) instructions)	
(A) STERLING-ROCK FALLS FAMILY YMCA 362225496				Yes	No			
(B) YMCA OF KEWANEE 362239384 No 0 0 (C) YMCA OF BELVIDERE 362287520 No 0 0 (D) YMCA OF OTTAWA ILLINOIS 362337893 No 0 0 (E) KISHWAUKEE FAMILY YMCA INC 362379649 No 0 0 (F) YMCA OF NORTHWESTERN DUPAGE (F) COUNTY NO 0 (F) C	(LD) STREATOR FAMILY YMCA	362205999			No	0	C	
(C) YMCA OF BELVIDERE 362287520 No 0 (D) YMCA OF OTTAWA ILLINOIS 362337893 No 0 (E) KISHWAUKEE FAMILY YMCA INC 362379649 No 0 (F) YMCA OF NORTHWESTERN DUPAGE COUNTY No 0 (G) DIXON FAMILY YMCA 362487927 No 0 (H) NORTH SUBURBAN YMCA 362546842 No 0 (I) TRI-TOWN YMCA 362643097 No 0 (I) YMCA OF BERWYN-CICERO 362702522 No 0 (K) FOX VALLEY FAMILY YMCA INC 363028169 No 0 (L) ALFRED CAMPANELLI YMCA 363234727 No 0 (M) YMCA OF THE USA 363256696 No 0	(A) STERLING-ROCK FALLS FAMILY YMCA	362225496			No	0	C	
(D) YMCA OF OTTAWA ILLINOIS 362337893	(B) YMCA OF KEWANEE	362239384			No	0	(
(E) KISHWAUKEE FAMILY YMCA INC 362379649 No 0 YMCA OF NORTHWESTERN DUPAGE COUNTY No 0 (G) DIXON FAMILY YMCA 362487927 No 0 (H) NORTH SUBURBAN YMCA 362546842 No 0 (I) TRI-TOWN YMCA 362643097 No 0 (J) YMCA OF BERWYN-CICERO 362702522 No 0 (K) FOX VALLEY FAMILY YMCA 363028169 No 0 (L) ALFRED CAMPANELLI YMCA 363234727 No 0 (M) YMCA OF THE USA 363256696 No 0	(C) YMCA OF BELVIDERE	362287520			No	0	(
YMCA OF NORTHWESTERN DUPAGE 362470895	(D) YMCA OF OTTAWA ILLINOIS	362337893			No	0	1	
(F) COUNTY (G) DIXON FAMILY YMCA 362487927 No 0 (H) NORTH SUBURBAN YMCA 362546842 No 0 (I) TRI-TOWN YMCA 362643097 No 0 (J) YMCA OF BERWYN-CICERO 362702522 No 0 (K) FOX VALLEY FAMILY YMCA INC 363028169 No 0 (L) ALFRED CAMPANELLI YMCA 363234727 No 0 (M) YMCA OF THE USA 363256696 No 0	(E) KISHWAUKEE FAMILY YMCA INC	362379649			No	0	1	
(H) NORTH SUBURBAN YMCA 362546842 No 0 (I) TRI-TOWN YMCA 362643097 No 0 (J) YMCA OF BERWYN-CICERO 362702522 No 0 (K) FOX VALLEY FAMILY YMCA INC 363028169 No 0 (L) ALFRED CAMPANELLI YMCA 363234727 No 0 (M) YMCA OF THE USA 363256696 No 0		362470895			No	0	1	
(I) TRI-TOWN YMCA 362643097 No 0 (J) YMCA OF BERWYN-CICERO 362702522 No 0 (K) FOX VALLEY FAMILY YMCA INC 363028169 No 0 (L) ALFRED CAMPANELLI YMCA 363234727 No 0 (M) YMCA OF THE USA 363256696 No 0	(G) DIXON FAMILY YMCA	362487927			No	0		
(J) YMCA OF BERWYN-CICERO 362702522 No 0 (K) FOX VALLEY FAMILY YMCA INC 363028169 No 0 (L) ALFRED CAMPANELLI YMCA 363234727 No 0 (M) YMCA OF THE USA 363256696 No 0	(H) NORTH SUBURBAN YMCA	362546842			No	0		
(K) FOX VALLEY FAMILY YMCA INC 363028169 No 0 (L) ALFRED CAMPANELLI YMCA 363234727 No 0 (M) YMCA OF THE USA 363256696 No 0	(I) TRI-TOWN YMCA	362643097			No	0		
(L) ALFRED CAMPANELLI YMCA 363234727 No 0 (M) YMCA OF THE USA 363256696 No 0	(J) YMCA OF BERWYN-CICERO	362702522			No	0		
(M) YMCA OF THE USA 363256696 No 0	(K) FOX VALLEY FAMILY YMCA INC	363028169			No	0		
33323033	(L) ALFRED CAMPANELLI YMCA	363234727			No	0		
(N) ALLIANCE AREA FAMILY YMCA 363390518 No 0	(M) YMCA OF THE USA	363256696			No	0		
	(N) ALLIANCE AREA FAMILY YMCA	363390518			No	0		

Form 990 Sch A. Dart T. Line 11a - Drovide the following information about the supported organization(s)

Form 990, Sch A, Part I, Line 11g - Provide the following information about the supported organization(s). (i) (ii)EIN (iii) (iv)

370673564

370748000

(M) CHAMPAIGN COUNTY YMCA

(N) YMCA OF CANTON

Name of supported organization	(II)	Type of organization (described on lines 1-9 above or IRC section (see instructions))	Is the organization listed in your governing document?		A mount of monetary support (see instructions)	support (see (vi) instructions)
			Yes	No		
(LS) MERCER COUNTY FAMILY YMCA	363832360			No	0	0
(A) ILLINOIS VALLEY YMCA INC	366218217			No	0	0
(B) YMCA OF THE UNIVERSITY OF ILLINOIS	370661257			No	0	0
(C) DECATUR FAMILY YMCA	370661258			No	0	0
(D) EDWARDSVILLE YMCA	370661259			No	0	0
(E) YMCA OF KNOX COUNTY	370661260			No	0	0
(F) SHERWOOD EDDY MEMORIAL YMCA	370661261			No	0	0
(G) QUINCY YMCA	370661262			No	0	0
(H) YMCA OF SPRINGFIELD	370661263			No	0	0
(I) BLOOMINGTON YMCA	370662603			No	0	0
(J) YMCA OF DANVILLE	370662604			No	0	0
(K) GREATER PEORIA FAMILY YMCA	370662605			No	0	0
(L) YMCA OF WARREN COUNTY	370663575			No	0	0

Νo

Νo

0

0

0

0

(v)

A mount of other

orm 990, Sch A, Part I, Line					t the supported o	
(i)Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1 - 9 above or IRC section (see instructions))	(iv Is the org listed i gove docur	janization in your rning	(v) A mount of monetary support (see instructions)	A mount of other support (see (vi) instructions)
			Yes	No		
(MH) YMCA OF MCDONOUGH COUNTY	370792409			No	0	0
(A) CLINTON COMMUNITY YMCA	370812114			No	0	0
(B) YMCA OF JEFFERSON COUNTY	370863227			No	0	0
(C) CHRISTIAN COUNTY YMCA	371071231			No	0	0
(D) MATTOON AREA FAMILY YMCA	371122559			No	0	0
(E) LINCOLN AREA YMCA	371353644			No	0	0
(F) BENTON HARBOR-ST JOSEPH YMCA	381358054			No	0	0
(G) YMCA OF METROPOLITAN DETROIT	381358055			No	0	0
(H) YMCA OF GREATER FLINT	381358056			No	0	0
(I) YMCA OF GREATER GRAND RAPIDS	381358058			No	0	0
(J) YMCA OF BARRY COUNTY	381358059			No	0	0
(K) NILES-BUCHANAN YMCA	381358236			No	0	0
(L) KIMBALL CAMP YMCA NATURE CENTER	381358416			No	0	0
(M) YMCA OF THE BLUE WATER AREA	381358417			No	0	0
(N) STATE YMCA OF MICHIGAN	381358418			No	0	0

(i)Name of supported organization	(ii)EIN	(iii)	(i)	<i>γ</i> \	(v)	A mount of other
	(II)EIN	Type of organization (described on lines 1-9 above or IRC section (see instructions))	Is the org listed i gove docur	janization in your rning	(v) A mount of monetary support (see instructions)	Amount of other support (see (vi) instructions)
			Yes	No		
(MW) YMCA OF METROPOLITAN LANSING	381359576			No	0	0
(A) SHIAWASSEE FAMILY YMCA	381359577			No	0	C
(B) YMCA OF GREATER KALAMAZOO	381360592			No	0	(
(C) YMCA OF SAGINAW	381360594			No	0	(
(D) JACKSON YMCA CENTER INC	381381139			No	0	I
(E) YMCA OF LENAWEE COUNTY	381393859			No	0	
(F) MONROE FAMILY YMCA	381508585			No	0	
(G) ANN ARBOR YMCA	381525162			No	0	
(H) GRAND TRAVERSE BAY YMCA	381709640			No	0	
(I) TRI-CITIES FAMILY YMCA	381717502			No	0	
(J) BATTLE CREEK FAMILY YMCA	381986068			No	0	
(K) NORTHERN LIGHTS YMCA INC	382615035			No	0	
(L) SHERMAN LAKE YMCA OUTDOOR CENTER	383167869			No	0	
(M) YMCA OF MARQUETTE COUNTY	383211419			No	0	
(N) GREATER MARINETTE-MENOMINEE YMCA INC	386119445			No	0	

orm 990, Sch A, Part I, Line	11g - Provi	de the following i	nformati	on abou	t the supported o	rganization(s).
(i)Name of supported organization		Is the org listed gove	v) ganization in your rning ment?	(v) A mount of monetary support (see instructions)	A mount of other support (see (vi) instructions)	
			Yes	No		
(NL) LA CROSSE AREA FAMILY YMCA	390806172			No	0	0
(A) YMCA OF THE FOX CITIES INC	390806191			No	0	0
(B) YMCA OF DANE COUNTY INC	390806253			No	0	0
(C) YMCA OF METROPOLITAN MILWAUKEE INC	390806314			No	0	0
(D) YMCA OF EAU CLAIRE WISCONSIN	390806351			No	0	0
FAMILY YMCA OF NORTHERN ROCK (E) COUNTY	390806368			No	0	0
(F) YMCA AT PABST FARMS INC	390806378			No	0	0
(G) FOND DU LAC FAMILY YMCA	390806436			No	0	0
(H) STATELINE FAMILY YMCA OF BELOIT INC	390806449			No	0	0
(I) RACINE FAMILY YMCA	390807254			No	0	0
(J) WAUSAU - WOODSON YMCA	390808463			No	0	0
(K) GREATER GREEN BAY YMCA INC	390813466			No	0	0
SUPERIOR-DOUGLAS COUNTY FAMILY (L) YMCA	390813468			No	0	0
(M) LAKE GENEVA FAM YMCA	390816867			No	0	0
(N) KENOSHA YMCA	390826296			No	0	0

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

(M) YMCA OF THE NORTHWOODS

(N) WINONA FAMILY YMCA INC

orm 990, Sch A, Part I, Line	tig - Provi	de the following i	ntormati	on abou
(i) Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organizatio listed in your governing document?	
			Yes	No
(OA) SHEBOYGAN COUNTY YMCA	390830271			No
(A) WAUKESHA FAMILY YMCA	390847658			No
(B) OSHKOSH COMMUNITY YMCA	390878909			No
(C) SOUTH WOOD COUNTY YMCA	390929462			No
(D) YMCA OF DODGE COUNTY	390975426			No
(E) MANITOWOC-TWO RIVERS AREA YMCA	391028773			No
(F) CAMP MANITO-WISH YMCA INC	391136315			No
(G) KETTLE MORAINE YMCA INC	391175559			No
(H) CHIPPEWA VALLEY FAMILY YMCA	391308377			No
(I) GREEN COUNTY FAMILY YMCA INC	391405623			No
(J) PHANTOM LAKE YMCA CAMP INC	391501649			No
(K) MARSHFIELD AREA YMCA	391557086			No
(L) DOOR COUNTY YMCA	391738982			No

391942168

410693890

Νo

Νo

(v)

A mount of monetary

support (see

instructions)

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

A mount of other

support (see

0

0

0

0

0

0

0

0

0

0

0

0

0

0

(vi) instructions)

orm 990, Sch A, Part I, Line					t the supported o	
(i)Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1 - 9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) A mount of monetary support (see instructions)	A mount of other support (see (vi) instructions)
			Yes	No		
(OP) DULUTH AREA FAMILY YMCA	410693931			No	0	0
(A) BRAINERD FAMILY YMCA INC	410693938			No	0	0
(B) YMCA OF RED WING MINNESOTA	410695614			No	0	0
(C) YMCA OF AUSTIN MINNESOTA	410718359			No	0	0
(D) YMCA OF MANKATO	410739108			No	0	0
(E) YMCA OF ROCHESTER INC	410807581			No	0	0
(F) FERGUS FALLS AREA FAMILY YMCA	410940250			No	0	0
(G) ST CLOUD AREA FAMILY YMCA	410952420			No	0	0
(H) YMCA CAMP OLSON	410967781			No	0	0
(I) ALBERT LEA FAMILY YMCA	411000679			No	0	0
(J) ITASCA COUNTY FAMILY YMCA	411358634			No	0	0
(K) MESABI FAMILY YMCA INC	411460551			No	0	0
(L) KANDIYOHI COUNTY AREA FAMILY YMCA	411908049			No	0	0
(M) MARSHALL AREA YMCA	411984589			No	0	0
(N) WORTHINGTON AREA YMCA	416007569			No	0	0

Form 990, Sch A, Part I, Line 11g - Provide the following information about the supported organization(s). (ii)EIN (vi) (i) (iii) (iv) A mount of monetary Name of supported Type of organization Is the organization support (see A mount of other support organization (described on lines 1 - 9 listed in your (v) instructions) (see instructions) above or IRC section governing document? (see instructions)) Yes No (PE) 420680306 Νo 0 0 YMCA OF THE CEDAR RAPIDS METROPOLITAN AREA (A) 420680309 Νo 0 FAMILY YMCA OF CHARLES CITY IOWA (B) 420680330 0 0 Νo MASON CITY FAMILY YMCA MUSCATINE 420680340 Νo 0 0 (C) COMMUNITY YMCA (D) 420680438 0 0 Νo YMCA OF GREATER DES MOINES IOWA (E) 0 0 420681109 Νo FAMILY YMCA OF BLACK HAWK COUNTY (F) HOERNER YMCA 420690393 0 0 Νo (G) 420698186 0 Νo YMCA OF WASHINGTON IOWA YMCA OF NEWTON 0 420703250 Νo 0 (H) IOWA INC SCOTT COUNTY 0 0 420703278 Νo (I) FAMILY YMCA (J) 420725202 Νo 0 0 YMCA OF OTTUMWA IOWA (K) SIOUXLAND YMCA 0 420738980 0 Νo MAHASKA COUNTY 420741010 0 0 Νo YMCA (L) (M) 420820570 0 0 Νo YMCA OF SPENCER IOWA (N) 0 420844143 Νo 0 NISHNA VALLEY FAMILY **YMCA**

Form 990, Sch A, Part I, Line (i)Name of supported organization					A mount of other	
(i) italie of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization A listed in your governing document?		(v) A mount of monetary support (see instructions)	Amount of other support (see (vi) instructions)
			Yes	No		
(PT) YMCA OF DUBUQUE IOWA	420934471			No	0	0
(A) CAMP FOSTER YMCA	420958909			No	0	0
(B) ALGONA FAMILY YMCA	421225829			No	0	0
(C) YMCA OF FOREST CITY IOWA	421257332			No	0	0
(D) LE MARS AREA FAMILY YMCA	421413807			No	0	0
(E) MONTGOMERY COUNTY FAMILY YMCA	421433436			No	0	0
(F) SOUTHERN PRAIRIE YMCA	421436507			No	0	0
(G) YMCA OF MARSHALLTOWN IOWA	421478611			No	0	0
(H) FORT MADISON FAMILY YMCA	426080176			No	0	0
(I) GREATER ST LOUIS YMCA	430653616			No	0	0
(J) YMCA OF HANNIBAL	430663323			No	0	0
(K) ADAIR COUNTY FAMILY YMCA	430811428			No	0	0
(L) JEFFERSON CITY AREA YMCA	430953286			No	0	0
(M) GRAND RIVER AREA FAMILY YMCA INC	431493664			No	0	0
(NI) CALLAMAY COUNTY VMCA	424552055				_	

(i) Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		Is the organization listed in your governing Amount of monetary support (see instructions)		A mount of other support (see
			Yes	No			
(QI) FAIR ACRES FAMILY YMCA	431558437			No	0	(
(A) OZARKS FAMILY YMCA INC	431617662			No	0	(
(B) YMCA OF SOUTHEAST MISSOURI	431666987			No	0	C	
(C) TWIN PIKE FAMILY YMCA INC	431675923			No	0	(
(D) OSAGE PRAIRIE YMCA INC	431706486			No	0	-	
(E) SALT FORK YMCA	431710180			No	0	(
F) FREEMAN SOUTHWEST FAMILY YMCA	431729473			No	0	(
(G) LONG BRANCH AREA YMCA	431761240			No	0	(
(H) BOONSLICK HEARTLAND YMCA	431798929			No	0	-	
(I) CAMERON REGIONAL YMCA	431933672			No	0		
(J) OZARKS REGIONAL YMCA	440545283			No	0	ı	
(K) YMCA OF GREATER KANSAS CITY	440546002			No	0	1	
(L) JOPLIN FAMILY YMCA	440552026			No	0	I	
(M) YMCA OF ST JOSEPH MISSOURI	440552491			No	0		
(N) GRAND FORKS YMCA FAMILY CENTER	450226434			No	0		

(N) COLUMBUS FAMILY YMCA INC

470398817

Form 990, Sch A, Part I, Line	11g - Provi	de the following i	nformati	ion abou	t the supported o	organization(s).
(i) Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) A mount of monetary support (see instructions)	A mount of other support (see (vi) instructions)
			Yes	No		
(QX) YMCA OF CASS AND CLAY COUNTIES	450232096			No	0	0
(A) YMCA OF MINOT NORTH DAKOTA	450237612			No	0	0
(B) MISSOURI VALLEY FAMILY YMCA	450305520			No	0	0
(C) YMCA OF THE GREATER TWIN CITIES	452563299			No	0	0
(D) YMCA OF SIOUX FALLS	460225021			No	0	0
(E) YMCA OF RAPID CITY SOUTH DAKOTA	460227218			No	0	0
(F) ABERDEEN FAMILY YMCA	460255779			No	0	0
(G) GENERAL CONVENTION OF SIOUX YMCAS	460336514			No	0	0
(H) YMCA OF NORFOLK NEBRASKA	470376546			No	0	0
(I) YMCA OF LINCOLN NEBRASKA	470376578			No	0	0
(J) YMCA OF GREATER OMAHA	470376586			No	0	0
(K) YMCA OF FREMONT NEBRASKA	470376600			No	0	0
(L) YMCA OF HASTINGS NEBRASKA	470376607			No	0	0
(M) ED THOMAS YMCA	470377999			No	0	0

Νo

Form 990, Sch A, Part I, Line 11g - Provide the following information about the supported organization(s). (i) (ii)EIN (iii) (iv) (v) A mount of other Name of supported organization Type of organization Is the organization A mount of monetary support (see

Νo

Νo

Νo

Nο

Νo

Νo

Nο

(vi) instructions)

0

0

0

0

0

0

0

0

support (see

0

0

0

0

0

0

0

(described on lines

		1- 9 above or IRC section (see instructions))	governing document?					(1)
			Yes	No				
(RM) BEATRICE MARY FAMILY YMCA	470415814			No	0	0		
(A) YMCA OF GRAND ISLAND NEBRASKA	470425015			No	0	0		
(B) SCOTTSBLUFF FAMILY YMCA	470439999			No	0	0		
(C) KEARNEY FAMILY YMCA	470720055			No	0	0		
(D) BLAIR FAMILY YMCA	470782711			No	0	0		
(E) YMCA OF THE PRAIRIE	470807617			No	0	0		

(D) BLAIR FAMILY YMCA	470782711		No	0	
(E) YMCA OF THE PRAIRIE	470807617		No	0	
(F) YMCA OF TOPEKA KANSAS	480543757		No	0	
(G) YMCA OF SALINA KANSAS	480544573		No	0	

480554440

480556722

480650061

480677789

480693241

480908238

510065748

(H) YMCA OF WICHITA KANSAS

(K) JUNCTION CITY FAMILY YMCA INC

(L) GARDEN CITY FAMILY YMCA

(M) CAMP WOOD YMCA

(N) YMCA OF DELAWARE

(I)

YMCA OF HUTCHINSON AND RENO

COUNTY (J) MCPHERSON FAMILY YMCA

(B) SCOTTSBLUFF FAMILY YMCA	470439999		No	0	0
(C) KEARNEY FAMILY YMCA	470720055		No	0	0
(D) BLAIR FAMILY YMCA	470782711		No	0	0
(E) YMCA OF THE PRAIRIE	470807617		No	0	0

Form 990, Sch A, Part I, Line 11g - Provide the following information about the supported organization(s). (i) (ii)EIN (iii) (iv) Amount of monetary (vi) Name of supported Type of organization Is the organization support (see A mount of other support (described on lines 1 - 9 (see instructions) organization listed in your (v) instructions) above or IRC section governing document? (see instructions)) Yes No (SB) 510181689 Νo 0 RALPH J STOLLE COUNTRYSIDE YMCA OF WARREN CO OLD TOWN-ORONO 0 510201156 0 Νo (A) YMCA PRINCETON YMCA-510233934 0 0 Νo YWCA CORP YMCA OF CENTRAL 520591699 Νo 0 0 MARYLAND (C) YMCA OF 520591700 0 0 Νo (D) CUMBERLAND MD YMCA OF 520591701 Νo 0 HAGERSTOWN (E) MARYLAND INC 520607953 0 0 Νo YMCA OF FREDERICK COUNTY MD INC YMCA OF CECIL 520620245 0 0 Νo (G) COUNTY INC (H) 0 0 520646895 Νo YMCA OF CHESAPEAKE INC (I) 521359696 0 0 Νo DORCHESTER COUNTY FAMILY YMCA INC YMCA OF 0 530207403 Νo 0 METROPOLITAN (J) WASHINGTON YMCA OF SOUTH 540445205 Νo 0 0 (K) HAMPTON ROADS YMCA OF CENTRAL 540505924 Νo 0 n (L) VIRGINIA (M) DANVILLE YMCA 540505982 0 0 Νo HENSEL ECKMAN 540505984 0 Νo (N) YMCA INC

Form 990, Sch A, Part I, Line 11g - Provide the following information about the supported organization(s). (ii)EIN (vi) (i) (iii) (iv) A mount of monetary Name of supported Type of organization Is the organization support (see A mount of other support organization (described on lines 1 - 9 listed in your (v) instructions) (see instructions) above or IRC section governing document? (see instructions)) Yes No (SQ) 540505986 Νo 0 0 YMCA OF GREATER RICHMOND (A) 540506438 0 Νo STAUNTON-AUGUSTA YMCA (B) 540515736 Νo 0 0 YMCA OF ROANOKE VALLEY (C) 0 540524905 Νo PENÍNSULA METROPOLITAN YMCA (D) 540534407 0 0 Νo PORTSMOUTH YMCA (E) 0 540633243 Νo 0 WAYNESBORO FAMILY YMCA (F) 540839746 0 0 Νo MARTINSVILLE HENRY COUNTY FAMILY YMCA (G) VIRGINIA YMCA 540881950 Νo 0 0 (H) 540895639 0 Νo ALTAVISTA AREA YMCA (I) 540951231 0 n Νo YMCA OF SOUTH BOSTON AND HALIFAX COUNTY INC (J) 540965826 0 0 Νo RAPPAHANNOCK AREA YMCA BEDFORD AREA 0 541140513 Νo 0 (K) FAMILY YMCA MECKLENBURG 541351309 Νo 0 0 (L) COUNTY YMCA ALLEGHANY 0 0 541637131 Νo (M) HIGHLANDS YMCA PIEDMONT FAMILY 0 0 541717336 Νo (N) YMCA INC

(i)Name of supported organization	(ii)EIN (iii)		(iv) Is the organization listed in your governing document?		(v)	A mount of other
(r)Nume of Supported organization	Type of organization (described on lines 1-9 above or IRC section (see instructions))				A mount of monetary support (see instructions)	support (see (vi) instructions)
			Yes	No		
(TF) FRANKLIN COUNTY FAMILY YMCA	541740065			No	0	0
(A) FAMILY YMCA OF EMPORIAGREENSVILLE INC	542005981			No	0	0
(B) CAMP JORN 2 YMCA INC	542184387			No	0	0
(C) YMCA OF KANAWHA INC	550357058			No	0	0
(D) YMCA OF PARKERSBURG WEST VIRGINIA	550357059			No	0	0
(E) YMCA OF WHEELING	550357071			No	0	0
(F) YMCA OF SOUTHERN WEST VIRGINIA	550464596			No	0	0
(G) HARRISON COUNTY YMCA INC	550486791			No	0	0
(H) TRI-COUNTY YMCA INC	550702900			No	0	0
(I) YMCA OF WESTERN NORTH CAROLINA INC	560530013			No	0	0
(J) YMCA OF HIGH POINT INC	560530014			No	0	0
(K) YMCA OF NORTHWEST NORTH CAROLINA	560532130			No	0	0
(L) BLUE RIDGE ASSEMBLY YMCA	560530015			No	0	0
(M) YMCA OF WILMINGTON INC	560532317			No	0	0
(N) GREENSBORO METROPOLITAN YMCA	560543243			No	0	0

Form 990, Sch A, Part I, Line 11g - Provide the following information about the supported organization(s). (i) (ii)EIN (iii) (iv) (v) A mount of other Name of supported organization Type of organization | Is the organization | Amount of monetary support (see

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

Name of Supported organization		(described on lines 1-9 above or IRC section (see instructions))	listed in your governing document?		support (see instructions)	(vi) instructions)
			Yes	No		
(TU) ROCKY MOUNT FAMILY YMCA INC	560543251			No	0	0
(A) EDEN FAMILY YMCA	560547468			No	0	0
(B) J SMITH YOUNG FAMILY YMCA	560576153			No	0	0
(C) FAYETTEVILLE YMCA	560582025			No	0	0
(D) VMCA OF THE TRIANGLE AREA					_	

. ,	300070133			Ů	Ů
(C) FAYETTEVILLE YMCA	560582025		No	0	0
(D) YMCA OF THE TRIANGLE AREA	560591307		No	0	0
(E) YMCA OF ROWAN COUNTY	560606313		No	0	0

Nο

Nο

Νo

Νo

Nο

Νo

Νo

Nο

(b) 3 SMITH TOONS TAILET IMEA	2002/0122		I NO	U	0
(C) FAYETTEVILLE YMCA	560582025		No	0	0
(D) YMCA OF THE TRIANGLE AREA	560591307		No	0	0
(E) YMCA OF ROWAN COUNTY	560606313		No	0	0
(F) ALAMANCE COUNTY COMMUNITY YMCA	560611575		No	0	0

(G) GASTON COUNTY FAMILY YMCA

(H) YMCA OF CATAWBA VALLEY

(I) YMCA OF ASHEBORO NC INC

(J) TOM A FINCH COMMUNITY YMCA

(K) YMCA OF GREATER CHARLOTTE

(L) GOLDSBORO FAMILY YMCA

(M) BERTIE COUNTY YMCA

(N) WILSON FAMILY YMCA

560655420

560928743

560991786

561004370

561045299

561285595

561738475

(B) J SMITH YOUNG FAMILY YMCA	560576153		No	0	0
(C) FAYETTEVILLE YMCA	560582025		No	0	0
(D) YMCA OF THE TRIANGLE AREA	560591307		No	0	0
(E) YMCA OF ROWAN COUNTY	560606313		No	0	0
/ E\				_	

					i .
(A) EDEN FAMILY YMCA	560547468		No	0	0
(B) J SMITH YOUNG FAMILY YMCA	560576153		No	0	0
(C) FAYETTEVILLE YMCA	560582025		No	0	0
(D) YMCA OF THE TRIANGLE AREA	560591307		No	0	0

Form 990, Sch A, Part I, Line 11g - Provide the following information about the supported organization(s). (i) (ii)EIN (iii) (iv) (v) A mount of other Name of supported organization Type of organization | Is the organization | Amount of monetary support (see (vi) instructions)

		1- 9 above or IRC section (see instructions))	governing document?		instructions)	(VI) Instructions)
			Yes	No		
(UJ) YMCA OF SUMTER	570314417			No	0	0
(A)	570314423			No	0	0

Nο

Nο

Nο

Nο

Νo

Νo

Nο

Nο

Nο

Nο

Nο

Nο

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

		Yes	No		
(UJ) YMCA OF SUMTER	570314417		No	0	
(A) YMCA OF COLUMBIA SOUTH CAROLINA- METRO	570314423		No	0	
(B) YMCA OF GREENVILLE	570314424		No	0	

570314425

570314465

570335422

570365055

570405623

570506273

570516770

570517776

570557200

570643100

570747196

570783484

(C) YMCA OF GREATER SPARTANBURG

(D) ANDERSON AREA YMCA

(E) UPPER PALMETTO YMCA

(F) GREENWOOD YMCA

(G) PICKENS COUNTY YMCA

(H) CLINTON FAMILY YMCA

(I) FLORENCE FAMILY YMCA

(J) FAMILY YMCA OF GREATER LAURENS

(K) CHEROKEE COUNTY FAMILY YMCA

(L) SUMMERVILLE FAMILY YMCA

(M) YMCA OF COASTAL CAROLINA

(N) NEWBERRY COUNTY FAMILY YMCA

orm 990, Sch A, Part I, Line 11g - 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 (see instructions))	(iv) Is the organization listed in your governing document?		(v) A mount of monetary support (see instructions)	A mount of other support (see (vi) instructions)		
			Yes	No				
(UY) YMCA OF THE UPPER PEE DEE	570794011			No	0	0		
(A) UNION COUNTY YMCA	570832992			No	0	0		
(B) BEAUFORT COUNTY YMCA	570910326			No	0	0		
(C) FOOTHILLS AREA FAMILY YMCA	570934024			No	0	0		
(D) CANNON STREET YMCA	570935533			No	0	0		
(E) YMCA OF NORTHEAST IOWA INC	571167577			No	0	0		
(F) YMCAS OF WAYCROSS GA INC	580566129			No	0	0		
(G) STATE YMCA OF GEORGIA	580566244			No	0	0		
(H) YMCA OF METROPOLITAN ATLANTA INC	580566253			No	0	0		
(I) METROPOLITAN AUGUSTA YMCA	580566254			No	0	0		
(J) THOMASVILLE YMCA YOUTH CENTER INC	580566255			No	0	0		
(K) MOULTRIE YMCA	580593424			No	0	0		
(L) ATHENS YMCA	580593443			No	0	0		
(M) YMCA OF COASTAL GEORGIA INC	580603160			No	0	0		
(N) ALBANY YMCA	580610051			No	0	0		

orm 990, Sch A, Part I, Line	11g - Provi	de the following i	ntormati	on abou	t tne supported o	
(i)Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) A mount of monetary support (see instructions)	A mount of other support (see (vi) instructions)
			Yes	No		
(VN) COLUMBUS METROPOLITAN YMCA	580648697			No	0	0
(A) ROME-FLOYD COUNTY YMCA	580814549			No	0	0
(B) TWIN RIVERS YMCA	581402035			No	0	0
(C) HENDERSON FAMILY YMCA	581406066			No	0	0
(D) GREATER KINGSPORT FAMILY YMCA	581564232			No	0	0
(E) CANNON MEMORIAL YMCA	581574620			No	0	0
(F) STANLY COUNTY FAMILY YMCA	581582063			No	0	0
(G) BAINBRIDGE-DECATUR COUNTY YMCA	581608613			No	0	0
(H) LAFAYETTE LOUISIANA YMCA	581640136			No	0	0
(I) CLEVELAND COUNTY FAMILY YMCA	582016066			No	0	0
(J) YMCA OF METROPOLITAN HUNTSVILLE AL	582058795			No	0	0
(K) GEORGIA MOUNTAINS YMCA	582203268			No	0	0
(L) TIFTAREA YMCA INC	582383631			No	0	0
(M) CENTRAL FLORIDA METRO YMCA	590624430			No	0	0
(N) YMCA OF GREATER MIAMI	590624464			No	0	0

orm 990, Sch A, Part I, Line		ae tne following i			t tne supported o	
(i)Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1 - 9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) A mount of monetary support (see instructions)	A mount of other support (see (vi) instructions)
			Yes	No		
(WC) YMCA OF NORTHWEST FLORIDA	590624465			No	0	0
(A) YMCA OF GREATER ST PETERSBURG	590624468			No	0	0
(B) PALM BEACHES METROPOLITAN YMCA	590624470			No	0	0
FLORIDA'S FIRST COAST YMCA - (C) METROPOLITAN	590638514			No	0	0
(D) YMCA OF THE SUNCOAST	590810731			No	0	0
(E) YMCA OF WEST CENTRAL FLORIDA	591158144			No	0	0
(F) YMCA OF SOUTH PALM BEACH COUNTY	591416281			No	0	0
(G) SARASOTA FAMILY YMCA INC	591618413			No	0	0
(H) MANATEE COUNTY FAMILY YMCA	591626905			No	0	0
(I) SOUTH COUNTY FAMILY YMCA	591629660			No	0	0
(J) LAKE WALES FAMILY YMCA	591741481			No	0	0
(K) TAMPA METROPOLITAN AREA YMCA	591742909			No	0	0
(L) YMCA OF THE TREASURE COAST	591911653			No	0	0
(M) MARCO ISLAND YMCA	592498619			No	0	0
(N) HIGHLANDS COUNTY FAMILY YMCA	592859656			No	0	0

(i)Name of supported organization	(ii)EIN	(iii)	(iv)		(v)	A mount of other
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Type of organization (described on lines 1-9 above or IRC section (see instructions))		nanization n your rning	A mount of monetary support (see instructions)	support (see (vi) instructions)
			Yes	No		
(WR) VOLUSIAFLAGLER FAMILY YMCA	593284968			No	0	(
(A) NORTHFIELD AREA FAMILY YMCA	593817686			No	0	
(B) ASHLAND AREA YMCA	610444836			No	0	
(C) KENTUCKY YMCA YOUTH ASSOCIATION INC	610444841			No	0	
(D) YMCA OF CENTRAL KENTUCKY	610444842			No	0	
(E) YMCA OF GREATER LOUISVILLE	610444843			No	0	
(F) YMCA OF OWENSBORODAVIESS COUNTY	610561344			No	0	
(G) FRANKFORT YMCA	610562021			No	0	
(H) HENDERSON COUNTY FAMILY YMCA	610597114			No	0	
(I) PARIS-BOURBON COUNTY YMCA	610676727			No	0	
(J) HOPKINS COUNTY FAMILY YMCA	610904719			No	0	
(K) WILDERNESS TRACE FAMILY YMCA	611024933			No	0	
(L) LIMESTONE FAMILY YMCA	611080836			No	0	
(M) UNION COUNTY YMCA	611173801			No	0	
(N) PIKEVILLE AREA FAMILY YMCA	611177162			No	0	

Form 990, Sch A, Part I, Line 11g - Provide the following information about the supported organization(s). (ii)EIN (i) (iii) (iv) A mount of monetary Amount of other Name of supported Type of organization support (see support (see Is the organization organization (described on lines 1listed in your (v) instructions) (vi) instructions) 9 above or IRC section governing document? (see instructions)) Yes No YMCA OF 0 611204017 Νo 0 MAYFIELDGRAVES (XG) COUNTY (A) 0 0 611206677 Νo YMCA OF WINCHESTER (B) 611297293 Νo 0 HOPKINSVILLÉCHRISTIAN COUNTY FAMILY YMCA FAYETTE COUNTY 0 n 611416843 Νo (C) FAMILY YMCA (D) 616000619 0 0 Νo TELFORD COMMUNITY CENTER YMCA (E) 620475699 Nο Ω 0 YMCA OF METROPOLITAN CHATTANOOGA YMCA OF EAST 620475700 Νo 0 0 (F) TENNESSEE YMCA OF MIDDLE 620476243 Νo 0 0 (G) TENNESSEE (H) 620476304 0 0 Νo YMCA OF MEMPHIS & THE MID-SOUTH (I) 620491361 0 0 Νo ARMED SERVICES YMCA OF THE USA-NATIONAL **HDQTRS** (J) YMCA OF BRISTOL 0 0 620521204 Nο YMCA OF GREENE 0 0 620809014 Νo (K) COUNTY (L) MILAN FAMILY YMCA 621547529 Νo 0 0 (M) 621616172 Νo 0 0 YMCA OF DYER COUNTY (N) LEGACY YMCA 0 630288881 Νo

orm 990, Sch A, Part I, Line						
(i)Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) A mount of monetary support (see instructions)	Amount of other support (see (vi) instructions)
			Yes	No		
(XV) MONTGOMERY YMCA METRO BOARD	630288885			No	0	0
(A) BIRMINGHAM METROPOLITAN YMCA	630299894			No	0	0
(B) YMCA OF SOUTH ALABAMA INC	630302187			No	0	0
(C) TUSCALOOSA METROPOLITAN YMCA	630302189			No	0	0
(D) YMCA OF CALHOUN COUNTY	630332253			No	0	0
(E) YMCA OF SELMA-DALLAS COUNTY	630414814			No	0	0
(F) YMCA OF THE COOSA VALLEY INC	630436456			No	0	0
(G) YMCA OF THE SHOALS	630545200			No	0	0
(H) ENTERPRISE YMCA	630589262			No	0	0
(I) BREWTON AREA YMCA	630999102			No	0	0
(J) ATMORE AREA YMCA INC	631151492			No	0	0
(K) PRATTVILLE YMCA	636052425			No	0	0
(L) JACKSON METROPOLITAN YMCA	640303099			No	0	0
(M) JUNIUS WARD JOHNSON YMCA	640303115			No	0	0
(N) HODDING CARTER MEMORIAL YMCA	640306257			No	0	0

Form 990, Sch A, Part I, Line 11g - Provide the following information about the supported organization(s). (i) (ii)EIN (iii) (iv) Amount of monetary (vi) Name of supported Type of organization A mount of other support Is the organization support (see (described on lines 1-9 (see instructions) organization listed in your (v) instructions) above or IRC section governing document? (see instructions)) Yes No FAMILY YMCA OF 640340760 Νo 0 0 SOUTHEAST (YK) MISSISSIPPI INC MISSISSIPPI GULF 640584648 Νo 0 0 COAST YMCA FRANK P PHILLIPS 646025994 0 0 Νo (B) MEMORIAL YMCA (C) 651058521 0 0 Νo MONROEVILLE AREA **YMCA** (D) 0 0 660190784 Νo SAN JUAN - PUERTO RICO YMCA (E) PONCE YMCA 660204831 Νo 0 0 SISKIYOU FAMILY 680294653 0 0 Νo (F) YMCA (G) 0 0 700275848 Νo YMCA OF WARREN AND BRADLEY COUNTY (H) 700599309 0 Νo THE DENNY PRICE FAMILY YMCA OF ENID OKLAHOMA 710236925 0 0 Νo YMCA OF HOT SPRINGS ARKANSAS INC (J) 720408994 Νo 0 0 YMCA OF THE CAPITAL AREA (K) 0 0 720408997 Νo SHREVEPORT BOSSIER METRO YMCA YMCA OF GREATER 720423490 Νo 0 0 (L) NEW ORLEANS (M) DRYADES YMCA 0 720428019 Νo 0

Νo

0

0

(N) BAYOULAND YMCA

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

(i) (ii) (iii) (iv) (v) Amount of other Supported organization Type of organization Is the organization Amount of monetary Support (see

governing

Νo

Νo

Νo

Νo

Νo

Νo

(vi) instructions)

support (see

instructions)

0

0

0

0

0

0

0

0

0

0

0

0

(described on lines

1 - 9 above or IRC

(I) STILLWATER FAMILY YMCA

(J) NOBLE COUNTY FAMILY YMCA

(K) CLEVELAND COUNTY FAMILY YMCA

(L) TEXAS COUNTY FAMILY YMCA

(M) RANDOLPH AREA YMCA

(N) YMCA OF GREATER SAN ANTONIO

730674204

731099310

731149824

731464310

731663479

		section (see instructions))	document?		,	
			Yes	No		
(YZ) OKMULGEE COUNTY FAMILY YMCA	730106247			No	0	0
(A) GREAT PLAINS FAMILY YMCA INC	730149048			No	0	0
(B) FAMILY YMCA OF BARTLESVILLE	730521535			No	0	0
YMCA OF GREATER TULSA - METRO (C) OFFICE	730579269			No	0	0
(D) YMCA OF GREATER OKLAHOMA CITY	730579270			No	0	0
(E) SHAWNEE FAMILY YMCA	730602462			No	0	0
(F) ARDMORE FAMILY YMCA AT ARDMORE OKLAHOMA	730603523			No	0	0
(G) YMCA OF PONCA CITY OKLAHOMA	730634724			No	0	0
(H) YMCA OF LAWTON OKLAHOMA	730642616			No	0	0

Form 990, Sch A, Part I, Line 11g - Provide the following information about the supported organization(s). (i) (ii)EIN (iii) (iv) Amount of monetary (vi) A mount of other support Name of supported Type of organization Is the organization support (see organization (described on lines 1 - 9 listed in your (v) instructions) (see instructions) above or IRC section governing document? (see instructions)) Yes No (ZO) 741109737 Νo 0 YMCÀ OF THE GREATER HOUSTON AREA (A) 741109880 0 Νo YMCA OF GREATER EL PASO TX & RIO GRANDE VALLEY YMCA OF PORT 741143027 Νo 0 0 (B) ARTHUR TEXAS (C) 741193464 Νo 0 0 **AUSTIN** METROPOLITAN YMCA YMCA OF THE 741211670 Νo 0 (D) COASTAL BEND (E) 741368574 Νo 0 THE YMCA OF THE GOLDEN CRESCENT INC (F) 742206558 0 0 Νo YMCA OF GREATER WILLIAMSON COUNTY YMCA OF CENTRAL 742668685 Νo 0 0 **TEXAS** (G) YMCA OF 750800696 0 0 Νo METROPOLITAN DALLAS (H) (I) SAN ANGELO YMCA 0 750800698 Νo 0 (J) 0 0 750808817 Νo YMCA OF CORSICANA (K) 0 0 750808818 Νo WICHITA FALLS METROPOLITAN YMCA (L) 750827470 Νo 0 0 YMCA OF BIG SPRING **TEXAS** (M) 0 0 750827471 Νo YMCA OF METROPOLITAN FORT WORTH YMCA OF ABILENE 750855638 Νo 0 (N) **TEXAS**

(i)Name of supported organization	(ii)EIN	(iii)	(i	<u></u>	(v)	A mount of other
(f)Name of Supported organization	(II)LIIV	Type of organization (described on lines 1 - 9 above or IRC section (see instructions))	Is the org listed i gove docur	janization n your rning	A mount of monetary support (see instructions)	support (see (vi) instructions)
			Yes	No		
(AAD) YMCA OF MIDLAND TEXAS	750871732			No	0	0
(A) YMCA OF TYLER TEXAS INC	750891469			No	0	0
(B) GREENVILLEHUNT COUNTY YMCA	750968474			No	0	С
(C) PALESTINE YMCA	750975622			No	0	C
(D) YMCA OF ARLINGTON	751000839			No	0	C
(E) YMCA OF MOORE COUNTY INC	751073132			No	0	C
(F) ODESSA FAMILY YMCA	751187026			No	0	(
(G) YMCA OF PLAINVIEW TEXAS	756042150			No	0	(
(H) CENTRAL COAST YMCA	770202335			No	0	(
(I) YMCA OF BILLINGS	810229368			No	0	(
(J) YMCA OF HELENA INC	810231815			No	0	t
(K) BUTTE FAMILY YMCA INC	810233504			No	0	ı
(L) GREATER MISSOULA FAMILY YMCA	810300829			No	0	1
(M) SOUTHWESTERN MONTANA FAMILY YMCA INC	810486053			No	0	
(N) GALLATIN VALLEY YMCA INC	810542574			No	0	1

	orm 990, Sch A, Part I, Line 11g - 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 (see instructions))	(iv) Is the organization listed in your governing document?		Is the organization listed in your support (see governing instructions)	
			Yes	No		
(AAS) YMCA OF BOISE INC	820200908			No	0	0
(A) YMCA OF IDAHO FALLS INC	820222174			No	0	0
(B) YMCA OF TWIN FALLS INC	820255460			No	0	0
(C) WOOD RIVER COMMUNITY YMCA	820481436			No	0	0
(D) CHEYENNE FAMILY YMCA	830179528			No	0	0
(E) CASPER FAMILY YMCA	830197773			No	0	0
(F) JOHNSON COUNTY FAMILY YMCA	830237890			No	0	0
(G) YMCA OF METROPOLITAN DENVER	840402696			No	0	0
(H) YMCA OF THE PIKES PEAK REGION	840404266			No	0	0
(I) YMCA OF THE ROCKIES	840404913			No	0	0
(J) YMCA OF PUEBLO	840404925			No	0	0
(K) YMCA OF BOULDER VALLEY	840459944			No	0	0
(L) THE YMCA OF CENTRAL NEW MEXICO	850105592			No	0	0
(M) THE FAMILY YMCA	850130054			No	0	0
(N) YMCA OF SOUTHERN ARIZONA	860101237			No	0	0

(N) CLALLAM COUNTY YMCA INC

910652924

(i)	(ii)EIN	(iii)	(i [,]	v)	(v)	A mount of other						
Name of supported organization	(,=.	Type of organization (described on lines 1-9 above or IRC section (see instructions))			listed in your governing		listed in your governing		listed in your governing		A mount of monetary support (see instructions)	support (see (vi) instructions)
			Yes	No								
(ABH) PRESCOTT YMCA OF YAVAPAI COUNTY	860119151			No	0	0						
(A) YMCA OF GREATER SALT LAKE AREA	870212472			No	0	0						
(B) YMCA OF SOUTHERN NEVADA	880059266			No	0	0						
(C) WHATCOM FAMILY YMCA	910482690			No	0	0						
(D) YMCA OF GREATER SEATTLE	910482710			No	0	0						
(E) YMCA OF SOUTHWEST WASHINGTON	910565021			No	0	0						
(F) SKAGIT VALLEY FAMILY YMCA	910565022			No	0	0						
(G) YMCA OF SNOHOMISH COUNTY	910565561			No	0	0						
(H) YMCA OF PIERCE AND KITSAP COUNTIES	910565562			No	0	0						
(I) YMCA OF YAKIMA	910568717			No	0	0						
YMCA AT WASHINGTON STATE (J) UNIVERSITY	910573117			No	0	0						
(K) WENATCHEE VALLEY YMCA	910578224			No	0	0						
(L) YMCA OF WALLA WALLA	910580856	1		No	0	0						
(M) SOUTH SOUND YMCA	910586473			No	0	0						

0

0

Νo

Form 990, Sch A, Part I, Line 11g - Provide the following information about the supported organization(s). (i) (ii)EIN (iii) (iv) Amount of monetary (vi) Name of supported Type of organization A mount of other support Is the organization support (see organization (described on lines 1 - 9 listed in your (v) instructions) (see instructions) above or IRC section governing document? (see instructions)) Yes No (ABW) 910827958 Νo 0 YMCA OF THE INLAND NORTHWEST (A) 911655754 0 0 Νo YMCA OF THE GREATER TRI-CITIES YMCA OF GRAYS 911984900 0 0 Νo (B) HARBOR (C) 0 920034878 Νo YMCA OF ANCHORAGE ALASKA (D) 930386978 Νo 0 0 YMCA OF KLAMATH COUNTY OREGON (E) 930386981 Νo 0 0 YMCA OF COLUMBIA-WILLAMETTE ASSOCIATION SERVICES FAMILY YMCA OF 930386982 Νo 0 MARION AND POLK COUNTIES (G) 930391645 Νo 0 0 YMCA OF MEDFORD (H) 0 0 930395593 Νo CENTRAL DOUGLAS COUNTY FAMILY YMCA 0 0 930457167 Νo TILLAMOOK COUNTY FAMILY YMCA MID-WILLAMETTE 930479079 Νo 0 0 (J) FAMILY YMCA (K) 930500679 0 0 Νo EUGENE FAMILY YMCA 930621433 0 0 Νo BAKER COUNTY YMCA YMCA OF GRANTS 0 930848122 Νo (M) PASS OREGON YMCA OF SAN 940997140 Νo 0 (N) FRANCISCO

(i)Name of supported organization	(ii)EIN	(iii)	/i-	v)	(v)	A mount of other
(f)Name of Supported organization	(II)LIN	Type of organization (described on lines 1 - 9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?			support (see (vi) instructions)
			Yes	No		
(ACL) YMCA OF THE EAST BAY	941156317			No	0	0
(A) YMCA OF SILICON VALLEY	941156318			No	0	0
(B) YMCA OF SAN JOAQUIN COUNTY	941156319			No	0	0
(C) YMCA OF SUPERIOR CALIFORNIA	941156634			No	0	0
(D) YMCA OF THE CENTRAL BAY AREA	941156635			No	0	0
(E) SHASTA COUNTY YMCA	941212141			No	0	0
(F) SONOMA COUNTY FAMILY YMCA	941265049			No	0	0
(G) GOLDEN STATE YMCA	941459198			No	0	0
CALIFORNIA YMCA YOUTH AND (H) GOVERNMENT	943360482			No	0	0
(I) YMCA OF POMONA VALLEY	951641976			No	0	0
(J) CHANNEL ISLANDS YMCA	951643379			No	0	0
(K) SANTA MONICA FAMILY YMCA	951643380			No	0	0
(L) YMCA OF GREATER LONG BEACH	951643396			No	0	0
(M) YMCA OF WEST SAN GABRIEL VALLEY	951644051			No	0	0
(N) YMCA OF METROPOLITAN LOS ANGELES	951644052			No	0	0

Form 990, Sch A, Part I, Line 11g - Provide the following information about the supported organization(s). (i) (ii)EIN (iii) (iv) (v) Amount of other Name of supported organization Type of organization | Is the organization | Amount of monetary support (see (described on lines listed in your support (see (vi) instructions) structions)

		1- 9 above or IRC section (see instructions))	gove docur		ınst
			Yes	No	
(ADA) YMCA OF ORANGE COUNTY	951644055			No	

951684787

951684795

951709299

951727678

951816053

951976183

952039198

952147727

952158363

952305501

952879893

953673295

990073533

(A) YMCA OF BURBANK CALIFORNIA

(B) YMCA OF THE EAST VALLEY

(C) YMCA OF GREATER WHITTIER

(D) YMCA OF ANAHEIM

(E) WEST END YMCA

(F) YMCA OF ORANGE

(G) YMCA OF THE FOOTHILLS

(H) YMCA OF SAN DIEGO COUNTY

(I) SAN LUIS OBISPO COUNTY YMCA

(J) SANTA MARIA VALLEY YMCA

(K) SOUTHEAST VENTURA COUNTY YMCA

(L) CORONA-NORCO FAMILY YMCA

(M) FAMILY YMCA OF THE DESERT

(N) YMCA OF HONOLULU

	instructions))		
		Yes	No
951644055			No
951664139			No

Νo

Νo

Νo

Νo

Νo

Nο

Nο

Νo

Nο

Νo

Nο

Νo

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

Form 990, Sch A, Part I, Line 11g - Provide the following information about the supported organization(s). (i) (ii)EIN (iii) (iv) (v) A mount of other Name of supported organization Type of organization | Is the organization | Amount of monetary | support (see

		(described on lines 1-9 above or IRC section (see instructions))	listed in your governing document?		support (see instructions)	(vi) instructions)
			Yes	No		
(ADP) YMCA OF KAUAI	990074494			No	0	0
(A) MAUI FAMILY YMCA	990105206			No	0	0
(B)	010567019			No	0	

		Yes	No		
(ADP) YMCA OF KAUAI	990074494		No	0	C
(A) MAUI FAMILY YMCA	990105206		No	0	C
(B)	010567018		No	0	C

, ,	330071131			Ĭ	
(A) MAUI FAMILY YMCA	990105206		No	0	0
(B) ALLIANCE OF NEW YORK STATE YMCAS INC	010567018		No	0	0
					(

(A) MAUI FAMILY YMCA	990105206		No	0	С
(B) ALLIANCE OF NEW YORK STATE YMCAS INC	010567018		No	0	C
(C) ATHOL YMCA	042103727		No	0	C
(D) OLD COLONY Y	042125014		No	0	0

Νo

Nο

Νo

Νo

Nο

Νo

Νo

Νo

Νo

Nο

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

(E) WAYNE COUNTY YMCA

(F) PULASKI COUNTY FAMILY YMCA

(G) STEVENS POINT AREA YMCA

(H) UNICOI COUNTY FAMILY YMCA

(I) SOUTHSIDE VIRGINIA FAMILY YMCA

(J) VALLEY OF THE SUN YMCA

(K) YMCA OF ASHLAND

(L) YMCA OF GLENDALE CALIFORNIA

(M) DICKSON COUNTY FAMILY YMCA

(N) PUTNAM COUNTY FAMILY YMCA

232122456

352094935

391102612

620478092

621487256

860096799

930386976

951661118

471215122

465501752

Name of supported organization

(AEE) HEREFORD & VICINITY

(A) YMCA OF GREENWICH

(B) RATHBUN LAKE AREA YMCA

l			
l			
l			
l			
l			
l			
l			
l			
l			
l			
l			
ı			
l			

751506344

060646976

262927214

(ii)EIN

(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))

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

Is the organization listed in your document? Yes

(iv)

aovernina

Nο

Nο

Νo

ation ur	A mount of monetary support (see instructions)
No	
10	0

(v)

A mount of other

support (see

instructions)

(vi)

DLN: 93493315014086 **Political Campaign and Lobbying Activities** OMB No 1545-0047 **SCHEDULE C** (Form 990 or For Organizations Exempt From Income Tax Under section 501(c) and section 527 990-EZ) ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at Open to Public Department of the **Inspection** www.irs.gov/form990. Treasury Internal Revenue Service If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-区, Part V, line 46 (Political Campaign Activities), then • Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C • Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B Section 527 organizations Complete Part I-A only If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then • Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization Employer identification number YOUNG MEN'S CHRISTIAN ASSOCIATION RETIREMENT FUND 13-5562401 Complete if the organization is exempt under section 501(c) or is a section 527 organization. 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV 2 Political expenditures 3 Volunteer hours Complete if the organization is exempt under section 501(c)(3). Part I-B Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 3 ☐ No Was a correction made? □ No If "Yes," describe in Part IV Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities

2	Enter the amount of the filing of exempt function activities	\$			
3	Total exempt function expendi	\$			
4	Did the filing organization file F	Yes No			
5	Enter the names, addresses at organization made payments of amount of political contribution separate segregated fund or a	unds Also enter the nızatıon, 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 politica contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2					
3					
4					
5					
6					

under section 501(h)). Check 🕨 🗔 if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

В	Check In the filing organization checked box A and "limited control" provisions apply		
	Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b	Total lobbying expenditures to influence a legislative body (direct lobbying)		
c	Total lobbying expenditures (add lines 1a and 1b)		

Other exempt purpose expenditures

Total exempt purpose expenditures (add lines 1c and 1d)

Lobbying nontaxable amount Enter the amount from the following table in both columns

Grassroots nontaxable amount (enter 25% of line 1f) Subtract line 1g from line 1a If zero or less, enter -0-Subtract line 1f from line 1c If zero or less, enter -0-

Calendar year (or fiscal year

beginning in)

If the amount on line 1e, column (a) or (b) is:

Over \$500,000 but not over \$1,000,000

Over \$1,000,000 but not over \$1,500,000

Over \$1,500,000 but not over \$17,000,000

reporting section 4911 tax for this year?

Lobbying nontaxable amount

Total lobbying expenditures

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

Grassroots nontaxable amount

Grassroots lobbying expenditures

Lobbying ceiling amount (150% of line 2a, column(e))

2a

Not over \$500,000

Over \$17,000,000

\$1,000,000

If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720

The lobbying nontaxable amount is:

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

(b)2013

(a)2012

\$100,000 plus 15% of the excess over \$500,000

\$175,000 plus 10% of the excess over \$1,000,000

\$225,000 plus 5% of the excess over \$1,500,000

20% of the amount on line 1e

Yes

(c)2014

☐ No

(d)2015

Schedule C (Form 990 or 990-EZ) 2015

(e) Total

2a

2b

2c

3

4

5

Schedule C (Form 990 or 990-EZ) 2015 Page 3 Complete if the organization is exempt under section 501(c)(3) and has NOT Part II-B filed Form 5768 (election under section 501(h)). (a) (b) For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity No A mount Yes 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 Volunteers? Νo Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Nο Media advertisements? Nο

е	Publications, or published or broadcast statements?		No			
f	Grants to other organizations for lobbying purposes?		No			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No			
i	Other activities?	Yes				51,425
j	Total Add lines 1c through 1i					51,425
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No			
b	If "Yes," enter the amount of any tax incurred under section 4912					
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
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),	or se	ectio	n
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		

е	Publications, or published or broadcast statements?		No			
f	Grants to other organizations for lobbying purposes?		No			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No			
i	Other activities?	Yes				51,425
j	Total Add lines 1c through 1i					51,425
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No			
b	If "Yes," enter the amount of any tax incurred under section 4912					
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
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), o	rse	ectio	n
			_		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section	501(c)(5), o	or se	ection	n

d	Mailings to members, legislators, or the public?		No			
e	Publications, or published or broadcast statements?		Νo			
f	Grants to other organizations for lobbying purposes?		No			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No			
i	Other activities?	Yes				51,425
j	Total Add lines 1c through 1i					51,425
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No			
b	If "Yes," enter the amount of any tax incurred under section 4912			1		
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	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	501 (c)(5),	or se	ectio	n
			_		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		[1		
				_		

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." Dues, assessments and similar amounts from members 1

expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total 3

political expenditure next year? Supplemental Information

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 Taxable amount of lobbying and political expenditures (see instructions)

Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political

Part IV

2

Return Reference Explanation

2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

THE YMCA RETIREMENT FUND IS A MEMBER OF THE CHURCH ALLIANCE WHICH ENGAGES IN

Schedule C, Part II-B, Line 1 DETAILED DESCRIPTION OF THE

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and

DIRECT LOBBYING REGARDING LEGISLATION THAT ADVERSELY AFFECTS CHURCH PENSION LOBBYING ACTIVITY AND BENEFIT PLANS THE AMOUNT INDICATED ABOVE REFERENCED DUES PAID Schedule C, Part II-B, Line 1 THE YMCA RETIREMENT FUND IS A MEMBER OF THE CHURCH ALLIANCE WHICH ENGAGES IN DETAILED DESCRIPTION OF THE DIRECT LOBBYING REGARDING LEGISLATION THAT ADVERSELY AFFECTS CHURCH PENSION **SCHEDULE D**

(Form 990)

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. OMB No 1545-0047 4

DLN: 93493315014086

2015
pen to Public Inspection

Treas	ury nal Revenue Service	Information about Schedule D	FATTACH to Form 990. (Form 990) and its instructions is at <a 6<="" 990,="" form="" href="https://www.enaigness.com/www.ena</th><th>v.irs.gov/f</th><th></th><th>Inspect</th><th></th></tr><tr><th>Na</th><th>me of the organi</th><th></th><th></th><th>Empl</th><th>oyer identifica</th><th>tion numbe</th><th>r</th></tr><tr><th>YOU</th><th>JNG MEN'S CHRISTIA</th><th>AN ASSOCIATION RETIREMENT FUND</th><th></th><th>12 5</th><th>562401</th><th></th><th></th></tr><tr><td>Pa</td><td></td><td></td><td>Advised Funds or Other Simila
ed " iv,="" line="" on="" part="" td="" yes"=""><td>r Funds o</td><td></td><td>•</td><td></td>	r Funds o		•	
		<u>_</u>	(a) Donor advised funds		Funds and othe	er accounts	
1	Total numbe	r at end of year					
2	Aggregate v year)	alue of contributions to (during					
3	Aggregate v	alue of grants from (during year)					
4	Aggregate v	alue at end of year					
5			advisors in writing that the assets held in the organization's exclusive legal control		ed	Yes	┌ No
6	used only for ch		and donor advisors in writing that grant fu benefit of the donor or donor advisor, or fo			☐ Yes	∏ No
Pa	rt III Consei	rvation Easements. Comple	ete if the organization answered "Ye	s" on Forn	າ 990, Part I՝	V, line 7.	
1	Purpose(s) of c	onservation easements held by th	e organization (check all that apply)				
	Preservation)	on of land for public use (e g , recr		of an histor	ıcally ımportar	it land area	
	•	of natural habitat	· ·		d historic struc		
	•	on of open space	, , , , , , , , , , , , , , , , , , , ,				
2	Complete lines		held a qualified conservation contribution	ın the form	of a conserva	tion	
					Held at the	End of the	Year
а	Total number o	f conservation easements		2a			
b	•	estricted by conservation easeme		2b			
c		servation easements on a certified	, ,	2 c			
d	historic structu	ire listed in the National Register	:) acquired after 8/17/06, and not on a	2d			
3	Number of cons tax year ►		nsferred, released, extinguished, or termi	nated by the	e organization	during the	
4	Number of state	es where property subject to cons	ervation easement is located ▶				
5	_	ization have a written policy regar enforcement of the conservation e	ding the periodic monitoring, inspection, easements it holds?	handling of	□ Y	es ∏ No	D
6	Staff and volun	teer hours devoted to monitoring,	inspecting, handling of violations, and enf	orcing cons	•	•	
	>						
7	A mount of expe	enses incurred in monitoring, inspe	ecting, handling of violations, and enforcir	ng conserva	ition easement	s during the	e year
	▶ \$						
8		servation easement reported on lii on 170(h)(4)(B)(ii)?	ne 2(d) above satisfy the requirements of	section 17	0(h)(4)	es No	D
9	balance sheet,		ts conservation easements in its revenue of the footnote to the organization's finar sements	•	•		
Par			tions of Art, Historical Treasure		er Similar	Assets.	
	•	-	ed "Yes" on Form 990, Part IV, line { FAS 116 (ASC 958), not to report in its re		ement and hal	ance sheet	
Ia	works of art, his	storical treasures, or other similar	assets held for public exhibition, educating the statements that desc	on, or resea	arch in furthera		
b	works of art, his	•	FAS 116 (ASC 958), to report in its rever assets held for public exhibition, educati these items				ıc
((i) Revenue inclu	ded on Form 990, Part VIII, line 1	L	▶ \$			
(i	i) Assets include	ed in Form 990, Part X		> \$			
2		·	nistorical treasures, or other similar asse				

Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

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

	3111	(Form 990) 2015 Organizations Maintaining (continued)	Collections of A	Art, His	toric	al Treasures	, or C	Other Similar A	Page \ssets
3		the organization's acquisition, accetion items (check all that apply)	ssion, and other re	cords, ch	eck a	ny of the following	g that	are a significant us	se of its
а	┌ P	Public exhibition		d	Γ	Loan or exchang	je prog	grams	
b	┌ s	Scholarly research		e	Γ	Other			
c	┌ P	Preservation for future generations							
4	Provid Part X	le a description of the organization's III	collections and ex	plaın hov	they	further the organ	ızatıor	n's exempt purpose	e in
5	_	g the year, did the organization solic s to be sold to raise funds rather tha							es No
Par	t IV	Escrow and Custodial Arra Complete if the organization a Part X, line 21.		n Form	990, 1	Part IV, line 9,	or re	ported an amou	nt on Form 990
1a		organization an agent, trustee, cus ed on Form 990 , Part X?	todian or other inte	rmediary	for co	ntributions or oth	ner ass	ets not	s No
b	If"	Yes," explain the arrangement in Pa	rt XIII and comple	te the fol	lowing	table		An	nount
c	Beg	iinning balance					1 c		
d	A dd	litions during the year					1d		
е	Dist	tributions during the year					1e		
f	End	ling balance					1f		
b Pa	If"Yes	s," explain the arrangement in Part Endowment Funds. Complet							
			(a)Current year	(b) Pri	or year	b (c) Two year	s back	(d)Three years back	(e)Four years back
1a b	_	ning of year balance							
c	 Net in losses								
d	Grant	s or scholarships							
е	and pr	expenditures for facilities rograms							
f		nistrative expenses							1
g	End of	f year balance							
2	Provid	de the estimated percentage of the o	current year end bal	lance (lın	e 1g,	column (a)) held	as		
а	Board	designated or quasi-endowment >							
b	Perma	nent endowment ▶							
c		orarily restricted endowment ► ercentages on lines 2a, 2b, and 2c :	should equal 100%						
3a	A re th	ere endowment funds not in the pos zation by	•		hat a	e held and admir	ustere	d for the	Yes No
		related organizations			•				a(i)

Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (a) Cost or other basis Cost or other Accumulated (d)Book value Description of property (b)basıs (other) (c)depreciation (investment) Land . **b** Buildings . . c Leasehold improvements 557,059 5,071,796 4,514,737 d Equipment . 2,101,905 694,223 1,407,682 922,783 1,318,261 395,478 Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) 6,317,897

If "Yes" on 3a(II), are the related organizations listed as required on Schedule R?

Describe in Part XIII the intended uses of the organization's endowment funds

3b

See Form 990, Part X, line 12. (a) Description of security or category (including name of security)		izacion answered Te.	d' on Form 990, Part IV, line 11b
		(b)Book value	(c)Method of valuation Cost or end-of-year market value
(1)Financial derivatives		4,119,348	F
(2)Closely-held equity interests (3)Other		1,130,867,478	F
(A) HEDGE FUND OF FUNDS		1,731,324,617	F
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	•	2,866,311,443	
Part VIII Investments—Program Related. Complete if the organization answered	d 'Yes' on Form 990		- F 000 P+-V 1 12
(a) Description of investment		(b) Book value	(c) Method of valuation Cost or end-of-year market value
Table (Colores (b) week and 5 week (Colores)	45.)		
Part X Other Liabilities. Complete if the org		· · · · · · · · · · · · · · · · · · ·	
Part X Other Liabilities. Complete if the org See Form 990, Part X, line 25.		'Yes' on Form 990, F	
Part X Other Liabilities. Complete if the org See Form 990, Part X, line 25. 1. (a) Description of liability	janization answered	'Yes' on Form 990, F	
Part X Other Liabilities. Complete if the org See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes	janization answered	'Yes' on Form 990, F	
Part X Other Liabilities. Complete if the org See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes DEFERRED RENT	(b) Book value	'Yes' on Form 990, F	
Part X Other Liabilities. Complete if the org See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes DEFERRED RENT RETIREMENT PLAN ACCOUNTS	(b) Book value	'Yes' on Form 990, F	
Part X Other Liabilities. Complete if the org See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes DEFERRED RENT RETIREMENT PLAN ACCOUNTS TAX-DEFERRED SAVING PLAN ACCOUNTS	(b) Book value	'Yes' on Form 990, F	
Part X Other Liabilities. Complete if the org See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes DEFERRED RENT RETIREMENT PLAN ACCOUNTS TAX-DEFERRED SAVING PLAN ACCOUNTS ANNUITY BENEFIT LIABILITY	(b) Book value 1,409, 3,404,715, 693,214,	'Yes' on Form 990, F	
Part X Other Liabilities. Complete if the org See Form 990, Part X, line 25.	(b) Book value 1,409 3,404,715 693,214	'Yes' on Form 990, F	
See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes DEFERRED RENT RETIREMENT PLAN ACCOUNTS TAX-DEFERRED SAVING PLAN ACCOUNTS ANNUITY BENEFIT LIABILITY DEATH AND DISABILITY LIABILITY	(b) Book value 1,409 3,404,715 693,214	'Yes' on Form 990, F	
Part X Other Liabilities. Complete if the org See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes DEFERRED RENT RETIREMENT PLAN ACCOUNTS TAX-DEFERRED SAVING PLAN ACCOUNTS ANNUITY BENEFIT LIABILITY DEATH AND DISABILITY LIABILITY PARTICIPANTS DIVIDENDS PAYABLE	(b) Book value 1,409 3,404,715 693,214	'Yes' on Form 990, F	

Add lines 4a and 4b . .

Prior year adjustments . . .

Add lines 2a through 2d . . .

Add lines 4a and 4b

Return Reference

Schedule D, Part X, Line 2 FIN 48

Subtract line 2e from line 1 .

Other losses

Other (Describe in Part XIII) . .

1

а

b

c

Part XII

5

1

2

а

b

c

d

3

b

C

Part XIII

information

(ASC 740) footnote

-54,564,620

22,384,945

284,104,945

437,713,000

22,452,587

460,165,587

Schedule D (Form 990) 2015

Page 4

2	Amounts included on line 1 but not on Form 990, Part VIII, line 12					
а	Net unrealized gains (losses) on investments	2a	-316,2	84,620		
b	Donated services and use of facilities	2b				
c	Recoveries of prior year grants	2 c				
d	Other (Describe in Part XIII)			_		
		2d		0		
e	Add lines 2a through 2d		 		2e	-316,284,620
3	Subtract line 2e from line 1		 		3	261,720,000

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b,

ACTIVITY FOR UP TO THREE YEARS

Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional

Explanation

Total revenue, gains, and other support per audited financial statements .

Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b .

Total revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line 12)

Total expenses and losses per audited financial statements

Donated services and use of facilities

Other (Describe in Part XIII)

Supplemental Information

Amounts included on line 1 but not on Form 990, Part IX, line 25

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b .

4c

5

1

2e

4c

5

22,193,000

22,193,000

259,587

191.945

4b

2a

2b

2c

2d

4a

4b

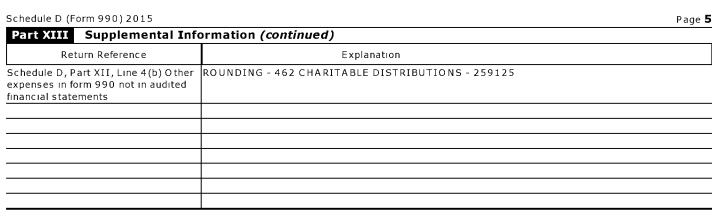
THE FUND IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE

DETERMINATION LETTER FROM THE INTERNAL REVENUE SERVICE (IRS) ON APRIL 24, 2014 INDICATING THAT IT MEETS ALL OF THE REQUIREMENTS OF A QUALIFIED PENSION PLAN UNDER THE INTERNAL REVENUE CODE ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE THE FUND'S MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE FUND AND RECOGNIZE A TAX LIABILITY (OR ASSET) IF THE FUND HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY THE IRS MANAGEMENT HAS ANALYZED THE FUND'S TAX POSITIONS, AND HAS CONCLUDED THAT AS OF JUNE 30, 2016, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY (OR ASSET) OR DISCLOSURE IN THE FUND'S FINANCIAL STATEMENTS THE IRS GENERALLY HAS THE ABILITY TO EXAMINE AN ORGANIZATION'S

INTERNAL REVENUE CODE THE RETIREMENT PLAN RECEIVED A FAVORABLE

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

437,713,000



Schedule D (Form 990) 2015

efile GRAPHIC print -	DO NOT PROCESS	As Filed Da	ta -	DLN	: 93493315014086
SCHEDULE F (Form 990)	Statement of A	Activities (Outside the Unit	ed States	OMB No 1545-0047
(FOIIII 990)	▶ Complete i	f the organizatio	n answered "Yes" to Form	990,	2015
		•	14b, 15, or 16. o Form 990.		2013
Department of the Treasury Internal Revenue Service	Information about Schedu			ww.irs.gov/form990.	Open to Public Inspection
Name of the organization		MENT FUND		Employer ide	ntification number
YOUNG MEN'S CHRISTIAN	ASSOCIATION RETIRE	MENI FUND		13-556240	1
	ormation on Activition ne organization answer			14b.	
	oes the organization m				1
	e, the grantees' eligibil	ity for the gran	nts or assistance, and	the selection criteria	l
used to award the gr	rants or assistance?				Yes No
2 For grantmakers. De assistance outside the	escribe in Part V the or ne United States	ganızatıon's p	rocedures for monitori	ng the use of its gra	ants and other
3 Activites per Region (The following Part I, line 3	B table can be d	uplicated if additional sp	ace is needed)	
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(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) a program service, describ specific type of service(s) in region	
(1) See Add'l Data			and granny		
(2)					
(3)					
(4)					
(5)					
3a Sub-total	0	0			2,381,074,480
b Total from continuation to Part I		0			C
c Totals (add lines 3a an	, l	0		No 50082W Sch	2,381,074,480 edule F (Form 990) 2015

(i) Method of

valuation

(book, FMV,

appraisal, other)

(2) (3) (4) Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

(d) Purpose of

arant

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

1	(a) Name of	(b) IKS code
	organization	section
		and EIN (if
		applicable)
(1)	

(h) IDC code

(c) Region

(f) Manner of

cash

disbursement

(g) A mount

of non-cash

assistance

(h) Description

of non-cash

assistance

(e) A mount of

cash grant

appraisal, other)

Schedule F (Form 990) 2015

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (b) Region (c) Number of (d) A mount of (e) Manner of cash (f) A mount of (g) Description (h) Method of recipients cash grant disbursement of non-cash valuation non-cash assistance assistance (book, FMV,

Part III Can b	יש
(a) Type of grant or assistance	

(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18)

Sch	edule F (Form 990) 2015			Pag	ge 4
Pa	rt IV Foreign Forms				
1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	√	Yes	Γ	No
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, do not file with Form 990)	Г	Yes	V	No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)	▽	Yes	Г	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	√	Yes	Г	No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	√	Yes	Г	Νo
6	Did the organization have any operations in or related to any hoycotting countries during the tax year? If				

Schedule F (Form 990) 2015

Additional Data

Software ID: 15000238

Software Version: 2015v2.1

EIN: 13-5562401

Name: YOUNG MEN'S CHRISTIAN ASSOCIATION RETIREMENT

FUND

Schedule F (Form 990) 2015

Europe (Including Iceland

and Greenland)

356,728,000

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

0

0

(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		1,886,148,000
East Asia and the Pacific	0	0	Investments		29,599,000

Investments

(a) Region (b) Number of (c) Number of (e) If activity listed in (d) Activities (f) Total expenditures offices in the employees or conducted in region (by (d) is a program for region type) (i.e., fundraising, agents in service, describe region specific type of service region program services, (s) in region grants to recipients located in the region) 190,000

lInvestments

74,253,000

2,912,000

Middle East and North Africa	0	0	Investments	
North America (Canada &	0	0	Investments	

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

0

Mexico only)

States

Russia and Neighboring

(a) Region (b) Number of (c) Number of (d) Activities (e) If activity listed in (f) Total expenditures offices in the employees or conducted in region (by (d) is a program for region type) (i.e., fundraising, service, describe region agents in specific type of service region program services, grants to recipients (s) in region located in the region) South America IInvestments 9,588,000 South Asia 1,470,000 Investments Sub-Saharan Africa 19,316,000

Investments

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

Form 990 Schedule F Part I - Activities Outside The United States (c) Number of (e) If activity listed in (f) Total expenditures (a) Region (b) Number of (d) Activities offices in the employees or conducted in region (by (d) is a program for region type) (i e , fundraising, service, describe agents in region specific type of service region program services, grants to recipients (s) in region located in the region) Central America and the Program Services LIFE ANNUITIES 77,124 Caribbean East Asia and the Pacific Program Services LIFE ANNUITIES 117,841 Europe (Including Iceland Program Services LIFE ANNUITIES 77,718

and Greenland)

(a) Region (b) Number of (c) Number of (e) If activity listed in (f) Total expenditures (d) Activities offices in the employees or conducted in region (by (d) is a program for region type) (i.e., fundraising, service, describe agents in region specific type of service region program services, grants to recipients (s) in region located in the region) Middle East and North Program Services LIFE ANNUITIES 1,753 A frica North America (Canada & LIFE ANNUITIES 563,249 IProgram Services Mexico only)

Program Services

LIFE ANNUITIES

2,002

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

Russia and Neighboring

States

(a) Region (b) Number of (c) Number of (d) Activities (e) If activity listed in (f) Total expenditures offices in the employees or conducted in region (by (d) is a program for region type) (i e , fundraising, service, describe agents in region specific type of service region program services, (c) in region

lProgram Services

LIFE ANNUITIES

27,279

3.514

			located in the region)	(s) in region	
South America	0	0	Program Services	LIFE ANNUITIES	

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

Sub-Saharan Africa

efile GRAPHIC print - DO NOT PROCESS

YOUNG MEN'S CHRISTIAN ASSOCIATION RETIREMENT FUND

As Filed Data -

DLN: 93493315014086

2015

OMB No 1545-0047

Open to Public

Inspection

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

Internal Revenue Service

Fundraising or Gaming Activities Complete if the organization answered "Yes" on 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

Employer identification number

					13-556240	1
Part I Fundraising Ac Form 990-EZ file					on Form 990, Part I\	/, line 17.
1 Indicate whether the orga	inization raised fun	ds through a	ny of the	following activities C	heck all that apply	
a Mail solicitations			e	Solicitation of n	on-government grants	
b Internet and email so	licitations		f	Solicitation of g	overnment grants	
c Phone solicitations			g	Special fundrais	sing events	
d	าร					
Did the organization have or key employees listed in services?						′es
b If "Yes," list the ten high to be compensated at lea			(fundrais	ers) pursuant to agree	ements under which the f	fundrais er is
(i) Name and address of ındıvıdual or entity (fundraiser)	(ii) Activity	(iii) D fundraise custod contro contribut	r have y or I of ions?	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
1		Yes	No			
2						
3						
4						
5						
6						
7						
8						
9						
10						
otal	<u>I</u>	1	>			
3 List all states in which the or registration or licensing	organization is regi	stered or lic	ensed to	solicit contributions (or has been notified it is	exempt from

Cat No 50083H

Schedule G (Form 990 or 990-EZ) 2015 Page 2 Fundraising Events. Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a)Event #1 (b)Event #2 (c)Other events (d) Total events **ANNUAL DINNER** (add col (a) through (event type) (event type) (total number) col (c)) 235,774 235,774 1 Gross receipts . 205,774 205,774 2 Less Contributions. 3 Gross income (line 1 minus line 2) 30,000 30,000 4 Cash prizes Noncash prizes 24,398 24,398 6 Rent/facility costs 8,225 8,225 Expenses 7 Food and beverages 28,679 28,679 8 Entertainment 2,803 2,803 Teg Teg 9 Other direct expenses 10,440 10,440 10 Direct expense summary Add lines 4 through 9 in column (d) 74,545 11 Net income summary Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b)Pull tabs/Instant (d) (a)Bingo (c)Other gaming Total gaming (add col bingo/progressive bingo (a) through col (c)) 1 Gross revenue . 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes_____% ☐ Yes_____% Yes______% No 6 Volunteer labor 7 Direct expense summary Add lines 2 through 5 in column (d) 8 Net gaming income summary Subtract line 7 from line 1, column (d). Enter the state(s) in which the organization conducts gaming activities

efile GRAPHIC print - DO NO	T PROCESS A	s Filed Data -				DLN: 9	3493315014086
Schedule I (Form 990) Department of the Treasury Internal Revenue Service	Go Comple	vernments and ete if the organization	d Individuals in answered "Yes," on Fo Attach to Form 990.	O Organizations the United Stat rm 990, Part IV, line 21 octions is at www.irs.gon	es or 22.	2	No 1545-0047 O 15 pen to Public Inspection
Name of the organization YOUNG MEN'S CHRISTIAN ASSOC	CIATION RETIREM	ENT FUND				Employer identificati	on number
 Part I General Information Does the organization maintain the selection criteria used to a pescribe in Part IV the organization Part II Grants and Other Assist that received more than 	n records to substan ward the grants or a zation's procedures t ance to Domestic O	ntiate the amount of the assistance? for monitoring the use arganizations and Dome	of grant funds in the Ur	ited States		·	✓ Yes No.
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
See Additional Data Table							
2 Entertated number of a second	501(0)(2)		ated in the line 4 to 110				
2 Enter total number of section 5 3 Enter total number of other org For Paperwork Reduction Act Notice, se	janizations listed in	the line 1 table			· · · · · · · · · · · · · · · · · · ·		6 le I (Form 990) 2015

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

(a)Type of grant or assistance	(b)Number of recipients	(c)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	43	69,125	0							
Part IV Supplemental Information	tion. Provide the info	rmation required in Pa	art I, line 2, Part III,	column (b), and any other	additional information.					

Return	Kei	erence	
Schedul	еI.	Part II	

Explanation

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) ORGANIZATIONS THE GRANT TO THE YMCA 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 OF 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 VALUES THROUGH PROGRAMS THAT BUILD SPIRIT, MIND AND BODY, WELCOMING ALL PEOPLE, WITH A FOCUS ON YOUTH THE GRANT TO THE YMCA OF THE USA WAS MADE IN SUPPORT OF THEIR MISSION TO BE A RESOURCE OFFICE FOR THE NATION'S 2,700 YMCAS, WHICH STRENGTHEN COMMUNITY BY NURTURING THE POTENTIAL OF KIDS, PROMOTING HEALTHY LIVING FOR ALL AND FOSTERING SOCIAL RESPONSIBILITY THE GRANT TO THE PRINCETON FAMILY YMCA WAS MADE IN SUPPORT OF THEIR MISSION TO PUT CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT BUILD HEALTHY SPIRIT, MIND AND BODY FOR ALL THE GRANT TO THE ASSOCIATION OF YMCA PROFESSIONALS WAS MADE IN SUPPORT OF THEIR MISSION WHICH IS TO ADVANCE THE YMCA PROFESSION BY CONNECTING AND SUPPORTING AYP MEMBERS, ENCOURAGING LIFE LONG LEARNING, ENHANCING PERSONAL AND CAREER DEVELOPMENT, ADVOCATE ON ISSUES OF CONCERN TO AYP MEMBERS, PROMOTE HIGH ETHICAL STANDARDS AND CHRISTIAN VALUES, AND RECOGNIZE INDIVIDUAL ACHIEVEMENT AND EXCELLENCE

PROGRAM

Schedule I, Part I, Line 2

grant funds

Schedule I, Part III RETIREE

EMERGENCY ASSISTANCE

RESULTING FROM AN ACT OF NATURE OR OTHER CATASTROPHIC EVENT AFTER THEY'VE DEMONSTRATED FINANCIAL NEED IN ONE OF THE ASSISTANCE CATEGORIES. A ONE-TIME PAYMENT OF UP TO \$2.000 IS lprovided per calendar year no further monitoring is undertaken Procedures for monitoring use of

THE YMCA RETIREMENT FUND ESTABLISHED THE RETIREE EMERGENCY ASSISTANCE PROGRAM (REAP) TO PROVIDE FINANCIAL SUPPORT

ITO THE YMCA RETIREES WHO FIND THEMSELVES IN FINANCIAL CRISIS THIS PROGRAM IS SUPPORTED BY PROCEEDS FROM THE HAROLD

C SMITH DINNER ALL RETIREES RECEIVING AN ANNUITY FROM THE YMCA RETIREMENT FUND ARE ELIGIBLE TO APPLY FOR A REAP GRANT GRANTS ARE GIVEN ONLY FOR EMERGENCIES THAT FALL INTO ONE OF THE FOLLOWING THREE CATEGORIES MEDICAL EXPENSES BEYOND HEALTH INSURANCE COVERAGE, OR OUT-OF-POCKET EXPENSES THAT CAUSE EXTREME HARDSHIP SHELTER EXPENSES TO AVOID EVICTION FROM, OR FORECLOSURE UPON, ONE'S PRIMARY RESIDENCE CATASTROPHE AN ECONOMIC HARDSHIP

THE YMCA RETIREMENT FUND MAKES SMALL GRANTS TO SUPPORT VARIOUS YMCA PROGRAMS. THESE GRANTS ARE INTENDED TO

Additional Data

(a) Name and address of

organization

or government

38 CENTER BEACH AVENUE OLD LYME, CT 06371

(b) EIN

Software ID: 15000238
Software Version: 2015v2.1

(c) IRC section

ıf applicable

EIN: 13-5562401

Name: YOUNG MEN'S CHRISTIAN ASSOCIATION RETIREMENT FUND

cash

assistance

(e) A mount of non- (f) Method of valuation

(book, FMV, appraisal,

other)

(g) Description of

non-cash assistance

(h) Purpose of grant

or assistance

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(d) A mount of cash

grant

or government				assistance	other,	
ARMED SERVICES YMCA 6359 WALKER LANE SUITE 200 ALEXANDRIA,VA 22310	36-3274346	501(C)(3)	100,000	0		SUPPORT GRANT
YMCA OF GREATER NEW YORK 333 7TH AVENUE 15TH FLOOR NEW YORK,NY 10001	13-1624228	501(C)(3)	30,000	0		SUPPORT GRANT
ASSOCIATION OF YMCA RETIREES	91-1704431	501(C)(3)	10,000	0		SUPPORT GRANT

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance YMCA OF THE USA 13-3256696 501(C)(3) 30,000 SUPPORT GRANT 101 NORTH WACKER DRIVE CHICAGO IL COCOC

CHICAGO,IL 60606						
PRINCETON FAMILY YMCA 59 Paul Robeson Place Princeton,NJ 08540	21-0639890	501(C)(3)	10,000	0		SUPPORT GRANT
ASSOCIATION OF YMCA PROFESSIONALS	13-5616526	501(C)(3)	10,000	0		SUPPORT GRANT

STITZER YMCA CENTER 2ND FLOOR 263 ALDEN STREET

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

SPRINGFIELD, MA 01109

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93493315014086 Compensation Information OMB No 1545-0047 Schedule J (Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees 2015 ► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ➤ Attach to Form 990. Open to Public Department of the ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990. Treasury Inspection **Employer identification number** Name of the organization YOUNG MEN'S CHRISTIAN ASSOCIATION RETIREMENT FUND 13-5562401 Questions Regarding Compensation Yes No Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Yes Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all 2 directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a? 2 Yes Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III ✓ Compensation committee Written employment contract ✓ Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization Receive a severance payment or change-of-control payment? Νo 4a Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b Yes Νo Participate in, or receive payment from, an equity-based compensation arrangement? 40 If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of The organization? 5a Νo Any related organization? 5b Νo If "Yes," on line 5a or 5b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of The organization? 6a Any related organization? 6b Νo If "Yes," on line 6a or 6b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 Yes Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe ın Part III 8 Νo If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)? Schedule J (Form 990) 2015 Cat No 50053T For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Page 2

Form 990

Schedule J (Form 990) 2015

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
	Base	(ii) Bonus & incentive	(iii) Other reportable	other deferred	benefits	(B)(ı)-(D)	column(B) reported
				l compensation			as deferred on prior

(1) compensation compensation compensation

Schedule J (Form 990) 2015

See Additional Data Table

Return Reference

Schedule J (Form 990) 2015

Schedule J. Part I. Line 4b

Explanation PARTICIPANTS IN THE SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN PREIS, JOHN \$18,000 , REISNER, HUNTER \$18,000, BUCHHOLZ, Supplemental nonqualified retirement ELLIOTT \$15,500, DE SIO, VINCENT \$12,790, KIRSCHNER, JAMES \$12,617, QUINONES, JOHN \$18,000, NAG, NEIL 18,000, DAVID SLIFKA \$18,000, TAN, LI \$18,000, LANDAU, DAVID \$12,774, ROZOLSKY, GREGORY \$4,792 The amounts were taxable to the individuals and are reported

Page 3

plan Schedule J. Part I. Line 7 Non-fixed payments

IN Schedule J. Part II. Column (B)(III) PARTICIPANTS IN THE SUPPLEMENTAL NON-OUALIFIED RETIREMENT PLAN HUNTER REISNER \$50,000. This nontaxable amount is reported in Schedule J. Part II, Column (C) 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 OUALITATIVE FACTORS FACH INDIVIDUAL HAS A PRE-DETERMINED CAP ON THE BONUS BASED UPON SALARY. THIS PRACTICE IS NORMAL AND ICUSTOMARY FOR INVESTMENT PROFESSIONALS. THE FUND ALSO PAYS BONUSES TO OFFICERS AND KEY PERSONNEL BASED UPON MERIT RATINGS AND THREE YEAR INVESTMENT RETURNS. THE METHODOLOGY FOR CALCULATING BONUS PAYMENTS WAS DEVELOPED BY OUR INDEPENDENT COMPENSATION CONSULTANT. REVIEWED BY THE COMPENSATION COMMITTEE AND APPROVED BY THE BOARD OF COMPENSATION CONSULTANTS, REVIEWED BY THE COMPENSATION COMMITTEE, APPROVED BY THE BOARD OF TRUSTEES, AND

TRUSTEES THESE PAYMENTS ARE MADE ANNUALLY, INCLUDED IN THE COMPARABILITY ANALYSIS PERFORMED BY OUR INDEPENDENT DOCUMENTED IN THE MINUTES OF THESE MEETINGS THE FUND'S COMPLETE COMPENSATION POLICY IS LOCATED ON SCHEDULE O Schedule J (Form 990) 2015

Software ID: 15000238 **Software Version:** 2015v2.1 **EIN:** 13-5562401

Name: YOUNG MEN'S CHRISTIAN ASSOCIATION RETIREMENT FUND

Form 990, Schedule J, F	<u>art</u>							т
(A) Name and Title		(i) Base Compensation	f W-2 and/or 1099-MIS (ii) Bonus & Incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
1ERIC K MANN VICE CHAIRMAN	(1)		0	0	0	0	0	0
	(11)	300,253	0	0	19,666	4,758	- 3 324,677	- 0
1BARBARA A BETTIN	(1)) 0	0		0	4,/30	324,077	0
TRUSTEE VOLUNTEER	(11)	220,519			26,950			
					20,555	6,193	253,662	1
2DENISE DAY TRUSTEE VOLUNTEER	(1)	0	0	01	0	0	0	0
	(11)	380,897	0	13,585	31,800			. 0
3CARMELITA GALLO	(1)	0	0		0	14,784	441,066	0
TRUSTEE VOLUNTEER	(11)		20,524		31,800			
			20,027	٦	31,000	12,164	312,343	1
4 JOSEPH R WEIST TRUSTEE VOLUNTEER	(1)	0	0	o!	0	0	0	0
	(11)	135,186	0	0	16,665		159554	. 0
5JOHN M PREIS	(1)	526,061	387,844	21,563	31,800	6,703 30,436		0
PRESIDENT AND CHIEF EXECUTIVE OFFICER	(11)							
				٦	J	0	0	<u> </u>
6HUNTER REISNER	(1)	462,238	437,000	20,472	81,800	39,725	1,041,235	0
CHIEF INVESTMENT OFFICER	(11)	0	0	o ¹	0			. 0
7VANESSA BOULOUS	(1)	289,755	74,763	649	31,800	37,490	434,457	0
CHIEF OPERATIONS OFFICER	(11)		.,,,,,,		0		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
- EXTERNAL			U	٧	U	0	0	U
8ELLIOTT BUCHHOLZ	(1)	293,071	89,933	16,193	31,800	38,080	469,077	0
CHIEF OPERATIONS OFFICER - INTERNAL	(11)	0	0	0	0			. 0
9VINCENT M DE SIO	(1)	283,874	76,744	14,710	31,800	40,391	447,519	0
CHIEF FINANCIAL OFFICER	(11)				0.,000			
				٦	<u> </u>	0	0	
10 JAMES G KIRSCHNER CHIEF STRATEGY OFFICER	(1)	278,210	74,508	14,465	31,800	49,091	448,074	0
	(11)	0	0	0	0			. 0
11JOHN QUINONES	(1)	326,645	87,430	19,379	31,800	32,959	498,213	0
GENERAL COUNSEL	(11)							
				<u> </u>	<u> </u>	0	0	
12MARCELA DIETRICH VICE PRESIDENT -	(1)	220,576	25,215	208	29,900	6,026	281,925	0
CUSTOMER SERVICE	(11)	0	0	01	0	-		. 0
13ELIZABETH DELGADO	(1)	177,638	20,701	242	24,711	23,344	246,636	0
VICE PRESIDENT - HUMAN RESOURCES	(11)							
						0	0	-
14 ELIZABETH KURILLA VICE PRESIDENT - INTERNAL AUDIT	(1)	191,264	22,802	274	24,363	29,405	268,108	0
AUDII	(11)	0	0	o!	0			0
15LISA WORTHY	(1)	219,556	25,800	492	27,498	31,540	304,886	0
VICE PRESIDENT - FINANCE	(11)	0			0			
TENETI NAC			- 1	- 1	-	0	0	
16 NEIL NAG PORTFOLIO MANAGER	(1)		133,800	18,375	0	6,309	538,240	0
	(11)	0	0	01	0	-		0
17DAVID SLIFKA PORTFOLIO MANAGER - RE	(1)	362,269	135,420	18,348	31,800	39,809	587,646	0
PURTFULIO MANAGER - NE	(11)	0			0			
7 31T TAN				<u> </u> '		0	0	
18LI TAN PORTFOLIO MANAGER - EQ	(1)		137,847	18,542	31,800	39,724	566,602	0
	(11)	0	0	01	0	-		0
19DAVID I LANDAU PORTFOLIO MANAGER - PE	(1)	305,286	49,848	14,928	31,800	46,242	448,104	0
PORTFOLIO MANAGER - PE	(11)	0	0	0	0			
	- '	1]	1	0	ا ا	

(A) Name and Title (B) Breakdown of W-2 and/or 1099-MISC compensation (C) Retirement and (D) Nontaxable (E) Total of columns (F) Compensation in other deferred benefits (B)(ı)-(D) column (B) (iii) reported as deferred compensation Base Bonus & Other on prior Form 990 Compensation reportable incentive compensation compensation 21GREGORY ROZOLSKY 215,156 85,960 4,953 31,800 15,199 353,068 PORTFOLIO MANAGER 1LOUISE HOWARD 118,916 56,700 151,431 14.422 10,564 352,033 PORTFOLIO MANAGER

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

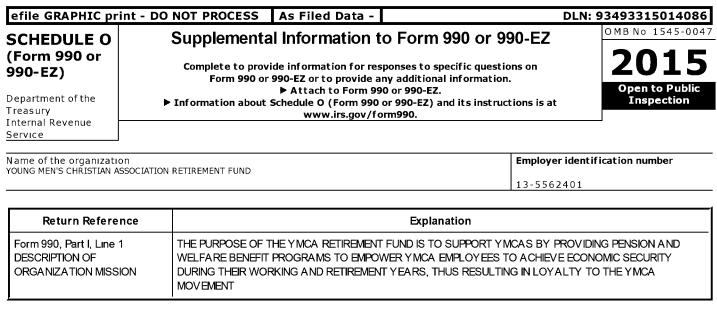
efile GRAPH	IC print	t - DO N	NOT PROC	ESS	As	Filed Dat	a -				DLN:	9349	33150	14086
Schedule L			Tra	nsac	tion	s with I	ntereste	d Person	S			ОМВІ	No 1545	5-0047
(Form 990 or 99	90-EZ)	► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.						2	01	5				
Department of the		▶Iı	nformation a				90 or Form 99 990 or 990-EZ	90-EZ. ') and its instru	uctions	is at			en to P	
Treasury					<u>v</u>	vww.irs.go	<u>v /form990</u> .						nspecti	
Internal Revenue Se Name of the or		n							Er	nploye	r identi	ificatio	n numbe	r
YOUNG MEN'S CH	RISTIAN ASS	SOCIATION	RETIREMENT	FUND						3-556	2401			
Part I Exc	ess Ben	efit Tra	ansaction	S (sect	ion 5	01(c)(3), se	ection 501(c)	(4), and 501(d				only)		
	plete if the ne of disqi							25a or 25b, or Ified person an						ractada
1 (a) Nar	ne or aisqi	ианней р	erson	(6)	кетас	•	ween disquaii ganization	med person an	ا ا	(c) Description of transaction			(d) Cor Yes	No
									+					
									_					
									-					
2 Enterthe	amount of	tay incli	rred by orga	nization	man	agers or dis	gualified perc	sons during the	Vear	under	caction			l
4958 .								on	٠		> \$			
Co	omplete if ganization	the organ	d an amount	wered "` on Forn	Yes" (n 990	on Form 991 , Part X, lin	0-EZ, Part V, e 5, 6, or 22	line 38a, or Fo	ı				_	utton
interested person	(b) Relationship with organization		rith Purpose of or	or from	- 1		principal amount	due) In ault?	(h) A pproved by board or committee?		1	
				То		From			Yes	No	Yes	No	Yes	No
					-					+				
										<u> </u>		-		
										1				
Total		A ! - ! -	▶ \$	- 6 141	T 4									
			ance Bene Danization					rt IV, line 27						
(a) Name of pers	ınterested	(b)	Relationshi erested pers	p betwe	en		of assistance	_		stance	e (e)	Purpo	se of ass	sistance
			organıza	tion										
								1						
					-+									
					+									
					\neg									
or Paperwork Re	duction Ac	ct Notice,	see the Inst	ructions	for Fo	rm 990 or 9	90-EZ.	Cat No 50056A		Sche	dule L (F	orm 99	0 or 990-	-EZ) 201!

Return Reference

Page 2

(a) Name of Interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sh organi: reven	f zation's
				Yes	No
1) GARDNER RUSSO & GARDNER LLC	INVESTMENT MANAGER	1,936,416	MANAGEMENT FEES		No
2) ALBIZIA CAPITAL PTE LTD	INVESTMENT MANAGER	59,406	MANAGEMENT FEES		No
3) CHRISTINA PREIS	FAMILY MEMBER OF JOHN PREIS	94,243	EMPLOYMENT		No
4) ERICA MANN	FAMILY MEMBER OF ERIC MANN	13,048	EMPLOYMENT		No
				1	
				-	
				+	+
Part V Supplemental Informa	**				

Explanation



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
Reason for not filing Form	PARTNERSHIPS AND COMPLEXITY OF THE RETURN A DUE DATE EXTENSION WILL BE FILED WITH THE INTENT
990-T	OF FILING ON OR PRIOR TO MAY 15, 2017

Return Reference	Explanation
Form 990, Part VI,	RETIREMENT FUND (FUND) HAS 15 MEMBERS, 10 COMPLETELY INDEPENDENT MEMBERS AND 5 EMPLOYED OFFICERS
Line 1a THE	OF SUPPORTED YMCA'S ANYONE CURRENTLY RECEIVING BENEFITS FROM THE FUND IS EXPRESSLY BARRED FROM
GOVERNING BODY	SERVING AS A MEMBER OF THE GOVERNING BODY THE ONLY REASON 5 MEMBERS OF THE BOARD ARE NOT
OF THE YMCA	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, Line 6 Classes of members or stockholders	THE ORGANIZATION HAS MEMBERS WHICH CONSIST OF PARTICIPANTS AND PARTICIPATING EMPLOYERS OF THE RETIREMENT PLANS			

Return Reference	Explanation
Form 990, Part VI, Line 7a Members or stockholders electing	THE GOVERNING BODY OF THE ORGANIZATION IS ELECTED BY THE
members of governing body	ORGANIZATIONS MEMBERS

Return Reference	Explanation
Form 990, Part VI, Line 7b Decisions requiring approval by members or stockholders	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
Form 990, Part VI,	THE FORM 990 IS PREPARED BY THE YMCA RETIREMENT FUND'S MANAGEMENT IT IS THEN REVIEWED BY AN
Line 11b Review of	INDEPENDENT ACCOUNTING FIRM TO ENSURE COMPLETENESS. THE FORM WAS PRESENTED TO THE AUDIT
form 990 by	COMMITTEE ON SEPTEMBER 22ND, 2016 THEY WERE ADVISED THAT IT IS AVAILABLE FOR THEIR REVIEW ON OUR
governing body	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
	CONFLICT OF INTEREST POLICY THE YMCA RETIREMENT FUND EMPLOYS A COMPREHENSIVE POLICY WHICH INCLUDES AN ANNUAL QUESTIONNAIRE AND REPORTING TO THE AUDIT COMMITTEE OF THE BOARD OF TRUSTEES. THE COMPLETE
	POLICY, INCLUDING THE QUESTIONNAIRE IS AVAILABLE ON OUR WEBSITE

HTTP //WWW YRETIREMENT ORG/ABOUTUS/GOVERNANCE/CONFLICT-OF-INTEREST-POLICY

Return Reference	Explanation
Reference Form 990, Part VI, Line 15a Process to establish compensation of top management official	THE YMCA RETIREMENT FUND (FUND) HAS ESTABLISHED A COMPENSATION PHILOSOPHY FOR THE ORGANIZATION TO PAY AT THE MEDIAN OF THE MARKETPLACE, (THE LUPL AT WHICH HALF OF THE ORGANIZATIONS IN THE MARKETPLACE PAY MORE FOR A PARTICULAR JOB AND HALF PAY LESS). THE FUND HIRES PEOPLE AT THE MEDIAN SALARY THEN ANTICIPATES THAT STRONG PERFORMANCE WILL CAUSE THE EWPLOYEE TO GRAVITATE HIGHER IN THE SALARY RANGE. THE FUND REVIEWS COMPENSATION DATA FROM THE EXTERNAL MARKETPLACE EACH YEAR TO BISSURE THAT THIS COMPENSATION PHILOSOPHY IS MAINTAINED FOR DIFFERENT TYPES OF EMPLOYEES, THE FUND MUST CONSIDER DIFFERENT LABOR MARKETS WHEN APPLYING THE COMPENSATION PHILOSOPHY FOR EXAMPLE, FUND OFFICERS WOULD ETHER BE ATTRACTED TO THE NOT-FOR-PROFIT LABOR MARKET OR IN SOME CASES THE BROADER MARKETPLACE ACCORDINGLY, WE COLLECT DATA ON BOTH THE BROAD MARKETPLACE FOR EXECUTIVE TALENT THROUGH A SURVEY OF EXECUTIVES CONDUCTED BY TOWERS-WATSON AS WELL AS THE NOT-FOR-PROFIT MARKETPLACE THROUGH A SURVEY OF OTHER NOT-FOR-PROFIT ORGANIZATIONS THE FUND RELIES ON DATA FROM MCLAGAN PARTNERS, A WELL-KNOWN SURVEY FIRM SPECIALIZING IN THE FINANCIAL SERVICES INDUSTRY, PRISION, ENDOWMENT, AND FOUNDATION MANAGEMS THESE ARE ORGANIZATIONS THAT, LIKE THE FUND NANAGE MULTIBLLION DOLLAR PORTFOLIOS FOR THE BENEFIT OF CHARITIES, EDUCATIONAL INSTITUTIONAL, AND RETIREES IT DOES NOT INCLUDE ORGANIZATIONS THAT, LIKE THE FUND AREAS (E.G. FIDELITY, PUTNAM, ETC.) AS A 501(C)(3) TAX-EXEMPT ORGANIZATION THE FINANCIAL SERVICES INDUSTRY, PRISION, ENDOWMENT, AND FOUNDATION MANAGEMS OF CHARITIES, EDUCATIONAL INSTITUTIONAL OR MULTIDAD AREAS (E.G. FIDELITY, PUTNAM, ETC.) AS A 501(C)(3) TAX-EXEMPT ORGANIZATION THE FIND IS SUBJECT TO FEDERAL COMPENSATION, AND CHANGES TO ALL BENEFIT PLANS, REVIEWS COMPENSATION, AND APPROVES ALL OFFICER COMPENSATION, AND CHANGES TO ALL BENEFIT PLANS, REVIEWS COMPENSATION, AND APPROVES ALL OFFICER COMPENSATION DEACH YEAR THE BOARD'S COMPENSATION DETERMINATION PROCESS IS INTENDED TO QUALIFY FOR THE REBUTTABLE PRESUMPTION OF REASONABLE BROESS WITH REGRAN
	OF ORGANIZATIONAL OBJECTIVES DESIGNED TO ADVANCE THE FUND IN SUPPORT OF ITS MISSION EMPLOYEES RECEIVE ANNUAL MERIT INCREASES BASED ON THIS PREMISE.

Return Reference	Explanation
Form 990, Part VI, Line 15b Process to establish compensation of other employees	SEE ABOVE

Return Referenc	—
Form 990, Par	rt VI, THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE
Line 19 Requi	red MADE AVAILABLE TO THE PUBLIC THROUGH OUR WEBSITE AND BY REQUEST FOR GOVERNING DOCUMENTS -
documents	HTTP://WWW YRETIREMENT ORG/ABOUTUS/GOVERNANCE FOR FINANCIAL STATEMENTS -
available to th	ne HTTP://WWW Y RETIREMENT ORG/ABOUTUS/FUND-REPORTS/AUDITED-FINANCIAL-STATEMENTS THE FORM 990 IS ALSO
public	AVAILABLE ON VARIOUS WEBSITES SUCH AS GUIDESTAR ORG AND THE NEW YORK STATE CHARITIES BUREAU

Return Reference	Explanation
Form 990, Part VII, Section A FAITHFUL TRUSTEES	TRUSTEES OF THE YMCA RETIREMENT FUND RECEIVE NO PAYMENT FOR THE SERVICE ON THE BOARD OF TRUSTEES FROM ETHER THE YMCA RETIREMENT FUND OR THEIR SPECIFIC EMPLOY ERS THE TRUSTESS WHO HAVE COMPENSATION REPORTED FROM RELATED ORGANIZATIONS RECEIVE SUCH COMPENSATION SOLELY IN CONNECTION WITH THEIR EMPLOYMENT AT THEIR RESPECTIVE YMCA'S THE FUND'S BOARD OF TRUSTEES MEETS FOUR TIMES PER YEAR THESE EMPLOYMENT AT THEIR RESPECTIVE YMCA'S THE FUND'S BOARD OF TRUSTEES MEETS FOUR TIMES PER YEAR THESE MEETINGS GENERALLY REQUIRE A HEAVY TIME COMMITMENT, INCLUDING TRAVEL OF AT LEAST TWO DAYS EACH QUARTER THEIR PROFESSIONAL EXPERTISE AND DEDICATION TO ADVANCING THE YMCA MOVEWENT IS INTEGRAL TO THE SUCCESS OF THE FUND THE FUND'S BOARD OF TRUSTEES VOLUNTEERED MORE THAN BLEVEN DAYS OF THE YEAR WITH 97% ATTENDANCE IN FULFILLMENT OF THE FIDUCARY OBLIGATIONS ASSOCIATED WITH FUND GOVERNANCE TRUSTEES SPENT 56 75 HOURS OF ACTUAL MEETING TIME DURING THE PAST FISCAL YEAR EXCLUSIVE OF THE APPROXIMATELY 30 HOURS OF PREPARATORY 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 (56 75 HOURS OF MEETING TIME / 8 HOURS FOR DAY 9 T 1 DAYS PLUS 4 TRAVEL DAYS = JUST OVER 11 1 BUSINESS DAYS PER YEAR EXCLUDING PREP TIME) DETAILS AS FOLLOWS THE BOARD OF TRUSTEES MET 4 TIMES DURING THE FISCAL YEAR FOR A TOTAL OF 10 75 HOURS PREPARATION TIME EXCEEDS 2 HOURS FOR EACH MEETING SEPTEMBER 17, 2015 - DALLAS, TX, 2 5 HOURS WITH 13/15 TRUSTEES ATTENDING (87%) NOVEMBER 19, 2015 - NEW YORK, NY, 2 0 HOURS WITH 14/14 TRUSTEES ATTENDING (100%) FEBRUARY 26, 2016 - JACKSONVILLE, FL, 4 25 HOURS WITH 15/15 TRUSTEES ATTENDING (100%) MAY 18, 2016 - NEW YORK, NY, 2 0 HOURS WITH 15/15 TRUSTEES ATTENDING (100%) FEBRUARY 26, 2016 - JACKSONVILLE, FL, 4 25 HOURS WITH 15/15 TRUSTEES ATTENDING (100%) MAY 18, 2016 - NEW YORK, NY, 2 0 HOURS WITH 15/15 TRUSTEES ATTENDING (100%) THE FISCAL YEA

Return Reference	Explanation
Form 990, Part VII,	THE GOVERNING BODY OF THE YMCA RETIREMENT FUND (FUND) HAS 15 MEMBERS, 10 COMPLETELY INDEPENDENT
Section A	MEMBERS AND 5 EMPLOYED OFFICERS OF SUPPORTED YMCAS THE ONLY REASON 5 MEMBERS OF THE BOARD
GOVERNING BODY	ARE NOT CONSIDERED INDEPENDENT IS BECAUSE OF THEIR RESPECTIVE EMPLOYMENT WITH SUPPORTED YMCAS
OF THE YMCA	THE 5 BOARD MEMBERS THAT ARE EMPLOYED OFFICERS WITH RELATED PARTIES ARE. ERIC MANN - CEO, YMCA
RETIREMENT FUND	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 DALLAS, TX BARBARA BETTIN - CEO,

YMCA OF LINCOLN, NE. JOSEPH WEIST - CFO, YMCA OF GREATER HARTFORD, CT

Return Reference	Explanation
Form 990, Part XI, Line 9 CHANGES IN NET ASSETS	CHARITABLE INCOME (191,229) CHARITABLE DISTRIBUTIONS 259,125 ROUNDING 4
	990, PART XI, LINE 9 67,900

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund	CHARITABLE INCOME191229, CHARITABLE DISTRIBUTIONS - 259125,
balances	ROUNDING - 4.

efile GRAPHIC print - DO NOT PROCESS As Filed Data DLN: 93493315014086 OMB No 1545-0047 **SCHEDULE R Related Organizations and Unrelated Partnerships** (Form 990) 2015 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. Open to Public Attach to Form 990. Department of the Treasury Inspection Internal Revenue Service **Employer identification number** Name of the organization YOUNG MEN'S CHRISTIAN ASSOCIATION RETIREMENT FUND 13-5562401 Identification of Disregarded Entities Complete of the organization answered "Yes" on Form 990, Part IV, line 33. Part I (c) (e) (f) Direct controlling Name, address, and EIN (if applicable) of disregarded entity Primary activity Legal domicile (state Total income End-of-year assets 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. (a) (c) (d) (e) (f) (g) Direct controlling Name, address, and EIN of related organization Primary activity Legal domicile (state Exempt Code section Public charity status Section 512(b) or foreign country) (if section 501(c)(3)) entity (13) controlled entity? Yes No See Additional Data Table For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50135Y Schedule R (Form 990) 2015

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

(a) Name, address, and EIN of related organization	(c) Legal domicile (state or foreign country)	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets		rtionate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	mana parti	ral or aging ner?	(k) Percentage ownership
					Yes	No		Yes	No	

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

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

Schedule R (Form 990) 2015					Page 3	3
Part V Transactions With Related Organizations Complete of the organization answer	red "Yes" on Form	990, Part IV, line	34, 35b, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				Π,	Yes No	0
1 During the tax year, did the organization engage in any of the following transactions with one or more rel	ated organizations li	sted in Parts II-IV?				
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a	No	0
f b Gıft, grant, or capital contribution to related organization(s)				1b \	Yes	
${f c}$ Gıft, grant, or capital contribution from related organization(s)			[1c	No	0
f d Loans or loan guarantees to or for related organization(s)				1d	No	o
e Loans or loan guarantees by related organization(s)				1e	No	0
f Dividends from related organization(s)				1f	No	o
g Sale of assets to related organization(s)				1 g	No	o
h Purchase of assets from related organization(s)				1h	No	o
i Exchange of assets with related organization(s)				1i	No	o
j Lease of facilities, equipment, or other assets to related organization(s)				1j	No	D
${f k}$ Lease of facilities, equipment, or other assets from related organization(s)				1k	No	<u> </u>
l Performance of services or membership or fundraising solicitations for related organization(s)				11	No	<u>.</u>
f m Performance of services or membership or fundraising solicitations by related organization(s)				1m	No	0
$m{n}$ Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	No	0
o Sharing of paid employees with related organization(s)				10	No	0
p Reimbursement paid to related organization(s) for expenses				1p	No	
q Reimbursement paid by related organization(s) for expenses				1q	No	<u>-</u>
r Other transfer of cash or property to related organization(s)				1r	No	
f s Other transfer of cash or property from related organization(s)			[1s	No	<u>-</u>
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete	this line, including co	overed relationships	and transaction thresholds			_
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amou	unt inv	olved	
						_

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 r			ertain invest	ment	partnerships		1						
(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)	org	(e) all partners section 501(c)(3) janizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations ⁷	ı	(1) Code V-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	
											_		
											lula D /Fai	لِـــا	

Return Reference Explanation SCHEDULE R PART II THE SUPPORTED ORGANIZATIONS OF THE YMCA RETIREMENT FUND CONSIST OF OVER 810 INDEPENDENTLY INCORPORATED YMCA'S. ACROSS THE UNITED STATES INCLUDING THE YMCA OF THE UNITED STATES OF AMERICA (THE "YMCA OF THE USA") THE SUPPORTED

Schedule R (Form 990) 2015

lorganizations 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

Page 5

Schedule R (Form 990) 2015

OF THE USA BY PROVIDING PENSION AND WELFARE BENEFIT PROGRAMS FOR THEIR EMPLOYEES, AND FORMER EMPLOYEES, WHICH, BUT FOR THE YMCA RETIREMENT FUND, EACH YMCA AND THE YMCA OF THE USA WOULD HAVE TO PROVIDE ITSELF.

Software ID: 15000238 **Software Version:** 2015v2.1 **EIN:** 13-5562401

Name: YOUNG MEN'S CHRISTIAN ASSOCIATION RETIREMENT FUND

Form 990, Schedule R, Part II - Identification of Re			l (4)	1 (3)	1 45	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) on 512 (13)
		or foreign country)		(if section 501(c) (3))		contro	rolled
		<u> </u>				Yes	No
STATE YMCA OF MAINE PO BOX 446 WINTHROP, ME 043640446 01-0186800	SOCIAL SERVICE	ME	501(c)(3	9	N A		No
MOUNT DESERT ISLAND YMCA 21 PARK ST BAR HARBOR, ME 04609 01-0211486	SOCIAL SERVICE	ME	501(c)(3	9	N A		No
AUBURN-LEWISTON YMCA 62 TURNER STREET AUBURN, ME 042105953 01-0211567	SOCIAL SERVICE	ME	501(c)(3	9	NA		No
YMCA OF SOUTHERN MAINE 70 FOREST AVENUE PORTLAND, ME 041012813 01-0211568	SOCIAL SERVICE	ME	501(c)(3	9	NA		No
KENNEBEC VALLEY YMCA 31 UNION STREET AUGUSTA, ME 04330 01-0211811	SOCIAL SERVICE	ME	501(c)(3	9	NA		No
BATH AREA FAMILY YMCA 303 CENTRE ST BATH, ME 045302089 01-0211812	SOCIAL SERVICE	ME	501(c)(3	9	N A		No
PENOBSCOT BAY YMCA PO BOX 840 ROCKPORT, ME 04856 01-0211813	SOCIAL SERVICE	ME	501(c)(3	9	NA		No
SANFORD-SPRINGVALE YMCA PO BOX 249 SANFORD, ME 04073 01-0211814	SOCIAL SERVICE	ME	501(c)(3	9	NA		No
BOOTHBAY REGION YMCA PO BOX 500 BOOTHBAY HARBOR, ME 045380500 01-0237912	SOCIAL SERVICE	ME	501(c)(3	9	NA	†	No
DOWN EAST FAMILY YMCA PO BOX 25 ELLSWORTH, ME 046050025 01-0412269	SOCIAL SERVICE	ME	501(c)(3	9	NA		No
WALDO COUNTY YMCA 157 LINCOLNVILLE AVENUE BELFAST, ME 049151535 01-0493123	SOCIAL SERVICE	ME	501(c)(3	9	NA		No
CHESHIRE YMCA 32 LAKE ST NORTH SWANZEY, NH 034314451 02-0222246	SOCIAL SERVICE	NH	501(c)(3	9	NA		No
KEENE FAMILY YMCA 200 SUMMIT RD KEENE, NH 034311760 02-0222247	SOCIAL SERVICE	NH	501(c)(3	9	N A		No
THE GRANITE YMCA 30 MECHANIC STREET MANCHESTER, NH 031011923 02-0222248	SOCIAL SERVICE	NH	501(c)(3	9	N A		No
YMCA OF GREATER NASHUA 6 HENRY CLAY DRIVE MERRIMACK, NH 030544848 02-0222250	SOCIAL SERVICE	NH	501(c)(3	9	N A		No
CONCORD FAMILY YMCA 15 NORTH STATE STREET CONCORD, NH 03301 02-0223358	SOCIAL SERVICE	NH	501(c)(3	9	N A		No
CARROLL COUNTY YMCACAMP HUCKINS 17 CAMP HUCKINS ROAD FREEDOM, NH 03836 02-6001065	SOCIAL SERVICE	NH	501(c)(3	9	NA		No
GREATER BURLINGTON YMCA 266 COLLEGE ST BURLINGTON, VT 054018318 03-0185810	SOCIAL SERVICE	VT	501(c)(3	9	N A		No
MEETING WATERS YMCA 66 ATKINSON ST BELLOWS FALLS, VT 05101 03-0214294	SOCIAL SERVICE	VT	501(c)(3	9	NA		No
YMCA OF GREATER SPRINGFIELD INC 275 CHESTNUT STREET STE 1 SPRINGFIELD, MA 011043474 04-1859893	SOCIAL SERVICE	МА	501(c)(3	9	N A		No
							,

Form 990, Schedule R, Part II - Identification of Rela			1 (0	1 (3)	1 0	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	Sectio (b)(i contri enti	n 512 13) olled
	COCIAL CERVICE		E04/-)/2	9	NA	Yes	No
YMCA OF GREATER BOSTON 316 HUNTINGTON AVE BOSTON, MA 021155018 04-2103551	SOCIAL SERVICE	MA	501(c)(3	9	NA		No
SOMERVILLE YMCA 101 HIGHLAND AVE SOMERVILLE, MA 021431661 04-2103853	SOCIAL SERVICE	МА	501(c)(3	9	NA		No
CAMBRIDGE YMCA 820 MASSACHUSETTS AVENUE CAMBRIDGE, MA 021393206 04-2103960	SOCIAL SERVICE	MA	501(c)(3	9	NA		No
MERRIMACK VALLEY YMCA INC 101 AMESBURY STREET 4TH FL LAWRENCE, MA 01840 04-2104378	SOCIAL SERVICE	MA	501(c)(3	9	NA		No
YMCA SOUTHCOAST 18 S WATER ST NEW BEDFORD, MA 02740 04-2104749	SOCIAL SERVICE	MA	501(c)(3	9	N A		No
WEST SUBURBAN YMCA 276 CHURCH STREET NEWTON, MA 021581992 04-2104783	SOCIAL SERVICE	MA	501(c)(3	9	NA		No
PITTSFIELD FAMILY YMCA 292 NORTH STREET PITTSFIELD, MA 012014604 04-2104837	SOCIAL SERVICE	MA	501(c)(3	9	NA		No
GREATER LOWELL FAMILY YMCA 35 YMCA DRIVE LOWELL, MA 018524005 04-2104898	SOCIAL SERVICE	MA	501(c)(3	9	NA		No
YMCA OF THE NORTH SHORE 245 CABOT STREET BEVERLY, MA 019154519 04-2104913	SOCIAL SERVICE	MA	501(c)(3	9	NA		No
TRI-COMMUNITY YMCA OF SOUTHBRIDGE INC 43 EVERETT ST SOUTHBRIDGE, MA 015502619 04-2105872	SOCIAL SERVICE	MA	501(c)(3	9	NA		No
MALDEN YMCA 99 DARTMOUTH MALDEN, MA 02148 04-2105874	SOCIAL SERVICE	MA	501(c)(3	9	NA		No
SOUTH SHORE YMCA 91 LONGWATER CIRCLE NORWELL, MA 02061 04-2105881	SOCIAL SERVICE	MA	501(c)(3	9	NA		No
YMCA OF METRO NORTH 2 CENTENNIAL DR STE 4A PEABODY, MA 019607919 04-2105883	SOCIAL SERVICE	MA	501(c)(3	9	NA		No
YMCA OF CENTRAL MASSACHUSETTS 766 MAIN STREET WORCESTER, MA 01610 04-2105885	SOCIAL SERVICE	МА	501(c)(3	9	NA		No
HAMPSHIRE REGIONAL YMCA 286 PROSPECT ST NORTHAMPTON, MA 010602035 04-2105887	SOCIAL SERVICE	MA	501(c)(3	9	NA		No
BECKET-CHIMNEY CORNERS YMCA CAMPSOUTDOOR CTR 748 HAMILTON ROAD BECKET, MA 012239686 04-2105946	SOCIAL SERVICE	MA	501(c)(3	9	NA		No
YMCA OF GREATER WESTFIELD INC 67 COURT STREET WESTFIELD, MA 010853530 04-2126585	SOCIAL SERVICE	MA	501(c)(3	9	NA		No
HOCKOMOCK AREA YMCA 300 ELMWOOD STREET NORTH ATTLEBORO, MA 027601304 04-2131749	SOCIAL SERVICE	MA	501(c)(3	9	NA		Νο
GREENFIELD YMCA 451 MAIN ST GREENFIELD, MA 013013304 04-2149363	SOCIAL SERVICE	MA	501(c)(3	9	NA		No
WENDELL P CLARK MEMORIAL YMCA 155 CENTRAL STREET WINCHENDON, MA 01475 04-2173363	SOCIAL SERVICE	MA	501(c)(3	9	NA		No

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations (d) Exempt Code section **(e)** Public charity **(f)** Direct controlling (g) Section 512 (a)
Name, address, and EIN of related organization (c) Legal domicile Primary activity entity (state status (b)(13) controlled entity? or foreign country) (if section 501(c) (3))Yes No SOCIAL SERVICE 501(c)(3 NΑ МΑ Νo GREATER HOLYOKE YMCA 171 PINE STREET HOLYOKE, MA 010404065 04-2192693 SOCIAL SERVICE 501(c)(3 NΑ Νo МΑ YMCA OF ATTLEBORO 63 N MAIN ST ATTLEBORO, MA 027032219 04-2255819 SOCIAL SERVICE МΑ 501(c)(3 NΑ Νo METROWEST YMCA INC 280 OLD CONNECTICUT PATH FRAMINGHAM, MA 017014539 04-2281530 SOCIAL SERVICE МΑ 501(c)(3 NΑ Νo COMMUNITY YMCA OF DANVERS MA INC 34 PICKERING STREET DANVERS, MA 019232019 04-2308404 SOCIAL SERVICE МΑ 501(c)(3 NΑ Νo CAPE COD YOUNG MEN'S CHRISTIAN ASSOCIATION PO BOX 188 ROUTE 132 WEST BARNSTABLE, MA 026680188 04-2394925 SOCIAL SERVICE МΑ 501(c)(3 NΑ Νo YMCA OF MARTHA'S VINEYARD 111 EDGARTOWN VINEYARD HAVEN RD VINEYARD HAVEN, MA 025684036 04-3293959 SOCIAL SERVICE NΗ 501(c)(3 NΑ Νo YMCA CAMP BELKNAP INC POST OFFICE BOX 70 LANCASTER, NH 03584 04-3356887 SOCIAL SERVICE NH NΑ 501(c)(3 Νo YMCA CAMP CONISTON 94 WOODLAND GREEN ROCHESTER, NH 038685720 04-3357821 SOCIAL SERVICE NΗ 501(c)(3 NΑ Νo SOUTHERN DISTRICT YMCACAMP LINCOLN INC 67 BALL RD KINGSTON, NH 03848 04-3383996 SOCIAL SERVICE RΙ 501(c)(3 NΑ Νo PROVIDENCE METROPOLITAN YMCA 371 PINE STREET PROVIDENCE, RI 02903 05-0258878 SOCIAL SERVICE NΑ RI 501(c)(3 Νo NEWPORT COUNTY YMCA 792 VALLEY ROAD MIDDLETOWN, RI 028427095 05-0258916 SOCIAL SERVICE RI 501(c)(3 NΑ Νo PAWTUCKET CENTRAL FALLS METRO BD YMCA 660 ROOSEVELT AVE LEVEL 2 PAWTUCKET, RI 02860 05-0259114 SOCIAL SERVICE RI501(c)(3 NΑ Νo OCEAN COMMUNITY YMCA 95 HIGH STREET WESTERLY, RI 02891 05-0268126 SOCIAL SERVICE CT501(c)(3 NΑ Νo CAMP MOHAWK YMCA INC PO BOX 1209

SOCIAL SERVICE

SOCIAL SERVICE

SOCIAL SERVICE

SOCIAL SERVICE

SOCIAL SERVICE

SOCIAL SERVICE

СТ

СТ

СТ

СТ

СТ

СТ

501(c)(3

501(c)(3

501(c)(3

501(c)(3

501(c)(3

501(c)(3

NΑ

NΑ

lnα

NΑ

NΑ

NΑ

Νo

Νo

Νo

Νo

Νo

Νo

LITCHFIELD, CT 06759

SOUTHINGTON, CT 064893126

110 WEST MAIN STREET MERIDEN, CT 064514142

VALLEY-SHORE YMCA

WESTBROOK, CT 06498

NORTHERN MIDDLESEX COUNTY YMCA

MIDDLETOWN, CT 064573483

909 WASHINGTON BOULEVARD STAMFORD, CT 069012916

SOUTHINGTON-CHESHIRE COMMUNITY YMCAS INC

NAUGATUCK YMCA 284 CHURCH STREET NAUGATUCK, CT 067704122

06-0646565

06-0646770

29 HIGH ST

06-0646905

06-0646977

P O BOX 694

06-0646979

06-0646981

06-0646985

99 UNION STREET

YMCA OF STAMFORD

MERIDEN YMCA

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations (a)
Name, address, and EIN of related organization (c) Legal domicile (state (d) Exempt Code section (e) Public charity status **(f)** Direct controlling (g) Section 512 (b)(13) Primary activity entity or foreign country) controlled entity? (if section 501(c) (3)) Yes No SOCIAL SERVICE СТ 501(c)(3 NΑ Νo WALLINGFORD FAMILY YMCA 81 SOUTH ELM STREET WALLINGFORD, CT 06492 06-0646987 SOCIAL SERVICE СТ 501(c)(3 NΑ Νo GREATER WATERBURY YMCA 136 W MAIN ST WATERBURY, CT 067022005 06-0646988 SOCIAL SERVICE $\mathsf{C}\mathsf{T}$ 501(c)(3 NΑ Νo YMCA OF WESTPORTWESTON CT INC PO BOX 190 WESTPORT, CT 068810190 06-0646989 SOCIAL SERVICE 501(c)(3 СТ NΑ Νo CENTRAL CONNECTICUT COAST YMCA 1240 CHAPEL STREET NEW HAVEN, CT 06511 06-0662195 SOCIAL SERVICE СТ 501(c)(3 NΑ Νo NEW CANAAN COMMUNITY YMCA 564 SOUTH AVENUE NEW CANAAN, CT 068406399 Νo Νo Νo Νo Νo Νo Νo Νo 5 WEST 63RD STREET 5TH FLOOR NEW YORK, NY 10023 13-1624228

06-0763077						
WILTON FAMILY YMCA INC 404 DANBURY ROAD WILTON, CT 06897 06-0853258	SOCIAL SERVICE	СТ	501(c)(3	9	NA	
YMCA OF DARIEN COMMUNITY INC 2420 POST ROAD DARIEN, CT 068205699 06-0859795	SOCIAL SERVICE	СТ	501(c)(3	9	N A	
CAMP HAZEN YMCA 204 WEST MAIN STREET CHESTER, CT 06412 06-0860014	SOCIAL SERVICE	СТ	501(c)(3	9	NA	
YMCA OF METROPOLITAN HARTFORD 241 TRUMBULL STREET HARTFORD, CT 06103 06-0881325	SOCIAL SERVICE	СТ	501(c)(3	9	N A	
REGIONAL YMCA OF WESTERN CONNECTICUT INC 2 HUCKLEBERRY HILL ROAD BROOKFIELD, CT 06804 06-6051610	SOCIAL SERVICE	СТ	501(c)(3	9	NA	
YMCA OF LONG ISLAND 121 DOSORIS LN GLEN COVE, NY 11542 11-1649914	SOCIAL SERVICE	NY	501(c)(3	9	NA	
THE FOUR SEASONS YMCA 106 GRATTON RD TAZEWELL, VA 24651 11-3774789	SOCIAL SERVICE	VA	501(c)(3	9	NA	
YMCA OF GREATER NEW YORK 5 WEST 63RD STREET 5TH FLOOR	SOCIAL SERVICE	NY	501(c)(3	9	N A	

SOCIAL SERVICE

CAMP SLOANE YMCA INC 124 INDIAN MOUNTAIN RD LAKEVILLE, CT 06039

ROCKLAND COUNTY YMCA 35 SOUTH BROADWAY NYACK, NY 109603122

YMCA OF CENTRAL NORTHERN WESTCHESTER INC

13-1739939

13-1740513

13-1740518

13-1740520

13-1740542

13-4289848

YMCA OF RYF NY 21 LOCUST AVE RYE, NY 105802959 13-1740515

250 MAMARONECK AVE WHITE PLAINS, NY 106051302

YMCA OF YONKERS INC 17 RIVERDALE AVENUE YONKERS, NY 107013646

NEW ROCHELLE YMCA 50 WEYMAN AVENUE

NEW ROCHELLE, NY 108051411

2410 MOUNT PLEASANT STREET BURLINGTON, IA 526012764

BURLINGTON AREA COMMUNITY YMCA-YWCA

СТ

NΥ

NΥ

NY

ΝY

NΥ

IΑ

501(c)(3

501(c)(3

501(c)(3

501(c)(3

501(c)(3

501(c)(3

501(c)(3

NΑ

NΑ

NΑ

NΑ

NΑ

NΑ

NΑ

Νo

Νo

Νo

Νo

Νo

Νo

Νo

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations **(d)** Exempt Code (a) Name, address, and EIN of related organization (c) Legal domicile Primary activity SOCIAL SERVICE SILVER BAY YMCA OF THE ADIRONDACKS 87 SILVER BAY RD

SOCIAL SERVICE

ΝY

NY

ΝY

NΥ

NΥ

ΝY

NΥ

ΝY

ΝY

NΥ

ΝY

NΥ

ΝY

ΝY

ΝY

NΥ

NΥ

NΥ

SILVER BAY, NY 128749708

SPRINGFIELD, MA 01109

KINGSTON, NY 124013919

600 UPPER GLEN STREET GLENS FALLS, NY 12801

PLATTSBURGH, NY 129012810

PLATTSBURGH YMCA 17 OAK STREET

YMCA OF MIDDLETOWN 81 HIGHLAND AVENUE MIDDLETOWN, NY 109405413

FULTON COUNTY YMCA

SARATOGA REGIONAL YMCA

YMCA OF CAPITAL DISTRICT 465 NEW KARNER ROAD 2ND FLOOR

SARATOGA SPRINGS, NY 12866

213 HARRISON STREET PO BOX 629 JOHNSTOWN, NY 12095

ASSOCIATION OF YMCA PROFESSIONALS STITZER YMCA 2ND FL 263 ALDEN ST

YMCA OF KINGSTON AND ULSTER COUNTY

FAMILY YMCA OF GLENS FALLS AREA

13-5604788

13-5616526

14-1338342

14-1340008

14-1340011

14-1340134

14-1374493

PO BOX 4610

14-1427442

15-0532270

15-0532278

15-0532282

15-0533570

ALBANY, NY 12205 14-1726531

ONEONTA FAMILY YMCA 20-26 FORD AVENUE ONEONTA, NY 138201818

GREATER SYRACUSE YMCA 340 MONTGOMERY ST SYRACUSE, NY 132022094

BROOME COUNTY YMCA 61 SUSQUEHANNA ST BINGHAMTON, NY 139013705

22 TOMPKINS STREET CORTLAND, NY 13045

GRAHAM ROAD WEST ITHACA, NY 14850 15-0545415

68 NORTH BROAD STREET NORWICH, NY 138151332

BATAVIA, NY 140202205

YMCA BUFFALO NIAGARA 301 CAYUGA ROAD SUITE 100

HORNELL AREA FAMILY YMCA 18 CENTER STREET HORNELL, NY 148431911

JAMESTOWN, NY 147015301

LOCKPORT FAMILY YMCA 19 EAST AVENUE LOCKPORT, NY 14094

BUFFALO, NY 14225 16-0743231

NORWICH YMCA

GLOW YMCA INC 209 E MAIN ST

15-0550177

16-0743230

16-0743237

16-0743238

16-0743239

JAMESTOWN YMCA 101 E 4TH STREET

CORTLAND COUNTY FAMILY YMCA

ITHACA AND TOMPKINS COUNTY YMCA

507 BROADWAY

(state r foreign country)	section	status (If section 501(c) (3))	
NY	501(c)(3	9	N
MA	501(c)(3	9	N

501(c)(3

(e) Public charity

N A
NA

NΑ

lΝΑ

NΑ

NΑ

NΑ

NΑ

NΑ

NΑ

(f) Direct controlling

entity

Ζ
N

(g) Section 512

(b)(13) controlled entity? Yes No

No

Νo

Νo

Νo Νo Νo

Νo

IN O	
Νo	
Νo	
Νo	

Νo

Νo

Νo

Νo

Νo

Νo

Νo

Νo

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations (d) Exempt Code section **(e)** Public charity **(f)** Direct controlling (g) Section 512 (a)
Name, address, and EIN of related organization (c) Legal domicile Primary activity entity (state status (b)(13) controlled entity? or foreign country) (if section 501(c) (3)) Yes No SOCIAL SERVICE NΥ 501(c)(3 NΑ Νo YMCA OF TWIN TIERS 1020 REED STREET OLEAN, NY 14760 16-0743241 SOCIAL SERVICE ΝY 501(c)(3 NΑ Νo YMCA OF GREATER ROCHESTER 444 EAST MAIN STREET ROCHESTER, NY 146042595 16-0743242 SOCIAL SERVICE ΝY 501(c)(3 NΑ Νo GREATER CANANDAIGUA FAMILY YMCA 32 NORTH MAIN STREET CANANDAIGUA, NY 14424 16-0755898 SOCIAL SERVICE NΥ 501(c)(3 NΑ Νo AUBURN YMCA-WEIU 27-29 WILLIAM STREET AUBURN, NY 130213707 16-0978301 SOCIAL SERVICE ΝY 501(c)(3 NΑ Νo CLIFTON SPRINGS AREA YMCA 5 CRANE ST CLIFTON SPRINGS, NY 14432 16-6000962 SOCIAL SERVICE ΙL 501(c)(3 NΑ Νo ILLINOIS YMCA YOUTH AND GOVERNMENT 59 E PARK BLVD VILLA PARK, IL 60181 20-0270050 SOCIAL SERVICE NΑ GΑ 501(c)(3 Νo YMCA OF GEORGIA''S PIEDMONT INC 50 BRAD AKINS DRIVE WINDER, GA 30680 20-1759275 SOCIAL SERVICE ΜN NΑ 501(c)(3 Νo ALEXANDRIA AREA YMCA 110 KARL DRIVE ALEXANDRIA, MN 56308 20-2231427 SOCIAL SERVICE NC 501(c)(3 NΑ Νo YMCA OF AVERY COUNTY PO BOX 707 LINVILLE, NC 28646 20-4910495 SOCIAL SERVICE NJ 501(c)(3 NΑ Νo **BURLINGTON COUNTY YMCA** 59 CENTERTON RD MOUNT LAUREL, NJ 080546001 21-0634482 SOCIAL SERVICE NΑ NJ 501(c)(3 THE COMMUNITY YMCA 170 PATTERSON AVE STE 4

Νo SHREWSBURY, NJ 077024167 21-0635051 SOCIAL SERVICE NJ 501(c)(3 NΑ Νo TRENTON AREA FAMILY YMCA 431 PENNINGTON AVE TRENTON, NJ 086183104 21-0635052 SOCIAL SERVICE NJ 501(c)(3 NΑ Νo CUMBERLAND CAPE ATLANTIC YMCA 1159 EAST LANDIS AVENUE VINELAND, NJ 08360 21-0635053 SOCIAL SERVICE NJ 501(c)(3 NΑ Νo CAMP OCKANICKON YMCA 1303 STOKES ROAD MEDFORD, NJ 080558632

NJ

NJ

NJ

NJ

NJ

NJ

501(c)(3

501(c)(3

501(c)(3

501(c)(3

501(c)(3

501(c)(3

NΑ

NΑ

lnα

NΑ

NΑ

NΑ

Νo

Νo

Νo

Νo

Νo

Νo

SOCIAL SERVICE

SOCIAL SERVICE

SOCIAL SERVICE

SOCIAL SERVICE

SOCIAL SERVICE

SOCIAL SERVICE

21-0635054

21-0639890

21-0649032

21-0702879

22-1487381

22-1487387

111 KINGS ROAD MADISON, NJ 07940 22-1487385

PRINCETON FAMILY YMCA PAUL ROBESON PLACE PRINCETON, NJ 08540

GLOUCESTER COUNTY YMCA 235 EAST RED BANK AVENUE WOODBURY, NJ 08096

1315 WHITEHORSE-MERCERVILLE RD

YMCA OF EASTERN UNION COUNTY

METROPOLITAN YMCA OF THE ORANGES

HAMILTON AREA YMCA

144 MADISON AVENUE ELIZABETH, NJ 07201

YMCA OF MADISON NJ INC

139 EAST MCCLELLAN AVENUE LIVINGSTON, NJ 07039

HAMILTON, NJ 086193815

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				
YMCA OF PATERSON NJ 128 WARD ST PATERSON, NJ 075051904	SOCIAL SERVICE	NJ	501(c)(3				

RARITAN BAY AREA YMCA

PERTH AMBOY, NJ 08862

YMCA OF SUMMIT NJ 490 MORRIS AVE SUMMIT, NJ 07901 22-1487392

YMCA OF WESTFIELD

HUNTERDON COUNTY YMCA 144 W WOODSCHURCH RD FLEMINGTON, NJ 088227016

YMWCA NEWARK AND VICINITY 600 BROAD STREET

LAKELAND HILLS FAMILY YMCA 100 FANNY RD MOUNTAIN LAKES, NJ 07046

140 MOUNT AIRY RD BASKING RIDGE, NJ 079202098

YMCA OF FANWOOD - SCOTCH PLAINS

NEWARK, NJ 071024504

SOMERSET HILLS YMCA

1340 MARTINE AVENUE SCOTCH PLAINS, NJ 07076

WEST MORRIS AREA YMCA 14 DOVER-CHESTER RD RANDOLPH, NJ 07869

CAMP RALPH S MASON YMCA 23 BIRCH RIDGE ROAD HARDWICK, NJ 078259502

HACKENSACK, NJ 07601

SALEM COUNTY YMCA

YMCA OF GREATER BERGEN COUNTY

CARNEYS POINT, NJ 080692117

FROST VALLEY YMCA 2000 FROST VALLEY ROAD CLARYVILLE, NY 127259600

22-1552820

22-1559438

22-1559439

22-1589199

22-1601259

22-1625176

22-1625643

360 MAIN ST

22-1739117

204 SHELL RD

22-1815915

22-1487390

365 NEW BRUNSWICK AVENUE PO BOX 148

or foreign country)		(if section 501(c) (3))	,	
NJ	501(c)(3	9	N A	
NJ	501(c)(3	9	N A	
Ι	501(c)(3	9	N A	
NJ	501(c)(3	9	N A	
NJ	501(c)(3	9	N A	_
NJ	501(c)(3	9	N A	
ΙN	501(c)(3	9	N A	
NJ	501(c)(3	9	N A	
NJ	501(c)(3	9	N A	

(e) Public charity **(f)** Direct controlling

entity

(g) Section 512

(b)(13) controlled entity?

Yes No

Νo

NΑ

NΑ

NΑ

NΑ

NΑ

NΑ

NΑ

NΑ

NΑ

220 CLARK ST WESTFIELD, NJ 070904029 22-1487393						
YMCA OF METUCHEN 483 MIDDLESEX AVE METUCHEN, NJ 08840 22-1487616	SOCIAL SERVICE	NJ	501(c)(3	9	NA	
YMCA OF MONTCLAIR 25 PARK STREET MONTCLAIR, NJ 07042 22-1487617	SOCIAL SERVICE	NJ	501(c)(3	9	N A	
THE GREATER MORRISTOWN YMCA INC 79 HORSEHILL ROAD CEDAR KNOLLS, NJ 079272003 22-1487618	SOCIAL SERVICE	NJ	501(c)(3	9	NA	

SOCIAL SERVICE

SOCIAL SERVICE

SOCIAL SERVICE

YMCA OF MONTCLAIR 25 PARK STREET MONTCLAIR, NJ 07042 22-1487617	SO CIAL SERVICE	143	301(0)(3			
THE GREATER MORRISTOWN YMCA INC 79 HORSEHILL ROAD CEDAR KNOLLS, NJ 079272003 22-1487618	SOCIAL SERVICE	N J	501(c)(3	9	N A	
RARITAN VALLEY YMCA 144 TICES LANE EAST BRUNSWICK, NJ 08816 22-1494457	SOCIAL SERVICE	NJ	501(c)(3	9	N A	
YMCA OF RIDGEWOOD 55 N BROAD STREET RIDGEWOOD, NJ 074502509 22-1508752	SOCIAL SERVICE	NJ	501(c)(3	9	N A	
PLAINFIELD AREA YMCA 518 WATCHUNG AVENUE PLAINFIELD, NJ 07060 22-1515227	SOCIAL SERVICE	NJ	501(c)(3	9	N A	
	SOCIAL SERVICE	NJ	501(c)(3	9	NA	

SOCIAL SERVICE

NJ

NJ

NJ

NJ

NJ

ΝY

NJ

NJ

NJ

501(c)(3

501(c)(3

501(c)(3

501(c)(3

501(c)(3

501(c)(3

501(c)(3

501(c)(3

501(c)(3

Form 990, Schedule R, Part II - Identification of Rela			7.35	1-3	153	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	Sectio (b)(contr enti	n 512 13) olled
	0.0211.2-21		E04()/2			Yes	No
OCEAN COUNTY YMCA 1088 W WHITTY RD TOMS RIVER, NJ 078553278 22-1900146	SOCIAL SERVICE	NJ	501(c)(3	9	NA		Νο
MEADOWLANDS AREA YMCA PO BOX 252 RUTHERFORD, NJ 070700252 22-1997720	SOCIAL SERVICE	NJ	501(c)(3	9	NA		Νο
WYCKOFF FAMILY YMCA INC 691 WYCKOFF AVENUE WYCKOFF, NJ 074811524 22-2011431	SOCIAL SERVICE	NJ	501(c)(3	9	NA		No
YMCA OF GARFIELD 33 OUTWATER LANE GARFIELD, NJ 07026 22-2324697	SOCIAL SERVICE	NJ	501(c)(3	9	NA		No
PISCATAQUIS REGIONAL YMCA 48 PARK STREET DOVERFOXCROFT, ME 04426 22-2592628	SOCIAL SERVICE	ME	501(c)(3	9	N A		No
NEW BRITAIN-BERLIN YMCA 50 HIGH ST NEW BRITAIN, CT 060512299 22-2680676	SOCIAL SERVICE	СТ	501(c)(3	9	NA		No
NORTHWESTERN CONNECTICUT YMCA 259 PROSPECT ST TORRINGTON, CT 067905315 22-2878484	SOCIAL SERVICE	СТ	501(c)(3	9	NA		No
CENTRAL LINCOLN COUNTY YMCA PO BOX 787 DAMARISCOTTA, ME 045430787 22-2978129	SOCIAL SERVICE	ME	501(c)(3	9	NA		No
YMCA OF WESTERN MONMOUTH COUNTY 470 E FREEHOLD RD FREEHOLD, NJ 077287722 22-6069158	SOCIAL SERVICE	NJ	501(c)(3	9	NA		No
YMCA OF PHILADELPHIA AND VICINITY 2000 MARKET ST STE 750 PHILADELPHIA, PA 191033231 23-1243965	SOCIAL SERVICE	PA	501(c)(3	9	NA		Νο
LANCASTER FAMILY YMCA 265 HARRISBURG AVE LANCASTER, PA 17603 23-1243970	SOCIAL SERVICE	PA	501(c)(3	9	NA		No
LEBANON VALLEY FAMILY YMCA 201 N 7TH ST LEBANON, PA 170465007 23-1243980	SOCIAL SERVICE	PA	501(c)(3	9	NA		Νο
READING & BERKS METRO YMCA PO BOX 1622 READING, PA 19603 23-1244009	SOCIAL SERVICE	PA	501(c)(3	9	NA		No
YORK YORK COUNTY YMCA - 23-1352600 90 N NEWBERRY STREET YORK, PA 17401 23-1352600	SOCIAL SERVICE	PA	501(c)(3	9	NA		Νο
WAYNESBORO AREA YMCA 810 E MAIN ST WAYNESBORO, PA 17268 23-1352601	SOCIAL SERVICE	PA	501(c)(3	9	NA		No
HOLLIDAYSBURG AREA YMCA 1111 HEWIT STREETS HOLLIDAYSBURG, PA 16648 23-1352603	SOCIAL SERVICE	PA	501(c)(3	9	NA		Νο
ALLENTOWN YMCA 425 S 15TH ST ALLENTOWN, PA 18102 23-1365989	SOCIAL SERVICE	PA	501(c)(3	9	NA		No
STATE YMCA OF PENNSYLVANIA INC 224 PINE ST SUITE 203 HARRISBURG, PA 171011350 23-1365990	SOCIAL SERVICE	PA	501(c)(3	9	NA		Νο
YMCA OF THE BRANDYWINE VALLEY 1 EAST CHESTNUT STREET WEST CHESTER, PA 19380 23-1365994	SOCIAL SERVICE	PA	501(c)(3	9	NA		No
CARLISLE FAMILY YMCA 311 S WEST ST CARLISLE, PA 17013 23-1386198	SOCIAL SERVICE	PA	501(c)(3	9	NA		No

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations (a)
Name, address, and EIN of related organization Pri soc

LOWER BUCKS FAMILY YMCA 601 SOUTH OXFORD VALLEY ROAD FAIRLESS HILLS, PA 190303901

CHAMBERSBURG MEMORIAL YMCA

HARRISBURG, PA 171023409

UPPER BUCKS COUNTY YMCA

QUAKERTOWN, PA 18951

JUNIATA VALLEY YMCA 105 FIRST AVE BURNHAM, PA 17009

YMCA OF THE PALMS 5450 YMCA ROAD NAPLES, FL 34109 23-7039993

23-7077600

23-7169291

23-7172265

23-7193663

23-7229622

23-7331099

PO BOX 301

23-7380624

24-0795515

OAHE YMCA INC

COLE CENTER FAMILY YMCA KENDALLVILLE, IN 467550233

900 EAST CHURCH STREET PIERRE, SD 575012219

19333 QUESADA AVENUE PORT CHARLOTTE, FL 33948

MUSKEGON FAMILY YMCA 900 W WESTERN AVE MUSKEGON, MI 494411617

YMCA CAMP TECUMSEH INC 12635 W TECUMSEH BEND RD BROOKSTON, IN 47923

HOPEWELL VALLEY YMCA

PENNINGTON, NJ 08534

CARBONDALE, PA 184071914

CARBONDALE YMCA

CHARLOTTE COUNTY FAMILY YMCA-ADMIN OFFICE

HANOVER AREA YMCA 500 N GEORGE ST HANOVER, PA 173311452

23-1433890

23-1665437

23-1713382

(b) rimary 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
CIAL SERVICE	PA	501(c)(3	9	NA
CIAL SERVICE	PA	501(c)(3	9	NA
CIAL SERVICE	PA	501(c)(3	9	NA
CIAL SERVICE	PA	501(c)(3	9	NA
CIAL SERVICE	PA	501(c)(3	9	NA
CIAL SERVICE	PA	501(c)(3	9	NA
CIAL SERVICE	PA	501(c)(3	9	NA
CIAL SERVICE	PA	501(c)(3	9	N A
CIAL SERVICE	PA	501(c)(3	9	N A
CIAL SERVICE	PA	501(c)(3	9	NA
CIAL SERVICE	PA	501(c)(3	9	NA

(g) Section 512

(b)(13) controlled entity?

Yes No

Νo

23-1879734						
CENTRAL BUCKS FAMILY YMCA 2500 LOWER STATE RD DOYLESTOWN, PA 189012668 23-1903158	SOCIAL SERVICE	РΑ	501(c)(3	9	N A	Νo
BLOOMSBURG AREA YMCA 30 EAST SEVENTH STREET BLOOMSBURG, PA 178152728 23-2085257	SOCIAL SERVICE	PA	501(c)(3	9	NA	No
SOUTH MOUNTAIN YMCA PO BOX 147 WERNERSVILLE, PA 195650147 23-2239299	SOCIAL SERVICE	РΑ	501(c)(3	9	N A	Νo
SCHUYLKILL YMCA 520 NORTH CENTRE ST POTTSVILLE, PA 17901 23-2825683	SOCIAL SERVICE	РА	501(c)(3	9	NA	No

FL

 $I\,N$

SD

РΑ

FL

МΙ

ΙN

NJ

РΑ

501(c)(3

501(c)(3

501(c)(3

501(c)(3

501(c)(3

501(c)(3

501(c)(3

501(c)(3

501(c)(3

NΑ

NΑ

lΝΑ

NΑ

NΑ

NΑ

NΑ

NΑ

NΑ

570 E MCKINLEY ST CHAMBERSBURG, PA 172013402 23-1476339			
NORTH PENN YMCA 608 E MAIN ST LANSDALE, PA 194462970 23-1489848	SOCIAL SERVICE	РА	501(c)
COMMUNITY YMCA OF EASTERN DELAWARE COUNTY 2110 GARRETT ROAD LANSDOWNE, PA 190501090 23-1614045	SOCIAL SERVICE	PA	501(c)
HARRISBURG AREA METROPOLITAN YMCA 123 FORSTER STREET	SOCIAL SERVICE	PA	501(c)

soc

soc

SOC

SOCIAL SERVICE

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations (d) Exempt Code section **(e)** Public charity **(f)** Direct controlling (a) Name, address, and EIN of related organization (c) Legal domicile Primary activity entity (state status or foreign country) (if section 501(c) (3)) SOCIAL SERVICE 501(c)(3 NΑ РΑ YMCA OF THE CITY OF SCRANTON 706 NORTH BLAKELY STREET DUNMORE, PA 18512 24-0795516 SOCIAL SERVICE 501(c)(3 NΑ РΑ POCONO FAMILY YMCA 809 MAIN STREET STROUDSBURG, PA 18360 24-0795519 SOCIAL SERVICE РΑ 501(c)(3 NΑ GREATER SUSQUEHANNA VALLEY YMCA 1150 N 4TH ST SUNBURY, PA 17801 24-0795634 SOCIAL SERVICE РΑ 501(c)(3 NΑ WILKES-BARRE FAMILY YMCA 40 WEST NORTHAMPTON STREET WILKESBARRE, PA 18701 24-0795638 SOCIAL SERVICE РΑ 501(c)(3 NΑ RIVER VALLEY REGIONAL YMCA 320 ELMIRA STREET WILLIAMSPORT, PA 17701 24-0795698 SOCIAL SERVICE РΑ 501(c)(3 NΑ FREELAND YMCA 600 FRONT STREET PO BOX 6 FREELAND, PA 18224 24-0796037 SOCIAL SERVICE NΑ РΑ 501(c)(3 HAZLETON YMCA 75 S CHURCH ST HAZLETON, PA 182016229 24-0796038

SOCIAL SERVICE

GREATER PITTSTON YMCA 10 NORTH MAIN STREET PITTSTON, PA 18640

LOCK HAVEN AREA YMCA 145 EAST WATER ST LOCK HAVEN, PA 17745

YMCA OF CENTRE COUNTY 125 W HIGH STREET BELLEFONTE, PA 16823

REGIONAL FAMILY YMCA OF LAUREL HIGHLANDS

BERWICK AREA YMCA 231 W 3RD STREET BERWICK, PA 18603 24-0813665

490 BESSEMER ROAD MT PLEASANT, PA 15666

BUTLER, PA 16001 25-0965619

CLEARFIELD YMCA 21 NORTH SECOND STREET CLEARFIELD, PA 16830

YMCA OF GREATER ERIE 31 W 10TH STREET ERIE, PA 165011401 25-0965621

GREENSBURG YMCA 101 SOUTH MAPLE AVENUE GREENSBURG, PA 156013215

GREATER JOHNSTOWN COMMUNITY YMCA

100 HAYNES STREET JOHNSTOWN, PA 159012526

VALLEY POINTS FAMILY YMCA 800 CONSTITUTION BLVD NEW KENSINGTON, PA 15068

25-0965620

25-0965622

25-0965623

25-0965625

25-0965626

OIL CITY AREA YMCA 7 PETROLEUM STREET OIL CITY, PA 163012744

BUTLER COUNTY FAMILY YMCA 339 N WASHINGTON STREET

24-0796039

24-0798644

24-0798706

24-0802437

25-0965554

NAZARETH YMCA 33 S MAIN ST NAZARETH, PA 18064 РΑ

РΑ

РΑ

РΑ

PΑ

РΑ

РΑ

РΑ

РΑ

РΑ

РΑ

РΑ

РΑ

501(c)(3

(g) Section 512

(b)(13) controlled entity?

No

Νo

NΑ

NΑ

NΑ

NΑ

NΑ

NΑ

NΑ

NΑ

NΑ

lnα

NΑ

NΑ

NΑ

Yes

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations (d) Exempt Code section (b) ~y)

SOCIAL SERVICE

(a) Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country
RIDGWAY YMCA 34 N BROAD ST RIDGWAY, PA 15853 25-0965629	SOCIAL SERVICE	РА
ALLEGHENY VALLEY YMCA 5021 FREEPORT ROAD NATRONA HEIGHTS, PA 150651944 25-0965630	SOCIAL SERVICE	PA
UNIONTOWN AREA YMCA ONE YMCA DRIVE UNIONTOWN, PA 15401	SOCIAL SERVICE	PA

25-0965631

DUBOIS AREA YMCA 25 PARKWAY DRIVE DU BOIS, PA 15801

MEADVILLE YMCA 356 CHESTNUT STREET MEADVILLE, PA 163353211

NEW CASTLE COMMUNITY YMCA 20 WEST WASHINGTON STREET NEW CASTLE, PA 16101

YMCA OF GREATER PITTSBURGH 420 FORT DUQUESNE BLVD SUITE 625

PITTSBURGH, PA 15222

SEWICKLEY VALLEY YMCA 625 BLACKBURN ROAD SEWICKLEY, PA 15143

BEAVER COUNTY YMCA 2236 THIRD AVENUE NEW BRIGHTON, PA 15066

111 W PARK ST FRANKLIN, PA 16323

FRANKLINGROVE CITY YMCA

YMCA OF WARREN COUNTY 212 LEXINGTON AVENUE WARREN, PA 163652822

RICHARD G SNYDER YMCA CAMPUS 1150 NORTH WATER STREET KITTANNING, PA 162011516

SHENANGO VALLEY YMCA 925 NORTH HERMITAGE ROAD HERMITAGE, PA 161483219

INDIANA COUNTY YMCA 60 BEN FRANKLIN RD N INDIANA, PA 157011593

LIGONIER VALLEY YMCA 110 W CHURCH ST LIGONIER, PA 156581223

CADILLAC AREA YMCA 9845 CAMPUS DRIVE CADILLAC, MI 49601

GREAT MIAMI VALLEY YMCA

HAMILTON, OH 450112701

25-0969495

25-0969496

25-0969497

25-0969498

25-0979384

25-0993391

2<u>5-0</u>995782

25-0995783

25-1028128

25-1034424

25-1113698

25-1191545

25-1428011

30-0013507

31-0536719

105 N 2ND STREET

YMCA OF CORRY 906 N CENTER ST CORRY, PA 16407 25-1032621

BROOKVILLE YMCA 125 MAIN STREET BROOKVILLE, PA 15825

TITUSVILLE YMCA 201 W SPRING STREET TITUSVILLE, PA 16354

РΑ

РΑ

РΑ

РΑ

РΑ

РΑ

РΑ

РΑ

PΑ

РΑ

РΑ

РΑ

РΑ

РΑ

РΑ

МΙ

ΟН

501(c)(3 501(c)(3

501(c)(3

501(c)(3

501(c)(3

501(c)(3

501(c)(3

501(c)(3

501(c)(3

501(c)(3

501(c)(3

501(c)(3

501(c)(3

501(c)(3

501(c)(3

501(c)(3

501(c)(3

501(c)(3

501(c)(3

501(c)(3

(e) Public charity

status

(if section 501(c)

(3))

NΑ NΑ NΑ

NΑ

NΑ

NΑ

NΑ

NΑ

NΑ

NΑ

NΑ

lΝΑ

NΑ

NΑ

NΑ

NΑ

NΑ

NΑ

NΑ

NΑ

(f) Direct controlling

entity

(g) Section 512

(b)(13)

controlled entity?

No

Νo

Yes

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

(a)

Name, address, and EIN of related organization

(b)

Primary activity

Legal domicile (state or foreign country)

Exempt Code section

SOCIAL SERVICE

OH

501(c)(3

SPRINGFIELD FAMILY YMCA
300 SOUTH LIMESTONE STREET
SPRINGFIELD, OH 455051071

MIAMI COUNTY YMCA AT PIQUA OHIO

FAMILY YMCA OF LANCASTER & FAIRFIELD COUNTY OH

223 WEST HIGH STREET PIQUA, OH 45356 31-0537179

YMCA OF GREATER DAYTON 111 WEST FIRST STREET SUITE 207

LANCASTER, OH 431302547

WEST CHESTER, OH 450690692

UNION COUNTY FAMILY YMCA

MARYSVILLE, OH 430409797

CHAMPAIGN FAMILY YMCA 191 COMMUNITY DR URBANA, OH 430786001

YMCA OF GREATER CINCINNATI

WAPAKONETA FAMILY YMCA 1100 DEFIANCE STREET WAPAKONETA, OH 45895

MUSKINGUM FAMILY YMCA 1861 ADAMS LANE PO BOX 8108 ZANESVILLE, OH 437028108

YMCA OF CENTRAL OHIO

YMCA OF ROSS COUNTY

CHILLICOTHE, OH 45601

MARION FAMILY YMCA 645 BARKS ROAD E MARION, OH 43302

YMCA OF MARIETTA 300 N 7TH ST MARIETTA, OH 45750

470 W CHURCH STREET NEWARK, OH 43055 31-6053101

1201 30TH ST NW CANTON, OH 44709 34-0714392

34-0<u>714727</u>

34-0714728

34-0714730

THE LICKING COUNTY FAMILY YMCA

YMCA OF CENTRAL STARK COUNTY

YMCA OF AKRON OHIO INC 50 S MAIN ST STE 100 AKRON, OH 443081847

YMCA OF GREATER CLEVELAND 2200 PROSPECT AVE E 900 CLEVELAND, OH 441152602

YMCA OF YOUNGSTOWN OHIO 17 N CHAMPION ST PO BOX 1287 YOUNGSTOWN, OH 445031602

COLUMBUS, OH 432152891

DAYTON, OH 454021107

31-0537517

31-1132606

PO BOX 692

31-1223296

31-1355370

31-1506457

31-1537178

31-1568315

31-1694045

40 W LONG ST

31-4379594

100 MILL ST

31-4379806

31-4380058

31-4386270

PIKE COUNTY YMCA 400 PRIDE DRIVE WAVERLY, OH 45690 31-1665134

1105 ELM STREET CINCINNATI, OH 45202

465 W SIXTH AVE

LAKOTA FAMILY YMCA

1150 CHARLES LANE

SOCIAL SERVICE

ОН

ОН

ОН

ОН

ОН

ОН

ОН

ΟН

501(c)(3

501(c)(3

501(c)(3

501(c)(3

501(c)(3

501(c)(3

501(c)(3

501(c)(3

or loreign country)		(3))
ОΗ	501(c)(3	9
ОН	501(c)(3	9

9	N A	
9	N A	
9	N A	
9	N A	
9	N A	
9	N A	
9	N A	
9	N A	
9	N A	
9	N A	

lΝΑ

NΑ

NΑ

NΑ

NΑ

NΑ

NΑ

(f) Direct controlling

entity

NΑ

NΑ

Ina

(e)

Public charity

status

(if section 501(c)

(g) Section 512

(b)(13) controlled entity?

No

Νo

Yes

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations (c) Legal domicile (d) Exempt Code section **(e)** Public charity **(f)** Direct controlling (g) Section 512 (a)
Name, address, and EIN of related organization Primary activity entity (state status (b)(13) controlled entity? or foreign country) (if section 501(c) (3)) Yes No SOCIAL SERVICE ОН 501(c)(3 NΑ Νo YMCA OF ASHLAND OHIO 207 MILLER STREET ASHLAND, OH 44805 34-0714793 SOCIAL SERVICE ОН 501(c)(3 NΑ Νo YMCA OF EAST LIVERPOOL OHIO 15655 ST RT 170 EAST LIVERPOOL, OH 43920 34-0714794 SOCIAL SERVICE ОН 501(c)(3 NΑ Νo YMCA OF MANSFIELD OHIO 750 SCHOLL ROAD MANSFIELD, OH 44907 34-0714795 SOCIAL SERVICE ОН 501(c)(3 NΑ Νo LAKE COUNTY YMCA 933 MENTOR AVENUE PAINESVILLE, OH 440772519 SOCIAL SERVICE ОН 501(c)(3 NΑ Νo TUSCARAWAS COUNTY YMCA INC 600 MONROE ST DOVER, OH 446222047 34-0714797 SOCIAL SERVICE ОН 501(c)(3 NΑ Νo YMCA OF WESTERN STARK COUNTY 131 TREMONT AVENUE SE MASSILLON, OH 446466698 34-0719180 SOCIAL SERVICE NΑ ΩН 501(c)(3 Νo ASHTABULA COUNTY FAMILY YMCA 263 PROSPECT ROAD ASHTABULA, OH 440045841 34-0726066 SOCIAL SERVICE ОН NΑ 501(c)(3 Νo YMCA OF WOOSTER OHIO 680 WOODLAND AVE WOOSTER, OH 446912743 34-0766172 SOCIAL SERVICE ОН 501(c)(3 NΑ Νo SHELBY YMCA COMMUNITY CENTER 111 W SMILEY AVE SHELBY, OH 448752112 34-0792928 SOCIAL SERVICE ОН 501(c)(3 NΑ Νo YMCA OF DARKE COUNTY INC 301 WAGNER AVE GREENVILLE, OH 453312534 34-0969422 SOCIAL SERVICE NΑ ОН 501(c)(3 Νo DEFIANCE AREA YMCA 1599 PALMER DRIVE DEFIANCE, OH 435123419 SOCIAL SERVICE ОН 501(c)(3 NΑ Νo HARDIN COUNTY FAMILY YMCA 918 WEST FRANKLIN STREET KENTON, OH 43326 34-1262702 SOCIAL SERVICE ОН 501(c)(3 NΑ Νo GALION COMMUNITY CENTER YMCA INC 500 GILL AVENUE GALION, OH 448331213 34-1267646 SOCIAL SERVICE ОН 501(c)(3 NΑ Νo AUGLAIZE-MERCER COUNTIES FAMILY YMCA 7590 STATE ROUTE 703 CELINA, OH 458222919

SOCIAL SERVICE

SOCIAL SERVICE

SOCIAL SERVICE

SOCIAL SERVICE

SOCIAL SERVICE

SOCIAL SERVICE

ОН

ОН

ОН

ОН

ОН

ΟН

501(c)(3

501(c)(3

501(c)(3

501(c)(3

501(c)(3

501(c)(3

NΑ

NΑ

lnα

NΑ

NΑ

NΑ

Νo

Νo

Νo

Νo

Νo

Νo

34-1371829

34-1491294

34-1820020

PO BOX 442 OTTAWA, OH 45875 34-1946813

34-4428263

ONE FABER DRIVE BRYAN, OH 43506 34-1448529

YMCA OF ORRVILLE OHIO 1801 SMUCKER ROAD ORRVILLE, OH 446679191

300 SLOAN BOULEVARD BELLEFONTAINE, OH 43311

PUTNAM COUNTY YMCA

YMCA OF GREATER TOLEDO 1500 N SUPERIOR ST 2ND FL TOLEDO, OH 43604 34-4428262

YMCA OF FINDLAY OHIO 300 EAST LINCOLN STREET FINDLAY, OH 458404943

WILLIAMS COUNTY FAMILY YMCA

DON M AND MARGARET HILLIKER YMCA

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations								
Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section					
YMCA OF VAN WERT COUNTY OHIO 241 WEST MAIN STREET VAN WERT, OH 458911636 34-4428264	SOCIAL SERVICE	ОН	501(c)(3					
YMCA OF BUCYRUS OHIO 1655 EAST SOUTHERN AVENUE BUCYRUS, OH 44820 34-4428491	SOCIAL SERVICE	ОН	501(c)(3					

Form 990, Schedule R, Part II - Identification of Rela			۱ , ۱	1 (3	1 (5)	١ ,	
(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		olled
						Yes	No
YMCA OF VAN WERT COUNTY OHIO 241 WEST MAIN STREET VAN WERT, OH 458911636 34-4428264	SOCIAL SERVICE	ОН	501(c)(3	9	N A		No
YMCA OF BUCYRUS OHIO 1655 EAST SOUTHERN AVENUE BUCYRUS, OH 44820 34-4428491	SOCIAL SERVICE	ОН	501(c)(3	9	NA		No
YMCA OF LIMA OHIO 345 SOUTH ELIZABETH STREET LIMA, OH 45801 34-4431173	SOCIAL SERVICE	ОН	501(c)(3	9	NA		No
GEARY FAMILY YMCA OF FOSTORIA OHIO INC 154 WEST CENTER STREET FOSTORIA, OH 448302201 34-4439890	SOCIAL SERVICE	ОН	501(c)(3	9	NA		No
YMCA OF SANDUSKY COUNTY 1000 NORTH STREET FREMONT, OH 43420 34-4444246	SOCIAL SERVICE	ОН	501(c)(3	9	NA		No
YMCA OF SANDUSKY OHIO INC 2101 WEST PERKINS AVENUE SANDUSKY, OH 448702043 34-4471834	SOCIAL SERVICE	ОН	501(c)(3	9	NA		No
TIFFIN COMMUNITY YMCA RECREATION CENTER INC 180 SUMMIT STREET TIFFIN, OH 44883 34-4479386	SOCIAL SERVICE	ОН	501(c)(3	9	NA		No
YMCA OF SIDNEY AND SHELBY COUNTY OHIO 300 EAST PARKWOOD STREET SIDNEY, OH 453651667 34-6596911	SOCIAL SERVICE	ОН	501(c)(3	9	NA		No
WABASH COUNTY YMCA 500 SOUTH CASS STREET WABASH, IN 46992 35-0733765	SOCIAL SERVICE	IN	501(c)(3	9	NA		No
YMCA OF MADISON COUNTY INC 28 W 12TH ST PO BOX 527 ANDERSON, IN 460150527 35-0868206	SOCIAL SERVICE	IN	501(c)(3	9	NA		No
YMCA OF CLAY COUNTY 225 E KRUZAN BRAZIL, IN 47834 35-0868207	SOCIAL SERVICE	IN	501(c)(3	9	NA		Νo
YMCA OF GREATER INDIANAPOLIS 615 NORTH ALABAMA STREET STE 200 INDIANAPOLIS, IN 462041430 35-0868211	SOCIAL SERVICE	IN	501(c)(3	9	NA		No
YMCA OF LAFAYETTE INDIANA 1950 S 18TH ST LAFAYETTE, IN 479052099 35-0868213	SOCIAL SERVICE	IN	501(c)(3	9	NA		No
YMCA OF MUNCIE INDIANA INC 500 SOUTH MULBERRY STREET MUNCIE, IN 473052493 35-0868215	SOCIAL SERVICE	IN	501(c)(3	9	NA		No
YMCA OF MICHIANA INC 1201 NORTHSIDE BOULEVARD SOUTH BEND, IN 466153921 35-0868216	SOCIAL SERVICE	IN	501(c)(3	9	NA		No
YMCA OF VINCENNES INDIANA 2010 COLLEGE AVE VINCENNES, IN 475915631 35-0868218	SOCIAL SERVICE	IN	501(c)(3	9	NA		No
YMCA OF DEKALB COUNTY INC 310 N MAIN ST AUBURN, IN 467061828 35-0868958	SOCIAL SERVICE	IN	501(c)(3	9	NA		No
YMCA OF SOUTHWESTERN INDIANA 222 NW 6TH STREET EVANSVILLE, IN 477081308 35-0869074	SOCIAL SERVICE	IN	501(c)(3	9	NA		No
HENRY COUNTY YMCA 300 WITTENBRAKER AVENUE NEW CASTLE, IN 47362 35-0873347	SOCIAL SERVICE	IN	501(c)(3	9	NA		No
CASS COUNTY FAMILY YMCA INC 905 EAST BROADWAY LOGANSPORT, IN 469473184 35-0874281	SOCIAL SERVICE	IN	501(c)(3	9	NA		No

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations (a) (b) (c) (d)								
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section					
YMCA OF VALPARAISO INDIANA INC 1201 CUMBERLAND CROSS DRIVE VALPARAISO, IN 46383 35-0876401	SOCIAL SERVICE	IN	501(c)(3					
YMCA OF GREATER FORT WAYNE 347 W BERRY STREET SUITE 500 FORT WAYNE, IN 46802 35-0886850	SOCIAL SERVICE	IN	501(c)(3					
YMCA OF LA PORTE INDIANA	SOCIAL SERVICE	IN	501(c)(3					

SOCIAL SERVICE

ΙN

ΙN

ΙN

ΤN

ΙN

ΙN

ΙN

ΙN

ΙN

 $I\,N$

ΙN

ΙN

ΙN

ΙN

ΙN

ΙN

ΙN

901 S MICHIGAN AVE LA PORTE, IN 463503504

YMCA OF GRANT COUNTY 123 SUTTER WAY MARION, IN 469524401

YMCA OF KOKOMO INDIANA 200 NORTH UNION STREET KOKOMO, IN 469014614

MIAMI COUNTY YMCA

PERU, IN 469702350

HUNTINGTON YMCA 1160 W 500 N

1301 KATHYS WAY

YMCA OF RICHMOND 2023 CHESTER BLVD RICHMOND, IN 47374

HUNTINGTON, IN 46750

GREENSBURG, IN 472401798

DAVIESS COUNTY FAMILY YMCA

KOSCIUSKO COMMUNITY YMCA INC

WASHINGTON, IN 475012062

VALLEY POINTS FAMILY YMCA 1450 SOUTH COURT ST CROWN POINT, IN 463073935

HOBART FAMILY YMCA INC 601 WEST 40TH PLACE HOBART, IN 463422223

YMCA OF MONROE COUNTY INC 2125 S HIGHLAND AVE BLOOMINGTON, IN 474022598

YMCA OF PORTAGE TOWNSHIP INC

CLINTON COUNTY FAMILY YMCA 950 SOUTH MAISH ROAD FRANKFORT, IN 460412838

SOUTHEASTERN INDIANA YMCA 30 STATE RD 129 S BATESVILLE, IN 470069227

SCOTT COUNTY FAMILY YMCA 805 COMMUNITY WAY SCOTTSBURG, IN 47170

YMCA OF STEUBEN COUNTY INC

3100 WILLOWCREEK ROAD PORTAGE, IN 463683516

DUNELAND FAMILY YMCA 215 ROOSEVELT STREET CHESTERTON, IN 463042530

1401 E SMITH ST WARSAW, IN 465804615

DECATUR COUNTY FAMILY YMCA INC

35-0886851

35-0886981

35-0893511

34 E 6TH ST

35-0893512

35-0905959

35-0919345

35-0984030

405 NE 3RD ST

35-1050606

35-1068182

35-1369437

35-1382817

35-1384859

35-1404478

35-1404559

35-1636774

35-1855594

35-1876673

500 E HARCOURT ANGOLA, IN 46703 35-1999599

	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(b)(13) controlled entity?	
				Yes	No
	501(c)(3	9	N A		No
	501(c)(3	9	N A		No
	501(c)(3	9	NA		No
	501(c)(3	9	NA		No
	501(c)(3	9	NA		No
	501(c)(3	9	NA		No
	501(c)(3	9	NA		No
	501(c)(3	9	NA		Νo
_	501(c)(3	9	NA		Νo
	501(c)(3	9	NA		No
	501(c)(3	9	NA		No
	501(c)(3	9	NA		Νo
	501(c)(3	9	NA		Νo
	501(c)(3	9	NA		No
	501(c)(3	9	NA		No
	501(c)(3	9	NA		No
	501(c)(3	9	NA		No
	501(c)(3	9	NA		No
	501(c)(3	9	NA		No
	501(c)(3	9	NA		No

FERDINAND, IN 47532

EVANSTON, IL 602014294

2998 W PEARL CITY RD FREEPORT, IL 610329338

KANKAKEE AREA YMCA 1075 KENNEDY DR KANKAKEE, IL 609012032

YMCA OF NORTHWEST ILLINOIS

35-2216734

MCGAW YMCA 1000 GROVE ST

36-2169194

36-2169195

JOLIET YMCA 749 HOUBOLT ROAD JOLIET, IL 60431 36-2169197

36-2169198

36-2169199

36-2174838

36-2179780

36-2179782

36-2205999

36-2225496

36-2239384

36-2287520

2505 YMCA WAY

YMCA OF KEWANEE 315 WEST FIRST STREET KEWANEE, IL 614432103

YMCA OF BELVIDERE 220 WEST LOCUST STREET BELVIDERE, IL 610083621

201 E JACKSON ST OTTAWA, IL 613502246 36-2337893

YMCA OF OTTAWA ILLINOIS

TWO RIVERS YMCA 2040 53RD STREET MOLINE, IL 612653650

200 Y BOULEVARD ROCKFORD, IL 611073094

THE WEST COOK YMCAS 255 SOUTH MARION STREET OAK PARK, IL 603023103

801 N DEARBORN ST CHICAGO, IL 606101012

STREATOR FAMILY YMCA 10 OAKLEY AVENUE STREATOR, IL 61364

STERLING, IL 610813603

YMCA OF ROCK RIVER VALLEY

YMCA OF METROPOLITAN CHICAGO

STERLING-ROCK FALLS FAMILY YMCA

Form 990, Schedule R, Part II - Identification of	_	7	1 40	1 ,	1 (6)	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	Sectio (b)(contr	(g) ion 512)(13) trolled itity?
						Yes	No
OWEN COUNTY FAMILY YMCA 1111 W STATE HIGHWAY 46 SPENCER, IN 47460 35-2017600	SOCIAL SERVICE	IN	501(c)(3	9	N A		No
BARBARA B JORDAN YMCA INC 2039 E MORGAN STREET MARTINSVILLE, IN 46151 35-2019312	SOCIAL SERVICE	IN	501(c)(3	9	NA		No
BROWN COUNTY COMMUNITY YMCA 105 WILLOW STREET NASHVILLE, IN 474487913 35-2038783	SOCIAL SERVICE	IN	501(c)(3	9	NA		No
SWITZERLAND COUNTY YMCA 735 HIGHWAY 56 PO BOX 113 VEVAY, IN 47043 35-2090419	SOCIAL SERVICE	IN	501(c)(3	9	N A		No
WASHINGTON COUNTY FAMILY YMCA 1709 NORTH SHELBY STREET SALEM, IN 47167 35-2097432	SOCIAL SERVICE	IN	501(c)(3	9	N A		No
YMCA OF HARRISON COUNTY 198 JENKINS CT NE CORYDON, IN 47112 35-2122124	SOCIAL SERVICE	IN	501(c)(3	9	NA		No
TRI-COUNTY YMCA PO BOX 171	SOCIAL SERVICE	IN	501(c)(3	9	NA		No

SOCIAL SERVICE

ΙL

ΙL

ΙL

ΙL

ΙL

 IL

ΙL

ΙL

ΙL

 IL

ΙL

ΙL

ΙL

501(c)(3

9

Νo

NΑ

NΑ

lnα

NΑ

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations (a)
Name, address, and EIN of related organization **(c)** Legal domicile (d) Exempt Code section Primary activity (state

36-3234727

36-3256696

36-3390518

36-3832360

36-6218217

37-0661257

37-0661259

37-0661260

37-0661261

QUINCY YMCA

37-0661262

PO BOX 155

37-0661263

37-0662603

YMCA OF THE USA

101 N WACKER DR STE1400 CHICAGO, IL 606067386

ALLIANCE AREA FAMILY YMCA

MERCER COUNTY FAMILY YMCA 401 SW SECOND AVENUE ALEDO, IL 61231

ILLINOIS VALLEY YMCA INC 300 WALNUT DRIVE

1001 SOUTH WRIGHT STREET CHAMPAIGN, IL 618206225

DECATUR FAMILY YMCA 220 WEST MCKINLEY AVENUE

DECATUR, IL 62526 37-0661258

EDWARDSVILLE YMCA 1200 ESIC DRIVE

YMCA OF KNOX COUNTY 1324 W CARL SANDBURG DR GALESBURG, IL 614011347

1000 SHERWOOD LANE JACKSONVILLE, IL 626502700

3101 MAINE STREET QUINCY, IL 623014418

YMCA OF SPRINGFIELD

SPRINGFIELD, IL 62705

BLOOMINGTON YMCA 602 SOUTH MAIN STREET BLOOMINGTON, IL 617015135

EDWARDSVILLE, IL 620253818

SHERWOOD EDDY MEMORIAL YMCA

YMCA OF THE UNIVERSITY OF ILLINOIS

PERU, IL 613541946

ALLIANCE, NE 693014613

Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	section	status (if section 501(c) (3))	entity	Sect (b con
						Yes
KISHWAUKEE FAMILY YMCA INC 2500 W BETHANY ROAD SYCAMORE, IL 60178 36-2379649	SOCIAL SERVICE	IL	501(c)(3	9	NA	
YMCA OF NORTHWESTERN DUPAGE COUNTY 49 DEICKE DR GLEN ELLYN, IL 601375665 36-2470895	SOCIAL SERVICE	IL	501(c)(3	9	NA	
DIXON FAMILY YMCA 110 NORTH GALENA AVENUE DIXON, IL 610212198 36-2487927	SOCIAL SERVICE	IL	501(c)(3	9	NA	
NORTH SUBURBAN YMCA 2705 TECHNY ROAD NORTHBROOK, IL 600625963 36-2546842	SOCIAL SERVICE	IL	501(c)(3	9	NA	
TRI-TOWN YMCA 1464 S MAIN ST LOMBARD, IL 60148 36-2643097	SOCIAL SERVICE	IL	501(c)(3	9	NA	
YMCA OF BERWYN-CICERO 2947 OAK PARK AVENUE BERWYN, IL 604023048 36-2702522	SOCIAL SERVICE	IL	501(c)(3	9	NA	
FOX VALLEY FAMILY YMCA INC 3875 ELDAMAIN RD PLANO, IL 605459711 36-3028169	SOCIAL SERVICE	IL	501(c)(3	9	NA	
ALFRED CAMPANELLI YMCA 300 W WISE RD SCHAUMBURG, IL 601934098	SOCIAL SERVICE	IL	501(c)(3	9	NA	

SOCIAL SERVICE

ΙL

ΝE

ΙL

ΙL

 IL

ΙL

ΙL

ΙL

 IL

ΙL

ΙL

 IL

501(c)(3

9

49 DEICKE DR GLEN ELLYN, IL 601375665 36-2470895						
DIXON FAMILY YMCA 110 NORTH GALENA AVENUE DIXON, IL 610212198 36-2487927	SOCIAL SERVICE	IL	501(c)(3	9	N A	
NORTH SUBURBAN YMCA 2705 TECHNY ROAD NORTHBROOK, IL 600625963 36-2546842	SOCIAL SERVICE	IL	501(c)(3	9	N A	
TRI-TOWN YMCA 1464 S MAIN ST LOMBARD, IL 60148 36-2643097	SOCIAL SERVICE	IL	501(c)(3	9	N A	
YMCA OF BERWYN-CICERO 2947 OAK PARK AVENUE	SOCIAL SERVICE	IL	501(c)(3	9	N A	

	or foreign country)	section	(if section 501(c) (3))	entity	contro	olled
					Yes	No
ICE	IL	501(c)(3	9	NA		No
ICE	IL	501(c)(3	9	NA		Νo
ICE	IL	501(c)(3	9	NA		Νo
ICE	IL	501(c)(3	9	NA		No

(e) Public charity

(g) Section 512

Νo

(f) Direct controlling

NΑ

lnα

NΑ

Form 990, Schedule R, Part II - Identification of Re	lated Tax-Exempt O	rganizations	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Cod section
YMCA OF DANVILLE 1111 N VERMILION ST DANVILLE, IL 618323049 37-0662604	SOCIAL SERVICE	IL	501(c)(3

Form 990, Schedule R, Part II - Identification of Relat		l I	1 (1)	1 43		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)(contribute)	olled
						Yes	No
YMCA OF DANVILLE 1111 N VERMILION ST DANVILLE, IL 618323049 37-0662604	SOCIAL SERVICE	IL	501(c)(3	9	N A		No
GREATER PEORIA FAMILY YMCA 7000 N FLEMING LANE PEORIA, IL 616141236 37-0662605	SOCIAL SERVICE	IL	501(c)(3	9	NA		No
YMCA OF WARREN COUNTY PO BOX 527 MONMOUTH, IL 614620527 37-0663575	SOCIAL SERVICE	IL	501(c)(3	9	NA		No
CHAMPAIGN COUNTY YMCA 2501 FIELDS SOUTH DR CHAMPAIGN, IL 618223733 37-0673564	SOCIAL SERVICE	IL	501(c)(3	9	N A		No
YMCA OF CANTON 1325 E ASH STREET CANTON, IL 615201504 37-0748000	SOCIAL SERVICE	IL	501(c)(3	9	N A		No
YMCA OF MCDONOUGH COUNTY 400 EAST CALHOUN STREET MACOMB, IL 614552366 37-0792409	SOCIAL SERVICE	IL	501(c)(3	9	N A		No
CLINTON COMMUNITY YMCA 417 SOUTH ALEXANDER STREET CLINTON, IL 617272348 37-0812114	SOCIAL SERVICE	IL	501(c)(3	9	N A		No
YMCA OF JEFFERSON COUNTY 1304 BROADWAY MOUNT VERNON, IL 62864 37-0863227	SOCIAL SERVICE	IL	501(c)(3	9	NA		No
CHRISTIAN COUNTY YMCA 900 MCADAM DRIVE TAYLORVILLE, IL 625689635 37-1071231	SOCIAL SERVICE	IL	501(c)(3	9	NA		No
MATTOON AREA FAMILY YMCA PO BOX 875 MATTOON, IL 619380875 37-1122559	SOCIAL SERVICE	IL	501(c)(3	9	NA		No
LINCOLN AREA YMCA 604 BROADWAY STREET SUITE 1 LINCOLN, IL 62656 37-1353644	SOCIAL SERVICE	IL	501(c)(3	9	NA		No
BENTON HARBOR-ST JOSEPH YMCA 3665 HOLLYWOOD RD SAINT JOSEPH, MI 490859581 38-1358054	SOCIAL SERVICE	MI	501(c)(3	9	NA		No
YMCA OF METROPOLITAN DETROIT 1401 BROADWAY STREET SUITE 3A DETROIT, MI 48226 38-1358055	SOCIAL SERVICE	MI	501(c)(3	9	NA		No
YMCA OF GREATER FLINT 411 EAST THIRD STREET FLINT, MI 485032006 38-1358056	SOCIAL SERVICE	MI	501(c)(3	9	N A		No
YMCA OF GREATER GRAND RAPIDS 475 LAKE MICHIGAN DR NW GRAND RAPIDS, MI 49504 38-1358058	SOCIAL SERVICE	MI	501(c)(3	9	NA		No
YMCA OF BARRY COUNTY PO BOX 252 HASTINGS, MI 490580252 38-1358059	SOCIAL SERVICE	MI	501(c)(3	9	N A		No
NILES-BUCHANAN YMCA 905 NORTH FRONT STREET NILES, MI 49120 38-1358236	SOCIAL SERVICE	MI	501(c)(3	9	NA		No
KIMBALL CAMP YMCA NATURE CENTER 4444 LONG LAKE ROAD READING, MI 492749303 38-1358416	SOCIAL SERVICE	MI	501(c)(3	9	NA		No
YMCA OF THE BLUE WATER AREA 1525 THIRD STREET PORT HURON, MI 48060 38-1358417	SOCIAL SERVICE	MI	501(c)(3	9	NA		No
STATE YMCA OF MICHIGAN 919 NE TORCH LAKE DRIVE CENTRAL LAKE, MI 496229628 38-1358418	SOCIAL SERVICE	MI	501(c)(3	9	NA		No

Form 990, Schedule R, Part II - Identification of Relat		ganizations			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 control entity	on 512 (13) rolled
YMCA OF METROPOLITAN LANSING 119 N WASHINGTON SQUARE LANSING, MI 48933 38-1359576	SOCIAL SERVICE	MI	501(c)(3	9	NA	Yes	No
SHIAWASSEE FAMILY YMCA 515 WEST MAIN STREET OWOSSO, MI 488672608 38-1359577	SOCIAL SERVICE	MI	501(c)(3	9	N A		No
YMCA OF GREATER KALAMAZOO 1001 W MAPLE ST KALAMAZOO, MI 490081885 38-1360592	SOCIAL SERVICE	MI	501(c)(3	9	N A		No
YMCA OF SAGINAW 1915 FORDNEY STREET SAGINAW, MI 486012809 38-1360594	SOCIAL SERVICE	MI	501(c)(3	9	NA		No
JACKSON YMCA CENTER INC 127 WEST WESLEY AVENUE JACKSON, MI 492012226 38-1381139	SOCIAL SERVICE	MI	501(c)(3	9	NA	+	No
YMCA OF LENAWEE COUNTY 638 W MAUMEE ST ADRIAN, MI 492212030 38-1393859	SOCIAL SERVICE	MI	501(c)(3	9	NA		No
MONROE FAMILY YMCA 1111 W ELM AVENUE MONROE, MI 481622801 38-1508585	SOCIAL SERVICE	MI	501(c)(3	9	NA		No
ANN ARBOR YMCA 400 W WASHINGTON ANN ARBOR, MI 48103 38-1525162	SOCIAL SERVICE	MI	501(c)(3	9	NA		No
GRAND TRAVERSE BAY YMCA 3000 RACQUET CLUB DRIVE TRAVERSE CITY, MI 496844770 38-1709640	SOCIAL SERVICE	MI	501(c)(3	9	NA		No
TRI-CITIES FAMILY YMCA 1 Y DR GRAND HAVEN, MI 494171768 38-1717502	SOCIAL SERVICE	MI	501(c)(3	9	NA		No
BATTLE CREEK FAMILY YMCA 182 CAPITAL AVENUE NE BATTLE CREEK, MI 490173925 38-1986068	SOCIAL SERVICE	MI	501(c)(3	9	NA		No
NORTHERN LIGHTS YMCA INC PO BOX 602 ESCANABA, MI 498290602 38-2615035	SOCIAL SERVICE	MI	501(c)(3	9	NA		No
SHERMAN LAKE YMCA OUTDOOR CENTER 6225 N 39TH ST AUGUSTA, MI 490129722 38-3167869	SOCIAL SERVICE	MI	501(c)(3	9	NA		No
YMCA OF MARQUETTE COUNTY 1420 PINE STREET MARQUETTE, MI 498550441 38-3211419	SOCIAL SERVICE	MI	501(c)(3	9	NA		No
GREATER MARINETTE-MENOMINEE YMCA INC 1600 WEST DRIVE MENOMINEE, MI 498582238 38-6119445	SOCIAL SERVICE	MI	501(c)(3	9	NA		No
LA CROSSE AREA FAMILY YMCA 1140 MAIN ST LA CROSSE, WI 546014190 39-0806172	SOCIAL SERVICE	WI	501(c)(3	9	NA		No
YMCA OF THE FOX CITIES INC 229 E COLLEGE AVE APPLETON, WI 54911 39-0806191	SOCIAL SERVICE	WI	501(c)(3	9	NA		No
YMCA OF DANE COUNTY INC 8001 EXCELSIOR DRIVE SUITE 200 MADISON, WI 53717 39-0806253	SOCIAL SERVICE	WI	501(c)(3	9	NA		No
YMCA OF METROPOLITAN MILWAUKEE INC 161 W WISCONSIN AVENUE SUITE 4000 MILWAUKEE, WI 532032601 39-0806314	SOCIAL SERVICE	WI	501(c)(3	9	NA		No
	SOCIAL SERVICE	WI	501(c)(3	9	NA	\top	No

SOCIAL SERVICE

YMCA OF EAU CLAIRE WISCONSIN 700 GRAHAM AVENUE EAU CLAIRE, WI 547013840 39-0806351 WI

501(c)(3

NΑ

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations (d) Exempt Code section **(e)** Public charity **(f)** Direct controlling (a)
Name, address, and EIN of related organization (c) Legal domicile Primary activity entity (state status or foreign country) (if section 501(c) (3)) SOCIAL SERVICE WI 501(c)(3 NΑ FAMILY YMCA OF NORTHERN ROCK COUNTY 221 DODGE STREET JANESVILLE, WI 53548 39-0806368 SOCIAL SERVICE WI 501(c)(3 NΑ YMCA AT PABST FARMS INC 1750 VALLEY ROAD OCONOMOWOC, WI 53066 39-0806378 SOCIAL SERVICE WI 501(c)(3 NΑ FOND DU LAC FAMILY YMCA 90 W SECOND ST FOND DU LAC, WI 549354141 39-0806436 SOCIAL SERVICE WI 501(c)(3 NΑ STATELINE FAMILY YMCA OF BELOIT INC 1865 RIVERSIDE DRIVE BELOIT, WI 535113521 39-0806449 SOCIAL SERVICE WI 501(c)(3 NΑ RACINE FAMILY YMCA 725 LAKE AVE RACINE, WI 534031207 39-0807254 SOCIAL SERVICE WI 501(c)(3 NΑ WAUSAU - WOODSON YMCA 707 THIRD ST WAUSAU, WI 544034703 39-0808463 SOCIAL SERVICE NΑ WT 501(c)(3 GREATER GREEN BAY YMCA INC 235 NORTH JEFFERSON STREET GREEN BAY, WI 543015126 39-0813466

SOCIAL SERVICE

SUPERIOR-DOUGLAS COUNTY FAMILY YMCA

9 N 21ST ST

39-0813468

39-0816867

PO BOX 609

39-0830271

39-0847658

39-0929462

39-0975426

PO BOX 471

39-1028773

PO BOX 246

39-1136315

39-1175559

39-1308377

39-1405623

1307 SECOND STREET MONROE, WI 535661169

KENOSHA YMCA 7101 53RD STREET KENOSHA, WI 53144 39-0826296

SUPERIOR, WI 54880

LAKE GENEVA FAM YMCA 203 WELLS STREET LAKE GENEVA, WI 531472022

SHEBOYGAN COUNTY YMCA

SHEBOYGAN, WI 530820609

WAUKESHA FAMILY YMCA 320 EAST BROADWAY WAUKESHA, WI 53186

OSHKOSH COMMUNITY YMCA 324 WASHINGTON AVENUE OSHKOSH, WI 54901 39-0878909

SOUTH WOOD COUNTY YMCA 211 WISCONSIN RIVER DR PORT EDWARDS, WI 544691437

YMCA OF DODGE COUNTY 220 CORPORATE DRIVE BEAVER DAM, WI 53916

MANITOWOC, WI 542210471

KETTLE MORAINE YMCA INC 1111 W WASHINGTON ST WEST BEND, WI 530952433

CHIPPEWA VALLEY FAMILY YMCA 611 JEFFERSON AVENUE CHIPPEWA FALLS, WI 54729

GREEN COUNTY FAMILY YMCA INC

CAMP MANITO-WISH YMCA INC

BOULDER JUNCTION, WI 545120246

MANITOWOC-TWO RIVERS AREA YMCA

WI

501(c)(3

(g) Section 512

(b)(13) controlled entity?

No

Νo

NΑ

NΑ

NΑ

NΑ

NΑ

NΑ

NΑ

NΑ

NΑ

lnα

NΑ

NΑ

NΑ

Yes

Form 990, Schedule R, Part II - Identification of F	Related Tax-Exempt O	rganizations	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section
PHANTOM LAKE YMCA CAMP INC S 110 W30240 YMCA CAMP ROAD MUKWONAGO, WI 53149 39-1501649	SOCIAL SERVICE	WI	501(c)(3
MARSHFIELD AREA YMCA 410 WEST MCMILLAN STREET MARSHFIELD, WI 54449 39-1557086	SOCIAL SERVICE	WI	501(c)(3

Form 990, Schedule R, Part II - Identification of Rela	-	7	(4)	(a)	/6)	,	٦)
(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	Section	g) on 512 13)
		or foreign country)		(If section 501(c) (3))		contr	folled ity?
						Yes	No
PHANTOM LAKE YMCA CAMP INC S 110 W30240 YMCA CAMP ROAD MUKWONAGO, WI 53149 39-1501649	SOCIAL SERVICE	WI	501(c)(3	9	NA		No
MARSHFIELD AREA YMCA 410 WEST MCMILLAN STREET MARSHFIELD, WI 54449 39-1557086	SOCIAL SERVICE	WI	501(c)(3	9	N A		No
DOOR COUNTY YMCA 1900 MICHIGAN ST STURGEON BAY, WI 54235 39-1738982	SOCIAL SERVICE	WI	501(c)(3	9	NA		No
YMCA OF THE NORTHWOODS 2003 WINNEBAGO STREET - EAST RHINELANDER, WI 54501 39-1942168	SOCIAL SERVICE	WI	501(c)(3	9	NA		No
WINONA FAMILY YMCA INC 207 WINONA STREET WINONA, MN 55987 41-0693890	SOCIAL SERVICE	MN	501(c)(3	9	NA		No
DULUTH AREA FAMILY YMCA 302 W FIRST ST DULUTH, MN 558021606 41-0693931	SOCIAL SERVICE	MN	501(c)(3	9	NA		No
BRAINERD FAMILY YMCA INC 602 OAK STREET BRAINERD, MN 564013611 41-0693938	SOCIAL SERVICE	MN	501(c)(3	9	NA		No
YMCA OF RED WING MINNESOTA 434 MAIN ST RED WING, MN 55066 41-0695614	SOCIAL SERVICE	MN	501(c)(3	9	NA		No
YMCA OF AUSTIN MINNESOTA 704 FIRST DR NW AUSTIN, MN 559123099 41-0718359	SOCIAL SERVICE	MN	501(c)(3	9	NA		No
YMCA OF MANKATO 1401 SOUTH RIVERFRONT DRIVE MANKATO, MN 560012413 41-0739108	SOCIAL SERVICE	MN	501(c)(3	9	NA		No
YMCA OF ROCHESTER INC 709 FIRST AVE SW ROCHESTER, MN 559023396 41-0807581	SOCIAL SERVICE	MN	501(c)(3	9	NA		No
FERGUS FALLS AREA FAMILY YMCA 1164 N FRIBERG AVENUE FERGUS FALLS, MN 565371580 41-0940250	SOCIAL SERVICE	MN	501(c)(3	9	NA		No
ST CLOUD AREA FAMILY YMCA 1530 NORTHWAY DRIVE SAINT CLOUD, MN 563031255 41-0952420	SOCIAL SERVICE	MN	501(c)(3	9	NA		No
YMCA CAMP OLSON PO BOX 118 LONGVILLE, MN 566550118 41-0967781	SOCIAL SERVICE	MN	501(c)(3	9	NA		No
ALBERT LEA FAMILY YMCA 2021 WEST MAIN STREET ALBERT LEA, MN 560074335 41-1000679	SOCIAL SERVICE	MN	501(c)(3	9	NA		No
ITASCA COUNTY FAMILY YMCA 400 RIVER RD GRAND RAPIDS, MN 557443784 41-1358634	SOCIAL SERVICE	MN	501(c)(3	9	NA		No
MESABI FAMILY YMCA INC 8367 S 8TH ST VIRGINIA, MN 557923604 41-1460551	SOCIAL SERVICE	MN	501(c)(3	9	NA		No
KANDIYOHI COUNTY AREA FAMILY YMCA PO BOX 757 WILLMAR, MN 562010757 41-1908049	SOCIAL SERVICE	MN	501(c)(3	9	NA		No
MARSHALL AREA YMCA 200 SOUTH A STREET MARSHALL, MN 56258 41-1984589	SOCIAL SERVICE	MN	501(c)(3	9	NA		No
WORTHINGTON AREA YMCA 1501 COLLEGEWAY WORTHINGTON, MN 561873028 41-6007569	SOCIAL SERVICE	MN	501(c)(3	9	NA		No

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations (a)
Name, address, and EIN of related organization Primary activity SOCIAL SERVICE YMCA OF THE CEDAR RAPIDS METROPOLITAN AREA 207 7TH AVENUE SE CEDAR RAPIDS, IA 52401

SOCIAL SERVICE

42-0680306

42-0680309

42-0680330

42-0680340

42-0680438

42-0681109

42-0690393

121 E MAIN ST

1701 S 8TH AVE E NEWTON, IA 502085055

42-0698186

42-0703250

606 W 2ND ST

42-0703278

42-0725202

42-0738980

42-0741010

42-0820570

42-0844143

42-0934471

42-0958909

42-1225829

42-1257332

PO BOX 41

LE MARS, IA 51031 42-1413807

35 N BOOTH ST

SIOUXLAND YMCA 601 RIVERVIEW DR

HOERNER YMCA

FAMILY YMCA OF CHARLES CITY IOWA 800 HULIN STREET

CHARLES CITY, IA 506162149

MUSCATINE COMMUNITY YMCA 1823 LOGAN STREET PO BOX 978 MUSCATINE, IA 527610017

YMCA OF GREATER DES MOINES IOWA 101 LOCUST STREET DES MOINES, IA 503091720

FAMILY YMCA OF BLACK HAWK COUNTY

669 SOUTH HACKETT ROAD WATERLOO, IA 507015632

2126 PLANK ROAD KEOKUK, IA 526322899

YMCA OF WASHINGTON IOWA

WASHINGTON, IA 523532012

YMCA OF NEWTON IOWA INC

SCOTT COUNTY FAMILY YMCA

DAVENPORT, IA 52801

YMCA OF OTTUMWA IOWA

611-621 NORTH HANCOCK STREET OTTUMWA, IA 525014233

SOUTH SIOUX CITY, NE 68776

MAHASKA COUNTY YMCA 414 N 3RD STREET

YMCA OF SPENCER IOWA PO BOX 212 SPENCER, IA 513010212

1100 MAPLE STREET ATLANTIC, IA 50022

YMCA OF DUBUQUE IOWA

DUBUQUE, IA 520017332

SPIRIT LAKE, IA 513600296

YMCA OF FOREST CITY IOWA 916 WEST I STREET FOREST CITY, IA 504361739

LE MARS AREA FAMILY YMCA

CAMP FOSTER YMCA PO BOX 296

ALGONA FAMILY YMCA 2101 E MCGREGOR STREET ALGONA, IA 505113000

OSKALOOSA, IA 525772216

NISHNA VALLEY FAMILY YMCA

MASON CITY FAMILY YMCA 1840 SOUTH MONROE AVENUE MASON CITY, IA 504013402

rç	anizations	1		1
	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity
	IA	501(c)(3	9	NA
	IA	501(c)(3	9	NA
	IA	501(c)(3	9	NA
	IA	501(c)(3	9	NA
	IA	501(c)(3	9	N A
	IA	501(c)(3	9	N A
	IA	501(c)(3	9	NA
	IA	501(c)(3	9	N A
	IA	501(c)(3	9	NA
	IA	501(c)(3	9	NA
	IA	501(c)(3	9	NA
	NE	501(c)(3	9	N A
	IA	501(c)(3	9	NA
	IA	501(c)(3	9	N A
	IA	501(c)(3	9	NA
	IA	501(c)(3	9	NA
	IA	501(c)(3	9	NA
	IA	501(c)(3	9	NA

501(c)(3

501(c)(3

ΙA

IΑ

(g) Section 512

(b)(13) controlled entity?

No

Νo

NΑ

NΑ

Yes

(state section				
	1	Legal domicile	Exempt Code	
MONTGOMERY COUNTY FAMILY YMCA	SOCIAL SERVICE	IA	501(c)(3	

BOONSLICK HEARTLAND YMCA PO BOX 104 BOONVILLE, MO 65233 43-1798929

CAMERON REGIONAL YMCA 402 E EVERGREEN CAMERON, MO 64429 43-1933672

Form 990, Schedule R, Part II - Identification of Rela (a)	(b)	(c)	(d)	(e)	(f)	((g)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section 501(c)	Direct controlling entity	(b)(ion 512)(13) trolled
		or foreign coa,		(3))		ent	ntity?
	SOCIAL SERVICE	IA	501(c)(3	9	N A	Yes	No No
MONTGOMERY COUNTY FAMILY YMCA 101 E CHERRY STREET RED OAK, IA 515661004 42-1433436							
SOUTHERN PRAIRIE YMCA	SOCIAL SERVICE	IA	501(c)(3	9	N A	T	No
1201 WEST TOWNLINE STREET CRESTON, IA 508011036 42-1436507							
YMCA OF MARSHALLTOWN IOWA	SOCIAL SERVICE	IA	501(c)(3	9	NA	7	No
108 WASHINGTON STREET MARSHALL, IA 50158 42-1478611							
FORT MADISON FAMILY YMCA	SOCIAL SERVICE	IA	501(c)(3	9	N A		No
220 26TH STREET FORT MADISON, IA 526272204 42-6080176	CERVICE				<u></u>		
GREATER ST LOUIS YMCA 326 SOUTH 21ST STREET SUITE 400	SOCIAL SERVICE	МО	501(c)(3	9	N A		No
326 SOUTH 21ST STREET SUITE 400 ST LOUIS, MO 63103 43-0653616							
	SOCIAL SERVICE	MO	501(c)(3	9	N A	+	No
YMCA OF HANNIBAL 1 YMCA DRIVE HANNIBAL, MO 634012270 43-0663323							
ADAIR COUNTY FAMILY YMCA	SOCIAL SERVICE	МО	501(c)(3	9	N A		No
1708 S JAMISON KIRKSVILLE, MO 635010644 43-0811428							
JEFFERSON CITY AREA YMCA	SOCIAL SERVICE	МО	501(c)(3	9	N A	7	No
PO BOX 104176 JEFFERSON CITY, MO 651104176							
43-0953286	SOCIAL SERVICE	MO	501(c)(3	9	N A	+	No
GRAND RIVER AREA FAMILY YMCA INC PO BOX 751 CHILLICHOTHE, MO 64601 43-1493664							
CALLAWAY COUNTY YMCA	SOCIAL SERVICE	МО	501(c)(3	9	NA	+	No
1715 WOOD STREET FULTON, MO 65251 43-1552855							
FAIR ACRES FAMILY YMCA	SOCIAL SERVICE	MO	501(c)(3	9	N A		No
2600 S GRAND AVE CARTHAGE, MO 648363535							
43-1558437	SOCIAL SERVICE	MO	501(c)(3	9	N A	+	No
OZARKS FAMILY YMCA INC 1 YMCA DRIVE MOUNTAIN GROVE, MO 65711 43-1617662			301(0)(-				
43-1617662	SOCIAL SERVICE	MO	501(c)(3	9	N A	+	No
YMCA OF SOUTHEAST MISSOURI 602 TANNER STREET SIKESTON, MO 63801 43-1666987							
TWIN PIKE FAMILY YMCA INC	SOCIAL SERVICE	MO	501(c)(3	9	N A	+	No
614 KELLY LANE LOUISIANA, MO 63353							
43-1675923	SOCIAL SERVICE	MO	501(c)(3	9	N A	+	No
OSAGE PRAIRIE YMCA INC 500 W HIGHLAND NEVADA, MO 64772 43-1706486							
SALT FORK YMCA	SOCIAL SERVICE	МО	501(c)(3	9	NA	+	No
740 E YERBY MARSHALL, MO 653400157 43-1710180							
FREEMAN SOUTHWEST FAMILY YMCA	SOCIAL SERVICE	МО	501(c)(3	9	N A		No
4701 CHOUTEAU AVENUE NEOSHO, MO 64850							
43-1729473	SOCIAL SERVICE	MO	501(c)(3	9	N A	+	No
LONG BRANCH AREA YMCA 1304 S MISSOURI STREET MACON, MO 63552 43-1761240							
BOONSLICK HEARTLAND YMCA	SOCIAL SERVICE	МО	501(c)(3	9	NA	+	No

SOCIAL SERVICE

МО

501(c)(3

NΑ

Form 990, Schedule R, Part II - Identification of Rela	ited Tax-Exempt Or	ganizations	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section
O ZARKS REGIONAL YMCA 417 S JEFFERSON ST	SOCIAL SERVICE	МО	501(c)(3

SOCIAL SERVICE

SOCIAL SERVICE

SOCIAL SERVICE

SPRINGFIELD, MO 65806

3100 BROADWAY 1020 KANSAS CITY, MO 641112413

JOPLIN FAMILY YMCA 510 WALL STREET JOPLIN, MO 64801 44-0552026

YMCA OF GREATER KANSAS CITY

YMCA OF ST JOSEPH MISSOURI 315 S 6TH ST SAINT JOSEPH, MO 64501

GRAND FORKS, ND 582083177

GRAND FORKS YMCA FAMILY CENTER

YMCA OF CASS AND CLAY COUNTIES

YMCA OF MINOT NORTH DAKOTA

MISSOURI VALLEY FAMILY YMCA 1608 N WASHINGTON ST BISMARCK, ND 585012675

YMCA OF THE GREATER TWIN CITIES 2125 EAST HENNEPIN AVE

44-0545283

44-0546002

44-0552491

PO BOX 13177

400 FIRST AVE S FARGO, ND 581031998

PO BOX 69 MINOT, ND 587020069

MINNEAPOLIS, MN 55413

COLUMBUS FAMILY YMCA INC

COLUMBUS, NE 686013261 47-0398817

2200 28TH AVE

45-0226434

45-0232096

45-0237612

45-0305520

45-2563299

МО	501(c)(3	9	NA	
МО	501(c)(3	9	NA	
МО	501(c)(3	9	NA	
МО	501(c)(3	9	NA	
N D	501(c)(3	9	NA	•
ND	501(c)(3	9	NA	
ND	501(c)(3	9	NA	•

(e) Public charity status

(If section 501(c) (3))

(f)Direct controlling entity

(g) Section 512 (b)(13)

controlled entity?

Yes No Νo

Νo

Νo

SOCIAL SERVICE	N D	501(c)(3	9	NA	No
SOCIAL SERVICE	ND	501(c)(3	9	N A	No
SOCIAL SERVICE	N D	501(c)(3	9	NA	No
SOCIAL SERVICE	ND	501(c)(3	9	NA	No
SOCIAL SERVICE	MN	501(c)(3	9	N A	No
SOCIAL SERVICE	SD	501(c)(3	9	NA	No
SOCIAL SERVICE	SD	501(c)(3	9	N A	No

YMCA OF SIOUX FALLS 220 S MINNESOTA AVE SIOUX FALLS, SD 571046314 46-0225021	SOCIAL SERVICE	SD	501(c)(3	9	N A	No
YMCA OF RAPID CITY SOUTH DAKOTA 815 KANSAS CITY ST RAPID CITY, SD 577012605 46-0227218	SOCIAL SERVICE	SD	501(c)(3	9	N A	No
ABERDEEN FAMILY YMCA 5 SOUTH STATE STREET ABERDEEN, SD 57401 46-0255779	SOCIAL SERVICE	SD	501(c)(3	9	N A	No
GENERAL CONVENTION OF SIOUX YMCAS PO BOX 218 DUPREE, SD 576230218 46-0336514	SOCIAL SERVICE	SD	501(c)(3	9	N A	No
YMCA OF NORFOLK NEBRASKA 301 W BENJAMIN AVE NORFOLK, NE 687012910 47-0376546	SOCIAL SERVICE	ΝE	501(c)(3	9	NA	No
YMCA OF LINCOLN NEBRASKA 570 FALLBROOK BLVD SUITE 210 LINCOLN, NE 68521 47-0376578	SOCIAL SERVICE	NE	501(c)(3	9	NA	No
YMCA OF GREATER OMAHA 430 S 20TH ST OMAHA, NE 681022506 47-0376586	SOCIAL SERVICE	ΝE	501(c)(3	9	NA	No
YMCA OF FREMONT NEBRASKA 810 N LINCOLN AVE FREMONT, NE 680254488 47-0376600	SOCIAL SERVICE	NE	501(c)(3	9	NA	No
YMCA OF HASTINGS NEBRASKA	SOCIAL SERVICE	ΝE	501(c)(3	9	N A	No

YMCA OF LINCOLN NEBRASKA 570 FALLBROOK BLVD SUITE 210 LINCOLN, NE 68521 47-0376578						
YMCA OF GREATER OMAHA 430 S 20TH ST OMAHA, NE 681022506 47-0376586	SOCIAL SERVICE	ΝE	501(c)(3	9	N A	No
YMCA OF FREMONT NEBRASKA 810 N LINCOLN AVE FREMONT, NE 680254488 47-0376600	SOCIAL SERVICE	ΝE	501(c)(3	9	NA	No
YMCA OF HASTINGS NEBRASKA PO BOX 1065 HASTINGS, NE 689021065 47-0376607	SOCIAL SERVICE	ΝE	501(c)(3	9	NA	No
ED THOMAS YMCA PO BOX 408 MCCOOK, NE 69001 47-0377999	SOCIAL SERVICE	NE	501(c)(3	9	N A	No
	SOCIAL SERVICE	ΝE	501(c)(3	9	NA	No

Name, address, and EIN of related organization Primary activity Legal domicile (state se or foreign country)			
		Legal domicile (state	(d) Exempt Code section
BEATRICE MARY FAMILY YMCA 1801 SCOTT STREET BEATRICE, NE 68310 47-0415814	SOCIAL SERVICE	ΝE	501(c)(3

YMCA OF GRAND ISLAND NEBRASKA 221 EAST SOUTH FRONT ST GRAND ISLAND, NE 68801

SCOTTSBLUFF FAMILY YMCA SCOTTSBLUFF, NE 693632423

KEARNEY FAMILY YMCA

BLAIR FAMILY YMCA 1278 WILBUR STREET BLAIR, NE 680082373

YMCA OF THE PRAIRIE

HOLDREGE, NE 68949

YMCA OF TOPEKA KANSAS **421 VAN BUREN STREET** TOPEKA, KS 666033331

YMCA OF SALINA KANSAS

YMCA OF WICHITA KANSAS 340 S BROADWAY SUITE 200

YMCA OF HUTCHINSON AND RENO COUNTY

SALINA, KS 674010973

WICHITA, KS 67202 48-0554440

716 EAST 13TH STREET HUTCHINSON, KS 675015856

MCPHERSON FAMILY YMCA 220 N WALNUT PO BOX 1066 MCPHERSON, KS 674601066

JUNCTION CITY FAMILY YMCA INC

JUNCTION CITY, KS 664410113

GARDEN CITY FAMILY YMCA

GARDEN CITY, KS 678464643

100 WEST 10TH STREET SUITE 1100

RALPH J STOLLE COUNTRYSIDE YMCA OF WARREN CO

47-0425015

47-0439999

4500 6TH AVE KEARNEY, NE 68847 47-0720055

47-0782711

47-0807617

48-0543757

PO BOX 973

48-0544573

48-0556722

PO BOX 113

48-0677789

48-0693241

48-0908238

51-0065748

51-0181689

51-0201156

51-0233934

52-0591699

52-0591700

601 KELLY ROAD

1224 CENTER ST

CAMP WOOD YMCA 1101 CAMP WOOD RD ELMDALE, KS 668509784

YMCA OF DELAWARE

WILMINGTON, DE 19801

1699 DEERFIELD ROAD LEBANON, OH 450360617

OLD TOWN-ORONO YMCA 472 STILLWATER STREET OLD TOWN, ME 044682133

PRINCETON YMCA-YWCA CORP 59 PAUL ROBESON PLACE PRINCETON, NJ 08540

YMCA OF CENTRAL MARYLAND 303 W CHESAPEAKE AVENUE

BALTIMORE, MD 21204

YMCA OF CUMBERLAND MD

CUMBERLAND, MD 21502

SOCIAL SERVICE

ΝE

ΝE

ΝE

ΝE

ΝE

KS

KS

KS

KS

KS

KS

KS

KS

DE

ОН

ΜЕ

NJ

MD

ΜD

501(c)(3

micile :e :ountry)	section	status (if section 501(c) (3))	entity	conti	on 512 (13) rolled ity?
				Yes	No
	501(c)(3	9	NA		No
	501(c)(3	9	N A		No
	501(c)(3	9	NA		No
	501(c)(3	9	N A		No
	501(c)(3	9	N A		No
	501(c)(3	9	N A		No
	501(c)(3	9	NA		No
	501(c)(3	9	N A		No
	501(c)(3	9	N A		No
	501(c)(3	9	N A		No
	501(c)(3	9	NA		No
	501(c)(3	9	N A		No
	501(c)(3	9	NA		No
	501(c)(3	9	NA		No
	501(c)(3	9	NA		No
	501(c)(3	9	NA		No
	501(c)(3	9	NA		No
	501(c)(3	9	N A		No
	501(c)(3	9	NA		No

(e) Public charity

(g) Section 512

Νo

NΑ

(f) Direct controlling

Form 990, Schedule R, Part II - Identification of Rel	1	7	(4)	1 (2)	1 (6)	1 .	_x
(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	Sectio (b)(contr enti	n 512 13) olled
						Yes	No
YMCA OF HAGERSTOWN MARYLAND INC 1100 EASTERN BLVD NORTH PO BOX 1857 HAGERSTOWN, MD 21742 52-0591701	SOCIAL SERVICE	MD	501(c)(3	9	NA		No
YMCA OF FREDERICK COUNTY MD INC 1000 N MARKET STREET FREDERICK, MD 217014628 52-0607953	SOCIAL SERVICE	MD	501(c)(3	9	NA		No
YMCA OF CECIL COUNTY INC 25 YMCA BLVD ELKTON, MD 219214719 52-0620245	SOCIAL SERVICE	MD	501(c)(3	9	NA		No
YMCA OF CHESAPEAKE INC 202 PEACHBLOSSOM ROAD EASTON, MD 216012545 52-0646895	SOCIAL SERVICE	MD	501(c)(3	9	N A		No
DORCHESTER COUNTY FAMILY YMCA INC 201 TALBOT AVENUE CAMBRIDGE, MD 216131500 52-1359696	SOCIAL SERVICE	MD	501(c)(3	9	NA		No
YMCA OF METROPOLITAN WASHINGTON 1112 16TH ST NW 720 WASHINGTON, DC 200364823 53-0207403	SOCIAL SERVICE	DC	501(c)(3	9	N A		No
YMCA OF SOUTH HAMPTON ROADS 920 COPORATE LANE CHESAPEAKE, VA 23320 54-0445205	SOCIAL SERVICE	VA	501(c)(3	9	NA		No
YMCA OF CENTRAL VIRGINIA 801 WINDURST DR LYNCHBURG, VA 24502 54-0505924	SOCIAL SERVICE	VA	501(c)(3	9	NA		No
DANVILLE YMCA 810 MAIN STREET DANVILLE, VA 24541 54-0505982	SOCIAL SERVICE	VA	501(c)(3	9	NA		No
HENSEL ECKMAN YMCA INC 615 OAKHURST AVE PULASKI, VA 24301 54-0505984	SOCIAL SERVICE	VA	501(c)(3	9	ΝA		No
YMCA OF GREATER RICHMOND 2 WEST FRANKLIN STREET RICHMOND, VA 232205006 54-0505986	SOCIAL SERVICE	VA	501(c)(3	9	NA		No
STAUNTON-AUGUSTA YMCA PO BOX 2746 STAUNTON, VA 244012746 54-0506438	SOCIAL SERVICE	VA	501(c)(3	9	NΑ		No
YMCA OF ROANOKE VALLEY PO BOX 2130 ROANOKE, VA 24009 54-0515736	SOCIAL SERVICE	VA	501(c)(3	9	N A		No
PENINSULA METROPOLITAN YMCA 101 LONG GREEN BLVD YORKTOWN, VA 23693 54-0524905	SOCIAL SERVICE	VA	501(c)(3	9	N A		No
PORTSMOUTH YMCA 4900 HIGH STREET WEST PORTSMOUTH, VA 23703 54-0534407	SOCIAL SERVICE	VA	501(c)(3	9	N A		No
WAYNESBORO FAMILY YMCA 648 SOUTH WAYNE AVENUE WAYNESBORO, VA 229804838 54-0633243	SOCIAL SERVICE	VA	501(c)(3	9	N A		No
MARTINSVILLE HENRY COUNTY FAMILY YMCA 3 STARLING AVENUE MARTINSVILLE, VA 24112 54-0839746	SOCIAL SERVICE	VA	501(c)(3	9	N A		No
VIRGINIA YMCA PO BOX 10365 LYNCHBURG, VA 245060365 54-0881950	SOCIAL SERVICE	VA	501(c)(3	9	N A		No
ALTAVISTA AREA YMCA PO BOX 149 ALTAVISTA, VA 245170149 54-0895639	SOCIAL SERVICE	VA	501(c)(3	9	NA		No
YMCA OF SOUTH BOSTON AND HALIFAX COUNTY INC 650 HAMILTON BLVD SOUTH BOSTON, VA 245925210 54-0951231	SOCIAL SERVICE	VA	501(c)(3	9	NA		Νο

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations (c) Legal domicile (d) Exempt Code section **(e)** Public charity **(f)** Direct controlling (g) Section 512 (a)
Name, address, and EIN of related organization Primary activity (state status entity (b)(13) controlled entity? or foreign (if section 501(c) (3)) country) Yes No SOCIAL SERVICE VΑ 501(c)(3 NΑ Νo RAPPAHANNOCK AREA YMCA 212 BUTLER ROAD FREDERICKSBURG, VA 224052441 SOCIAL SERVICE VΑ 501(c)(3 NΑ Νo BEDFORD AREA FAMILY YMCA PO BOX 1026 BEDFORD, VA 24523 54-1140513 SOCIAL SERVICE VΑ 501(c)(3 NΑ Νo MECKLENBURG COUNTY YMCA 1567 NOBLIN FARM RD CLARKSVILLE, VA 239273137 54-1351309 SOCIAL SERVICE 501(c)(3 NΑ VΑ Νo ALLEGHANY HIGHLANDS YMCA 101 YMCA WAY COVINGTON, VA 24426 54-1637131 SOCIAL SERVICE ۷A 501(c)(3 NΑ Νo PIEDMONT FAMILY YMCA INC 442 WESTFIELD ROAD CHARLOTTESVILLE, VA 22901 54-1717336 SOCIAL SERVICE VΑ 501(c)(3 NΑ Νo FRANKLIN COUNTY FAMILY YMCA 235 TECHNOLOGY DRIVE PO BOX 720 ROCKY MOUNT, VA 24151 54-1740065 501(c)(3 NΑ Νo NΑ 501(c)(3 Νo 501(c)(3 NΑ Νo 55-0357058 SOCIAL SERVICE WV 501(c)(3 NΑ Νo YMCA OF PARKERSBURG WEST VIRGINIA 1800 30TH ST PARKERSBURG, WV 26104 55-0357059 SOCIAL SERVICE NΑ WV 501(c)(3 Νo YMCA OF WHEELING PO BOX 6537 WHEELING, WV 260036537 55-0357071 SOCIAL SERVICE W۷ 501(c)(3 NΑ Νo YMCA OF SOUTHERN WEST VIRGINIA 121 EAST MAIN STREET BECKLEY, WV 258014705 55-0464596 SOCIAL SERVICE $\mathsf{W}\mathsf{V}$ 501(c)(3 NΑ Νo HARRISON COUNTY YMCA INC CLARKSBURG, WV 26301 55-0486791 501(c)(3 SOCIAL SERVICE WV NΑ Νo TRI-COUNTY YMCA INC PO BOX 737 SCOTT DEPOT, WV 255600737 55-0702900 SOCIAL SERVICE NC NΑ 501(c)(3 Νo YMCA OF WESTERN NORTH CAROLINA INC 53 ASHELAND AVENUE SUITE 105 ASHEVILLE, NC 28801 56-0530013 SOCIAL SERVICE NC 501(c)(3 NΑ Νo YMCA OF HIGH POINT INC PO BOX 6258 HIGH POINT, NC 272626258 56-0530014 SOCIAL SERVICE NC501(c)(3 NΑ Νo YMCA OF NORTHWEST NORTH CAROLINA 301 NORTH MAIN ST SUITE 1900 WINSTONSALEM, NC 27101 56-0532130 SOCIAL SERVICE NC 501(c)(3 NΑ Νo BLUE RIDGE ASSEMBLY YMCA

SOCIAL SERVICE

SOCIAL SERVICE

NC

NC

501(c)(3

501(c)(3

NΑ

NΑ

Νo

Νo

FAMILY YMCA OF EMPORIAGREENSVILLE INC 212 WEAVER AVENUE EMPORIA, VA 23847 54-2005981	SOCIAL SERVICE	VA
CAMP JORN 2 YMCA INC PO BOX 430 MANITOWISH WATERS, WI 54545 54-2184387	SOCIAL SERVICE	WI
YMCA OF KANAWHA INC 100 YMCA DRIVE CHARLESTOWN, WV 25311	SOCIAL SERVICE	wv

84 BLUE RIDGE CIRCLE BLACK MOUNTAIN, NC 287119750

GREENSBORO METROPOLITAN YMCA 620 GREEN VALLEY ROAD SUITE 210

YMCA OF WILMINGTON INC 2710 MARKET STREET WILMINGTON, NC 284031218

GREENSBORO, NC 27408

56-0530015

56-0532317

56-0543243

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

(a)

Name, address, and EIN of related organization

(b)

Primary activity

Legal domicile (state or foreign country)

Exempt Co section

SOCIAL SERVICE

NC

PO BOX 4063

ROCKY MOUNT, NC 278030063

EDEN FAMILY YMCA 301 KENNEDY AVENUE EDEN, NC 272885001

FAYETTEVILLE YMCA

RALEIGH, NC 27607 56-0591307

56-0606313

56-0611575

56-0655420

PO BOX 1152

56-0991786

56-1004370

56-1045299

PO BOX 10355

56-1285595

56-1738475

56-2220375

57-0314423

57-0314424

57-0314425

57-0314465

YMCA OF SUMTER 510 MILLER ROAD SUMTER, SC 29150 57-0314417

1612 MARION ST STE 100 COLUMBIA, SC 292012939

YMCA OF GREATER SPARTANBURG 266 S PINE STREET SPARTANBURG, SC 29302

YMCA OF GREENVILLE 601 E MCBEE AVE 212 GREENVILLE, SC 296012945

ANDERSON AREA YMCA 201 E REED ROAD

ANDERSON, SC 296212095

YMCA OF COLUMBIA SOUTH CAROLINA-METRO

YMCA OF ROWAN COUNTY PO BOX 1575 SALISBURY, NC 281441575

1346 SOUTH MAIN STREET BURLINGTON, NC 272155604

GASTON COUNTY FAMILY YMCA 201 S CLAY STREET GASTONIA, NC 280523828

YMCA OF CATAWBA VALLEY

YMCA OF ASHEBORO NC INC

ASHEBORO, NC 272031152

TOM A FINCH COMMUNITY YMCA 1010 MENDENHALL ROAD THOMASVILLE, NC 273602546

YMCA OF GREATER CHARLOTTE 500 E MOREHEAD ST 300 CHARLOTTE, NC 282022606

GOLDSBORO FAMILY YMCA

GOLDSBORO, NC 27530

BERTIE COUNTY YMCA PO BOX 834 WINDSOR, NC 279830834

WILSON FAMILY YMCA 3436C AIRPORT BLVD WILSON, NC 27896

HICKORY, NC 28602 56-0928743

J SMITH YOUNG FAMILY YMCA 119 W THIRD AVENUE LEXINGTON, NC 27292

2717 FORT BRAGG ROAD FAYETTEVILLE, NC 283034720

YMCA OF THE TRIANGLE AREA 801 CORP CENTER DR SUITE 200

ALAMANCE COUNTY COMMUNITY YMCA

1375 LENOIR RHYNE BLVD SE SUITE 202

56-0547468

56-0576153

SOCIAL SERVICE

SC

SC

SC

SC

501(c)(3

501(c)(3

501(c)(3

501(c)(3

′	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity
<u> </u>	NC NC	501(c)(3	9	N A
<u> </u>	NC	501(c)(3	9	N A
<u> </u>	N C	501(c)(3	9	N A
<u> </u>	NC	501(c)(3	9	NA
<u> </u>	NC	501(c)(3	9	NA
<u> </u>	NC	501(c)(3	9	NA
<u> </u>	NC	501(c)(3	9	NA
<u> </u>	NC	501(c)(3	9	NA
<u> </u>	NC	501(c)(3	9	NA
<u> </u>	NC	501(c)(3	9	N A
=	NC	501(c)(3	9	NA
<u> </u>	NC	501(c)(3	9	N A
	NC	501(c)(3	9	NA
<u> </u>	NC	501(c)(3	9	N A
<u> </u>	N C	501(c)(3	9	N A
=	SC	501(c)(3	9	NA

(g) Section 512

(b)(13) controlled entity?

No

Νo

NΑ

NΑ

NΑ

NΑ

Yes

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations (d) Exempt Code section **(e)** Public charity **(f)** Direct controlling (g) Section 512 (a)
Name, address, and EIN of related organization (c) Legal domicile Primary activity entity (state status (b)(13) controlled entity? or foreign country) (if section 501(c) (3)) Yes No SOCIAL SERVICE 501(c)(3 NΑ SC Νo UPPER PALMETTO YMCA **361 CHARLOTTE AVENUE** ROCK HILL, SC 29730 57-0335422 SOCIAL SERVICE sc 501(c)(3 NΑ Νo GREENWOOD YMCA 1760 CALHOUN ROAD GREENWOOD, SC 29649 57-0365055 SOCIAL SERVICE SC 501(c)(3 NΑ Νo PICKENS COUNTY YMCA 201 BURNS ROAD EASLEY, SC 29640 57-0405623 SOCIAL SERVICE SC 501(c)(3 NΑ Νo CLINTON FAMILY YMCA PO BOX 492 CLINTON, SC 293250492 57-0506273 SOCIAL SERVICE SC 501(c)(3 NΑ Νo FLORENCE FAMILY YMCA 1700 SOUTH RUTHERFORD ROAD FLORENCE, SC 29505 57-0516770 SOCIAL SERVICE sc 501(c)(3 NΑ Νo FAMILY YMCA OF GREATER LAURENS 410 ANDERSON DRIVE LAURENS, SC 29360 57-0517776 SOCIAL SERVICE NΑ SC 501(c)(3 Νo CHEROKEE COUNTY FAMILY YMCA 390 WHELCHEL RD GAFFNEY, SC 293413408 57-0557200 SOCIAL SERVICE NΑ SC 501(c)(3 Νo SUMMERVILLE FAMILY YMCA 140 S CEDAR STREET SUMMERVILLE, SC 29483 57-0643100 SOCIAL SERVICE SC 501(c)(3 NΑ Νo YMCA OF COASTAL CAROLINA PO BOX 218 MURRELLS INLET, SC 29576 57-0747196 SOCIAL SERVICE sc 501(c)(3 NΑ Νo **NEWBERRY COUNTY FAMILY YMCA** PO BOX 662 NEWBERRY, SC 29108 57-0783484 SOCIAL SERVICE NΑ SC 501(c)(3 Νo YMCA OF THE UPPER PEE DEE 111 EAST CAROLINA AVENUE HARTSVILLE, SC 29550 57-0794011 SOCIAL SERVICE sc 501(c)(3 NΑ Νo UNION COUNTY YMCA 106 LAKESIDE DRIVE UNION, SC 293791939

SOCIAL SERVICE

SC

SC

SC

IΑ

GΑ

GΑ

GΑ

GΑ

501(c)(3

501(c)(3

501(c)(3

501(c)(3

501(c)(3

501(c)(3

501(c)(3

501(c)(3

NΑ

NΑ

NΑ

NΑ

lnα

NΑ

NΑ

NΑ

Νo

Νo

Νo

Νo

Νo

Νo

Νo

Νo

57-0832992

57-0910326

57-0934024

57-0935533

PO BOX 268

57-1167577

58-0566129

PO BOX 820

58-0566244

58-0566253

BEAUFORT COUNTY YMCA 1801 RICHMOND AVE PORT ROYAL, SC 29935

CANNON STREET YMCA 61 CANNON STREET CHARLESTON, SC 29403

POSTVILLE, IA 52162

1634 PLANT AVENUE WAYCROSS, GA 31501

FOOTHILLS AREA FAMILY YMCA 10121 CLEMSON BLVD SUITE F SENECA, SC 29678

YMCA OF NORTHEAST IOWA INC

YMCAS OF WAYCROSS GA INC

STATE YMCA OF GEORGIA

MCDONOUGH, GA 30253

ATLANTA, GA 303033026

3570 WHEELER ROAD AUGUSTA, GA 30909 58-0566254

METROPOLITAN AUGUSTA YMCA

YMCA OF METROPOLITAN ATLANTA INC 100 EDGEWOOD AVE NE SUITE 1100 Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations (a)
Name, address, and EIN of related organization (d) Exempt Code section **(e)** Public charity **(f)** Direct controlling (c) Legal domicile Primary activity entity (state status or foreign country) (if section 501(c) (3)) SOCIAL SERVICE 501(c)(3 NΑ GΑ THOMASVILLE YMCA YOUTH CENTER INC PO BOX 1037 THOMASVILLE, GA 317991037 SAVANNAH, GA 31416 58-0603160 SOCIAL SERVICE GΑ 501(c)(3 NΑ **ALBANY YMCA** 1701 GILLIONVILLE ROAD ALBANY, GA 31707 58-0610051

SOCIAL SERVICE

COLUMBUS METROPOLITAN YMCA

PO BOX 1640

58-0648697

810 E 2ND AVE ROME, GA 30161 58-0814549

TWIN RIVERS YMCA 100 YMCA LANE

58-1402035

58-1406066

58-1564232

PO BOX 46

58-1574620

58-1582063

58-1608613

58-1640136

58-2016066

58-2058795

58-2203268

58-2383631

59-0624430

MIAMI, FL 33172 59-0624464

TIFTAREA YMCA INC 1657 S CARPENTER RD TIFTON, GA 31794

COLUMBUS, GA 31902

ROME-FLOYD COUNTY YMCA

NEW BERN, NC 285605400

HENDERSON FAMILY YMCA 380 RUIN CREEK ROAD HENDERSON, NC 275362955

CANNON MEMORIAL YMCA

KANNAPOLIS, NC 280820046

STANLY COUNTY FAMILY YMCA 427 N 1ST ST ALBEMARLE, NC 280013906

LAFAYETTE LOUISIANA YMCA

CLEVELAND COUNTY FAMILY YMCA

120 HOLMES AVENUE SUITE 405

CENTRAL FLORIDA METRO YMCA 433 NORTH MILLS AVENUE ORLANDO, FL 328035798

YMCA OF GREATER MIAMI 730 NW 107TH AVE SUITE 200

GEORGIA MOUNTAINS YMCA 2455 HOWARD ROAD GAINESVILLE, GA 30507

YMCA OF METROPOLITAN HUNTSVILLE AL

800 E FARREL RD LAFAYETTE, LA 70508

PO BOX 2272 SHELBY, NC 281512272

HUNTSVILLE, AL 35801

BAINBRIDGE-DECATUR COUNTY YMCA 1818 EAST SHOTWELL STREET BAINBRIDGE, GA 317174352

GREATER KINGSPORT FAMILY YMCA 1840 MEADOWVIEW PARKWAY KINGSPORT, TN 37660

PO BOX 1037 THOMASVILLE, GA 317991037 58-0566255						
MOULTRIE YMCA 601 26TH AVENUE SE MOULTRIE, GA 31768 58-0593424	SOCIAL SERVICE	GA	501(c)(3	9	NA	
ATHENS YMCA 915 HAWTHORNE AVE ATHENS, GA 30606 58-0593443	SOCIAL SERVICE	GA	501(c)(3	9	NA	
YMCA OF COASTAL GEORGIA INC PO BOX 14142	SOCIAL SERVICE	GA	501(c)(3	9	NA	

GΑ

GΑ

NC

NC

ΤN

NC

NC

GΑ

LA

NC

ΑL

GΑ

GΑ

FL

FL

501(c)(3

(g) Section 512

(b)(13) controlled entity?

No

Νo

NΑ

NΑ

NΑ

NΑ

NΑ

NΑ

NΑ

NΑ

lΝΑ

NΑ

NΑ

NΑ

NΑ

NΑ

NΑ

Yes

Form 990, Schedule R, Part II - Identification of Rela	ated Tax-Exempt Or	ganizations (c)	(d)	(e)	(f)	(9	-)
(a) Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section 501(c) (3))	Direct controlling entity	Sectio	n 512 13) olled
	SOCIAL SERVICE	FL	501(c)(3	9	NA	Yes	No No
YMCA OF NORTHWEST FLORIDA 415-B N TARRAGONA STREET PENSACOLA, FL 32501 59-0624465	SOCIAL SERVICE	FL.	301(c)(3	9	NA		NO
YMCA OF GREATER ST PETERSBURG 600 1ST AVENUE SUITE 201 ST PETERSBURG, FL 33701 59-0624468	SOCIAL SERVICE	FL	501(c)(3	9	NA		No
PALM BEACHES METROPOLITAN YMCA 2085 SOUTH CONGRESS AVENUE WEST PALM BEACH, FL 334067601 59-0624470	SOCIAL SERVICE	FL	501(c)(3	9	NA		No
FLORIDA'S FIRST COAST YMCA - METROPOLITAN 12735 GRAN BAY PKWY W STE 250 JACKSONVILLE, FL 32258 59-0638514	SOCIAL SERVICE	FL	501(c)(3	9	NA		No
YMCA OF THE SUNCOAST 2469 ENTERPRISE ROAD CLEARWATER, FL 33763 59-0810731	SOCIAL SERVICE	FL	501(c)(3	9	NA		No
YMCA OF WEST CENTRAL FLORIDA 3620 CLEVELAND HEIGHTS BOULEVARD LAKELAND, FL 33803 59-1158144	SOCIAL SERVICE	FL	501(c)(3	9	NA		No
YMCA OF SOUTH PALM BEACH COUNTY 6631 PALMETTO CIRCLE SOUTH BOCA RATON, FL 33433 59-1416281	SOCIAL SERVICE	FL	501(c)(3	9	N A		No
SARASOTA FAMILY YMCA INC ONE S SCHOOL AVENUE SUITE 301 SARASOTA, FL 34237 59-1618413	SOCIAL SERVICE	FL	501(c)(3	9	NA		No
MANATEE COUNTY FAMILY YMCA 3805 59TH STREET WEST BRADENTON, FL 342096050 59-1626905	SOCIAL SERVICE	FL	501(c)(3	9	NA		No
SOUTH COUNTY FAMILY YMCA 701 CENTER ROAD VENICE, FL 34285 59-1629660	SOCIAL SERVICE	FL	501(c)(3	9	NA		No
LAKE WALES FAMILY YMCA 1001 BURNS AVENUE LAKE WALES, FL 33853 59-1741481	SOCIAL SERVICE	FL	501(c)(3	9	NA		No
TAMPA METROPOLITAN AREA YMCA 110 E OAK AVENUE TAMPA, FL 33602 59-1742909	SOCIAL SERVICE	FL	501(c)(3	9	NA		No
YMCA OF THE TREASURE COAST 1700 SE MONTEREY RD STUART, FL 349964109 59-1911653	SOCIAL SERVICE	FL	501(c)(3	9	NA		No
MARCO ISLAND YMCA PO BOX 2529 MARCO ISLAND, FL 339692529 59-2498619	SOCIAL SERVICE	FL	501(c)(3	9	NA		No
HIGHLANDS COUNTY FAMILY YMCA 100 YMCA LN SEBRING, FL 33875 59-2859656	SOCIAL SERVICE	FL	501(c)(3	9	NA		No
VOLUSIAFLAGLER FAMILY YMCA 761 EAST INTL SPEEDWAY BLVD DELAND, FL 32724 59-3284968	SOCIAL SERVICE	FL	501(c)(3	9	NA		No
NORTHFIELD AREA FAMILY YMCA 519 DIVISION STREET NORTHFIELD, MN 55057 59-3817686	SOCIAL SERVICE	MN	501(c)(3	9	NA		No
ASHLAND AREA YMCA 3232 OLD 13TH STREET ASHLAND, KY 411025454 61-0444836	SOCIAL SERVICE	кү	501(c)(3	9	NA		No
KENTUCKY YMCA YOUTH ASSOCIATION INC PO BOX 4285 FRANKFORT, KY 40604 61-0444841	SOCIAL SERVICE	КҮ	501(c)(3	9	NA		No
YMCA OF CENTRAL KENTUCKY 239 E HIGH ST LEXINGTON, KY 405071409 61-0444842	SOCIAL SERVICE	кү	501(c)(3	9	N A		No

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations (d) Exempt Code section **(f)** Direct controlling (g) Section 512 (a)
Name, address, and EIN of related organization (e) Public charity (c) Primary activity Legal domicile entity (state status (b)(13) or foreign (If section 501(c) controlled country) (3)) entity? Yes No SOCIAL SERVICE ΚY 501(c)(3 NΑ Νo YMCA OF GREATER LOUISVILLE 545 SOUTH SECOND STREET LOUISVILLE, KY 402021864 61-0444843 SOCIAL SERVICE 501(c)(3 NΑ Νo ΚY YMCA OF OWENSBORODAVIESS COUNTY 900 KENTUCKY PARKWAY OWENSBORO, KY 423015423 61-0561344 SOCIAL SERVICE ΚY 501(c)(3 NΑ Νo FRANKFORT YMCA 402 WEST BROADWAY FRANKFORT, KY 40601 61-0562021 SOCIAL SERVICE 501(c)(3 NΑ ΚY Νo HENDERSON COUNTY FAMILY YMCA 460 KLUTEY PARK PLAZA HENDERSON, KY 424203348 61-0597114 SOCIAL SERVICE ΚY 501(c)(3 NΑ Νo PARIS-BOURBON COUNTY YMCA 917 MAIN STREET PARIS, KY 40361 61-0676727 SOCIAL SERVICE ΚY 501(c)(3 NΑ Νo HOPKINS COUNTY FAMILY YMCA 150 YMCA DRIVE MADISONVILLE, KY 424319936 61-0904719 SOCIAL SERVICE ΚY 501(c)(3 NΑ Νo WILDERNESS TRACE FAMILY YMCA PO BOX 326 HARRODSBURG, KY 403300326 61-1024933 SOCIAL SERVICE ΚY NΑ 501(c)(3 Νo LIMESTONE FAMILY YMCA 1080 US ROUTE 68 MAYSVILLE, KY 41056 61-1080836 SOCIAL SERVICE ΚY 501(c)(3 NΑ Νo UNION COUNTY YMCA PO BOX 603 MORGANFIELD, KY 424370603 61-1173801 SOCIAL SERVICE ΚY 501(c)(3 NΑ Νo PIKEVILLE AREA FAMILY YMCA 424 BOB AMUS DRIVE PIKEVILLE, KY 41501 61-1177162 SOCIAL SERVICE NΑ ΚY 501(c)(3 Νo YMCA OF MAYFIELDGRAVES COUNTY PO BOX 402 MAYFIELD, KY 420660402 61-1204017 SOCIAL SERVICE ΚY 501(c)(3 NΑ Νo YMCA OF WINCHESTER 645 WESTMEAD DRIVE WINCHESTER, KY 40391 61-1206677 SOCIAL SERVICE $\mathsf{K}\mathsf{Y}$ 501(c)(3 NΑ Νo HOPKINSVILLECHRISTIAN COUNTY FAMILY YMCA 7805 EAGLE WAY HOPKINSVILLE, KY 42240 61-1297293 SOCIAL SERVICE ОН 501(c)(3 NΑ Νo FAYETTE COUNTY FAMILY YMCA PO BOX 1021 WASHINGTON CH, OH 43160 61-1416843 SOCIAL SERVICE NΑ ΚY 501(c)(3 Νo TELFORD COMMUNITY CENTER YMCA 1100 E MAIN STREET RICHMOND, KY 404752027 61-6000619 SOCIAL SERVICE ΤN 501(c)(3 NΑ Νo YMCA OF METROPOLITAN CHATTANOOGA 301 WEST SIXTH STREET CHATTANOOGA, TN 374021108 62-0475699 SOCIAL SERVICE TN501(c)(3 NΑ Νo YMCA OF EAST TENNESSEE 136 FOX ROAD KNOXVILLE, TN 379223303 62-0475700 SOCIAL SERVICE ΤN 501(c)(3 NΑ Νo YMCA OF MIDDLE TENNESSEE 1000 CHURCH STREET NASHVILLE, TN 37203 62-0476243 SOCIAL SERVICE ΤN 501(c)(3 NΑ Νo

SOCIAL SERVICE

VΑ

501(c)(3

NΑ

Νo

YMCA OF MEMPHIS & THE MID-SOUTH 6373 QUAIL HOLLOW ROAD SUITE 201

7405 ALBAN STATION CT STEB215 SPRINGFIELD, VA 221502318

ARMED SERVICES YMCA OF THE USA-NATIONAL HDQTRS

MEMPHIS, TN 38120 62-0476304

62-0491361

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

(a)

Name, address, and EIN of related organization

YMCA OF BRISTOL
400 M L KING JR BLVD
BRISTOL, TN 37620
62-0521204

SOCIAL SERVICE

TN

501(c)(3

Exempt Code section

SOCIAL SERVICE

TN

501(c)(3

SOCIAL SERVICE

MS

MS

MS

501(c)(3

501(c)(3

501(c)(3

YMCA OF GREENE COUNTY

MILAN FAMILY YMCA 5207 INDUSTRIAL DR MILAN, TN 38358 62-1547529

YMCA OF DYER COUNTY

LEGACY YMCA 1501 FOURTH AVE SW BESSEMER, AL 350236016

DYERSBURG, TN 380251502

MONTGOMERY YMCA METRO BOARD

BIRMINGHAM METROPOLITAN YMCA

TUSCALOOSA METROPOLITAN YMCA

MONTGOMERY, AL 361032336

YMCA OF SOUTH ALABAMA INC

2101 FOURTH AVE N BIRMINGHAM, AL 35203

PO BOX 2272 MOBILE, AL 366911506

2405 PAUL BRYANT DR TUSCALOOSA, AL 35401

1 YMCA DRIVE SELMA, AL 367017770

100 WALNUT STREET GADSDEN, AL 359015253

YMCA OF THE SHOALS 2121 HELTON DRIVE FLORENCE, AL 356301448

ENTERPRISE YMCA PO BOX 310700 ENTERPRISE, AL 36331

BREWTON AREA YMCA 1 YMCA DRIVE BREWTON, AL 36426 63-0999102

ATMORE AREA YMCA INC 501 SOUTH PENSACOLA AVENUE

PRATTVILLE, AL 360680009

JACKSON METROPOLITAN YMCA

JUNIUS WARD JOHNSON YMCA 267 YMCA PLACE

HODDING CARTER MEMORIAL YMCA

ATMORE, AL 36502 63-1151492

PRATTVILLE YMCA PO BOX 680009

800 E RIVER PLACE JACKSON, MS 39202

VICKSBURG, MS 39180

1688 FAIRGROUND ROAD GREENVILLE, MS 38703

63-6052425

64-0303099

64-0303115

64-0306257

YMCA OF CALHOUN COUNTY 29 W 14TH ST PO BOX 1649 ANNISTON, AL 362011649

YMCA OF SELMA-DALLAS COUNTY

YMCA OF THE COOSA VALLEY INC

GREENEVILLE, TN 377456243

404 Y STREET

62-0809014

PO BOX 1502

62-1616172

63-0288881

63-0288885

63-0299894

63-0302187

63-0302189

63-0332253

63-0414814

63-0436456

63-0545200

63-0589262

TN	501(c)(3	9	NA
TN	501(c)(3	9	NA
TN	501(c)(3	9	N A
ΤN	501(c)(3	9	NA
AL	501(c)(3	9	N A
AL	501(c)(3	9	NΑ
AL	501(c)(3	9	NA
AL	501(c)(3	9	NA
AL	501(c)(3	9	NA
AL	501(c)(3	9	N A
AL	501(c)(3	9	NA
AL	501(c)(3	9	NΑ
AL	501(c)(3	9	N A
AL	501(c)(3	9	ΝA
AL	501(c)(3	9	N A
AL	501(c)(3	9	NΑ
AL	501(c)(3	9	NA

(f) Direct controlling

entity

(e) Public charity

status

(if section 501(c) (3)) (g) Section 512

(b)(13) controlled entity?

No

Νo

lnα

NΑ

NΑ

Yes

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations (d) Exempt Code section ıle ntry)

SOCIAL SERVICE

Torm 550, benediate by furt 12 Lucitanication of Related Tax Exempt organizations						
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicil (state or foreign coun				
FAMILY YMCA OF SOUTHEAST MISSISSIPPI INC 3719 VETERANS MEMORIAL DRIVE HATTIESBURG, MS 39401 64-0340760	SOCIAL SERVICE	MS				
MISSISSIPPI GULF COAST YMCA 1810 GOVERNMENT ST	SOCIAL SERVICE	MS				

OCEAN SPRINGS, MS 395643931

MONROEVILLE AREA YMCA 2197 S MT PLEASANT AVE MONROEVILLE, AL 36460

SAN JUAN, PR 009093333

7843 NAZARET STREET PONCE, PR 00717 66-0204831

SISKIYOU FAMILY YMCA 350 FOOTHILL DRIVE YREKA, CA 960972627

207 NORTH MAIN STREET WARREN, AR 716712716

YMCA OF WARREN AND BRADLEY COUNTY

YMCA OF HOT SPRINGS ARKANSAS INC

SHREVEPORT BOSSIER METRO YMCA

THE DENNY PRICE FAMILY YMCA OF ENID OKLAHOMA

SAN JUAN - PUERTO RICO YMCA 800 BLVD SAGRADO CORAZON ESQ

FRANK P PHILLIPS MEMORIAL YMCA 602 NORTH SECOND AVENUE COLUMBUS, MS 39701

64-0584648

64-6025994

65-1058521

66-0190784

PONCE YMCA

68-0294653

70-0275848

71-0236925

72-0408994

PO BOX 566

72-0408997

72-0423490

72-0428019

72-0880478

73-0106247

73-0149048

73-0521535

73-0579270

420 S MAIN STREET TULSA, OK 74103 73-0579269

DRYADES YMCA PO BOX 56217

BAYOULAND YMCA 103 VALHI BOULEVARD HOUMA, LA 703606280

106 WEST 13TH STREET OKMULGEE, OK 74447

1400 AIRPORT ROAD WEATHERFORD, OK 73096

6691 RIVERSIDE DR MATAIRIE, LA 70003

415 W CHEROKEE ENID, OK 73701 70-0599309

130 WERNER STREET

HOT SPRINGS, AR 719136443

YMCA OF THE CAPITAL AREA 350 SOUTH FOSTER DRIVE BATON ROUGE, LA 708064105

SHREVEPORT, LA 711620566

YMCA OF GREATER NEW ORLEANS

NEW ORLEANS, LA 701566217

OKMULGEE COUNTY FAMILY YMCA

GREAT PLAINS FAMILY YMCA INC

FAMILY YMCA OF BARTLESVILLE 101 NORTH OSAGE BARTLESVILLE, OK 74003

YMCA OF GREATER TULSA - METRO OFFICE

YMCA OF GREATER OKLAHOMA CITY 500 N BROADWAY AVE SUITE 500 OKLAHOMA CITY, OK 731026298

501(c)(3 501(c)(3

501(c)(3

501(c)(3

501(c)(3

501(c)(3

501(c)(3

501(c)(3

501(c)(3

501(c)(3

501(c)(3

501(c)(3

501(c)(3

501(c)(3

501(c)(3

501(c)(3

501(c)(3

501(c)(3

501(c)(3

501(c)(3

MS

ΑL

PR

PR

CA

ΑR

ОК

ΑR

LA

LA

LA

LA

LA

οк

ОК

οк

ОК

ОК

NΑ

(e) Public charity

status

(if section 501(c)

(3))

NΑ NΑ

NΑ

NΑ

NΑ

NΑ

NΑ

NΑ

NΑ

NΑ

NΑ

NΑ

lΝΑ

NΑ

NΑ

lnα

NΑ

NΑ

NΑ

(f) Direct controlling

entity

Νo

(g) Section 512

(b)(13)

controlled entity?

No

Νo

Yes

Νo
No
No
No
Νo
No
Νo
Νo
No
No
No
Νo
No

Form 990, Schedule R, Part II - Identification of Related (a)
Name, address, and EIN of related organization

SOCIAL SERVICE

ΤX

TX

ТΧ

 TX

ТΧ

ТΧ

ТΧ

501(c)(3

501(c)(3

501(c)(3

501(c)(3

501(c)(3

501(c)(3

501(c)(3

Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country
SHAWNEE FAMILY YMCA 700 W SARATOGA SHAWNEE, OK 74804 73-0602462	SOCIAL SERVICE	ок
ARDMORE FAMILY YMCA AT ARDMORE OKLAHOMA 920 15TH ST NW ARDMORE, OK 73401 73-0603523	SOCIAL SERVICE	ОК
YMCA OF PONCA CITY OKLAHOMA	SOCIAL SERVICE	ОК

702 E GRAND AVE

5 SW FIFTH STREET LAWTON, OK 73501 73-0642616

73-0634724

73-0674204

PONCA CITY, OK 746015514

YMCA OF LAWTON OKLAHOMA

STILLWATER FAMILY YMCA 204 SOUTH DUCK STREET STILLWATER, OK 74074

NOBLE COUNTY FAMILY YMCA 107 N SEVENTH STREET PERRY, OK 73077 73-1099310

1350 LEXINGTON AVENUE NORMAN, OK 73069 73-1149824

TEXAS COUNTY FAMILY YMCA 1401 N MAIN ST PO BOX 1428

RANDOLPH AREA YMCA 1600 N MORLEY STREET STE 110A

YMCA OF GREATER SAN ANTONIO 3233 N SAINT MARYS STREET SAN ANTONIO, TX 782123579

YMCA OF THE GREATER HOUSTON AREA

YMCA OF GREATER EL PASO TX & RIO GRANDE VALLEY

GUYMON, OK 73942 73-1464310

MOBERLEY, MO 65270

PO BOX 3007 HOUSTON, TX 772533007

810 WYOMING AVENUE EL PASO, TX 799025339

6760 NINTH AVENUE

YMCA OF PORT ARTHUR TEXAS

PORT ARTHUR, TX 776426413

AUSTIN METROPOLITAN YMCA 1402 EAST CESAR CHAVEZ AUSTIN, TX 78702

YMCA OF THE COASTAL BEND 417 S UPPER BROADWAY ST CORPUS CHRISTI, TX 784013431

1806 NORTH NIMITZ STREET VICTORIA, TX 779015534

ROUND ROCK, TX 786800819

YMCA OF METROPOLITAN DALLAS

SAN ANGELO, TX 769036427

YMCA OF CENTRAL TEXAS PO BOX 20515 WACO, TX 767020515

THE YMCA OF THE GOLDEN CRESCENT INC

YMCA OF GREATER WILLIAMSON COUNTY

73-1663479

74-1109634

74-1109737

74-1109880

74-1143027

74-1193464

74-1211670

74-1368574

PO BOX 819

74-2206558

74-2668685

75-0800696

75-0800698

601 N AKARD ST DALLAS, TX 752013303

SAN ANGELO YMCA 353 S RANDOLPH ST

CLEVELAND COUNTY FAMILY YMCA

Νo

(g) Section 512

(b)(13) controlled entity? Yes No Νo

Νo

Νo

	Νo
	No
	No
	No
	Νo
	No
	Νo
	Νo

lΝΑ

NΑ

NΑ

lnα

NΑ

NΑ

NΑ

ed Tax-Exempt Org		1	1	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
SOCIAL SERVICE	ОК	501(c)(3	9	NA
SOCIAL SERVICE	ок	501(c)(3	9	NA
SOCIAL SERVICE	ОК	501(c)(3	9	NA
SOCIAL SERVICE	ОК	501(c)(3	9	NA
SOCIAL SERVICE	OK	501(c)(3	9	N A
SOCIAL SERVICE	ОК	501(c)(3	9	NA
SOCIAL SERVICE	ОК	501(c)(3	9	N A
SOCIAL SERVICE	ОК	501(c)(3	9	N A
SOCIAL SERVICE	МО	501(c)(3	9	N A
SOCIAL SERVICE	ТХ	501(c)(3	9	NA
SOCIAL SERVICE	ТХ	501(c)(3	9	NA
SOCIAL SERVICE	TX	501(c)(3	9	NA
SOCIAL SERVICE	ТХ	501(c)(3	9	NA

Form 990, Schedule R, Part II - Identification of Rela	ated Tax-Exempt Or	ganizations (c)	(d)	(e)	(f)	.	9)
(a) Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section 501(c) (3))	Direct controlling entity	Section (b)(n 512 13) olled
	SOCIAL SERVICE	TX	501(c)(3	9	NA	Yes	No No
YMCA OF CORSICANA 400 OAKLAWN CORSICANA, TX 75110 75-0808817	SOCIAL SERVICE		301(0)(3				
WICHITA FALLS METROPOLITAN YMCA 1010 NINTH STREET WICHITA FALLS, TX 763013212 75-0808818	SOCIAL SERVICE	ТХ	501(c)(3	9	NA		No
YMCA OF BIG SPRING TEXAS PO BOX 1428 BIG SPRING, TX 797211428 75-0827470	SOCIAL SERVICE	ТХ	501(c)(3	9	NA		No
YMCA OF METROPOLITAN FORT WORTH 512 LAMAR STREET SUITE 400 FORT WORTH, TX 76102 75-0827471	SOCIAL SERVICE	ТХ	501(c)(3	9	NA		No
YMCA OF ABILENE TEXAS PO BOX 3137 ABILENE, TX 79604 75-0855638	SOCIAL SERVICE	ТХ	501(c)(3	9	NA		No
YMCA OF MIDLAND TEXAS PO BOX 954 MIDLAND, TX 797020954 75-0871732	SOCIAL SERVICE	ТХ	501(c)(3	9	NA		No
YMCA OF TYLER TEXAS INC 225 S VINE AVENUE TYLER, TX 757027143 75-0891469	SOCIAL SERVICE	ТХ	501(c)(3	9	N A		No
GREENVILLEHUNT COUNTY YMCA 1915 STANFORD STREET GREENVILLE, TX 754015908 75-0968474	SOCIAL SERVICE	тх	501(c)(3	9	N A		No
PALESTINE YMCA 5500 N LOOP 256 PALESTINE, TX 75801 75-0975622	SOCIAL SERVICE	ТХ	501(c)(3	9	N A		No
YMCA OF ARLINGTON 1148 W PIONEER PKWY SUITE H ARLINGTON, TX 76013 75-1000839	SOCIAL SERVICE	ТХ	501(c)(3	9	NA		No
YMCA OF MOORE COUNTY INC 1400 SOUTH MADDOX AVENUE DUMAS, TX 790295722 75-1073132	SOCIAL SERVICE	ТХ	501(c)(3	9	N A		No
ODESSA FAMILY YMCA 3001 E UNIVERSITY BLVD ODESSA, TX 79762 75-1187026	SOCIAL SERVICE	ТХ	501(c)(3	9	NA		No
YMCA OF PLAINVIEW TEXAS PO BOX 1286 PLAINVIEW, TX 790731286 75-6042150	SOCIAL SERVICE	ТХ	501(c)(3	9	NA		No
CENTRAL COAST YMCA 500 LINCOLN AVENUE SALINAS, CA 93901 77-0202335	SOCIAL SERVICE	CA	501(c)(3	9	NA		No
YMCA OF BILLINGS 402 N 32ND ST BILLINGS, MT 591011215 81-0229368	SOCIAL SERVICE	МТ	501(c)(3	9	NA		No
YMCA OF HELENA INC 1200 NORTH MAIN HELENA, MT 596012906 81-0231815	SOCIAL SERVICE	МТ	501(c)(3	9	NA		No
BUTTE FAMILY YMCA INC 2975 WASHOE ST BUTTE, MT 597013236 81-0233504	SOCIAL SERVICE	МТ	501(c)(3	9	N A		No
GREATER MISSOULA FAMILY YMCA 3000 RUSSELL ST MISSOULA, MT 598018547 81-0300829	SOCIAL SERVICE	МТ	501(c)(3	9	NA		No
SOUTHWESTERN MONTANA FAMILY YMCA INC 75 SWENSON WAY DILLON, MT 59725 81-0486053	SOCIAL SERVICE	МТ	501(c)(3	9	NA		No
GALLATIN VALLEY YMCA INC PO BOX 10158 BOZEMAN, MT 59719 81-0542574	SOCIAL SERVICE	МТ	501(c)(3	9	NA		No

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations						
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section			
YMCA OF BOISE INC 1177 W STATE STREET BOISE, ID 83702 82-0200908	SOCIAL SERVICE	ID	501(c)(3			
YMCA OF IDAHO FALLS INC 155 NORTH CORNER	SOCIAL SERVICE	ID	501(c)(3			

SOCIAL SERVICE

ΙD

ΙD

WY

WY

WY

СО

СО

СО

СО

СО

ΝM

NM

ΑZ

ΑZ

UT

ΝV

WA

WA

IDAHO FALLS, ID 83402

YMCA OF TWIN FALLS INC 1751 ELIZABETH BLVD TWIN FALLS, ID 83301

POST OFFICE BOX 6801 KETCHUM, ID 83340

CHEYENNE FAMILY YMCA 1426 E LINCOLNWAY CHEYENNE, WY 82001

CASPER FAMILY YMCA 315 EAST 15TH STREET CASPER, WY 82602 83-0197773

WOOD RIVER COMMUNITY YMCA

JOHNSON COUNTY FAMILY YMCA 101 SOUTH KLONDIKE DRIVE BUFFALO, WY 82834

YMCA OF METROPOLITAN DENVER 2625 SOUTH COLORADO BLVD

YMCA OF THE PIKES PEAK REGION 316 NORTH TEJON STREET COLORADO SPRINGS, CO 80903

82-0222174

82-0255460

83-0179528

83-0237890

84-0404266

PO BOX 20800

YMCA OF PUEBLO

84-0404913

84-0404925

84-0459944

85-0105592

85-0130054

86-0101237

86-0119151

87-0212472

88-0059266

91-0482690

91-0482710

THE FAMILY YMCA

DENVER, CO 80222 84-0402696

YMCA OF THE ROCKIES

ESTES PARK, CO 805112800

3200 SPAULDING AVENUE PUEBLO, CO 81008

YMCA OF BOULDER VALLEY 2850 MAPLETON AVE BOULDER, CO 803011122

ALBUQUERQUE, NM 87181

1450 IRIS ST LOS ALAMOS, NM 875443056

YMCA OF SOUTHERN ARIZONA 60 W ALAMEDA ST TUCSON, AZ 857011307

PRESCOTT, AZ 863011718

SALT LAKE CITY, UT 84106

YMCA OF SOUTHERN NEVADA 4141 MEADOWS LANE LAS VEGAS, NV 891073105

WHATCOM FAMILY YMCA 1256 N STATE STREET BELLINGHAM, WA 98225

YMCA OF GREATER SEATTLE 909 FOURTH AVENUE SEATTLE, WA 981041194

PRESCOTT YMCA OF YAVAPAI COUNTY 750 WHIPPLE STREET

YMCA OF GREATER SALT LAKE AREA 3098 S HIGHLAND DRIVE SUITE 290

THE YMCA OF CENTRAL NEW MEXICO

	(d) Exempt Code section	Exempt Code Public charity		(g) Section 512 (b)(13) controlled entity?		
1	-047.1/2			Yes No		
	501(c)(3	9	NA	No		
5	501(c)(3	9	N A	No		
5	01(c)(3	9	N A	No		
5	501(c)(3	9	N A	No		
5	501(c)(3	9	N A	No		
5	501(c)(3	9	N A	No		
5	501(c)(3	9	N A	No		
5	501(c)(3	9	N A	No		
5	501(c)(3	9	N A	No		
5	501(c)(3	9	N A	No		
5	501(c)(3	9	N A	No		
5	501(c)(3	9	N A	No		
5	501(c)(3	9	N A	No		
5	501(c)(3	9	N A	No		
5	501(c)(3	9	N A	No		
5	501(c)(3	9	N A	No		
5	501(c)(3	9	N A	No		
5	501(c)(3	9	N A	No		
5	501(c)(3	9	NA	No		
5	501(c)(3	9	NA	No		

Form 990, Schedule R, Part II - Identification of Relat			1	ı	1 ,,,	_ را	
(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)() contribution enti	n 512 13) olled ty?
YMCA OF SOUTHWEST WASHINGTON PO BOX 698 LONGVIEW, WA 98632	SOCIAL SERVICE	WA	501(c)(3	9	N A	Yes	No No
91-0565021 SKAGIT VALLEY FAMILY YMCA 215 E FULTON ST MOUNT VERNON, WA 982733309 91-0565022	SOCIAL SERVICE	WA	501(c)(3	9	NA		No
YMCA OF SNOHOMISH COUNTY 2720 ROCKEFELLER AVE EVERETT, WA 982013523 91-0565561	SOCIAL SERVICE	WA	501(c)(3	9	NA		Νo
YMCA OF PIERCE AND KITSAP COUNTIES 1614 SOUTH MILDRED SUITE 1 TACOMA, WA 98465 91-0565562	SOCIAL SERVICE	WA	501(c)(3	9	NA		Νo
YMCA OF YAKIMA 5 NORTH NACHES AVENUE YAKIMA, WA 98901 91-0568717	SOCIAL SERVICE	WA	501(c)(3	9	NA		Νo
YMCA AT WASHINGTON STATE UNIVERSITY 105 NE SPRING ST PULLMAN, WA 991647230 91-0573117	SOCIAL SERVICE	WA	501(c)(3	9	NA		No
WENATCHEE VALLEY YMCA 217 ORONDO AVE WENATCHEE, WA 988012209 91-0578224	SOCIAL SERVICE	WA	501(c)(3	9	NA		No
YMCA OF WALLA WALLA PO BOX 1637 WALLA WALLA, WA 993620359 91-0580856	SOCIAL SERVICE	WA	501(c)(3	9	NA		Νo
SOUTH SOUND YMCA 1530 YELM HWY SE OLYMPIA, WA 98501 91-0586473	SOCIAL SERVICE	WA	501(c)(3	9	NA		Νo
CLALLAM COUNTY YMCA INC 302 S FRANCIS ST PORT ANGELES, WA 98362 91-0652924	SOCIAL SERVICE	WA	501(c)(3	9	NA		Νo
YMCA OF THE INLAND NORTHWEST 1126 N MONROE SPOKANE, WA 99201 91-0827958	SOCIAL SERVICE	WA	501(c)(3	9	NA		No
YMCA OF THE GREATER TRI-CITIES 1234 COLUMBIA PARK TRAIL RICHLAND, WA 993523853 91-1655754	SOCIAL SERVICE	WA	501(c)(3	9	NA		Νo
YMCA OF GRAYS HARBOR 2500 SIMPSON AVENUE HOQUIAM, WA 985503937 91-1984900	SOCIAL SERVICE	WA	501(c)(3	9	NA		Νo
YMCA OF ANCHORAGE ALASKA 5353 LAKE OTIS PARKWAY ANCHORAGE, AK 995071709 92-0034878	SOCIAL SERVICE	AK	501(c)(3	9	NA		No
YMCA OF KLAMATH COUNTY OREGON 1221 S ALAMEDA KLAMATH FALLS, OR 976033657 93-0386978	SOCIAL SERVICE	OR	501(c)(3	9	NA		No
YMCA OF COLUMBIA-WILLAMETTE ASSOCIATION SERVICES 9500 SW BARBUR BLVD STE 200 PORTLAND, OR 972195426 93-0386981	SOCIAL SERVICE	OR	501(c)(3	9	NA		No
FAMILY YMCA OF MARION AND POLK COUNTIES 685 COURT STREET NE SALEM, OR 973013844 93-0386982	SOCIAL SERVICE	OR	501(c)(3	9	NA		Νo
YMCA OF MEDFORD 522 WEST SIXTH STREET MEDFORD, OR 975012735 93-0391645	SOCIAL SERVICE	OR	501(c)(3	9	NA		Νo
CENTRAL DOUGLAS COUNTY FAMILY YMCA 1151 STEWART PARKWAY ROSEBURG, OR 974701902 93-0395593	SOCIAL SERVICE	OR	501(c)(3	9	NA		Νo
TILLAMOOK COUNTY FAMILY YMCA	SOCIAL SERVICE	OR	501(c)(3	9	NA		No

TILLAMOOK COUNTY FAMILY YMCA 610 STILLWELL ST TILLAMOOK, OR 97141 93-0457167

(d) Exempt Code section ry)

SOCIAL SERVICE

(e) Public charity

status

(if section 501(c)

(3))

501(c)(3

9

СА

СА

CA

СА

СА

СА

СА

СА

 $\mathsf{C}\mathsf{A}$

CA

СА

СА

CA

СА

СА

 $\mathsf{C}\mathsf{A}$

(f) Direct controlling

entity

NΑ

NΑ

lnα

NΑ

lΝΑ

NΑ

NΑ

lnα

NΑ

NΑ

NΑ

(g) Section 512

(b)(13)

controlled entity?

No

Νo

Yes

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				
MID-WILLAMETTE FAMILY YMCA 3311 S PACIFIC BLVD ALBANY, OR 973217797 93-0479079	SOCIAL SERVICE	OR				
EUGENE FAMILY YMCA 2055 PATTERSON STREET EUGENE, OR 974052958 93-0500679	SOCIAL SERVICE	OR				
BAKER COUNTY YMCA 2021 MAIN ST BAKER CITY, OR 978143351 93-0621433	SOCIAL SERVICE	OR				
YMCA OF GRANTS PASS OREGON PO BOX 5439 GRANTS PASS, OR 97527 93-0848122	SOCIAL SERVICE	OR				

YMCA OF SAN FRANCISCO

YMCA OF THE EAST BAY 2330 BROADWAY

OAKLAND, CA 946122496

YMCA OF SILICON VALLEY 80 SARATOGA AVE

SANTA CLARA, CA 950517398

YMCA OF SAN JOAQUIN COUNTY 6135 TAM OSHANTER DRIVE STOCKTON, CA 95210

YMCA OF SUPERIOR CALIFORNIA

YMCA OF THE CENTRAL BAY AREA 2111 MARTIN LUTHER KING JR WAY

SONOMA COUNTY FAMILY YMCA 1111 COLLEGE AVENUE SANTA ROSA, CA 954043905

2555 3RD ST STE 215 SACRAMENTO, CA 958181100

YMCA OF POMONA VALLEY

CHANNEL ISLANDS YMCA 105 E CARRILLO ST

SANTA BARBARA, CA 931012110

SANTA MONICA FAMILY YMCA

YMCA OF GREATER LONG BEACH

YMCA OF WEST SAN GABRIEL VALLEY

YMCA OF METROPOLITAN LOS ANGELES

LONG BEACH, CA 908090995

401 EAST CORTO STREET ALHAMBRA, CA 91801

625 S NEW HAMPSHIRE AVE LOS ANGELES, CA 900051371

CALIFORNIA YMCA YOUTH AND GOVERNMENT

SACRAMENTO, CA 958181624

94-0997140

94-1156317

94-1156318

94-1156319

94-1156634

94-1156635

94-1212141

94-1265049

94-1459198

94-3360482

95-1643379

95-1643380

PO BOX 90995

95-1643396

95-1644051

95-1644052

1332 SIXTH STREET SANTA MONICA, CA 90401

350 N GAREY AVE POMONA, CA 91767 95-1641976

GOLDEN STATE YMCA 211 W TULARE AVE VISALIA, CA 932774813

2021 W STREET

BERKELEY, CA 94704

SHASTA COUNTY YMCA 1155 N COURT STREET REDDING, CA 960010437

50 CALIFORNIA STREET SUITE 650 SAN FRANCISCO, CA 94111

For

YMCA OF THE EAST VALLEY

YMCA OF GREATER WHITTIER 12510 E HADLEY ST 201 WHITTIER, CA 90601

10970 ARROW ROUTE SUITE 106 RANCHO CUCAMONGA, CA 91730

500 E CITRUS AVE REDLANDS, CA 923735221

YMCA OF ANAHEIM 240 S EUCLID STREET ANAHEIM, CA 92802 95-1709299

WEST END YMCA

YMCA OF ORANGE 2241 EAST PALMYRA ORANGE, CA 92869

YMCA OF THE FOOTHILLS 1930 FOOTHILL BLVD LA CANADA, CA 91011

YMCA OF SAN DIEGO COUNTY

SAN LUIS OBISPO COUNTY YMCA 1020 SOUTHWOOD DRIVE SAN LUIS OBISPO, CA 93401

SOUTHEAST VENTURA COUNTY YMCA 100 E THOUSAND OAKS BLVD SUITE 295

SANTA MARIA VALLEY YMCA 3400 SKYWAY DRIVE SANTA MARIA, CA 934552504

THOUSAND OAKS, CA 91360

CORONA-NORCO FAMILY YMCA

FAMILY YMCA OF THE DESERT 43-930 SAN PABLO AVE PALM DESERT, CA 92260

95-1727678

95-1816053

95-1976183

95-2039198

95-2147727

95-2158363

95-2305501

95-3673295

99-0073533

01-0567018

ATHOLYMCA 545 MAIN STREET ATHOL, MA 01331 04-2103727

OLD COLONY Y 320 MAIN STREET BROCKTON, MA 02301

04-2125014

YMCA OF KAUAI PO BOX 1786 LIHUE, HI 96766 99-0074494

MAUI FAMILY YMCA 250 KANALOA AVE KAHULUI, HI 96732 99-0105206

33 ELK STREET SUITE 200 ALBANY, NY 12207

ALLIANCE OF NEW YORK STATE YMCAS INC

YMCA OF HONOLULU 1441 PALI HWY

HONOLULU, HI 968132050

1331 RIVER ROAD CORONA, CA 91720 95-2879893

3708 RUFFIN RD SAN DIEGO, CA 92123

95-1684787

NΑ

lΝΑ

NΑ

NΑ

lnα

NΑ

NΑ

NΑ

entity

controlled entity? Yes No Νo

(g) Section 512 (b)(13)

Νo

orm 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations									
(a)	(b)	(c)	(d)	(e)	(f)				
Name, address, and EIN of related organization	Primary activity	Legal domicile	Exempt Code	Public charity	Direct controlling				
		(state	section	status	entity				
		or foreign country)		(if section 501(c)	1				
				(3))	ĺ				

SOCIAL SERVICE

SOCIAL SERVICE	CA	501(c)(3	9	NA	Γ
					l
					╄
SOCIAL SERVICE	CA	501(c)(3	9	NA	l
					l
					l
					l
					l

SOCIAL SERVICE СА 501(c)(3

CA

СА

СА

CA

СА

СА

СА

СА

СА

 $\mathsf{C}\mathsf{A}$

CA

ΗΙ

ΗI

ΗΙ

ΝY

МΑ

МΑ

501(c)(3

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

Form 990, Schedule R, Part II - Identification of Re			1	1 .	1 40		,	
(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)((g) Section 512 (b)(13) controlled entity?	
						Yes	No	
WAYNE COUNTY YMCA 105 PARK STREET HONESDALE, PA 18431 23-2122456	SOCIAL SERVICE	PA	501(c)(3	9	N A		No	
PULASKI COUNTY FAMILY YMCA 120 W 15TH STREET WINAMAC, IN 46996 35-2094935	SOCIAL SERVICE	IN	501(c)(3	9	N A		No	
STEVENS POINT AREA YMCA 1000 DIVISION STREET STEVENS POINT, WI 54481 39-1102612	SOCIAL SERVICE	WI	501(c)(3	9	NA		No	
UNICOI COUNTY FAMILY YMCA PO BOX 60 ERWIN, TN 376500060 62-0478092	SOCIAL SERVICE	TN	501(c)(3	9	N A		No	
SOUTHSIDE VIRGINIA FAMILY YMCA 580 COMMERCE RD FARMVILLE, VA 23901 62-1487256	SOCIAL SERVICE	VA	501(c)(3	9	NA		No	
VALLEY OF THE SUN YMCA 350 NORTH FIRST AVENUE PHOENIX, AZ 850031513 86-0096799	SOCIAL SERVICE	AZ	501(c)(3	9	NA		No	
YMCA OF ASHLAND 1952 ASHLAND AVE ASHLAND, OR 97520 93-0386976	SOCIAL SERVICE	OR	501(c)(3	9	NA		No	
YMCA OF GLENDALE CALIFORNIA 140 N LOUISE STREET GLENDALE, CA 912064226 95-1661118	SOCIAL SERVICE	CA	501(c)(3	9	N A		No	
DICKSON COUNTY FAMILY YMCA 111 HWY 70 E DICKSON, TN 37055 47-1215122	SOCIAL SERVICE	TN	501(c)(3	9	NA		No	
PUTNAM COUNTY FAMILY YMCA 235 CAVALIER DRIVE COOKEVILLE, TN 385013623 46-5501752	SOCIAL SERVICE	TN	501(c)(3	9	NA		No	
HEREFORD & VICINITY 500 EAST 15TH STREET HEREFORD, TX 790453109 75-1506344	SOCIAL SERVICE	ТХ	501(c)(3	9	NA		No	
YMCA OF GREENWICH 50 E PUTNAM AVENUE GREENWICH, CT 068305696 06-0646976	SOCIAL SERVICE	СТ	501(c)(3	9	NA		No	
RATHBUN LAKE AREA YMCA 708 SOUTH MAIN STREET CENTERVILLE, IA 525442422 26-2927214	SOCIAL SERVICE	IA	501(c)(3	9	N A		No	