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efile GRAPHIC print - DO NOT PROCESS As Filed Data -Form **990** 

For Paperwork Reduction Act Notice, see the separate instructions.

## **Return of Organization Exempt From Income Tax**

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

▶ Do not enter social security numbers on this form as it may be made public

2016

DLN: 93493311017397 OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

foundations)

▶ Information about Form 990 and its instructions is at <a href="www.irs.gov/form990">www.irs.gov/form990</a>

. Inspection

		2016			06.00	2017		_				
			alendar year, or tax year begind C Name of organization	ning 07-01-2016 , and endi	ng 06-31	J-2017	D Employe	r identif	ication number			
	ck II ap dress cl	oplicable change	YOUNG MEN'S CHRISTIAN ASSOCIAT	TON RETIREMENT FUND								
□ Na	me cha	ange					13-5562	401				
□ Ini Fin	tıal retu	urn	Doing business as YMCA Retirement Fund									
□ Amended return			Number and street (or P O box if ma	ıl ıs not delivered to street address)	Room/sui	te	E Telephone	e number				
			120 Broadway	,			(646) 45	8-2400				
⊔ Ар	plicatio	n pending	City or town, state or province, coun	ry, and ZIP or foreign postal code			, ,					
			New York, NY 102711999				<b>G</b> Gross rec	eipts \$ 1,	876,889,121			
			F Name and address of principal	officer		H(a) Is this	a group ret	urn for				
			John M Preis 120 Broadway				dinates?		□Yes 🗹 No			
			New York, NY 102711999			H(b) Are al includ		es	☐ Yes ☐No			
Tax	x-exem	npt status	<b>✓</b> 501(c)(3)	nsert no )	527			st (see	instructions)			
W	ebsite	e:▶ WW	W YRETIREMENT ORG			H(c) Group	exemption	number	<b>&gt;</b>			
<b>(</b> Forn	n of org	ganızatıon	Corporation Trust Associ	iation 🔲 Other 🕨		L Year of forma	tion 1921	M State	of legal domicile NY			
		C										
Ра	1 B	Sum	<b>mary</b> cribe the organization's mission or	most significant activities								
,,			II and Schedule O	most significant activities								
2	_											
<u> </u>	=											
governance	, ,	Check thi	s box 🕨 🗌 if the organization disc	continued its operations or disp	osed of m	ore than 25%	of its net as	sets				
			of voting members of the governing					3	15			
<b>8</b> ∧	4 1	Number o	of independent voting members of	the governing body (Part VI, lir	e 1b) .			4	10			
<u>ב</u>	5 -	Total nun	nber of individuals employed in cal	endar year 2016 (Part V, line 2	a)			5	119			
ACTIVILIES &	6 -	Total nun	otal number of volunteers (estimate if necessary)									
ž	7a -	Total unr	elated business revenue from Part	VIII, column (C), line 12 .				7a	0			
	l d	Net unrel	ated business taxable income from	Form 990-T, line 34			•	7b	-3,000,000			
						Prid	or Year		Current Year			
Qı	8 (	Contribut	ions and grants (Part VIII, line 1h)				235,7	74	244,802			
Rəvenue	9 1	Program	service revenue (Part VIII, line 2g)	171,377,9	57	7 184,029,361						
Àċ	10 I	Investme	nt income (Part VIII, column (A), l		112,535,7	35,759 332,552,43						
	11 (	Other rev	enue (Part VIII, column (A), lines	-44,5	45	-38,571						
	12	Total reve	enue—add lines 8 through 11 (mus	t equal Part VIII, column (A), l	ne 12)		284,104,9	45	516,788,022			
	13 (	Grants ar	nd sımılar amounts paıd (Part IX, c	olumn (A), lines 1–3 )	•		259,1	25	414,375			
	14 E	Benefits p	oald to or for members (Part IX, co	lumn (A), line 4)			415,832,1	66	6 523,332,831			
33	15 9	Salaries,	other compensation, employee ber	nefits (Part IX, column (A), line	s 5–10)		19,453,2	03	3 20,559,592			
Expenses	16a	Professio	nal fundraising fees (Part IX, colur	nn (A), line 11e)	•				0			
άx	b∃	Total fundr	aısıng expenses (Part IX, column (D), lır	ne 25) ▶0								
ш	17 (	Other exp	penses (Part IX, column (A), lines :	l1a-11d, 11f-24e)	•		24,621,0	93	24,920,488			
	18 -	Total exp	enses Add lines 13–17 (must equa	al Part IX, column (A), line 25)			460,165,5	87	569,227,286			
	19	Revenue	less expenses Subtract line 18 fro	m line 12			-176,060,6	42	-52,439,264			
Net Assets of Fund Balances						Beginning	of Current Ye	ear	End of Year			
alan	20 -	Total acc	ets (Part X, line 16)				6,133,685,2	80	6,684,628,047			
A B	l		ilities (Part X, line 26)		•		6,738,508,7	-	6,883,721,224			
			s or fund balances Subtract line 2		•		-604,823,5	_	-199,093,177			
	t II		ature Block	111011111111111111111111111111111111111	•		004,023,3		133,033,177			
			erjury, I declare that I have exami	ned this return, including accon	npanying	schedules and	statements	, and to	the best of my			
	ledge a nowled		f, it is true, correct, and complete	Declaration of preparer (other	than offic	er) is based oi	n all ınforma	tion of v	vhich preparer has			
шу к	HOWIE	uge 										
		<u> </u>	f - ff				7-11-07					
Sign		Signati	ure of officer			Date	2					
lere	:		NT M DE SIO CHIEF FINANCIAL OFFICER									
		17	r print name and title	In	T :=	<del>, , , , , , , , , , , , , , , , , , , </del>	T ==					
			rınt/Type preparer's name AVID M HIGHFILL	Preparer's signature DAVID M HIGHFILL	D	I .	ck 🗀 ıf   pı	TIN 01517891	L			
Paid		_  -	ırm's name ► KPMG LLP				employed n's EIN > 13-5	5565207				
_	pare	''  -	Irm's address ► 345 PARK AVENUE				ne no (212) 7					
Jse	Onl	ıy	NEW YORK, NY 101540	1102			(-12)/					
4	l	- <u> </u>							/			
⁄lav t	ne IRS	5 discuss	this return with the preparer show	n above? (see instructions) .				<b>✓</b> Y	'es 🗌 No			

Cat No 11282Y

Form **990** (2016)

Form	990 (2016)					Page <b>2</b>
Par	t IIII Stateme	nt of Program Servi	ce Accomplisi	hments		
	Check if S	chedule O contains a resp	onse or note to a	any line in this Part III		🗆
1		ne organization's mission		·		
YMC					ENSION AND WELFARE BENEFIT IREMENT YEARS, THEREBY RESU	
2	Did the organizati	ion undertake any signific	ant program serv	vices during the year wh	ıch were not listed on	
	the prior Form 99	0 or 990-EZ?				🗌 Yes 🗹 No
	If "Yes," describe	these new services on Sc	hedule O			
3	Did the organizati	cts, any program				
	services?					🗌 Yes 🗹 No
	If "Yes," describe	these changes on Schedu	ıle O			
4	Section $501(c)(3)$		ons are required	to report the amount of	argest program services, as meas grants and allocations to others,	
4a	(Code	) (Expenses \$	558,061,425	including grants of \$	414,375 ) (Revenue \$	516,581,791 )
	See Additional Data					
4b	(Code	) (Expenses \$		including grants of \$	) (Revenue \$	)
4c	(Code	) (Expenses \$		including grants of \$	) (Revenue \$	)
4d	Other program se	ervices (Describe in Sched ind	lule O ) cluding grants of	\$	) (Revenue \$	)
4e	Total program s	ervice expenses ▶	558,061,4	25		

Section 501(c)(3) organizations.

or X as applicable

Page 3

No

No

Tom 350 (2010)									
Part	IV Checklist of Required Schedules								
			Yes						
1	s the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete		Yes						

2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆 . . .

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,

Did the organization receive or hold a conservation easement, including easements to preserve open space,

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 😭 . . . . . . . . . . .

total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII

b Was the organization included in consolidated, independent audited financial statements for the tax year?

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

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

**b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments

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

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

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

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

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

the environment, historic land areas, or historic structures? If "Yes," complete Schedule D. Part II . . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets?

If "Yes." complete Schedule D. Part III

to provide advice on the distribution or investment of amounts in such funds or accounts?

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

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

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

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

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . .

assessments, or similar amounts as defined in Revenue Procedure 98-19?

Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?

Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right

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

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

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

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

Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional

the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🕏

b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX,

permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V . . . . . . . . . .

2 Yes Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates 3

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11a

11b

11c

11d

11e

11f

12a

12b

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14a

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Yes No

No Nο Nο

No No Nο

Nο

No

Nο

No

No

Nο

No

Νo

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Yes

Yes

Yes

Yes

Yes

Yes

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Part IV Checklist of Required Schedules (continued)

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

Nο

Νo

No

Νo

Νo

Nο

Nο

Nο

Nο

Nο

Nο

Nο

No

Nο

24c

24d

25a

25b

26

27

28a

28b

28c

29

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35a

35b

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Yes

Yes

Form 990 (2016)

Yes

Page 4

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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	

	column (A), line 2 <sup>7</sup> If "Yes," complete Schedule I, Parts I and III		Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
!4a	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			N

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, 

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

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?

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial

28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . .

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

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

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

contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

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

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

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

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

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

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

				1
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	•	

orm	990 (2016)			Page .
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			✓
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 28,796			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
L		2b	Yes	
D	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)		103	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" 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?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
		5b		110
С	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 organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6</b> b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		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 Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds.  Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
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		
0	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12   10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b			
1	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
,	against amounts due or received from them )			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b			
.3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
4a	bid the organization receive any payments for indoor tarning services during the tax year.			

	•	,					9 -		
Par		Governance, Management, and DisclosureFor each "Yes" response to lines 2 tl 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedu			" respo	nse to li	nes		
		Check if Schedule O contains a response or note to any line in this Part VI					<b>✓</b>		
Se		A. Governing Body and Management	-						
		<u> </u>				Yes	No		
1a	Enter t	the number of voting members of the governing body at the end of the tax year	1a	15					
	body,	e are material differences in voting rights among members of the governing or if the governing body delegated broad authority to an executive committee or committee, explain in Schedule O							
b	Enter t	the number of voting members included in line 1a, above, who are independent	1b	10					
2		L y officer, director, trustee, or key employee have a family relationship or a busines , director, trustee, or key employee?	s rela	tionship with any other	2		No		
3	Did the	e organization delegate control over management duties customarily performed by ers, directors or trustees, or key employees to a management company or other p	or un erson	der the direct supervision?	3		No		
4	Did the	e organization make any significant changes to its governing documents since the p	orior F	Form 990 was filed?	4		No		
5	Did the	n's assets?	5		No				
6	Did the	e organization have members or stockholders?			6	Yes			
		t or appoint one or more	H						
, a		e organization have members, stockholders, or other persons who had the power to ers of the governing body?		· · · · ·	7a	Yes			
b	Are an person	7b	Yes						
8	Did the	e organization contemporaneously document the meetings held or written actions ( lowing	undert	aken during the year by					
	a The governing body?								
b	<b>b</b> Each committee with authority to act on behalf of the governing body?								
9		e any officer, director, trustee, or key employee listed in Part VII, Section A, who o zation's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>		t be reached at the	9		No		
Se	ction	B. Policies (This Section B requests information about policies not requi	red b	y the Internal Revenu	e Code	∍.)			
						Yes	No		
		e organization have local chapters, branches, or affiliates?			10a		No		
	and br	," did the organization have written policies and procedures governing the activitie anches to ensure their operations are consistent with the organization's exempt pu	ırpose	s?	10b				
	form?	e organization provided a complete copy of this Form 990 to all members of its gov		g body before filing the	11a	Yes			
b	Descril	be in Schedule O the process, if any, used by the organization to review this Form	990						
12a	Did the	e organization have a written conflict of interest policy? If "No," go to line 13			12a	Yes			
b		officers, directors, or trustees, and key employees required to disclose annually into the state of the state	erests • •	that could give rise to	12b	Yes			
С		e organization regularly and consistently monitor and enforce compliance with the jule O how this was done	policy	? If "Yes," describe in • • •	12c	Yes			
13	Did the	e organization have a written whistleblower policy?	•		13	Yes			
14	Did the	e organization have a written document retention and destruction policy?			14	Yes			
15		e process for determining compensation of the following persons include a review a is, comparability data, and contemporaneous substantiation of the deliberation and							
а	The or	ganization's CEO, Executive Director, or top management official			15a	Yes			
b	Other	officers or key employees of the organization			15b	Yes			
	If "Yes	" to line 15a or 15b, describe the process in Schedule O (see instructions)							
16a	Did the	e organization invest in, contribute assets to, or participate in a joint venture or sin e entity during the year?	nılar a •	rrangement with a	16a		No		
b	ın joint	," did the organization follow a written policy or procedure requiring the organization to venture arrangements under applicable federal tax law, and take steps to safegua with respect to such arrangements?							
					16b				
		C. Disclosure							
17		e States with which a copy of this Form 990 is required to be filed		200 7 (504) (3/5)					
18	availab	n 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990 ole for public inspection. Indicate how you made these available. Check all that app	ĺу						
		wn website 🔲 Another's website 🗹 Upon request 🔲 Other (explain in Sci		•					
19	policy,	be in Schedule O whether (and if so, how) the organization made its governing doc and financial statements available to the public during the tax year							
20		the name, address, and telephone number of the person who possesses the organi ent de Sio  120 Broadway   New York, NY 102711999 (646) 485-2485	zation	's books and records					

compensated employees, and former such persons

(A)

Name and Title

(F)

Estimated

Form 990 (2	orm 990 (2016) Page <b>7</b>							
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors							
	Check if Schedule O contains a response or note to any line in this Part VII							
Section	and Independent Contractors  Check if Schedule O contains a response or note to any line in this Part VII							
year ● Lıst all	of the organization's <b>current</b> officers, directors, trustees (whether individuals or organizations), regardless of amount							
• List all o	of the organization's current key employees, if any See instructions for definition of "key employee "							
who receive	organization's five <b>current</b> highest compensated employees (other than an officer, director, trustee or key employee) In reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the In and any related organizations							
• List all o	of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000							

(C)

Position (do not check more

(D)

Reportable

(E)

Reportable

organiza List 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

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

(B)

Average

hours per than one box, unless person compensation compensation amount of other week (list is both an officer and a from the from related compensation organization (Wany hours director/trustee) organizations from the for related 2/1099-MISC) (W- 2/1099organization and Highest compensat employee Individual trustee or director Office: Former organizations MISC) related Institutional Trustee below dotted organizations employee line) See Additional Data Table

223 East Chestnut Street LANCASTER, PA 17602

compensation from the organization ▶ 40

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

Page 8

Felt	Section A. Officers, Direct	Tors, Trustees	رد, ney	EIIIP	10 ye	ses,	, and	nıgı	ilest Coi	препѕас	eu cilipioyees	(0011	tillueu)	'
	<b>(A)</b> Name and Title	(B) Average hours per week (list any hours	than o	one b	οx, ι an of	ot che unle: fficer	neck mo ess pers er and a etee)	rson a	Repo compe froi organiz	( <b>D)</b> ortable ensation m the zation (W-		w-	Estima amount o compens from t	ated of other sation the
		for related organizations below dotted line)		Institutional	Officer	Key employee	Highest compensatemployee	Former	2/10 <del>9</del>	9-MISC)	2/1099-MISC	)	organizati relate organiza	ed
			Jetëë	l Trusteë		PP	npensated							
See /	Addıtıonal Data Table			<u></u>				$\perp$			<u></u>			
			<u> </u>	<u> </u>	<u> </u>	$oldsymbol{\perp}$		$\perp$	<u> </u>		<u> </u>	$\perp$		
		<u> </u>	<u> </u>	<u> </u>	<u> </u>	igspace	<u> </u>	$\perp$	<u> </u>			$\downarrow$		
		<u> </u>	<u> </u>	<u> </u>	igspace	ot		$\perp$				$\dashv$		
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		<u> </u>	<u> </u>		<u> </u>	igspace	↓	igspace	<u> </u>			$\downarrow$		
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		<u> </u>	<u> </u>	<u> </u>	igspace	igspace	<del> </del>	igspace	<u> </u>			$\dashv$		
	<u> </u>						<u> </u>					$\dashv$		
	Sub-Total	· · · · · · · · · · · · · · · · · · ·	n A .	• •	•		<b>▶</b>	—				+		
d <u>T</u>		<u> </u>		<u></u>			▶	_	7,:	117,242	1,335,41	.4		1,515,779
2	Total number of individuals (including of reportable compensation from the			e liste	ed a	bov	e) who	rec	eived mo	re than \$:	L00,000 			
												_	Yes	No
3	Did the organization list any <b>former</b> line 1a? <i>If "Yes," complete Schedule</i> 2	·							-	npensated	l employee on	3		No
4	For any individual listed on line 1a, is organization and related organization individual										n the	4		
5	Did any person listed on line 1a recei									tion or inc	lividual for			
	services rendered to the organization	·	lete Scn	reduie		or su	ıch per	rson	• •	• • •		5		No
<u>Se</u>	Complete this table for your five high	nest compensate										mper	nsation	
İ	from the organization Report compe	nsation for the c	alendar	year	end	ling	with o	<u>r wit</u>	thin the o	rganizatio	on's tax year (B)		(c	:)
FLEME	Name a	and business addre	955		—						cription of services NT MANAGEMENT		Compen	
600 L	exington Avenue												,	332122
	YORK, NY 10017 INGTON MANAGEMENT COMPANY				_	—		—		INVESTME	NT MANAGEMENT		2	,156,081
	Congress Street													•
	ON, MA 02210 VENOR INSTITUTIONAL PARTNERS LP				_	_				INVESTME	NT MANAGEMENT		2.	,146,322
Suite	lorth Michigan Avenue 1100 AGO, IL 60601													
	SIMO CAPITAL MANAGEMENT PTE LTD									INVESTME	NT MANAGEMENT		1,	,980,000
12-06	Orchard Road ; APORE 238855													
	NER RUSSO & GARDNER									INVESTME	NT MANAGEMENT		1,	,641,670

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

Part '											
	Check if Schedule C	) contains a re	sponse or	note to any	(	this Part VII ( <b>A)</b> revenue	Rel ex fu	(B) ated or kempt nction	(C) Unrelated business revenue		(D) Revenue excluded from ax under sections
nts nts	<ul><li>1a Federated campaigns</li><li>b Membership dues .</li></ul>						re	venue			512-514
Grants mounts	c Fundraising events .	<u> </u>	c	244,802							
S. ( An	d Related organizations	1	_								
Giff ilar	e Government grants (contr	<u> </u>									
ns,	f All other contributions, gif	· <u>-</u>	<u>-                                       </u>								
tion er S	and similar amounts not ii above	ncluded	f								
Contributions, Giffs, Grants and Other Similar Amounts	g Noncash contributions in lines 1a-1f \$	ıncluded									
ದಿ ಕ	h Total.Add lines 1a-1f			<b>•</b>		244,802					
Пе	_			Business	s Code						
14.5 14.5 14.5 14.5 14.5 14.5 14.5 14.5	2a LIFE ANNUITIES			-		184,	029,361	184,029	9,361		
ož u	b ————										
Ž.	c —										
32	u -										
Iran	<b>f</b> All other program service	ce revenue					0		0	C	0
Program Service Revenue	gTotal.Add lines 2a-2f .		_	184,	029,361						
_	3 Investment income (incli		s interest	and other	1		Τ				
	similar amounts)		s, interest	, and other	·	29,575,35	9	29,575,359			
	4 Income from investment	-			•						
	<b>5</b> Royalties				<u> </u>						
	<b>6a</b> Gross rents	(ı) Real	(11)	Personal							
	da Gross rents										
	<b>b</b> Less rental expenses										
	c Rental income or (loss)		0		0						
	<b>d</b> Net rental income or (I	oss)		· •	┪						
		(ı) Securities	(1	) Other							
	7a Gross amount from sales of assets other than inventory	1,663,008,	349								
	<b>b</b> Less cost or other basis and sales expenses	1,360,031,	778								
	C Gain or (loss)	302,977,	071		0						
	<b>d</b> Net gain or (loss) .			<b>&gt;</b>		302,977,07	1	302,977,071			
Other Revenue	8a Gross income from func (not including \$ contributions reported of	244,802 of on line 1c)									
ě	See Part IV, line 18 .		a	30,750 69,321							
ت. ه	<ul><li>b Less direct expenses</li><li>c Net income or (loss) fro</li></ul>		events .			-38,57	1				-38,571
the	9a Gross income from gam	ning activities				· ·					•
0	See Part IV, line 19 .		_								
	blass divisit symmetri		a								
	<ul><li>b Less direct expenses</li><li>c Net income or (loss) fro</li></ul>		b	. •							
	10aGross sales of inventory returns and allowances	, less		<u> </u>							
	<b>b</b> Less cost of goods sold	1	a b								
	C Net income or (loss) from Miscellaneous Re			. ▶ ness Code			1			$\perp$	
ŀ	11a	venue	Busi	ness Code							
	<del></del>										
	ь										
	с		+							$\perp$	
							1				
	<b>d</b> All other revenue .						0	0		0	0
	e Total. Add lines 11a-1:	1d		<b>&gt;</b>			0				
	12 Total revenue. See Ins	structions .				516,788,02		516,581,791		0	-38,571
						J10,/68,UZ	<u>-1</u>	210,201,/91			-38,571 Form <b>990</b> (2016)

Forr	n 990 (2016)				Page <b>10</b>
	rt IX Statement of Functional Expenses cion 501(c)(3) and 501(c)(4) organizations must complete all co	lumns All other orga	ınızatıons must comp	lete column (A)	_
	Check if Schedule O contains a response or note to any	line in this Part IX			🗆
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraisingexpenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	294,500	294,500		
2	Grants and other assistance to domestic individuals See Part IV, line 22	119,875	119,875		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4	Benefits paid to or for members	523,332,831	523,332,831		
5	Compensation of current officers, directors, trustees, and key employees	6,227,579	3,175,486	3,052,093	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	153,991	153,991	0	
7	Other salaries and wages	10,945,632	7,730,905	3,214,727	_
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	983,897	654,606	329,291	
9	Other employee benefits	1,452,672	845,847	606,825	
10	Payroll taxes	795,821	498,034	297,787	
11	Fees for services (non-employees)				
a	ı Management				
Ŀ	Legal	270,993	259,411	11,582	
c	: Accounting	358,708	82,000	276,708	
c	ILobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	15,992,410	15,921,020	71,390	
ç	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	720,247	226,225	494,022	0
12	Advertising and promotion	205,283	109,993	95,290	
	Office expenses	674,343	205,521	468,822	
14	Information technology	1,989,111	1,842,268	146,843	
15	Royalties				
16	Occupancy	2,236,584	1,509,752	726,832	
17	Travel	589,839	412,082	177,757	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	386,768	37,455	349,313	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	999,420	649,623	349,797	
23	Insurance	445,749		445,749	
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)				
	a CHURCH ALLIANCE DUES	51,033		51,033	
	b				
	С				
	d				
	e All other expenses	0	0	0	0
25	Total functional expenses. Add lines 1 through 24e	569,227,286	558,061,425	11,165,861	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)				

15

16

31

32

33

34

Net

Other assets See Part IV, line 11 .

**Total assets.**Add lines 1 through 15 (must equal line 34) .

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

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

Page **11** 

6.684.628.047

-199,093,177

-199,093,177

6.684.628.047

Form **990** (2016)

15

16

31

32

33

34

-604,823,513

-604,823,513

6,133,685,280

6,133,685,280

	Beginning of year		End of year
1 Cash-non-interest-bearing	23,239,379	1	21,528,952
2 Savings and temporary cash investments		2	
3 Pledges and grants receivable, net		3	

23.865.447 Accounts receivable, net . . Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part 0 5 II of Schedule L

47,572,254 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) 6 voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L

Notes and loans receivable, net . . . . Inventories for sale or use . 8

Assets 870,192 9 852.529 Prepaid expenses and deferred charges . 10a Land, buildings, and equipment cost or other

10a 8,389,420 basis Complete Part VI of Schedule D 2,923,585 6.317.897 10c b Less accumulated depreciation 10b 3.213.080.922 11 Investments—publicly traded securities . 11

5,465,835 3.206.879.693 2.866.311.443 3.402.328.784 12 12 Investments—other securities See Part IV, line 11 . 13 13 Investments—program-related See Part IV, line 11 14 14 Intangible assets . . . .

17 Accounts payable and accrued expenses 248,405,992 17 129.847,518 18 18 Grants payable . . 19 19 Deferred revenue . . 20 Tax-exempt bond liabilities . . . 20

21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Liabilities 22 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 . 22 23 23 Secured mortgages and notes payable to unrelated third parties

24 24 Unsecured notes and loans payable to unrelated third parties 6.490.102.801 25

Other liabilities (including federal income tax, payables to related third parties, 6.753.873.706 25 and other liabilities not included on lines 17-24) Complete Part X of Schedule D 6,738,508,793 6,883,721,224

26 Total liabilities. Add lines 17 through 25 . 26 Organizations that follow SFAS 117 (ASC 958), check here lacktriangle and

complete lines 27 through 29, and lines 33 and 34. 27 27 Unrestricted net assets

Fund Balances 28 28 Temporarily restricted net assets 29 29 Permanently restricted net assets

Organizations that do not follow SFAS 117 (ASC 958), check here 

and complete lines 30 through 34. Assets or 30 30 Capital stock or trust principal, or current funds . . . .

☐ Both consolidated and separate basis

Yes

Nο

Form 990 (2016)

2c

3a

3b

Consolidated basis

Audit Act and OMB Circular A-133?

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?

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 Schedule O

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

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

#### Additional Data

**Software ID:** 16000421

**Software Version:** 2016v3.0 **EIN:** 13-5562401

Name: YOUNG MEN'S CHRISTIAN ASSOCIATION RETIREMENT

**e.** 1001

FUND

Form 990 (2016)

#### Form 990, Part III, Line 4a:

THE YMCA RETIREMENT FUND PROVIDED MONTHLY ANNUITY PAYMENTS TO APPROXIMATELY 13,800 RETIRED YMCA EMPLOYEES WITH AN AVERAGE ANNUAL ANNUITY OF APPROXIMATELY \$18,200 DURING THE FISCAL YEAR ENDED JUNE 30, 2017, THE YMCA RETIREMENT FUND PROVIDED BENEFITS (INCLUDING DEATH AND DISABILITY BENEFITS) IN EXCESS OF \$523,332,000 THE FOLLOWING BUNDLED BENEFITS ARE PROVIDED TO ALL PARTICIPATING YMCA'S RETIREMENT PLAN A DEFINED CONTRIBUTION MONEY PURCHASE CHURCH PENSION PLAN THAT IS INTENDED TO SATISFY THE QUALIFICATION REQUIREMENTS OF SECTION 401(A) OF THE INTERNAL REVENUE CODE (CODE) TAX-DEFERRED SAVINGS PLAN A RETIREMENT INCOME ACCOUNT PLAN AS DEFINED IN SECTION 403(B)(9) OF THE CODE LIFE ANNUITIES TO RETIREES THE YMCA RETIREMENT FUND PROVIDES ANNUITIES BASED UPON ACCUMULATED ACCOUNT BALANCES IN THE RETIREMENT PLAN AND TAX-DEFERRED SAVINGS PLAN TO PARTICIPANTS OF RETIREMENT AGE DEATH AND DISABILITY BENEFITS RETIREMENT DEATH AND DISABILITY BENEFITS ARE PROVIDED TO PARTICIPANTS OR THEIR BENEFICIARIES UPON DEATH OR PERMANENT TOTAL DISABILITY

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (C) (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless person hours per compensation amount of other compensation is both an officer and a week (list from the from related compensation any hours director/trustee) organization (Worganizations from the for related 2/1099-MISC) (W-2/1099organization and Officer key employee Highest compensated employee individual trustee or director Former Institutional MISC) related organizations organizations below dotted line) Trustee 20 WILLIAM HOLBY ...... Х 0 Х CHAIRMAN 0 0 20 DENISE DAY Х Х 0 380,342 43,728 VICE CHAIRMAN 40 0 331,447 47,084 0

220,771

271,393

131,461

0

0

0

0

33,387

50,579

25,576

0

0

ERIC K MANN	2 0		
TRUSTEE VOLUNTEER	40 0	Х	
MARK BAUMGARTNER	2 0	.,	
TRUSTEE VOLUNTEER	0 0	Х	

BARBARA A BETTIN

TRUSTEE VOLUNTEER

ANGELA BROCK-KYLE

TRUSTEE VOLUNTEER

SANDRA J MORANDER

TRUSTEE VOLUNTEER

TRUSTEE VOLUNTEER

TRUSTEE VOLUNTEER

TRUSTEE VOLUNTEER

JURIJ Z KUSHNER

JOSEPH R WEIST

STEPHEN IVES

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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (C) (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless person compensation compensation amount of other week (list is both an officer and a from the from related compensation director/trustee) organization (Wany hours organizations from the for related 2/1099-MISC) (W-2/1099organization and Officer Key employee indradual trustee or director Former In stituti onal related organizations MISC) below dotted organizations line) compensated 20 D SCOTT LUTTRELL ...... Χ TRUSTEE VOLUNTEER 0 0 20 ROBERT T LUTTS Х 0 TRUSTEE VOLUNTEER 0 0 20 DAVID M MARTIN Х TRUSTEE VOLUNTEER 0 0 20 GEORGANNE F PERKINS Х TRUSTEE VOLUNTEER 0 0 2 0 WILLIAM D RUECKERT

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830,807

674,264

401.854

397,874

64,189

274,996

68,262

70,078

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40 0 40 0

0 0

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TRUSTEE VOLUNTEER

TRUSTEE VOLUNTEER - SERVED UNTIL 1/2017

PRESIDENT AND CHIEF EXECUTIVE OFFICER

CHIEF OPERATIONS OFFICER - EXTERNAL

CHIEF OPERATIONS OFFICER - INTERNAL

CARMELITA GALLO

JOHN M PREIS

HUNTER REISNER

VANESSA BOULOUS

ELLIOTT BUCHHOLZ

CHIEF INVESTMENT OFFICER

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (C) (F) (D) (E) Name and Title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless person compensation compensation amount of other week (list is both an officer and a from the from related compensation director/trustee) organization (Wany hours organizations from the for related 2/1099-MISC) (W-2/1099organization and Officer Highest compensated employee key employee individual trustee or director Former Institutional MISC) related organizations organizations below dotted line) Trustee 40 0 VINCENT M DE SIO ...... 76,953 Χ 369,619 CHIEF FINANCIAL OFFICER 0 0 40 0 JAMES G KIRSCHNER Х 347,608 77,935 CHIEF STRATEGY OFFICER 0 0 40 0 JOHN QUINONES Х 444,585 70,224 Χ 255,400 36,624 ELIZABETH DELGADO Х 212,998 48,642 VICE PRESIDENT - HUMAN RESOURCES 0 0 40 0 ELIZABETH KURILLA ..... Χ 220,394 55,168 VICE PRESIDENT - INTERNAL AUDIT 0 0 40 0 LISA WORTHY ...... Χ 65,591

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0.0 40 0

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243,467

162,083

176,306

471,060

58,312

3,818

35,411

GENERAL COUNSEL	0 0	ı
MARCELA DIETRICH	40 0	
VICE PRESIDENT - CUSTOMER SERVICE	0.0	
ELIZABETH DELCADO	40.0	_

VICE PRESIDENT - FINANCE

VP APPLICATIONS DEVELOPMENT

KERRI HAYES

SENIOR COUNSEL

MAUREEN HALEY

PORTFOLIO MANAGER

**NEIL NAG** 

Compensated Employees, and Independent Contractors (C) (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless person amount of other hours per compensation compensation week (list is both an officer and a from the from related compensation director/trustee) from the any hours organization (Worganizations for related 2/1099-MISC) (W- 2/1099organization and Office Former Individual truste or director Key employee MISC) related organizations Institutional below dotted organizations line) compen

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

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0 0

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PORTFOLIO MANAGER - PE

IVAN MANOLOV

PORTFOLIO MANAGER

GREGORY ROZOLSKY

PORTFOLIO MANAGER

PORTFOLIO MANAGER

LOUISE HOWARD

		ıī.	ू इ.स.		ाड वा ६-त			
DAVID SLIFKA	40 0				V	224.000	0	71.003
PORTFOLIO MANAGER - RE	0.0				^	334,000	0	71,902
LI TAN	40 0				V	414,619	0	77,879
PORTFOLIO MANAGER - EQ	0.0				^	414,619	0	//,8/9
DAVID I LANDAU	40 0							
					Χ	291,899	0	67,976

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283,729

282,276

302,400

42,532

48,361

572

efile	e GR/	APHIC prii	nt - DO NO	T PROCESS	As Filed Data -			DLN: 9	3493311017397
SCI	IED	ULE A		Public (	Charity Statu	e and Dub	dic Sunn	ort	OMB No 1545-0047
	m 990			nplete if the or	ganization is a sect 4947(a)(1) nonexe ▶ Attach to Form !	ion 501(c)(3) o mpt charitable 990 or Form 990	rganization or trust. D-EZ.	r a section	2016 Open to Public
•		the Treasury	► Inf	ormation abou	t Schedule A (Form <u>www.irs.g</u> e	990 or 990-EZ) <u>ov/form990</u> .	and its instru	ictions is at	Inspection
Nam	e of th	ne organiza		RETIREMENT FUND				Employer identific	ation number
								13-5562401	
Pal he o					I <b>s</b> (All organization it is (For lines 1 thro			see instructions.	
1			•		sociation of churches	•		(A)(i).	
2		•		•	.)(A)(ii). (Attach Sch				
3					ice organization desci	•	•	iii).	
4		A medical r	•	•	•			170(b)(1)(A)(iii). E	nter the hospital's
5		An organiza			of a college or univer	rsity owned or op	erated by a gov	ernmental unit descri	bed in <b>section 170</b>
6		A federal, s	tate, or local	government or	governmental unit de	scribed in <b>sectio</b>	n 170(b)(1)( <i>A</i>	۱)(v).	
7				rmally receives a (vi). (Complete		s support from a	governmental u	ınıt or from the gener	al public described in
8		A communi	ty trust desc	ribed in <b>section</b>	170(b)(1)(A)(vi)	(Complete Part II	)		
9		_		-	scribed in <b>170(b)(1)</b> le instructions Enter		•	with a land-grant coll college or university	ege or university or a
LO		from activit	ies related to income and	ıts exempt fund	ctions—subject to cert ess taxable income (le	tain exceptions, a	nd (2) no more	s, membership fees, a than 331/3% of its su sses acquired by the c	pport from gross
1		•			exclusively to test for	r public safety Se	ee section 509	(a)(4).	
12	✓	more public	ly supported	l organizations d		<b>09(a)(1)</b> or <b>sec</b>	tion 509(a)(2	s of, or to carry out th  ). See section 509(a  s 12e 12f and 12g	
а	✓	<b>Type I.</b> A so	upporting or n(s) the pow	ganızatıon opera	ited, supervised, or co	ontrolled by its su	pported organi	zation(s), typically by of the supporting orga	
b		Type II. A manageme	supporting on t of the sup	organization supe	tion vested in the san			organization(s), by ha ge the supported orga	
С		Type III f	inctionally	i <b>ntegrated.</b> A s				nd functionally integra	ited with, its
d		functionally	integrated i	The organization		fy a distribution r		th its supported orgai I an attentiveness req	
e	<b>✓</b>	Check this	oox if the org	ganization receiv	•	ation from the IR	.S that it is a Ty	pe I, Type II, Type II	I functionally
f				d organizations				_8_	15
g					oported organization(		<u>,                                      </u>	()	T ()
(1)N	ame of	f supported o	organization	(ii)EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv Is the organiza your governing	ition listed in	Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
See	Addıtıc	nal Data Tal	ole						
Fat-			015						
Total		vork Pedus	815	tice, see the In	structions for	Cat No 11285	F	 Schedule A (Form 9	

Sch	edule A (Form 990 or 990-EZ) 2016						Page <b>2</b>
P	art III Support Schedule for (Complete only if you che III. If the organization fa	ecked the box o	n line 5, 7, 8, o	r 9 of Part I or	if the organization	on failed to quali	
	ection A. Public Support	no to quanty un	441 1110 10313 113	tea below, pied	se complete i al		
	Calendar year	(a)2012	<b>(b)</b> 2013	(c)2014	(d)2015	(e)2016	<b>(f)</b> Total
	(or fiscal year beginning in) ▶	(a)2012	(0)2013	(0)2014	(4)2013	(e)2010	(T)TOtal
1	Gifts, grants, contributions, and membership fees received (Do not						
	include any "unusual grant ")						
2	Tax revenues levied for the						,
	organization's benefit and either paid						
3	to or expended on its behalf The value of services or facilities						
•	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
6	shown on line 11, column (f) <b>Public support.</b> Subtract line 5 from						
	line 4						
S	ection B. Total Support						
	Calendar year	(a)2012	<b>(b)</b> 2013	(c)2014	(d)2015	(e)2016	(f)Total
7	(or fiscal year beginning in) ► Amounts from line 4	. ,	, ,	, ,	<del>  ``</del>	. ,	
8	Gross income from interest,				+		
٠	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						
11	(Explain in Part VI ) <b>Total support.</b> Add lines 7 through						
	10						
12	Gross receipts from related activities, e	tc (see instruction	ns)			12	
13	First five years. If the Form 990 is for	r the organization	's first, second, th	ird, fourth, or fifth	h tax year as a sec	tion 501(c)(3) org	anızatıon,
	check this box and stop here					▶ [	
S	ection C. Computation of Public						
14	Public support percentage for 2016 (lin	e 6, column (f) dı	vided by line 11,	column (f))		14	
15	Public support percentage for 2015 Sch	nedule A, Part II, l	ine 14			15	
16a	<b>33 1/3% support test—2016.</b> If the	organization did r	ot check the box	on line 13, and lir	ne 14 is 33 1/3% o	r more, check this	box
	and stop here. The organization qualif						ightharpoons
Ŀ					and line 15 is 33 i	1/3% or more, chec	ck this
	box and <b>stop here.</b> The organization	qualifies as a pub	licly supported or	ganization			▶ □
<b>17</b> a	10%-facts-and-circumstances test						
	is 10% or more, and if the organization						
	in Part VI how the organization meets t	the "facts-and-circ	cumstances" test	The organization	qualifies as a publ	icly supported	. $\square$
	organization	2045 1511			12.46.46	47 11	▶ □
b	10%-facts-and-circumstances tes 15 is 10% or more, and if the organiza						
	Explain in Part VI how the organization						
	supported organization			. 5-	,	. ,	►□
18		n did not check a	box on line 13, 1	6a, 16b, 17a, or 1	L7b, check this box	k and see	
	instructions		,	. ,	·		ightharpoons
					Schadu	le A (Form 990 o	r 990-F7) 2016

Section A. Public Support											
the organization fails to qualify under the tests listed below, please complete Part II.)											
(Complete only if you checked the box on line 10 of Part 1 or if the organization failed to qualify under Part 11. I	ίT										

Se	ection A. Public Support						
	Calendar year	(a)2012	<b>(b)</b> 2013	(c)2014	(d)2015	<b>(e)</b> 2016	(f)Total
1	(or fiscal year beginning in) ► Gifts, grants, contributions, and						
_	membership fees received (Do not	I					
	ınclude any "unusual grants`")	<u> </u>					
2	Gross receipts from admissions,	I					
	merchandise sold or services performed, or facilities furnished in	I					
	any activity that is related to the	I					
	organization's tax-exempt purpose	I					
_	Cross receipts from activities that are						
3	Gross receipts from activities that are not an unrelated trade or business	I					
	under section 513	I					
4	Tax revenues levied for the						
	organization's benefit and either paid	I					
5	to or expended on its behalf The value of services or facilities						
,	furnished by a governmental unit to	I					
	the organization without charge	ļ					
6	Total. Add lines 1 through 5	<u></u>					
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	I					
	5 received from disqualified persons	<u> </u>					
b	Amounts included on lines 2 and 3						
	received from other than disqualified	I					
	persons that exceed the greater of \$5,000 or 1% of the amount on line	I					
	13 for the year	I					
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6 )						
31	ection B. Total Support	Г	1	T	Т		
	Calendar year (or fiscal year beginning in) ▶	(a)2012	<b>(b)</b> 2013	(c)2014	( <b>d)</b> 2015	<b>(e)</b> 2016	(f)Total
9	Amounts from line 6						
.0a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and						
ь	income from similar sources Unrelated business taxable income						
U	(less section 511 taxes) from						
	businesses acquired after June 30,						
	1975						
	Add lines 10a and 10b  Net income from unrelated business						
11	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 )  First five years. If the Form 990 is fo	r the organization	te first second the	hird fourth or fift	 	ction 501/c)(2) a:	raanization
14	check this box and <b>stop here</b>	Tale organización	r a mac, second, ti	ma, iourtii, or iiit	ii tax yeai as a se	CCOT 301(C)(3) 01	yanızatıon, <b>►</b> □
<u> </u>	ection C. Computation of Public	Support Perce	ntage				
15	Public support percentage for 2016 (lir			column (f))		15	
16	Public support percentage from 2015 S		· ·	(.,,		16	
	ection D. Computation of Invest	<u> </u>				10	
17	Investment income percentage for 20:			line 13, column (f	))	17	
18	Investment income percentage from 2			,(	••	18	
	331/3% support tests—2016. If the			on line 14, and lir	ie 15 is more than		e 17 is not
	more than 33 1/3%, check this box and						▶ □
	33 1/3% support tests—2015. If the						. —

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

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Schedule A (Form 990 or 990-EZ) 2016

5a

6

7

8

10a

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V ) Section A. All Supporting Organizations

Page 4

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2016

Yes

Yes

No

No

No

No

No

No

No

			res	NO
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	ted organizations are designated If designated by class or purpose,		
	describe the designation of 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)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described			

If "No," describe in <b>Part VI</b> now the supported organizations are designated. If designated by class or purpose,		
describe the designation If historic and continuing relationship, explain	1	
Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described		
ın section 509(a)(1) or (2)	2	
Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)		
below	3a	

2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2)		
	In section 309(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 $509(a)(2)$ ? If "Yes," describe in <b>Part VI</b> when and how the organization made the		
	determination	3b	
			-

	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 $509(a)(2)$ ? If "Yes," describe in <b>Part VI</b> when and how the organization made the					
	determination					
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?					
	If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use					
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you					
	checked 12a or 12b in Part I, answer (b) and (c) below					
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported					

organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or

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

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

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (III) other supporting organizations that also support or benefit one or more of the filing

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

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,"

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes

Substitutions only. Was the substitution the result of an event beyond the organization's control?

supervised by or in connection with its supported organizations

organization's supported organizations? If "Yes," provide detail in Part VI.

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

amendment to the organizing document)

complete Part I of Schedule L (Form 990 or 990-EZ)

the organization had excess business holdings)

organization had an interest? If "Yes," provide detail in Part VI.

organization's organizing document?

provide detail in Part VI.

answer line 10b below

Pa	art IV Supporting Organizations (continued)			
	- cupper unit en gamma une (commune)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		103	110
	, , , , , , , , , , , , , , , , , , , ,			
d	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		No
b	A family member of a person described in (a) above?	11b		No
С	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
S	Section B. Type I Supporting Organizations			
			Yes	No
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 <b>Part VI</b> 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.			
2	Did the everywhere energia for the banefit of any supported everywhere other than the supported everywhere (s) that	1	Yes	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting			
	organization	2		No
S	ection C. Type II Supporting Organizations			
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)		Yes	No
		1		
5	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?			
		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s)			
		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard			
	,	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	ions)		
	a  The organization satisfied the Activities Test Complete line 2 below	•		
	b  The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below			
	C The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	ınstru	ctions)	
2	Activities Test Answer (a) and (b) below.		1	1
-			Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> 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	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the	∡a		
	organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.	20		
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of	3a		
	the supported organizations? <i>Provide details in Part VI</i> .	$\vdash$		
	<b>b</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 <b>Part VI.</b> the role played by the organization in this regard	3b		

-	Add lifles 1 till odgif 5			
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	<b>1</b> b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	<b>Discount</b> 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		

d	Total (add lines 1a, 1b, and 1c)	1d	
е	<b>Discount</b> 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	
	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	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	

**b** Excess from 2013. . . . .

d Excess from 2015. . . . . .

e Excess from 2016. . . .

c Excess from 2014.

Schedule A (	chedule A (Form 990 or 990-EZ) 2016 Page <b>8</b>							
Part VI Supplemental Information.  Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).								
	Facts And Circumstances Test							
990 Sched	ule A, Supplemen	tal Information						
Reti	urn Reference	Explanation						
Schedule A, I, LINE 11	Part I, Line 11 PART	THE SUPPORTED ORGANIZATIONS OF THE YMCA RETIREMENT FUND CONSIST OF 815 INDEPENDENTLY INCOLOPORATED YMCA'S ACROSS THE UNITED STATES AND PUERTO RICO, INCLUDING THE NATIONAL COUNCIL OF YMCA'S OF THE UNITED STATES OF AMERICA (YMCA OF THE USA) THE SUPPORTED ORGANIZATIONS ARE DESIGNATED AS A CLASS IN THE ARTICLES OF INCORPORATION OF THE YMCA RETIREMENT FUND IN ACC ORDANCE WITH TREASURY REGULATION SECTION 1 509(A)-4(D)(2) THE YMCA RETIREMENT FUND SUPPOR						

TS AND BENEFITS THE YMCA'S AND THE YMCA OF THE USA BY PROVIDING PENSION AND WELFARE BENEFI T PROGRAMS FOR THEIR EMPLOYEES AND FORMER EMPLOYEES, WHICH, BUT FOR THE YMCA RETIREMENT FU ND, EACH YMCA AND THE YMCA OF THE USA WOULD HAVE TO PROVIDE ITSELF

Return Reference	Explanation			
Schedule A, Part IV, Section A, Line 5a ADDED OR REMOVED	THE FOLLOWING YMCA'S WERE ADDED AS SUPPORTED ORGANIZATIONS EIN 542070140, ROCKBRIDGE AREA			
SUPPORTED ORGANIZATIONS	YMCA EIN 562467563, NEW JERSEY ALLIANCE OF YMCAS EIN 900246016, ALTUS ASYMCA THE FOLLOWIN			

990 Schedule A. Supplemental Information

AREA
SUPPORTED ORGANIZATIONS
YMCA EIN 562467563, NEW JERSEY ALLIANCE OF YMCAS EIN 900246016, ALTUS ASYMCA THE FOLLOWIN
G YMCA'S WERE REMOVED AS SUPPORTED ORGANIZATIONS EIN 611024933, WILDERNESS TRACE FAMILY Y
MCA, WITHDREW FROM THE PLAN

90 Schedule A, Supplemental Information				
Return Reference	Explanation			
Schedule A, Part IV, Section A, Line 1 Supported Orgs Listed By Name	Designated by Class			

^

Schedule A (Form 990 or 990-EZ) 2016

#### **Additional Data**

**Software ID:** 16000421 **Software Version:** 2016v3.0

**EIN:** 13-5562401

Name: YOUNG MEN'S CHRISTIAN ASSOCIATION RETIREMENT

FUND

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

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	1317 10320		""		
(B) YMCA OF YONKERS INC	131740520	9	No	0	0
(C) NEW ROCHELLE YMCA	131740542	9	No	0	0
(C) NEW ROCHELLE YMCA	131740542	9	No	0	0
(D) BURLINGTON AREA COMMUNITY YMCA- YWCA	134289848	9	No	0	0
(D) BURLINGTON AREA COMMUNITY YMCA- YWCA	134289848	9	No	0	0
(E) SILVER BAY YMCA OF THE ADIRONDACKS	135604788	9	No	0	0
(E) SILVER BAY YMCA OF THE ADIRONDACKS	135604788	9	No	0	0
(F) ASSOCIATION OF YMCA PROFESSIONALS	135616526	9	No	0	0
(F) ASSOCIATION OF YMCA PROFESSIONALS	135616526	9	No	0	0
(G) YMCA OF KINGSTON AND ULSTER COUNTY	141338342	9	No	0	0
(G) YMCA OF KINGSTON AND ULSTER COUNTY	141338342	9	No	0	0
(H) FAMILY YMCA OF GLENS FALLS AREA	141340008	9	No	0	0
(H) FAMILY YMCA OF GLENS FALLS AREA	141340008	9	No	0	0
(I) PLATTSBURGH YMCA	141340011	9	No	0	0
(I) PLATTSBURGH YMCA	141340011	9	No	0	0
(J) YMCA OF MIDDLETOWN	141340134	9	No	0	0
(J) YMCA OF MIDDLETOWN	141340134	9	No	0	0
(K) FULTON COUNTY YMCA	141374493	9	No	0	0
(K) FULTON COUNTY YMCA	141374493	9	No	0	0
(L) SARATOGA REGIONAL YMCA	141427442	9	No	0	0
(L) SARATOGA REGIONAL YMCA	141427442	9	No	0	0
(M) YMCA OF CAPITAL DISTRICT	141726531	9	No	0	0
(M) YMCA OF CAPITAL DISTRICT	141726531	9	No	0	0
(N) ONEONTA FAMILY YMCA	150532270	9	No	0	0
(N) ONEONTA FAMILY YMCA	150532270	9	No	0	0

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Form 990, Sch A, Part I, Line 12g - Provide the following information about the supported organization(s).

(i)Name of supported organization

(ii)EIN

(iii)

(iv)

(v) (vi)

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

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KENTUCKY YMCA YOUTH ASSOCIATION INC 610444841 9 0 0 Nο (C)
KENTUCKY YMCA YOUTH ASSOCIATION INC 610444841 9 No 0 0 (D) YMCA OF CENTRAL KENTUCKY 610444842 9 0 0 Nο (D) YMCA OF CENTRAL KENTUCKY 610444842 9 No 0 0 (E) YMCA OF GREATER LOUISVILLE 610444843 9 0 0 No (E) YMCA OF GREATER LOUISVILLE 610444843 9 0 0 Νo (F) YMCA OF OWENSBORODAVIESS COUNTY 610561344 9 0 0 No (F) YMCA OF OWENSBORODAVIESS COUNTY 610561344 9 0 0 Nο (G) FRANKFORT YMCA 610562021 9 No 0 0 (G) FRANKFORT YMCA 610562021 9 0 0 No (H) HENDERSON COUNTY FAMILY YMCA 610597114 9 No 0 0 (H) HENDERSON COUNTY FAMILY YMCA 9 0 0 610597114 No (I) PARIS-BOURBON COUNTY YMCA 610676727 9 0 0 Νo (I) PARIS-BOURBON COUNTY YMCA 610676727 9 0 0 No (J) HOPKINS COUNTY FAMILY YMCA 610904719 9 0 0 No (J) HOPKINS COUNTY FAMILY YMCA 610904719 9 No 0 0 (K) LIMESTONE FAMILY YMCA 611080836 9 0 0 No (K) LIMESTONE FAMILY YMCA 611080836 9 Νo 0 0 (L) UNION COUNTY YMCA 611173801 9 0 0 No (L) UNION COUNTY YMCA 611173801 9 0 0 Nο (M) PIKEVILLE AREA FAMILY YMCA 611177162 9 0 0 No (M) PIKEVILLE AREA FAMILY YMCA 611177162 9 0 0 No (N) YMCA OF MAYFIELDGRAVES COUNTY 611204017 9 Νo 0 0 (N) YMCA OF MAYFIELDGRAVES COUNTY 611204017 9 0 0 No

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HOPKINSVILLECHRISTIAN COUNTY FAMILY 611297293 9 No 0 0 YMCA (B) FAYETTE COUNTY FAMILY YMCA 611416843 9 No 0 0 (B) FAYETTE COUNTY FAMILY YMCA 9 0 611416843 No 0 (C) TELFORD COMMUNITY CENTER YMCA 616000619 9 No 0 0 (C) TELFORD COMMUNITY CENTER YMCA 9 0 616000619 No 0 (D) YMCA OF METROPOLITAN CHATTANOOGA 620475699 9 No 0 0 (D) YMCA OF METROPOLITAN CHATTANOOGA 9 0 0 620475699 No (E) YMCA OF EAST TENNESSEE 620475700 9 No 0 0 (E) YMCA OF EAST TENNESSEE 620475700 9 No 0 0 (F) YMCA OF MIDDLE TENNESSEE 620476243 9 No 0 0 (F) YMCA OF MIDDLE TENNESSEE 0 620476243 9 No 0 (G) YMCA OF MEMPHIS & THE MID-SOUTH 620476304 9 0 0 No (G) YMCA OF MEMPHIS & THE MID-SOUTH 620476304 9 0 0 Νo 620491361 9 0 0 No ARMED SERVICES YMCA OF THE USA-NATIONAL HDQTRS 620491361 9 0 0 No ARMED SERVICES YMCA OF THE USA-NATIONAL HDQTRS (I) YMCA OF BRISTOL 620521204 9 No 0 0 (I) YMCA OF BRISTOL No 620521204 9 0 0 (J) YMCA OF GREENE COUNTY 620809014 9 No 0 0 (J) YMCA OF GREENE COUNTY 620809014 9 0 0 No (K) MILAN FAMILY YMCA 621547529 9 0 No 0 (K) MILAN FAMILY YMCA 621547529 9 0 0 No (L) YMCA OF DYER COUNTY 621616172 9 0 0 No (L) YMCA OF DYER COUNTY 0 621616172 9 0 No (M) LEGACY YMCA 630288881 9 0 0 No (M) LEGACY YMCA 0 630288881 9 No 0 (N) MONTGOMERY YMCA METRO BOARD 630288885 9 0 0 No (N) MONTGOMERY YMCA METRO BOARD 630288885 9 0 0 No

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Form 990, Sch A, Part I, Line 12g - Provide the following information about the supported organization(s). (i)Name of supported organization (ii)EIN (iii) (iv) (vi) Type of organization Is the organization Amount of monetary Amount of other (described on lines listed in your support (see support (see 1- 9 above (see governing document? instructions) instructions) instructions)) Yes Nο (AAD) YMCA OF TYLER TEXAS INC 750891469 9 Νo 0 0 (AAD) YMCA OF TYLER TEXAS INC 750891469 9 0 0 No (A) GREENVILLEHUNT COUNTY YMCA 750968474 9 No 0 0 (A) GREENVILLEHUNT COUNTY YMCA 750968474 9 0 0 No (B) PALESTINE YMCA 750975622 9 Νo 0 0 (B) PALESTINE YMCA 9 0 0 750975622 No (C) YMCA OF ARLINGTON 751000839 9 0 0 No (C) YMCA OF ARLINGTON 751000839 9 0 0 No (D) YMCA OF MOORE COUNTY INC 751073132 9 0 0 Nο (D) YMCA OF MOORE COUNTY INC 751073132 9 0 0 Νo (E) ODESSA FAMILY YMCA 751187026 9 0 0 No (E) ODESSA FAMILY YMCA 751187026 9 0 0 Nο (F) YMCA OF PLAINVIEW TEXAS 9 0 0 756042150 Νo (F) YMCA OF PLAINVIEW TEXAS 756042150 9 0 0 Nο (G) CENTRAL COAST YMCA 770202335 9 0 0 No (G) CENTRAL COAST YMCA 770202335 9 0 0 No (H) YMCA OF BILLINGS 9 0 0 810229368 No (H) YMCA OF BILLINGS 810229368 9 0 0 Νo (I) YMCA OF HELENA INC 810231815 9 0 0 Nο (I) YMCA OF HELENA INC 810231815 9 No 0 0 (J) BUTTE FAMILY YMCA INC 810233504 9 Nο 0 0 (J) BUTTE FAMILY YMCA INC 810233504 9 No 0 0 (K) GREATER MISSOULA FAMILY YMCA 0 0 810300829 9 No (K) GREATER MISSOULA FAMILY YMCA 9 0 0 810300829 Νo 810486053 9 0 0 No SOUTHWESTERN MONTANA FAMILY YMCA INC 9 0 ٥ (L) 810486053 Νo SOUTHWESTERN MONTANA FAMILY YMCA INC (M) GALLATIN VALLEY YMCA INC 810542574 9 0 0 Nο (M) GALLATIN VALLEY YMCA INC 810542574 9 0 0 No (N) YMCA OF BOISE INC 820200908 9 Nο 0 0 (N) YMCA OF BOISE INC 9 0 0 820200908 No

Form 990, Sch A, Part I, Line 12g - Provide the following information about the supported organization(s). (iii) (i)Name of supported organization (ii)EIN (iv) (vi) Type of organization Is the organization Amount of monetary Amount of other (described on lines listed in your support (see support (see 1- 9 above (see governing document? instructions) instructions) instructions)) Yes No (AAS) YMCA OF IDAHO FALLS INC 820222174 9 0 0 Nο (AAS) YMCA OF IDAHO FALLS INC 0 820222174 9 Nο (A) YMCA OF TWIN FALLS INC 820255460 9 0 0 Nο (A) YMCA OF TWIN FALLS INC 820255460 9 0 0 Nο (B) WOOD RIVER COMMUNITY YMCA 9 0 0 820481436 Nο (B) WOOD RIVER COMMUNITY YMCA 9 0 0 820481436 No (C) CHEYENNE FAMILY YMCA 9 0 0 830179528 No (C) CHEYENNE FAMILY YMCA 830179528 9 0 0 No (D) CASPER FAMILY YMCA 830197773 9 0 0 Nο (D) CASPER FAMILY YMCA 830197773 9 Νo 0 ٥ (E) JOHNSON COUNTY FAMILY YMCA 9 0 0 830237890 No (E) JOHNSON COUNTY FAMILY YMCA 830237890 9 Νo 0 0 (F) YMCA OF METROPOLITAN DENVER 840402696 9 0 0 No (F) YMCA OF METROPOLITAN DENVER 840402696 9 0 0 Nο (G) YMCA OF THE PIKES PEAK REGION 9 0 0 840404266 Nο (G) YMCA OF THE PIKES PEAK REGION 840404266 9 0 0 No (H) YMCA OF THE ROCKIES 9 0 840404913 Nο 0 (H) YMCA OF THE ROCKIES 840404913 9 Nο 0 0 (I) YMCA OF PUEBLO 840404925 9 0 0 Nο (I) YMCA OF PUEBLO 840404925 9 0 0 No (J) YMCA OF BOULDER VALLEY 9 0 0 840459944 No (J) YMCA OF BOULDER VALLEY 840459944 9 No 0 0 (K) THE YMCA OF CENTRAL NEW MEXICO 9 0 0 850105592 Nο (K) THE YMCA OF CENTRAL NEW MEXICO 0 850105592 9 Nο 0 (L) THE FAMILY YMCA 0 850130054 9 No 0 (L) THE FAMILY YMCA 0 850130054 9 No 0 (M) YMCA OF SOUTHERN ARIZONA 0 0 9 860101237 No (M) YMCA OF SOUTHERN ARIZONA 9 0 0 860101237 No (N) PRESCOTT YMCA OF YAVAPAI COUNTY 860119151 9 0 0 No (N) PRESCOTT YMCA OF YAVAPAI COUNTY 9 0 0 860119151 No

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efile GRAPHIC print - DO NOT PROCESS As Filed Data -

## **Political Campaign and Lobbying Activities**

www.irs.gov/form990.

Open to Public Inspection

OMB No 1545-0047

DLN: 93493311017397

Department of the Treasury Internal Revenue Service

SCHEDULE C (Form 990 or 990-

EZ)

3

5

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ. ▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then • Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C • Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B Section 527 organizations Complete Part I-A only If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then • Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B • Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then • Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** YOUNG MEN'S CHRISTIAN ASSOCIATION RETIREMENT FUND 13-5562401 Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV Political expenditures Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 1 2 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes Was a correction made? ☐ Yes □ No h If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b 4 Did the filing organization fileForm 1120-POL for this year? 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV (a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political filing organization's contributions received funds If none, enter and promptly and -0directly delivered to a separate political organization If none, enter -0-

Schedule C (Form 990 or 990-EZ) 2016

Total lobbying expenditures

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

Grassroots nontaxable amount

Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2016 Page 3 Complete if the organization is exempt under section 501(c)(3) and has NOT filed Part II-B Form 5768 (election under section 501(h)). (b) (a) For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity Yes No **Amount** During the year, did the filing organization attempt to influence foreign, national, state or local legislation, 1 including any attempt to influence public opinion on a legislative matter or referendum, through the use of Volunteers? Nο Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? No Media advertisements? Nο d Mailings to members, legislators, or the public? Νo Publications, or published or broadcast statements? No f Grants to other organizations for lobbying purposes? Nο Direct contact with legislators, their staffs, government officials, or a legislative body? No No Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Yes 51,033 Total Add lines 1c through 1i i 51,033 Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? 2a No If "Yes," enter the amount of any tax incurred under section 4912 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? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c) (6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 2 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." 1 Dues, assessments and similar amounts from members 1 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2a Current year 2b b Carryover from last year c 2c 3 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 4 5 5 Taxable amount of lobbying and political expenditures (see instructions) Supplemental Information Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see

Schedule C, Part II-B, Line 1 DETAILED

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

Return Reference Explanation

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

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

LOBBYING REGARDING LEGISLATION THAT ADVERSELY AFFECTS CHURCH PENSION AND BENEFIT PLANS DESCRIPTION OF THE LOBBYING **ACTIVITY** THE AMOUNT INDICATED ABOVE REFERENCED DUES PAID Schedule C (Form 990 or 990EZ) 2016 **SCHEDULE D** 

# **Supplemental Financial Statements**

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

➤ Attach to Form 990.

DLN: 93493311017397 OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

(Form 990)

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

Inspection

Na	me of the organization		E	mployer identifica	tion numl	oer
100	ONG MEN S CHRISTIAN ASSOCIATION RETIREMENT FUND		1	3-5562401		
bused only for chantable purposes and not for the benefit of the donor or coror advisor, or for any other purpose conferring impermisable purposes and not for the benefit of the donor or coror advisor, or for any other purpose conferring impermisable purvate benefit?    Part XIII   Conservation Easements   Complete if the organization answered "Yes" on Form 990, Part IV, line 7.						
	Complete if the organization answere					
1	Total number at end of year	(a) Donor advised funds		(b)Funds and other	accounts	
	Aggregate value of contributions to (during					
3	, ,					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor		or advise	ed	□ Yes	 □ No
6	used only for charitable purposes and not for the			r purpose	☐ Yes	□ No
Pa	rt II Conservation Easements. Complet	e if the organization answered "Yes" on I	Form 9	90, Part IV, line 7		
1	Purpose(s) of conservation easements held by the	e organization (check all that apply)				
	$\square$ Preservation of land for public use (e g , rec	reation or education)	of an his	torically important la	nd area	
	Protection of natural habitat	☐ Preservation o	of a cert	ıfıed hıstorıc structur	e	
	Preservation of open space					
2		neld a qualified conservation contribution in the	e form o		nd of the	Year
а	Total number of conservation easements		28	a		
b	Total acreage restricted by conservation easement	cs control of the con	21	b		
c	Number of conservation easements on a certified	historic structure included in (a)	20	С		
d		acquired after 8/17/06, and not on a historic	20	d		
3	•	isferred, released, extinguished, or terminated	d by the	organization during	the	
4	Number of states where property subject to conse	ervation easement is located ►				
	Does the organization have a written policy regard and enforcement of the conservation easements i	ding the periodic monitoring, inspection, handl t holds?	— ling of v	_	s ∏ı	Nο
6	Staff and volunteer hours devoted to monitoring,	inspecting, handling of violations, and enforcing	ng conse		:	
7		cting, handling of violations, and enforcing coi	nservatı	on easements during	g the year	
В		e 2(d) above satisfy the requirements of section	on 170(		s 🗆 I	No
9	balance sheet, and include, if applicable, the text	of the footnote to the organization's financial s				
Par	t III Organizations Maintaining Collect	ions of Art, Historical Treasures, or	Other	Similar Assets.		
1a	If the organization elected, as permitted under SF art, historical treasures, or other similar assets he	AS 116 (ASC 958), not to report in its revenueld for public exhibition, education, or research	ı ın furtl			of
b	If the organization elected, as permitted under SF historical treasures, or other similar assets held for	AS 116 (ASC 958), to report in its revenue sta	atement			
(				<b>▶</b> \$		
	•			<b>▶</b> \$		
•	If the organization received or held works of art, l		financia	al gain, provide the		
а	• •	, , , , , , , , , , , , , , , , , , , ,		<b>▶</b> \$		
b	Assets included in Form 990, Part X			<b>&gt;</b> \$		

•	Organizations Maint	taining Conections	UI AIL, I	HISCULI	Cai iii	casures, u	Other	Jilillai AS	SELS (CONG	nueu)	
3	Using the organization's acquisit items (check all that apply)	ion, accession, and othe	r records		any of t	he following	that are a	sıgnıfıcant u	se of its col	ection	
а	Public exhibition			d		Loan or exch	ange prog	ırams			
b	☐ Scholarly research			e		Other					
c	Preservation for future ger	nerations									
4	Provide a description of the orga Part XIII	inization's collections an	d explain	how the	ey furthe	er the organi	zation's ex	kempt purpos	se in		
5	During the year, did the organize assets to be sold to raise funds r							ular	□ <b>v</b>	Пм	-
Da	rt IV Escrow and Custodi								☐ Yes	<u> </u>	0
r ai	Complete if the organi X, line 21.		s" on Fo	rm 990	, Part I	V, line 9, c	r reporte	ed an amou	nt on Forn	າ 990,	Part
1a	Is the organization an agent, tru included on Form 990, Part X?	istee, custodian or other	intermed	diary for	contrib	utions or oth	er assets	not	☐ Yes	□ <b>N</b>	o
ь	If "Yes," explain the arrangemer	nt in Part XIII and compl	ete the fo	ollowing	table			Aı	mount		_
С	Beginning balance			,			1c				_
d	Additions during the year						1d				_
е	Distributions during the year						1e				_
f	Ending balance						1f				
<b>2</b> a	Did the organization include an a	amount on Form 990, Pa	ırt X, lıne	21, for	escrow	or custodial	account lia	ability?	☐ Yes	N	<u> </u>
b	If "Yes," explain the arrangemen	nt in Part XIII. Check hei	e if the e	explanati	on has	been provide	ed in Part )	KIII			
Pa	art V Endowment Funds.					<u> </u>					
		(a)Curre			rıor year		ears back			our year	rs back_
1a	Beginning of year balance										
b	Contributions										
c	Net investment earnings, gains, a	nd losses									
d	Grants or scholarships										
	Other expenditures for facilities and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentag	e of the current year en	d balance	e (line 1	g, colum	nn (a)) held a	as				_
а	Board designated or quasi-endov	wment 🟲									
b	Permanent endowment <b>&gt;</b>										
c	Temporarily restricted endowme	nt 🕨									
	The percentages on lines 2a, 2b,	, and 2c should equal 10	0%								
3a	Are there endowment funds not organization by	in the possession of the	organiza	tion that	t are he	ld and admir	nistered fo	r the		Yes	No
	(i) unrelated organizations .								3a(i)	res	NO
	(ii) related organizations								3a(ii)		
b	_ `. <i>.</i>		required	on Sche	dule R?				3b		
4	Describe in Part XIII the intende	d uses of the organization	on's endo	wment f	funds						
Pai	rt VI Land, Buildings, and										
	Complete if the organi Description of property	ization answered 'Yes (a) Cost or other basis		<u>m 990,</u> : or other			See For			). ook value	
	Description of property	(investment)	(6)0000	or other	Da313 (OC	(C)AC	.amaracea a	ергесіасіон	(d)	JOK Value	
1a	Land										
b	Buildings										
c	Leasehold improvements				5,071	,796		895,665		4	1,176,131
d	Equipment				1,999	,363		841,484		1	1,157,879
	Other				1,318			1,186,436			131,825
Tota	<b>al.</b> Add lines 1a through 1e <i>(Colum</i>	nn (d) must equal Form !	990, Part	X, colur	nn (B),	line 10(c) )		<b>&gt;</b>		5	5,465,835

Part VII	<b>Investments—Other Securities.</b> Complete if the See Form 990, Part X, line 12.	ne organization ans	wered 'Yes' on Fo	orm 990, Part IV, line 11b.
	(a) Description of security or category (including name of security)	(b)Book value		c)Method of valuation or end-of-year market value
(1)Financial (2)Closely-h		0 1,321,069,638		F F
(3)Other	FUND OF FUNDS	2,081,259,146		F
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Colum Part VIII	n (b) must equal Form 990, Part X, col (B) line 12)  Investments—Program Related. Complete if	3,402,328,784		Form 990 Part IV line 11c
. die VIII	See Form 990, Part X, line 13.			
	(a) Description of investment	(b) Book value		c) Method of valuation or end-of-year market value
(1)				
(2)				
(3) ————				
(4)				
(5)				
(6)				
(7)				
(8)				
(9) ————				
Part IX	n (b) must equal Form 990, Part X, col (B) line 13 )  Other Assets. Complete if the organization answered	▶  I 'Yes' on Form 990, Pa	] art IV, line 11d Se	e Form 990, Part X, line 15
(1)	(a) Description	1		(b) Book value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col (B) line 15 )			
Part X	<b>Other Liabilities.</b> Complete if the organization a See Form 990, Part X, line 25.	inswered 'Yes' on Fo	orm 990, Part IV	, line 11e or 11f.
1.	(a) Description of liability	(b) E	Book value	
(1) Federal ı	ncome taxes			
DEFERRED R	RENT		1,305,423	
RETIREMENT	F PLAN ACCOUNTS		3,479,879,893	
TAX-DEFERR	RED SAVING PLAN ACCOUNTS		743,894,606	
ANNUITY BE	NEFIT LIABILITY		2,294,429,560	
DEATH AND	DISABILITY LIABILITY		215,568,064	
PARTICIPAN	TS DIVIDENDS PAYABLE		18,629,468	
FUTURES CO	DNTRACTS		166,692	
(8)				
(9)				
	n (b) must equal Form 990, Part X, col (B) line 25 )	<b>•</b>	6,753,873,706	
	or uncertain tax positions In Part XIII, provide the text o 's liability for uncertain tax positions under FIN 48 (ASC 7			

Part XI

2

b

c

d

е

3

4

5

1

2

b

d

e 3

а

b

c

5

4

b

Part XII

Schedule D (Form 990) 2016

Page 4

457,961,650

493,294,350

23,493,672

516,788,022

545,525,000

545.525.000

23,702,286

569,227,286

Schedule D (Form 990) 2015

## Recoveries of prior year grants . . . Other (Describe in Part XIII ) . .

Add lines 4a and 4b . . .

Donated services and use of facilities .

Prior year adjustments . . . .

Other (Describe in Part XIII ) .

Add lines 2a through 2d .

Add lines 4a and 4b .

Subtract line 2e from line 1 .

Other losses .

Other (Describe in Part XIII ) . . . . . .

Total expenses and losses per audited financial statements .

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 .

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

Other (Describe in Part XIII ) . . . . . .

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Net unrealized gains (losses) on investments . . . Donated services and use of facilities . Add lines 2a through 2d . . . . Subtract line 2e from line 1 .

2c 2d 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 .

4a 4b

2a

2b

2a

2b 2c

2d

4a 4b

Explanation

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

3 23,289,000 204.672 4c Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

2e

457,961,650

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

2e

3

4c

5

23.289.000

413.286

Part XIII Supplemental Information Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information Return Reference See Additional Data Table

Page <b>5</b>	Schedule D (Form 990) 2015				
Page 5  Part XIII Supplemental Information (continued)  Return Reference Explanation					
xplanation		Return Reference			

Schedule D (Form 990) 2016

## **Additional Data**

Software ID: 16000421
Software Version: 2016v3.0

**EIN:** 13-5562401

Name: YOUNG MEN'S CHRISTIAN ASSOCIATION RETIREMENT

FUND

Supplemental Information

Return Reference

Explanation	
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Schedule D, Part X, Line 2 FIN	THE FUND IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVEN
48 (ASC 740) footnote	UE CODE THE RETIREMENT PLAN RECEIVED A FAVORABLE DETERMINATION LETTER FROM THE INTERNAL R
	EVENUE 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 PO
	SITIONS TAKEN BY THE FUND AND RECOGNIZE A TAX LIABILITY (OR ASSET) IF THE FUND HAS TAKEN A
	N 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 JU
	NE 30, 2017, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQ
	UIRE RECOGNITION OF A LIABILITY (OR ASSET) OR DISCLOSURE IN THE FUND'S FINANCIAL STATEMENT
	S THE IRS GENERALLY HAS THE ABILITY TO EXAMINE AN ORGANIZATION'S ACTIVITY FOR UP TO THREE
	YEARS
	•

Supplemental Information	
Return Reference	Explanation
Schedule D, Part XI, Line 4(b) Other revenues in form 990 not in audited financial statements	CHARITABLE INCOME - 206231 ROUNDING1559

Sı

Supplemental Information	
Return Reference	Explanation
Schedule D, Part XII, Line 4(b) Other expenses in form 990 not in audited financial statements	CHARITABLE DISTRIBUTIONS - 414375 ROUNDING1089

S

efile GRAPHIC print	- DO NOT P	ROCESS	As Filed Data	-	DLN	: 93493311017397		
SCHEDULE F (Form 990)	State	tatement of Activities Outside the United S				OMB No 1545-0047		
(, , , , , , , , , , , , , , , , , , ,		➤ Complet	2016					
		<b>►</b> ∆++		14b, 15, or 16. See separate instructions.		Open to Public		
Department of the Treasury Internal Revenue Service	▶ Informat			and its instructions is at wi	vw.irs.gov/form990.	Inspection		
Name of the organization					Employer ide	ntification number		
YOUNG MEN'S CHRISTIAN	ASSOCIATION	RETIREMENT	FUND		13-5562401			
	<b>nformation o</b> Part IV, line :		s Outside the l	Jnited States. Comple	ete if the organization a	answered "Yes" to		
1 For grantmakers	Does the org	anızatıon maı	ntain records to s	substantiate the amount	of its grants and			
•	-	- /	he grants or assis	stance, and the selection	ı criteria used			
other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes No  Por grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance								
2 For grantmakers outside the United		Part V the org	janization's proce	dures for monitoring the	use of its grants and ot	her assistance		
3 Activites per Region	(The following	g Part I, line 3	table can be dupli	cated if additional space is	s needed )			
(a) Region		<b>(b)</b> Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region		
(1) See Add'l Data				-				
( 2)								
(3)								
(4)								
( 5)								
3a Sub-total b Total from continuati Part I c Totals (add lines 3a			0 0 0			2,952,530,939 0 2,952,530,939		
For Paperwork Reduction		the Instructio	9		No 50082W <b>Sched</b> u	2,952,530,939  le F (Form 990) 2016		

(4)

(3) (4)

(5) (6) (7)

(8) (9) (10) (11) (12)

(13) (14)

(15) (16) (17) (18) Page 3

Schedule F (Form 990) 2016

Part III can be duplicated if additional space is needed. (a) Type of grant or assistance (c) Number of (b) Region (d) Amount of (e) Manner of cash (f) Amount of (g) Description (h) Method of recipients cash grant disbursement non-cash of non-cash valuation (book, FMV, assistance assistance appraisal, other) (1) (2)

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.

Sched	dule F (Form 990) 2016		Page <b>4</b>
Par	t 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)	<b>✓</b> Yes	□No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A)		
		$\square$ Yes	<b>✓</b> 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)		
	Corporations (See Instructions for Form 5471)	<b>✓</b> Yes	□No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	<b>✓</b> Yes	□No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)		
		<b>✓</b> Yes	□No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form		
	5713)	☐ Yes	<b>✓</b> No

#### **Additional Data**

**Software ID:** 16000421 **Software Version:** 2016v3.0

EIN: 13-5562401

Name: VOLING ME

Name: YOUNG MEN'S CHRISTIAN ASSOCIATION RETIREMENT FUND

Schedule F (Form 990) 2016

Greenland)

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

East Asia and the Pacific 0 Investments 51,338,103					
(a) Region	offices in the	employees or agents in	in region (by type) (i e , fundraising, program services, grants to recipients located in the	is a program service, describe specific type of	
Central America and the Caribbean	0	0	Investments		2,297,345,468
East Asia and the Pacific	0	0	Investments		51,338,103
Furone (Including Iceland and	_	0	Investments		474 835 930

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i e , is a program service, for region fundraising, program describe specific type of agents in region service(s) in region services, grants to region recipients located in the region) Middle Fast and North Africa 10,067,733 0 Investments 73,993,631 North America (Canada & 0 Investments Mexico only) South America 0 Investments 13,539,894

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i e , is a program service, for region fundraising, program describe specific type of agents in region service(s) in region services, grants to region recipients located in the region) South Asia 3.601.177 0 Investments Sub-Saharan Africa 0 Investments 26,981,786 Central America and the 0 Program Services LIFE ANNUITIES 79,311 Carıbbean

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i e , is a program service, for region fundraising, program describe specific type of agents in region service(s) in region services, grants to region recipients located in the region) East Asia and the Pacific LIFE ANNUITIES 122.535 0 Program Services Europe (Including Iceland and 0 Program Services LIFE ANNUITIES 59,062 Greenland) Middle East and North Africa 0 Program Services LIFE ANNUITIES 1,607

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i e , is a program service, for region fundraising, program describe specific type of agents in region service(s) in region services, grants to region recipients located in the region) North America (Canada & LIFE ANNUITIES 527.817 0 Program Services Mexico only) Russia and Neighboring States 0 Program Services LIFE ANNUITIES 2.002 South America 0 Program Services LIFE ANNUITIES 31,369

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or ın region (by type) (i e , is a program service, for region describe specific type of agents in fundraising, program region services, grants to service(s) in region reaion recipients located in the region) Sub-Saharan Africa 0 Program Services ILIEF ANNUITIES 3.514

Department of the Treasury Attach to Form 990 or Form 990-EZ. Inspection Internal Revenue Service ▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www irs gov/form990. **Employer identification number** Name of the organization YOUNG MEN'S CHRISTIAN ASSOCIATION RETIREMENT FUND 13-5562401 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations e Solicitation of non-government grants Solicitation of government grants Internet and email solicitations Phone solicitations Special fundraising events ☐ In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (i) Name and address of (ii) Activity (iii) Did (iv) Gross receipts (v) Amount paid to (vi) Amount paid to individual fundraiser have from activity (or retained by) (or retained by) custody or or entity (fundraiser) fundraiser listed in organization control of col (i) contributions? No Yes 8 9 10 Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Cat No 50083H

Schedule G (Form 990 or 990-EZ) 2016

As Filed Data -

**Supplemental Information Regarding** 

**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

DLN: 93493311017397 OMB No 1545-0047

Open to Public

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

SCHEDULE G

(Form 990 or 990-EZ)

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c)Other events (d) Total events ANNUAL DINNER (add col (a) through (event type) (total number) col (c)) (event type) Revenue 1 Gross receipts. 275,552 275,552 244,802 2 Less Contributions. 244,802 3 Gross income (line 1 minus 30,750 30,750 line 2) 4 Cash prizes 0 5 Noncash prizes 21,170 21,170 Expenses Rent/facility costs 7 Food and beverages 32,666 32,666 8 Entertainment 13,207 13,207 9 Other direct expenses 2.278 2,278 10 Direct expense summary Add lines 4 through 9 in column (d) . 69,321 11 Net income summary Subtract line 10 from line 3, column (d) . -38,571 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. Revenue (b) Pull tabs/Instant (d) Total gaming (add (a) Bingo (c) Other gaming bingo/progressive bingo col (a) through col (c)) 1 Gross revenue . Expenses 2 Cash prizes Noncash prizes Direct 4 Rent/facility costs 5 Other direct expenses Yes % Yes % Yes % 6 Volunteer labor No Direct expense summary Add lines 2 through 5 in column (d) Net gaming income summary Subtract line 7 from line 1, column (d). Enter the state(s) in which the organization conducts gaming activities \_ ☐ Yes ☐ No Is the organization licensed to conduct gaming activities in each of these states? If "No," explain . Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10a ☐ Yes ☐ No If "Yes," explain \_

Sche	dule G (Form 990 or 990-EZ) 2016					F	age			
11	Does the organization conduct gaming	j activities with nonmember	s?		☐Yes	□No				
12	Is the organization a grantor, benefici- formed to administer charitable gamin		a member of a partnership or other entity		□Yes	□No				
13	Indicate the percentage of gaming act	ivity conducted in								
а	The organization's facility			13a						
b	An outside facility			13b			(			
14	Enter the name and address of the pe	rson who prepares the orga	nization's gaming/special events books and re	ecords						
	Name •									
	Address >									
15a	Does the organization have a contract revenue?	with a third party from who	om the organization receives gaming		□Yes	□No				
b			ganization ▶ \$ and th	ne						
c	amount of gaming revenue retained by the third party ▶ \$									
	If "Yes," enter name and address of the third party									
	Name ▶									
	Address ►									
16	Gaming manager information									
	Name ►									
	Gaming manager compensation ► \$									
	Description of services provided									
	☐ Director/officer	☐ Employee	☐ Independent contractor							
17	Mandatory distributions									
а	,	te law to make charitable di	stributions from the gaming proceeds to		_					
_	retain the state gaming license?				☐ Yes	□ No				
b	·		uted to other exempt organizations or spent							
D.		In the organization's own exempt activities during the tax year ► \$ <b>TY</b> Supplemental Information. Provide the explanations required by Part I, line 2b, columns (III) and (v); and Part								
Pal		l5c, 16, and 17b, as app	clons required by Part 1, line 2b, column licable. Also complete this part to provid							
	Return Reference		Explanation							
			<u>'</u>	ule G (F	orm 990 or	990-EZ)	201			

efile GRAPHIC print - DO	NOT PROCESS	As Filed Data -				DL	N: 93493311017397
Schedule I (Form 990)		Governments	Other Assistand and Individuals	s in the Unite	d States		2016 Open to Public
Department of the Treasury Internal Revenue Service	► Infor	mation about Schedul	► Attach to Form e I (Form 990) and its		w.irs.gov/form990.		Inspection
Name of the organization YOUNG MEN'S CHRISTIAN ASSO	CIATION RETIREMEN	NT FUND				Employer identific 13-5562401	cation number
Part I General Inform	nation on Grants	and Assistance				<u> </u>	
Does the organization ma the selection criteria used					for the grants or assistance	e, and	☑ Yes ☐ No
2 Describe in Part IV the or	ganızatıon's proceduı	res for monitoring the us	se of grant funds in the Ur	ited States			
		nestic Organizations a can be duplicated if add		nts. Complete if the or	ganization answered "Yes"	on Form 990, Part IV, line	e 21, for any recipient
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
2 Enter total number of sec	tion 501(c)(3) and g	overnment organizations	s listed in the line 1 table .			•	5
3 Enter total number of other	er organizations liste	d in the line 1 table.				•	0
For Paperwork Reduction Act Not	ce, see the Instructio	ns for Form 990.		Cat No 50055	iP.	Sch	edule I (Form 990) 2016

Schedule I (Form 990) 2016

(1) ECONOMIC ASSISTANCE

Schedule I. Part III RETIREE

**EMERGENCY ASSISTANCE** 

Schedule I, Part I, Line 2

Procedures for monitoring use of

PROGRAM

grant funds

(1)

(2)

(3)

Page 2

(4)						
(5)						
(6)						
(7)						
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.						
Return Reference	Explanation	on				
	MISSIONS ( ORGANIZAT RETIREES ( CHARITABL THROUGH E FAMILIES PROGRAM T BUILD SPIR MISSION TO HEALTHY LI	OF THE RECIPIENT FIONS THE GRANT AYR) IS TO ENABLE E OPPORTUNITIES EDUCATIONAL, REC THE MISSION IS CA TO PROVIDE RELIEF IT, MIND AND BOD D BE A RESOURCE ( VING FOR ALL AND	YMCA'S AND ARE SINGUL TO THE YMCA ASSOCIATI EMEMBERS TO PROMOTE , THE GRANT TO THE ARMI REATIONAL, SOCIAL AND RRIED OUT IN COOPERAT TO THE HAITIAN PEOPLE Y, WELCOMING ALL PEOP DEFICE FOR THE NATION'S FOSTERING SOCIAL RESI	AR IN NATURE NO FURT ON OF RETIRES WAS MA NURTURING, WORLDW ED SERVICES YMCA WAS RELIGIOUS PROGRAMS AT TION WITH THE MISSION OF THE YELF, WITH A FOCUS ON YELF, WITH A FONSIBILITY THE GRANTED THE GRANTED THE GRANTED THE GRANTED THE TRANTED T	HER MONITORING IS UNDERTANDE IN SUPPORT OF ITS MISSIC IN EXPORT OF THE YMCA OF ITS MISSIC IN EXPORT IN EXP	ARE INTENDED TO SUPPORT THE INDIVIDUAL KEN ALL RECIPIENTS ARE 501(C)(3) ON THE MISSION OF THE ASSOCIATION OF YMCA HAT PROVIDES EDUCATIONAL, SOCIAL, AND SION TO PUT CHRISTIAN PRINCIPLES INTO PRACTICE ERSONNEL, BOTH SINGLE AND MARRIED AND THEIR GREATER NEW YORK WAS MADE IN SUPPORT OF ITS TO PROMOTE VALUES THROUGH PROGRAMS THAT A OF THE USA WAS MADE IN SUPPORT OF THEIR URTURING THE POTENTIAL OF KIDS, PROMOTING DE IN SUPPORT OF THEIR MISSION TO DEVELOP AND R GREATEST INDIVIDUAL AND COLLECTIVE

(d) Amount of

non-cash assistance

0

POTENTIAL, SPIRITUALLY, MENTALLY AND PHYSICALLY 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

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

AFTER THEY'VE DEMONSTRATED FINANCIAL NEED IN ONE OF THE ASSISTANCE CATEGORIES. A ONE-TIME PAYMENT OF UP TO \$2.000 IS PROVIDED PER CALENDAR

(e) Method of valuation (book,

FMV, appraisal, other)

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

recipients

50

RECOGNIZE INDIVIDUAL ACHIEVEMENT AND EXCELLENCE

YEAR NO FURTHER MONITORING IS UNDERTAKEN

RESULTING FROM AN ACT OF NATURE OR OTHER CATASTROPHIC EVENT

(c) Amount of

cash grant

119.875

#### **Additional Data**

SUITE 200

ALEXANDRIA, VI 22310 YMCA OF GREATER NEW YORK

333 7TH AVENUE 15TH FLOOR NEW YORK, NY 10001

**Software ID:** 16000421 **Software Version:** 2016v3.0 **EIN:** 13-5562401 Name: YOUNG MEN'S CHRISTIAN ASSOCIATION RETIREMENT FUND

Form 990,Schedule I, Part	II, Grants and	Other Assistance to	o Domestic Organiza	tions and Domesti	c Governments.
(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of non-	(f) Method of valuation

501(C)(3)

or government		п аррпсавіс	grant	assistance	other)	
RMED SERVICES YMCA	36-3274346	501(C)(3)	100,000	0		

or government			g. a.v.	assistance	other)	
ARMED SERVICES YMCA 6359 WALKER LANE	36-3274346	501(C)(3)	100,000	0		

(g) Description of (h) Purpose of grant non-cash assistance or assistance

27,500

SUPPORT GRANT

SUPPORT GRANT

13-1624228

(a) Name and address of (b) EIN (c) IRC section (d) Amount 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 501(C)(3) 10.000 ASSOCIATION OF YMCA 91-1704431 ISUPPORT GRANT 38 CENTER BEACH AVENUE

SUPPORT GRANT

30,000

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

501(C)(3)

RETIREES OLD LYME, CT 06371

YMCA OF THE USA 13-3256696 101 NORTH WACKER DRIVE CHICAGO, IL 60606

(a) Name and address of (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (b) EIN (c) IRC section organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 501(C)(3) 125.000 ASSOCIATION OF YMCA 14-2104329 SUPPORT GRANT PROFESSIONALS

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

263 ALDEN STREET SPRINGFIELD. MA 01109 DLN: 93493311017397

OMB No 1545-0047

2015

### Schedule J

(Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

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

Open to Public Inspection

Department of the Treasury Internal Revenue

Name of the organization

YOUNG MEN'S CHRISTIAN ASSOCIATION RETIREMENT FUND

Employer identification number

			13-5562401			
Pa	rt I Questions Regarding Compensati	ion	•			
					Yes	No
1a			ny of the following to or for a person listed on Form ide any relevant information regarding these items			
	•	•				
	First-class or charter travel		Housing allowance or residence for personal use			
	<ul> <li>Travel for companions</li> <li>Tax idemnification and gross-up payments</li> </ul>	<u> </u>	Payments for business use of personal residence Health or social club dues or initiation fees			
		<u> </u>	Personal services (e.g., maid, chauffeur, chef)			
	Discretionary spending account	Г	reisonal services (e.g., maid, chauleur, cher)			
b	,					
	reimbursement or provision of all of the expenses	described	above? If "No," complete Part III to explain	1b	Yes	
2	Did the organization require substantiation prior to		· · · · · · · · · · · · · · · · · · ·			
	directors, trustees, officers, including the CEO/Ex	xecutive D	rrector, regarding the items checked in line 147	2	Yes	
2	Indicate which, if any, of the following the filing or	aanization	used to establish the compensation of the			
	organization's CEO/Executive Director Check all	_	•			
	used by a related organization to establish compe	ensation of	the CEO/Executive Director, but explain in Part III			
	Compensation committee	Г	Written employment contract			
	Independent compensation consultant	Γ.	Compensation survey or study			
	Form 990 of other organizations	Ľ	Approval by the board or compensation committee			
1	During the year, did any person listed on Form 99 or a related organization	0, Part VI	I, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-contr	ol paymen	t?	4a		Νo
b	Participate in, or receive payment from, a supplen	nental non	qualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity	-based coi	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and	provide th	e applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organi	zations mu	ıst complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section compensation contingent on the revenues of	n A, line 1a	a, did the organization pay or accrue any			
а	The organization?			5a		No
b	Any related organization?			5b		Νo
	If "Yes," on line 5a or 5b, describe in Part III					
5	For persons listed on Form 990, Part VII, Section compensation contingent on the net earnings of	n A, line 1a	a, did the organization pay or accrue any			
а	The organization?			6a		No
b	Any related organization?			6b		No
	If "Yes," on line 6a or 6b, describe in Part III					
7	For persons listed on Form 990, Part VII, Section payments not described in lines 5 and 6? If "Yes,			7	Yes	
В	Were any amounts reported on Form 990, Part VI					
	subject to the initial contract exception described		tions section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III			8		Νo
9	If "Yes" on line 8, did the organization also follow section 53 4958-6(c)?	the rebutt	able presumption procedure described in Regulations	9		

Schedule J (Form 990) 2015							Page Z
Part III Officers, Directors	, Trustees, Key Er	nployees, and Hig	hest Compensate	<b>ed Employees.</b> Use	duplicate copies if	additional space is	needed.
For each individual whose compensal instructions, on row (ii) Do not list al <b>Note.</b> The sum of columns (B)(i)-(iii)	ny individuals that are	not listed on Form 990	, Part VII	• , ,	-	·	
(A) Name and Title	(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	( <b>D)</b> Nontaxable	(E) Total of columns	<b>(F)</b> Compensation in
	Base (1) compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred on prior Form 990

Cahadula 1 (Farm 000) 201 F

See Additional Data Table

Page 3

Schedule J (Form 990) 2015

Schedule J (Form 990) 2015

Supplemental Information

Part III

Supplemental nonqualified retirement | ELLIOTT \$15,399, DE SIO, VINCENT \$12,374, KIRSCHNER, JAMES \$10,674, QUINONES, JOHN \$18,000, NAG, NEIL \$18,000, TAN, LI \$17,833, ROZOLSKY, GREGORY \$2,299, BOULOUS, VANESSA \$15,642, MANOLOV, IVAN \$2,299 The amounts will be taxable in the year of distribution to plan the individuals and are reported in Schedule J. Part II. Column (B)(III) PARTICIPANTS IN THE SUPPLEMENTAL NON-OUALIFIED RETIREMENT PLAN REISNER, HUNTER \$200,000, This nontaxable amount is reported in Schedule J. Part II, Column (C)

Schedule J. Part I. Line 7 Non-fixed THE YMCA RETIREMENT FUND ("FUND") PAYS BONUSES TO PERSONNEL INVOLVED IN THE FUND'S INVESTMENT ACTIVITIES THESE payments BONUSES ARE PRIMARILY BASED UPON ACTUAL INVESTMENT RETURNS IN EXCESS OF BENCHMARK (INDEX) RETURNS THERE IS A SUBJECTIVE COMPONENT THAT RANGES BETWEEN 25% - 50% OF THE TOTAL BONUS THAT IS BASED UPON VARIOUS QUALITATIVE FACTORS 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 TRUSTEES THESE PAYMENTS ARE MADE ANNUALLY, INCLUDED IN THE COMPARABILITY ANALYSIS PERFORMED BY OUR INDEPENDENT COMPENSATION CONSULTANTS, REVIEWED BY THE COMPENSATION COMMITTEE, APPROVED BY THE BOARD OF TRUSTEES, AND

Software ID: 16000421
Software Version: 2016v3.0

**EIN:** 13-5562401

Name: YOUNG MEN'S CHRISTIAN ASSOCIATION RETIREMENT FUND

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

(A) Name and Title			FW-2 and/or 1099-MIS		(C) Retirement and	( <b>D)</b> Nontaxable	(E) Total of columns	
		<b>(i)</b> Base	(ii) Bonus &	<b>(iii)</b> O ther	other deferred compensation	benefits	(B)(ı)-(D)	column (B) reported as deferred
		Compensation	ıncentive	reportable	·			on prior Form 990
1DENISE DAY	[ (i)	0	compensation 0	compensation 0	0	٥	ا ا	0
VICE CHAIRMAN	(11)	373,407		6,935	30,600			
		,	0	0,533	30,000	13,128	424,070	
1ERIC K MANN TRUSTEE VOLUNTEER	(1)	0	0	0	0	0	0	0
	(11)	304,151	25,194	2,102	21,200	- 35.994	- 270 531	0
2BARBARA A BETTIN	(1)	0	0	0	0	25,884	378,531	0
TRUSTEE VOLUNTEER	(11)	220,771			26,988			
	ļ	·	0		20,300	6,399	254,158	
3SANDRA J MORANDER TRUSTEE VOLUNTEER	(1)	0	0	0	0	0	0	0
	(11)	251,905	19,488	0	30,918	- 19,661	- 321,972	0
4JOSEPH R WEIST TRUSTEE VOLUNTEER	(1)	0	0	0	0	0	0	0
TRUSTEE VOLUNTEER	(11)	131,461		0	16,219			0
5JOHN M PREIS			Ü	-		9,357	157,037	
PRESIDENT AND CHIEF EXECUTIVE OFFICER	(1)	563,119	246,125	21,563	31,800	32,389	894,996	0
EXECUTIVE OF ICEN	(11)	0	0	0	0	-	-	0
6HUNTER REISNER	(1)	481,679	171,893	20,692	231,800	43,196	949,260	0
CHIEF INVESTMENT OFFICER	(11)	0		0	0			0
TVANECCA POLILOUC						0	0	
<b>7</b> VANESSA BOULOUS  CHIEF OPERATIONS OFFICER	(1)	292,438	61,357	48,059	31,800	36,462	470,116	0
- EXTERNAL	(11)	0	0	0	0	-	-	0
8ELLIOTT BUCHHOLZ	(1)	304,764	76,981	16,129	31,800	38,278	467,952	0
CHIEF OPERATIONS OFFICER - INTERNAL	(11)	0	0	0	0			0
			Ü	-	-	0	0	
9VINCENT M DE SIO CHIEF FINANCIAL OFFICER	(1)	292,256	62,981	14,382	31,800	45,153	446,572	0
	(11)	0	0	0	0	-	-	0
10JAMES G KIRSCHNER CHIEF STRATEGY OFFICER	(1)	274,463	60,557	12,588	31,800	46,135	425,543	0
CHIEF STRATEGY OF ICER	(11)	0	0	0	0			0
11JOHN QUINONES	(.)	254.224				0	0	
GENERAL COUNSEL	(1)	354,334	71,408	18,843	31,800	38,424	514,809	0
	(11)	0	0	0	0	- 0	-	0
12MARCELA DIETRICH VICE PRESIDENT -	(1)	235,680	19,499	221	30,285	6,339	292,024	0
CUSTOMER SERVICE	(11)	0	0	0	0			0
13ELIZABETH DELGADO	(1)	196,454				0	0	
VICE PRESIDENT - HUMAN RESOURCES	(1)	196,454	16,242	302	23,363	25,279	261,640	0
	(11)	0	0	0	0	- 0	- 0	0
14ELIZABETH KURILLA VICE PRESIDENT - INTERNAL	(1)	202,385	17,719	290	24,252	30,916	275,562	0
AUDIT	(11)	0	0	0	0	-		0
15LISA WORTHY	(1)	223,008	10.050	500	27.044	0	0	
VICE PRESIDENT - FINANCE		223,000	19,950	509	27,811	37,780	309,058	
	(11)	U	0	0	0	- 0	- 0	0
16KERRI HAYES SENIOR COUNSEL	(1)	161,926	0	157	20,832	37,480	220,395	0
	(11)	0	0	0	0		-	0
17MAUREEN HALEY	(1)	175,953	0	353	0	0	190 134	
VP APPLICATIONS DEVELOPMENT				353		3,818	180,124	
	(11)		0	0	0			0
18NEIL NAG PORTFOLIO MANAGER	(1)	373,620	71,763	25,677	31,800	3,611	506,471	0
	(11)	0	0	0	0	-		0
19DAVID SLIFKA	(ı)	333,673	0	327	31,800	40,102	405,902	
PORTFOLIO MANAGER - RE	(11)			32/	31,800	40,102	403,902	
	(")	0	0	0	0	0	0	

other deferred benefits (B)(I)-(D) column (B) (i) (ii) (iii) compensation reported as deferred Base Bonus & Other on prior Form 990 Compensation reportable incentive compensation compensation 21LI TAN (i) 344,615 51,612 18,392 31,800 46,079 492,498 PORTFOLIO MANAGER - EO [(II) 1 DAVID I LANDAU (i) 289,136 2,763 31,800 36,176 359,875 DODTEOLIO MANAGED - DE

2,466

302,400

(C) Retirement and

31,800

(D) Nontaxable

16,561

572

(E) Total of columns

330,637

302,972

(F) Compensation in

PORTFOLIO MANAGER - PE		0						
	["]	ŭ	0	0	U	0	0	
2IVAN MANOLOV PORTFOLIO MANAGER	(1)	221,558	] 39,703	2,466	•	· '	l '	
	171	0						

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

59,705

(B) Breakdown of W-2 and/or 1099-MISC compensation

(A) Name and Title

**3**GREGORY ROZOLSKY

4LOUISE HOWARD

PORTFOLIO MANAGER

PORTFOLIO MANAGER

(ı)

(II)

(II)

220,105

Transactions with Interested Persons		6 Public
Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)  Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b  1 (a) Name of disqualified person (b) Relationship between disqualified person and organization organiz	Open to P Inspect ation numb  (d) Co	Public tion ber
Name of the organization YOUNG MEN'S CHRISTIAN ASSOCIATION RETIREMENT FUND    Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)   Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b   1	(d) Co	orrected?
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b  1 (a) Name of disqualified person (b) Relationship between disqualified person and organization transaction    Co Description of transaction	<u> </u>	
1 (a) Name of disqualified person (b) Relationship between disqualified person and organization (c) Description of transaction  2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958	<u> </u>	
4958		
4958		
4958		•
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the reported an amount on Form 990, Part X, line 5, 6, or 22	the organiz	zation
(a) Name of interested person with organization of loan organization? (b) Relationship with organization of loan organization? (c) Purpose of loan organization? (d) Loan to or from the principal amount organization? (e)Original principal due default? Approved by board or committee?	or	
	Yes	No
Part III Grants or Assistance Benefiting Interested Persons.  Complete if the organization answered "Yes" on Form 990, Part IV, line 27.		
	rpose of ass	ssistance

Dinner which benefits a variety of YMCA programs

The organizations listed in Part IV as investment managers contributed \$5,000 or more to the Harold Smith

Schedule L (Form 990 or 990-EZ) 2016

Part V	Supplemental Informati
	Provide additional information

Schedule L. Part IV

#### **Additional Data**

(6) SCOUT ENERGY PARTNERS

(7) ALBIZIA CAPITAL PTE LTD

EFFISSIMO CAPITAL MANAGEMENT PTE LTD

(9) ELEMENT CAPITAL MANAGEMENT LLC

(10) GARDNER RUSSO AND GARDNER

(11) FOWLER PROPERTY ACQUISITIONS

**Software ID:** 16000421 Software Version: 2016v3.0 **EIN:** 13-5562401

Name: YOUNG MEN'S CHRISTIAN ASSOCIATION RETIREMENT

**FUND** 

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sh organiz rever	f :ation's
				Yes	No
(1) ANGELO GORDON & CO	INVESTMENT MANAGER	271,480	MANAGEMENT FEES		No
(2) CRESTVIEW DARTNERS	INVESTMENT MANAGER	482 361	MANAGEMENT FEES		No

				Yes	No
(1) ANGELO GORDON & CO	INVESTMENT MANAGER	271,480	MANAGEMENT FEES		No
(2) CRESTVIEW PARTNERS	INVESTMENT MANAGER	482,361	MANAGEMENT FEES		No
(3) CHRISTINA PREIS	FAMILY MEMBER OF JOHN PREIS	90,348	EMPLOYMENT		No
(4) ERICA MANN	FAMILY MEMBER OF ERIC MANN	59,637	EMPLOYMENT		No
(5) GROSVENOR CAPITAL MANAGEMENT	INVESTMENT MANAGER	2,146,322	MANAGEMENT FEES		No

699,984

396,000 l

MANAGEMENT FEES

MANAGEMENT FEES

1,980,000 MANAGEMENT FEES

3,391,000 MANAGEMENT FEES

1,666,000 MANAGEMENT FEES

217,071 | MANAGEMENT FEES

No

No

No

No

No

No

INVESTMENT MANAGER

INVESTMENT MANAGER

INVESTMENT MANAGER

INVESTMENT MANAGER

INVESTMENT MANAGER

INVESTMENT MANAGER

				Yes	No
(1) ANGELO GORDON & CO	INVESTMENT MANAGER	271,480	MANAGEMENT FEES		No
(2) CRESTVIEW PARTNERS	INVESTMENT MANAGER	482,361	MANAGEMENT FEES		No

efile GRAPHIC	print - DO NOT PROCESS	DL	N: 93493311017397
SCHEDULE (Form 990 or 99 EZ)	Complete to provide information for responses to specific que Form 990 or 990-EZ or to provide any additional information be Attach to Form 990 or 990-EZ.  Information about Schedule O (Form 990 or 990-EZ) and its instance www.irs.gov/form990.	estions on ation.	OMB No 1545-0047  2016 Open to Public Inspection
	ation AN ASSOCIATION RETIREMENT FUND , Supplemental Information	13-5562401	ntification number
Return Reference	Explanation		
Form 990, Part I, Line 1 DESCRIPTION OF ORGANIZATION MISSION	THE PURPOSE OF THE YMCA RETIREMENT FUND IS TO SUPPORT YMCAS BY PROVIDING PENSION AND WELFARE BENEFIT PROGRAMS TO EMPOWER YMCA EMPLOYEES TO ACHIEVE ECONOMIC SECURITY DURING THEIR WORKING AND RETIREMENT YEARS, THUS RESULTING IN LOYALTY TO THE YMCA MOVEMENT		

# 990 Schedule O, Supplemental Information Return Explanation

Reference

Form 990,	THE ORGANIZATION HAS NOT FILED THE 990T AT THIS TIME DUE TO THE LARGE NUMBER OF LIMITED
Part V, Line	PARTNERSHIPS AND COMPLEXITY OF THE RETURN AN EXTENSION WILL BE FILED ON OR BEFORE NOVEMBER 15,
3b Reason	2017 WITH THE INTENT OF FILING FORM 990-T ON OR BEFORE MAY 15, 2018
for not filing	
Form 990-T	

SITUATIONS

#### Reference Form 990. THE YMCA RETIREMENT FUND (FUND) HAS 15 MEMBERS. 10 COMPLETELY INDEPENDENT MEMBERS AND 5 Part VI. Line EMPLOYED OFFICERS OF SUPPORTED YMCA'S ANYONE CURRENTLY RECEIVING BENEFITS FROM THE FUND IS

Explanation

1a THE EXPRESSLY BARRED FROM SERVING AS A MEMBER OF THE GOVERNING BODY. THE ONLY REASON 5 MEMBERS OF GOVERNING THE BOARD ARE NOT CONSIDERED INDEPENDENT IS BECAUSE OF THEIR RESPECTIVE EMPLOYMENT WITH SUPPORTED YMCA'S NONE OF THE EMPLOYED OFFICER TRUSTEES WORK FOR THE SAME YMCA AND THEIR THE YMCA INVOLVEMENT WITH THE FUND HAS NO BEARING OR INFLUENCE WITH RESPECT TO THEIR CURRENT EMPLOYMENT

BODY OF

Return

Return Explanation

Ш		
		THE ORGANIZATION HAS MEMBERS WHICH CONSIST OF PARTICIPANTS AND PARTICIPATING EMPLOYERS OF THE RETIREMENT PLANS
	6 Classes of	
	members or	
ı	stockholders	

Return Reference

Form 990, Part VI. Line

Explanation

Explanation

Explanation

Explanation

Explanation

7a Members
or
stockholders
electing
members of
governing
body

990 Schedule O, Supplemental Information

Return
Reference

Explanation

Form 990, Part VI, Line	DECISIONS RELATED TO CHANGES IN BYLAWS AND ELECTION OF TRUSTEES MADE BY THE GOVERNING BODY IS SUBJECT TO APPROVAL BY MEMBERS
7b Decisions	
requiring	
approval by	
members or	
stockholders	

Return Explanation Reference	
Form 990, Part VI, Line 11b Review of form 990 by governing body  THE FORM 990 IS PREPARED BY THE YMCA RETIREMENT FUND'S MANAGEMENT IT IS THEN REVIEWED BY A INDEPENDENT ACCOUNTING FIRM TO ENSURE COMPLETENESS. THE FORM WAS PRESENTED TO THE AUDIT COMMITTEE ON SEPTEMBER 13TH, 2017. THEY WERE ADVISED THAT IT IS AVAILABLE FOR THEIR REVIEW ON TRUSTEE'S WEBSITE. A LINK TO A PASSWORD PROTECTED WEBSITE CONTAINING A FULL COPY OF THE 990 WILL BE FILED WITH THE IRS WAS EMAILED TO ALL MEMBERS OF THE GOVERNING BODY PRIOR TO THE FILED WITH THE FORM.	I OUR AS IT

Return Explanation Reference

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

policy

Return Reference	Explanation
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 ORGANIZA TION TO PAY AT THE MEDIAN OF THE MARKETPLACE, (THE LEVEL AT WHICH HALF OF THE ORGANIZATION S IN THE MARKETPLACE PAY MORE FOR A PARTICULAR JOB AND HALF PAY LESS). THE FUND HIRES PEOP LE AT THE MEDIAN SALARY THEN ANTICIPATES THAT STRONG PERFORMANCE WILL CAUSE THE EWILD YEE TO GRAVITATE HIGHER IN THE SALARY RANGE. THE FUND REVIEWS COMPENSATION DATA FROM THE EXTERN AL MARKETPLACE EACH YEAR TO ENSURE THAT THIS COMPENSATION PHILOSOPHY IS MAINTAINED FOR DIFFERENT TYPES OF EMPLOYEES, THE FUND MUST CONSIDER DIFFERENT LABOR MARKETS WHEN APPLYING THE COMPENSATION PHILOSOPHY FOR EXAMPLE, FUND OFFICERS WOULD EITHER BE ATTRACTED TO THE NO T-FOR-PROFIIT LABOR MARKETPLACE ACCORDINGLY, WE COLLEC T DATA ON BOTH THE BROAD MARKETPLACE FOR EXECUTIVE TALENT THROUGH A SURVEY OF EXECUTIVES C ONDUCTED BY TOWERS-WATSON AS WELL AS THE NOT-FOR-PROFIT MARKETPLACE THROUGH A SURVEY OF EXECUTIVES C ONDUCTED BY TOWERS-WATSON AS WELL AS THE NOT-FOR-PROFIT ORGANIZATIONS. THE FUND RELIES ON DATA FROM MCLAGAN PARTNERS, A WELL-KN OWN SURVEY FIRM SPECIALIZING IN THE FINANCIAL SERVICES INDUSTRY, PENSION, ENDOWMENT, AND F OUNDATION MANAGERS THESE ARE ORGANIZATIONS THAT, LIKE THE FUND, MANAGE MULTI-BILLION DOLL AR PORTFOLIOS FOR THE BENEFIT OF CHARTITES, EDUCATIONAL INSTITUTIONAL OR MUTUAL FUND ARE AS (E.G. FIDELITY, PUTNAM, ETC.) AS A 501(C)(3) TAX-EXEMPT ORGANIZATION THE FUND IS SUBJE CT TO FEDERAL GOVERNMENT-IMPOSED TAXES ON BOARDS AND MANAGERS OF CHARTIES WHO RECEIVE UNR EASONABLE COMPENSATION EACH YEAR. THE BOARD'S FOR POSITIONS AS APPROPRIATE ALL OF THESE ACTIVITIES ARE RECORDED IN THE MINUTES OF THE RESPECTIVE MEETINGS. THE FUND'S COMPENSATION OF REASONABLE CONSPENSATION EACH YEAR. THE BOARD'S COMPENSATION OF REASONABLE NESS WITH REGARD TO COMPENSATION, AND CHANGES TO ALL BENEFIT PLANS, REVIEWS COMPENSATION DETERM INATION PROCESS IS INTENDED TO QUALIFY FOR THE RESPECTIVE MEETINGS. THE FUND'S SALARY RANGES FOR ALL STAFF MEMBERS, PROVIDING AN OBJECTIVE THIRD

990 Schedule O, Supplemental Information

Return
Reference

Explanation

Form 990,	IONAL OBJECTIVES DESIGNED TO ADVANCE THE FUND IN SUPPORT OF ITS MISSION EMPLOYEES RECEIVE ANNUAL
Part VI, Line	MERIT INCREASES BASED ON THIS PREMISE
15a Process	
to establish	
compensation	
of top	
management	
official	

990 Schedule O, Supplemental Information Return **Explanation** Reference Form 990. SEE ABOVE Part VI, Line 15b Process to establish

compensation of other employees

BURFAU

Return

Form 990.

the public

#### Explanation Reference THE ORGANIZATION'S GOVERNING DOCUMENTS. CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE

Part VI. Line MADE AVAILABLE TO THE PUBLIC THROUGH OUR WEBSITE AND BY REQUEST FOR GOVERNING DOCUMENTS -19 Required HTTP //WWW YRETIREMENT ORG/ABOUTUS/GOVERNANCE FOR FINANCIAL STATEMENTS -HTTP //WWW YRETIREMENT ORG/ABOUTUS/FUND-REPORTS/AUDITED-FINANCIAL-STATEMENTS THE FORM 990 IS documents available to ALSO AVAILABLE ON VARIOUS WEBSITES SUCH AS GUIDESTAR ORG AND THE NEW YORK STATE CHARITIES.

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 TR USTEES FROM EITHER THE YMCA RETIREMENT FUND OR THEIR SPECIFIC EMPLOYERS THE TRUSTEES 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 MEETINGS GENERALLY REQUIRE A HEAVY TIME COMMITMENT, INCLU DING TRAVEL OF AT LEAST TWO DAYS EACH QUARTER THEIR PROFESSIONAL EXPERTISE AND DEDICATION TO ADVANCING THE YMCA MOVEMENT IS INTEGRAL TO THE SUCCESS OF THE FUND. THE FUND'S BOARD OF TRUSTEES VOLUNTEERED MORE THAN ELEVEN DAYS OF THE YEAR WITH 97% ATTENDANCE IN FULFILLMENT OF THE FIDUCIARY OBLIGATIONS ASSOCIATED WITH FUND GOVERNANCE TRUSTEES SPENT 55 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 INCU R 1 TRAVEL DAY (1/2 DAY TO AND 1/2 DAY FROM) EACH OF THE BOARD MEETINGS CALCULATION (55 HOURS OF MEETING TIME / 8 HOURS PER DAY = 6 9 DAYS PLUS 4 TRAVEL DAYS = 10 9 BUSINESS DAYS PER YEAR EXCLUDING PREP TIME) DETAILS AS FOLLOWS THE BOARD OF TRUSTEES MET 4 TIMES DURIN G THE FISCAL YEAR FOR A TOTAL OF 11 25 HOURS PREPARATION TIME EXCEEDS 2 HOURS FOR EACH ME ETING SEPTEMBER 22, 2016 - DENVER, CO, 1 25 HOURS WITH 15/15 TRUSTEES ATTENDING (100%) NO VEMBER 17, 2016 - NEW YORK, NY, 30 HOURS WITH 13/15 TRUSTEES ATTENDING (37%) FEBRUARY 24, 2017 - MIAMI, FL, 50 HOURS WITH 15/15 TRUSTEES ATTENDING (100%) THE INVESTMENT COMMITTEE MET 6 TIMES D URING THE FISCAL YEAR, 4 TIMES IN PERSON AND 2 TIMES TELEPHONICALLY FOR A TOTAL OF 21 HOUR S THE 4 ON-SITE MEETINGS USUALLY TOTAL 5 HOURS OVER TWO DAYS AND PREPARATION TIME FOR THE ONSITE MEETING DURING THE FISCAL YEAR, 4 TIMES IN PERSON AND DOYS AND PREPARATION TIME GENERALLY REQUIRES 30 MINUTES OR MORE FOR EACH MEETING IN PAI

Return Reference Explanation

Form 990. IRES 30 MINUTES OR MORE FOR EACH MEETING

Form 990, RES 30 MINUTES OR MORE FOR EACH MEETING
Part VII,
Section A
FAITHFUL
TRUSTEES

Return Reference	·
Part VII, Section A GOVERNING BODY OF  MEMBERS AND 5 EMPLOYED OFFICERS OF SUPP ARE NOT CONSIDERED INDEPENDENT IS BECAUS THE 5 BOARD MEMBERS THAT ARE EMPLOYED O FLORIDA'S FIRST COAST IN JACKSONVILLE, FL D	NT FUND (FUND) HAS 15 MEMBERS, 10 COMPLETELY INDEPENDENT ORTED YMCAS THE ONLY REASON 5 MEMBERS OF THE BOARD SE OF THEIR RESPECTIVE EMPLOYMENT WITH SUPPORTED YMCAS FFICERS WITH RELATED PARTIES ARE ERIC MANN - CEO, YMCA OF ENISE DAY - CEO, YMCA OF THE BRANDYWINE VALLEY IN WEST OF GREATER SAN ANTONIO, TX BARBARA BETTIN - CEO, YMCA OF EATER HARTFORD, CT

Return Reference	Explanation
Form 990, Part XI, Line 9 CHANGES IN NET ASSETS	CHARITABLE INCOME (206,231) CHARITABLE DISTRIBUTIONS 414,375 ROUNDING (194)

Return Reference

CHARITABLE INCOME - -206231, CHARITABLE DISTRIBUTIONS - 414375, ROUNDING - -194.

Form 990, Part XI, Line 9 Other changes in net assets or fund balances

efile GRAPHIC print - D	O NOT PROCESS As Filed Data	-								DLN:	9349331	1017	397
SCHEDULE R	Polatos	d Organiz	zatione	and Ha	rolato	d Dartn	orchin	<u> </u>		0	MB No 154	15-004	7
(Form 990)		_					-		_		201	6	
(1 01111 000)	► Complete if the or	ganization ar	swered "Ye										
Department of the Treasurv Internal Revenue Service	► Attach to Form 990. ► I	nformation al	out Schedul	e R (Form	990) and	its instruct	ions is at	www.irs.	gov/form990		Open to F Inspect		
Name of the organization YOUNG MEN'S CHRISTIAN ASSOCIA	ATION RETIREMENT FLIND							Emplo	yer identifica	tion numb	oer		
TOONG HEN'S CHRISTIAN ASSOCIA	ATION RETREMENT FORD							13-556	2401				
Part I Identification	n of Disregarded Entities Complete	e if the organ	ızatıon answ	ered "Yes	" on Form	990, Part	IV, line 33	3.					
Name, address, an	<b>(a)</b> d EIN (if applicable) of disregarded entity		(b) Primary a		Legal dom	<b>c)</b> nicile (state n country)	(d) Total inco	ome E	<b>(e)</b> End-of-year asset:	5	(f) Direct contro entity	olling	
	of Related Tax-Exempt Organizat mpt organizations during the tax yea		te if the org	anızatıon	answered	"Yes" on F	orm 990,	Part IV,	line 34 becau	ıse ıt had	one or mo	ore	
See Additional Data Table	· · · · · · · · · · · · · · · · · · ·			1 .	_	1			. 1				
Name, address, a	(a) nd EIN of related organization	Prim	<b>(b)</b> ary activity	Legal don	c) ncile (state n country)	Exempt Cod		Public cha (if section	rity status	(f) Direct cont entit		<b>(g</b> Section [13) con entit	512(b) trolled
												Yes	No
													-
						1							
For Panerwork Peduction A	ct Notice, see the Instructions for For	m 990			t No 5013	<u> </u> 35Y				chedule I	R (Form 99	101 20	16

		1 // // //	1 4 5 1		1 45	1 40	1 .			1 ()	1 4		
(a) Name, address, and EIN of related organization		<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	Predominant income(related unrelated, excluded from tax under sections 512-	Share of total income		(H Disprop alloca	rtionate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	mana	ral or aging ner?	(k) Percenta ownersh
					514)			Yes	No		Yes	No	
											1	1 1	
Identification of Related Organiza because it had one or more related or						zation ansv	vered "Yes	" on Fo	orm 9!	90, Part IV,	line	34	
		a corporation	(c) egal micile or foreign	st during th	(d) controlling entity  Typ (C co	(e)	vered "Yes  (f) Share of total income	Share	(g) of end- year assets	(1	ı) ntage	Se (1	(I) ection 512 3) control entity?
because it had one or more related or  (a)  Name, address, and EIN of	rganizations treated as	a corporation	on or trus (c) egal micile	st during th	(d) controlling entity  Typ (C co	(e) e of entity orp, S corp,	<b>(f)</b> Share of total	Share	(g) of end- year	of- Perce	ı) ntage	Se (1	<ol><li>control</li></ol>
because it had one or more related or  (a)  Name, address, and EIN of	rganizations treated as	a corporation	(c) egal micile or foreign	st during th	(d) controlling entity  Typ (C co	(e) e of entity orp, S corp,	<b>(f)</b> Share of total	Share	(g) of end- year	of- Perce	ı) ntage	Se (1	3) control entity?
because it had one or more related or  (a)  Name, address, and EIN of	rganizations treated as	a corporation	(c) egal micile or foreign	st during th	(d) controlling entity  Typ (C co	(e) e of entity orp, S corp,	<b>(f)</b> Share of total	Share	(g) of end- year	of- Perce	ı) ntage	Se (1	3) control entity?
because it had one or more related or  (a)  Name, address, and EIN of	rganizations treated as	a corporation	(c) egal micile or foreign	st during th	(d) controlling entity  Typ (C co	(e) e of entity orp, S corp,	<b>(f)</b> Share of total	Share	(g) of end- year	of- Perce	ı) ntage	Se (1	3) control entity?
because it had one or more related or  (a)  Name, address, and EIN of	rganizations treated as	a corporation	(c) egal micile or foreign	st during th	(d) controlling entity  Typ (C co	(e) e of entity orp, S corp,	<b>(f)</b> Share of total	Share	(g) of end- year	of- Perce	ı) ntage	Se (1	3) control entity?

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity	1a		No
<b>b</b> Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	<b>1</b> g		No
h Purchase of assets from related organization(s)	1h		No

Page **3** 

No

No

1s

Schedule R (Form 990) 2016

(d)

Method of determining amount involved

	Loans or loan guarantees to or for related organization(s)	 •		 •	•	•	 	•	•	•	•	•	•	•	•	•	 •	•	•	-"	140
•	Loans or loan guarantees by related organization(s)																			1e	No
f	Dividends from related organization(s)																			1f	No
g	g Sale of assets to related organization(s)																			<b>1</b> g	No
ŀ	n Purchase of assets from related organization(s)																			1h	No
i	Exchange of assets with related organization(s)		 																	1i	No

е	Loans or loan guarantees by related organization(s)	1e		No
f	Dividends from related organization(s)	1f		No
g	Sale of assets to related organization(s)	1g		No
h	Purchase of assets from related organization(s)	1h	$\Box$	No
i	Exchange of assets with related organization(s)	1i		No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		No
1	Performance of services or membership or fundraising solicitations for related organization(s)	11		No
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
_	Sharing of paid employees with related organization(s)	10		No

	prince in a minimum relation (a)	- 1	- 1		
g	Sale of assets to related organization(s)	10	)	No	-
h	Purchase of assets from related organization(s)	11	۱	No	_
i	Exchange of assets with related organization(s)	1	i	No	-
j	Lease of facilities, equipment, or other assets to related organization(s)	1	i 📗	No	_
k	Lease of facilities, equipment, or other assets from related organization(s)	11	(	No	-
1	Performance of services or membership or fundraising solicitations for related organization(s)	11	ı	No	-
m	Performance of services or membership or fundraising solicitations by related organization(s)	11	n	No	-
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1	n	No	-
o	Sharing of paid employees with related organization(s)	10	)	No	_
р	Reimbursement paid to related organization(s) for expenses	1 p	<u> </u>	No	-
	Reimbursement paid by related organization(s) for expenses	10	1	No	_
4					

(b) Transaction

type (a-s)

(c) Amount involved

(a) Name of related organization

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

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

			1 !				1			1 1			
<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	l domicilo l	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	Ar or	(e) e all partners section 501(c)(3) ganizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?	ite )	(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
													_
									_	Schedul	e R (Forn	1 99	0) 2016

Schedule R (Form 990) 2016 Page **5** Part VII **Supplemental Information** Provide additional information for responses to questions on Schedule R (see instructions) Return Reference Explanation SCHEDULE R PART II THE SUPPORTED ORGANIZATIONS OF THE YMCA RETIREMENT FUND CONSISTS OF 815 INDEPENDENTLY INCORPORATED YMCA'S ACROSS THE UNITED STATES INCLUDING THE YMCA OF THE UNITED STATES OF AMERICA (THE "YMCA OF THE USA") THE SUPPORTED ORGANIZATIONS ARE DESIGNATED AS A CLASS IN THE ACT OF INCORPORATION OF THE YMCA RETIREMENT FUND IN ACCORDANCE WITH TREASURY REGULATIONS SECTION 1 509(A)-4(D)(2) THE YMCA RETIREMENT

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

Schedule R (Form 990) 2016

**Software ID:** 16000421 **Software Version:** 2016v3.0

**EIN:** 13-5562401

Name: YOUNG MEN'S CHRISTIAN ASSOCIATION RETIREMENT FUND

Form 990, Schedule R, Part II - Identification of Related Ta	ax-Exempt Organiza	tions				
(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))	<b>(f)</b> Direct controlling entity	(g) Section 512 (b)(13) controlled entity?
(1)	SOCIAL SERVICE	ME	501(c)(3)	10	NA	Yes No
PO BOX 446 WINTHROP, ME 043640446 01-0186800			, , ,			
(1)	SOCIAL SERVICE	ME	501(c)(3)	10	NA	No
21 PARK ST BAR HARBOR, ME 04609 01-0211486						
(2)	SOCIAL SERVICE	ME	501(c)(3)	10	NA	No
62 TURNER STREET AUBURN, ME 042105953 01-0211567						
(3) 70 FOREST AVENUE PORTLAND, ME 041012813	SOCIAL SERVICE	ME	501(c)(3)	10	NA	No
01-0211568 (4)	SOCIAL SERVICE	ME	501(c)(3)	10	NA	No
31 UNION STREET AUGUSTA, ME 04330	S San IE SEINVACE					
01-0211811 (5)	SOCIAL SERVICE	ME	501(c)(3)	10	NA	No
303 CENTRE ST BATH, ME 045302089 01-0211812						
(6)	SOCIAL SERVICE	ME	501(c)(3)	10	NA	No
PO BOX 840 ROCKPORT, ME 04856 01-0211813						
(7)	SOCIAL SERVICE	ME	501(c)(3)	10	NA	No
PO BOX 249 SANFORD, ME 04073 01-0211814	SOCIAL SERVICE	ME	501/c)/2)	10	NA	
(8) PO BOX 500	SOCIAL SERVICE	ME	501(c)(3)	10	NA	No
BOOTHBAY HARBOR, ME 045380500 01-0237912						
(9)	SOCIAL SERVICE	ME	501(c)(3)	10	NA	No
PO BOX 25 ELLSWORTH, ME 046050025 01-0412269						
(10) 157 LINCOLNVILLE AVENUE BELFAST, ME 049151535	SOCIAL SERVICE	ME	501(c)(3)	10	NA	No
01-0493123 (11)	SOCIAL SERVICE	NH	501(c)(3)	10	NA	No
32 LAKE ST NORTH SWANZEY, NH 034314451			(-//-/			
<u>02-0222246</u> (12)	SOCIAL SERVICE	NH	501(c)(3)	10	NA	No
200 SUMMIT RD KEENE, NH 034311760 02-0222247						
(13)	SOCIAL SERVICE	NH	501(c)(3)	10	NA	No
30 MECHANIC STREET MANCHESTER, NH 031011923 02-0222248						
(14)	SOCIAL SERVICE	NH	501(c)(3)	10	NA	No
6 HENRY CLAY DRIVE MERRIMACK, NH 030544848 02-0222250 (15)	SOCIAL SERVICE	NH	501(c)(3)	10	NA	No
15 NORTH STATE STREET CONCORD, NH 03301	SOCIAL SERVICE	IND	301(0)(3)		INC	ONI
02-0223358 (16)	SOCIAL SERVICE	NH	501(c)(3)	10	NA	No
17 CAMP HUCKINS ROAD FREEDOM, NH 03836 02-6001065						
(17)	SOCIAL SERVICE	VT	501(c)(3)	10	NA	No
266 COLLEGE ST BURLINGTON, VT 054018318 03-0185810						
(18)	SOCIAL SERVICE	VT	501(c)(3)	10	NA	No
66 ATKINSON ST BELLOWS FALLS, VT 05101 03-0214294						
(19) 275 CHESTNUT STREET STE 1	SOCIAL SERVICE	MA	501(c)(3)	10	NA	No
275 CHESTNOT STREET STE 1 SPRINGFIELD, MA 011043474 04-1859893						

Form 990, Schedule R, Part II - Identification of Related Ta (a)	ax-Exempt Organiza	tions (c)	(d)	(e)	(f)	(g)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state	Exempt Code section	Public charity status	Direct controlling S entity	ection 512 (b)(13)
		or foreign country)	Section	(if section 501(c) (3))		controlled entity?
				(3))		res No
(21)	SOCIAL SERVICE	MA	501(c)(3)	10	NA	No
316 HUNTINGTON AVE BOSTON, MA 021155018						
04-2103551	COCTAL CERVICE	<u> </u>	F04(-)(2)	10	818	N.
(1) 101 HIGHLAND AVE	SOCIAL SERVICE	MA	501(c)(3)	10	NA	No
101 FIGHLAND AVE SOMERVILLE, MA 021431661 04-2103853						
(2)	SOCIAL SERVICE	MA	501(c)(3)	10	NA	No
820 MASSACHUSETTS AVENUE CAMBRIDGE, MA 021393206						
04-2103960	COCTAL CERVICE	MA	F04( )(2)	10	NA	
(3) 101 AMESBURY STREET 4TH FL	SOCIAL SERVICE	MA	501(c)(3)		NA .	No
101 AMESBORT STREET 41H FL LAWRENCE, MA 01840 04-2104378						
(4)	SOCIAL SERVICE	MA	501(c)(3)	10	NA	No
18 S WATER ST NEW BEDFORD, MA 02740						
04-2104749	COCIAL SERVICE		F01(-)/2)	10	DIA.	No.
(5) 276 CHURCH STREET	SOCIAL SERVICE	MA	501(c)(3)	10	NA	No
NEWTON, MA 021581992 04-2104783						
(6)	SOCIAL SERVICE	MA	501(c)(3)	10	NA	No
292 NORTH STREET PITTSFIELD, MA 012014604						
04-2104837	COCIAL SERVICE		F01(-)(2)	10	DIA.	N.
(7) 35 YMCA DRIVE	SOCIAL SERVICE	MA	501(c)(3)	10	NA	No
135 TMCA DRIVE LOWELL, MA 018524005 04-2104898						
(8)	SOCIAL SERVICE	MA	501(c)(3)	10	NA	No
245 CABOT STREET BEVERLY, MA 019154519						
04-2104913	COCIAL SERVICE		F01(-)(2)	10	818	N.
(9) 43 EVERETT ST	SOCIAL SERVICE	MA	501(c)(3)	10	NA	No
SOUTHBRIDGE, MA 015502619 04-2105872						
(10)	SOCIAL SERVICE	MA	501(c)(3)	10	NA	No
99 DARTMOUTH MALDEN, MA 02148						
04-2105874 (11)	SOCIAL SERVICE	MA	501(c)(3)	10	NA	No
91 LONGWATER CIRCLE	SOCIAL SERVICE	MA	301(0)(3)		NA .	140
NORWELL, MA 02061 04-2105881						
(12)	SOCIAL SERVICE	МА	501(c)(3)	10	NA	No
2 CENTENNIAL DR STE 4A PEABODY, MA 019607919						
04-2105883 (13)	SOCIAL SERVICE	MA	501(c)(3)	10	NA	No
766 MAIN STREET	SOCIAL SERVICE	la l	301(0)(3)			10
WORCESTER, MA 01610 04-2105885						
(14)	SOCIAL SERVICE	МА	501(c)(3)	10	NA	No
286 PROSPECT ST NORTHAMPTON, MA 010602035						
04-2105887 (15)	SOCIAL SERVICE	MA	501(c)(3)	10	NA	No
748 HAMILTON ROAD						
BECKET, MA 012239686 04-2105946						
(16)	SOCIAL SERVICE	MA	501(c)(3)	10	NA	No
67 COURT STREET WESTFIELD, MA 010853530						
04-2126585 (17)	SOCIAL SERVICE	MA	501(c)(3)	10	NA	No
300 ELMWOOD STREET						
NORTH ATTLEBORO, MA 027601304 04-2131749	<u> </u>		<u> </u>			
(18)	SOCIAL SERVICE	MA	501(c)(3)	10	NA	No
451 MAIN ST GREENFIELD, MA 013013304						
04-2149363 (19)	SOCIAL SERVICE	MA	501(c)(3)	10	NA	No
155 CENTRAL STREET						
WINCHENDON, MA 01475 04-2173363						

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Name, address, and EIN of related organization	Primary activity	Legal domicile (state	Exempt Code section	Public charity status	Direct controlling entity	Section 512 (b)(13)
		or foreign country)	section	(if section 501(c) (3))	entity	controlled entity?
				(3))	-	Yes No
(41)	SOCIAL SERVICE	MA	501(c)(3)	10	NA	No
171 PINE STREET HOLYOKE, MA 010404065 04-2192693						
(1)	SOCIAL SERVICE	MA	501(c)(3)	10	NA	No
63 N MAIN ST ATTLEBORO, MA 027032219 04-2255819						
(2)	SOCIAL SERVICE	MA	501(c)(3)	10	NA	No
280 OLD CONNECTICUT PATH FRAMINGHAM, MA 017014539 04-2281530						
(3)	SOCIAL SERVICE	MA	501(c)(3)	10	NA	No
34 PICKERING STREET DANVERS, MA 019232019 04-2308404						
(4)	SOCIAL SERVICE	MA	501(c)(3)	10	NA	No
PO BOX 188 ROUTE 132 WEST BARNSTABLE, MA 026680188 04-2394925						
(5)	SOCIAL SERVICE	MA	501(c)(3)	10	NA	No
111 EDGARTOWN VINEYARD HAVEN RD VINEYARD HAVEN, MA 025684036 04-3293959						
(6)	SOCIAL SERVICE	NH	501(c)(3)	10	NA	No
POST OFFICE BOX 70 LANCASTER, NH 03584 04-3356887						
(7)	SOCIAL SERVICE	NH	501(c)(3)	10	NA	No
94 WOODLAND GREEN ROCHESTER, NH 038685720 04-3357821						
(8)	SOCIAL SERVICE	NH	501(c)(3)	10	NA	No
67 BALL RD KINGSTON, NH 03848 04-3383996						
(9)	SOCIAL SERVICE	RI	501(c)(3)	10	NA	No
371 PINE STREET PROVIDENCE, RI 02903 05-0258878						
(10)	SOCIAL SERVICE	RI	501(c)(3)	10	NA	No
792 VALLEY ROAD MIDDLETOWN, RI 028427095 05-0258916						
(11)	SOCIAL SERVICE	RI	501(c)(3)	10	NA	No
660 ROOSEVELT AVE LEVEL 2 PAWTUCKET, RI 02860 05-0259114						
(12)	SOCIAL SERVICE	RI	501(c)(3)	10	NA	No
95 HIGH STREET WESTERLY, RI 02891 05-0268126						
(13)	SOCIAL SERVICE	СТ	501(c)(3)	10	NA	No
PO BOX 1209 LITCHFIELD, CT 06759 06-0646565						
(14)	SOCIAL SERVICE	СТ	501(c)(3)	10	NA	No
284 CHURCH STREET NAUGATUCK, CT 067704122 06-0646770						
(15)	SOCIAL SERVICE	СТ	501(c)(3)	10	NA	No
29 HIGH ST SOUTHINGTON, CT 064893126 06-0646905						
(16)	SOCIAL SERVICE	СТ	501(c)(3)	10	NA	No
110 WEST MAIN STREET MERIDEN, CT 064514142 06-0646977						
(17)	SOCIAL SERVICE	СТ	501(c)(3)	10	NA	No
P O BOX 694 WESTBROOK, CT 06498 06-0646979						
(18)	SOCIAL SERVICE	ст	501(c)(3)	10	NA	No
99 UNION STREET MIDDLETOWN, CT 064573483 06-0646981						
(19)	SOCIAL SERVICE	ст	501(c)(3)	10	NA	No
909 WASHINGTON BOULEVARD STAMFORD, CT 069012916 06-0646985						

Form 990, Schedule R, Part II - Identification of Related T			(d)	(0)		(a)
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile	Exempt Code	(e) Public charity	1 - 1	(g) Section 512 (b)(13)
		(state or foreign country)	section	status (if section 501(c)	entity	(b)(13) controlled
				(3))		entity? Yes No
(61)	SOCIAL SERVICE	СТ	501(c)(3)	10	NA	No No
81 SOUTH ELM STREET WALLINGFORD, CT 06492 06-0646987						
(1)	SOCIAL SERVICE	СТ	501(c)(3)	10	NA	No
136 W MAIN ST WATERBURY, CT 067022005 06-0646988						
(2)	SOCIAL SERVICE	СТ	501(c)(3)	10	NA	No
PO BOX 190 WESTPORT, CT 068810190 06-0646989						
(3)	SOCIAL SERVICE	СТ	501(c)(3)	10	NA	No
1240 CHAPEL STREET NEW HAVEN, CT 06511 06-0662195						
(4)	SOCIAL SERVICE	СТ	501(c)(3)	10	NA	No
564 SOUTH AVENUE NEW CANAAN, CT 068406399 06-0763077						
(5)	SOCIAL SERVICE	СТ	501(c)(3)	10	NA	No
404 DANBURY ROAD WILTON, CT 06897 06-0853258						
(6)	SOCIAL SERVICE	СТ	501(c)(3)	10	NA	No
2420 POST ROAD DARIEN, CT 068205699 06-0859795						
(7)	SOCIAL SERVICE	СТ	501(c)(3)	10	NA	No
204 WEST MAIN STREET CHESTER, CT 06412 06-0860014						
(8)	SOCIAL SERVICE	СТ	501(c)(3)	10	NA	No
241 TRUMBULL STREET HARTFORD, CT 06103 06-0881325						
(9)	SOCIAL SERVICE	СТ	501(c)(3)	10	NA	No
2 HUCKLEBERRY HILL ROAD BROOKFIELD, CT 06804 06-6051610						
(10)	SOCIAL SERVICE	NY	501(c)(3)	10	NA	No
121 DOSORIS LN GLEN COVE, NY 11542 11-1649914						
(11)	SOCIAL SERVICE	VA	501(c)(3)	10	NA	No
106 GRATTON RD TAZEWELL, VA 24651 11-3774789						
(12)	SOCIAL SERVICE	NY	501(c)(3)	10	NA	No
5 WEST 63RD STREET 5TH FLOOR NEW YORK, NY 10023 13-1624228						
(13)	SOCIAL SERVICE	СТ	501(c)(3)	10	NA	No
124 INDIAN MOUNTAIN RD LAKEVILLE, CT 06039 13-1739939						
(14)	SOCIAL SERVICE	NY	501(c)(3)	10	NA	No
35 SOUTH BROADWAY NYACK, NY 109603122 13-1740513						
(15)	SOCIAL SERVICE	NY	501(c)(3)	10	NA	No
21 LOCUST AVE RYE, NY 105802959 13-1740515						
(16)	SOCIAL SERVICE	NY	501(c)(3)	10	NA	No
250 MAMARONECK AVE WHITE PLAINS, NY 106051302 13-1740518						
(17)	SOCIAL SERVICE	NY	501(c)(3)	10	NA	No
17 RIVERDALE AVENUE YONKERS, NY 107013646 13-1740520						
(18)	SOCIAL SERVICE	NY	501(c)(3)	10	NA	No
50 WEYMAN AVENUE NEW ROCHELLE, NY 108051411 13-1740542						
(19)	SOCIAL SERVICE	IA	501(c)(3)	10	NA	No
2410 MOUNT PLEASANT STREET BURLINGTON, IA 526012764 13-4289848						

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(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile	Exempt Code	(e) Public charity		(g) Section 512 (b)(13)
		(state or foreign country)	section	status (If section 501(c)	entity	(b)(13) controlled
				(3))		entity? Yes No
(81)	SOCIAL SERVICE	NY	501(c)(3)	10	NA	No No
87 SILVER BAY RD						
SILVER BAY, NY 128749708 13-5604788						
(1)	SOCIAL SERVICE	MA	501(c)(3)	10	NA	No
STITZER YMCA 2ND FL 263 ALDEN ST SPRINGFIELD, MA 01109						
13-5616526 (2)	SOCIAL SERVICE	NY	501(c)(3)	10	NA	No
507 BROADWAY						
KINGSTON, NY 124013919 14-1338342						
(3)	SOCIAL SERVICE	NY	501(c)(3)	10	NA	No
600 UPPER GLEN STREET GLENS FALLS, NY 12801						
14-1340008 (4)	SOCIAL SERVICE	NY	501(c)(3)	10	NA	No
17 OAK STREET	SOCIAL SERVICE	IVI	301(0)(3)	10		10
14-1340011						
(5)	SOCIAL SERVICE	NY	501(c)(3)	10	NA	No
81 HIGHLAND AVENUE						
MIDDLETOWN, NY 109405413 14-1340134						
(6)	SOCIAL SERVICE	NY	501(c)(3)	10	NA	No
213 HARRISON STREET PO BOX 629 JOHNSTOWN, NY 12095						
14-1374493 (7)	SOCIAL SERVICE	NY	501(c)(3)	10	NA	No
PO BOX 4610						
SARATOGA SPRINGS, NY 12866 14-1427442						
(8)	SOCIAL SERVICE	NY	501(c)(3)	10	NA	No
465 NEW KARNER ROAD 2ND FLOOR ALBANY, NY 12205						
14-1726531 (9)	SOCIAL SERVICE	NY	501(c)(3)	10	NA	No
20-26 FORD AVENUE						
ONEONTA, NY 138201818 15-0532270						
(10)	SOCIAL SERVICE	NY	501(c)(3)	10	NA	No
340 MONTGOMERY ST SYRACUSE, NY 132022094						
15-0532278 (11)	SOCIAL SERVICE	NY	501(c)(3)	10	NA	No
61 SUSQUEHANNA ST	SOCIAL SERVICE	INT	501(0)(3)	10	INA	I NO
BINGHAMTON, NY 139013705 15-0532282						
(12)	SOCIAL SERVICE	NY	501(c)(3)	10	NA	No
22 TOMPKINS STREET						
CORTLAND, NY 13045 15-0533570						
(13)	SOCIAL SERVICE	NY	501(c)(3)	10	NA	No
GRAHAM ROAD WEST ITHACA, NY 14850						
15-0545415 (14)	SOCIAL SERVICE	NY	501(c)(3)	10	NA	No
68 NORTH BROAD STREET						
NORWICH, NY 138151332 15-0550177						
(15)	SOCIAL SERVICE	NY	501(c)(3)	10	NA	No
209 E MAIN ST BATAVIA, NY 140202205						
16-0743230 (16)	SOCIAL SERVICE	NY	501(c)(3)	10	NA	No
301 CAYUGA ROAD SUITE 100						
BUFFALO, NY 14225 16-0743231						
(17)	SOCIAL SERVICE	NY	501(c)(3)	10	NA	No
18 CENTER STREET HORNELL, NY 148431911						
16-0743237	COCIAL CERVICE	807	E01(-)(2)	10	N/A	
(18)	SOCIAL SERVICE	NY	501(c)(3)	10	NA	No
101 E 4TH STREET JAMESTOWN, NY 147015301						
16-0743238 (19)	SOCIAL SERVICE	NY	501(c)(3)	10	NA	No
19 EAST AVENUE						
LOCKPORT, NY 14094 16-0743239						

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Name, address, and EIN of related organization	Primary activity	Legal domicile (state	Exempt Code section	Public charity status	Direct controlling entity	Section 512 (b)(13)
		or foreign country)	Section	(if section 501(c) (3))	Circley	controlled entity?
				(57)	-	Yes No
(101)	SOCIAL SERVICE	NY	501(c)(3)	10	NA	No
1020 REED STREET OLEAN, NY 14760						
16-0743241 (1)	SOCIAL SERVICE	NY	501(c)(3)	10	NA	No
444 EAST MAIN STREET	SOCIAL SERVICE	N	301(c)(3)			No
ROCHESTER, NY 146042595 16-0743242						
(2)	SOCIAL SERVICE	NY	501(c)(3)	10	NA	No
32 NORTH MAIN STREET CANANDAIGUA, NY 14424						
16-0755898	COCIAL SERVICE	NIV	F01(-)(2)	10	NA	NI-
(3) 27-29 WILLIAM STREET	SOCIAL SERVICE	NY	501(c)(3)		IVA	No
AUBURN, NY 130213707 16-0978301						
(4)	SOCIAL SERVICE	NY	501(c)(3)	10	NA	No
5 CRANE ST CLIFTON SPRINGS, NY 14432						
16-6000962	COCIAL SERVICE	<u></u>	F04(-)(2)	10	NA.	NI-
(5)	SOCIAL SERVICE	IL	501(c)(3)	10	NA	No
59 E PARK BLVD VILLA PARK, IL 60181 20-0270050						
(6)	SOCIAL SERVICE	GA	501(c)(3)	10	NA	No
50 BRAD AKINS DRIVE						
WINDER, GA 30680 20-1759275						
(7)	SOCIAL SERVICE	MN	501(c)(3)	10	NA	No
110 KARL DRIVE ALEXANDRIA, MN 56308						
20-2231427 (8)	SOCIAL SERVICE	NC	501(c)(3)	10	NA	No
PO BOX 707						
LINVILLE, NC 28646 20-4910495						
(9)	SOCIAL SERVICE	NJ	501(c)(3)	10	NA	No
59 CENTERTON RD MOUNT LAUREL, NJ 080546001						
<u>21-0634482</u> (10)	SOCIAL SERVICE	NJ	501(c)(3)	10	NA	No
170 PATTERSON AVE STE 4						
SHREWSBURY, NJ 077024167 21-0635051						
(11)	SOCIAL SERVICE	NJ	501(c)(3)	10	NA	No
431 PENNINGTON AVE TRENTON, NJ 086183104						
21-0635052 (12)	SOCIAL SERVICE	NJ	501(c)(3)	10	NA	No
1159 EAST LANDIS AVENUE						
VINELAND, NJ 08360 21-0635053						
(13)	SOCIAL SERVICE	NJ	501(c)(3)	10	NA	No
1303 STOKES ROAD MEDFORD, NJ 080558632						
21-0635054 (14)	SOCIAL SERVICE	NJ	501(c)(3)	10	NA	No
PAUL ROBESON PLACE						
PRINCETON, NJ 08540 21-0639890						
(15)	SOCIAL SERVICE	NJ	501(c)(3)	10	NA	No
235 EAST RED BANK AVENUE WOODBURY, NJ 08096						
21-0649032 (16)	SOCIAL SERVICE	NJ	501(c)(3)	10	NA	No
1315 WHITEHORSE-MERCERVILLE RD						
HAMILTON, NJ 086193815 21-0702879						
(17)	SOCIAL SERVICE	NJ	501(c)(3)	10	NA	No
144 MADISON AVENUE ELIZABETH, NJ 07201						
<u>22-1487381</u> (18)	SOCIAL SERVICE	NJ	501(c)(3)	10	NA	No
111 KINGS ROAD						
MADISON, NJ 07940 22-1487385						
(19)	SOCIAL SERVICE	NJ	501(c)(3)	10	NA	No
139 EAST MCCLELLAN AVENUE LIVINGSTON, NJ 07039						
22-1487387						1

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(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile	(d) Exempt Code	(e) Public charity		(g) Section 512 (b)(13)
		(state or foreign country)	section	status (if section 501(c)	entity	(b)(13) controlled
				(3))	-	entity? Yes No
(121)	SOCIAL SERVICE	NJ	501(c)(3)	10	NA	No No
128 WARD ST PATERSON, NJ 075051904 22-1487389						
(1)	SOCIAL SERVICE	NJ	501(c)(3)	10	NA	No
365 NEW BRUNSWICK AVENUE PO BOX 148 PERTH AMBOY, NJ 08862 22-1487390						
(2)	SOCIAL SERVICE	NJ	501(c)(3)	10	NA	No
490 MORRIS AVE SUMMIT, NJ 07901 22-1487392						
(3)	SOCIAL SERVICE	NJ	501(c)(3)	10	NA	No
220 CLARK ST WESTFIELD, NJ 070904029 22-1487393						
(4)	SOCIAL SERVICE	NJ	501(c)(3)	10	NA	No
483 MIDDLESEX AVE METUCHEN, NJ 08840 22-1487616						
(5)	SOCIAL SERVICE	NJ	501(c)(3)	10	NA	No
25 PARK STREET MONTCLAIR, NJ 07042 22-1487617						
(6)	SOCIAL SERVICE	NJ	501(c)(3)	10	NA	No
79 HORSEHILL ROAD CEDAR KNOLLS, NJ 079272003 22-1487618						
(7)	SOCIAL SERVICE	Ŋ	501(c)(3)	10	NA	No
144 TICES LANE EAST BRUNSWICK, NJ 08816 22-1494457						
(8)	SOCIAL SERVICE	ι	501(c)(3)	10	NA	No
55 N BROAD STREET RIDGEWOOD, NJ 074502509 22-1508752						
(9)	SOCIAL SERVICE	NJ	501(c)(3)	10	NA	No
518 WATCHUNG AVENUE PLAINFIELD, NJ 07060 22-1515227						
(10)	SOCIAL SERVICE	NJ	501(c)(3)	10	NA	No
144 W WOODSCHURCH RD FLEMINGTON, NJ 088227016 22-1524183						
(11)	SOCIAL SERVICE	Ŋ	501(c)(3)	10	NA	No
600 BROAD STREET NEWARK, NJ 071024504 22-1552820						
(12)	SOCIAL SERVICE	NJ	501(c)(3)	10	NA	No
100 FANNY RD MOUNTAIN LAKES, NJ 07046 22-1559438						
(13)	SOCIAL SERVICE	NJ	501(c)(3)	10	NA	No
140 MOUNT AIRY RD BASKING RIDGE, NJ 079202098 22-1559439						
(14)	SOCIAL SERVICE	NJ	501(c)(3)	10	NA	No
1340 MARTINE AVENUE SCOTCH PLAINS, NJ 07076 22-1589199						
(15)	SOCIAL SERVICE	NJ	501(c)(3)	10	NA	No
14 DOVER-CHESTER RD RANDOLPH, NJ 07869 22-1601259						
(16)	SOCIAL SERVICE	NY	501(c)(3)	10	NA	No
2000 FROST VALLEY ROAD CLARYVILLE, NY 127259600 22-1625176						
(17)	SOCIAL SERVICE	NJ	501(c)(3)	10	NA	No
23 BIRCH RIDGE ROAD HARDWICK, NJ 078259502 22-1625643						
(18)	SOCIAL SERVICE	ľ	501(c)(3)	10	NA	No
360 MAIN ST HACKENSACK, NJ 07601 22-1739117						
(19)	SOCIAL SERVICE	l	501(c)(3)	10	NA	No
204 SHELL RD CARNEYS POINT, NJ 080692117 22-1815915						

Form 990, Schedule R, Part II - Identification of Related To			(d)	(9)		(a)
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile	Exempt Code	(e) Public charity		(g) Section 512 (b)(13)
		(state or foreign country)	section	status (ıf section 501(c)	entity	(b)(13) controlled
				(3))	-	entity? Yes No
(141)	SOCIAL SERVICE	NJ	501(c)(3)	10	NA I	No No
1088 W WHITTY RD TOMS RIVER, NJ 078553278 22-1900146						
(1)	SOCIAL SERVICE	NJ	501(c)(3)	10	NA	No
PO BOX 252 RUTHERFORD, NJ 070700252 22-1997720						
(2)	SOCIAL SERVICE	NJ	501(c)(3)	10	NA	No
691 WYCKOFF AVENUE WYCKOFF, NJ 074811524 22-2011431						
(3)	SOCIAL SERVICE	ι	501(c)(3)	10	NA	No
33 OUTWATER LANE GARFIELD, NJ 07026 22-2324697						
(4)	SOCIAL SERVICE	ME	501(c)(3)	10	NA	No
48 PARK STREET DOVERFOXCROFT, ME 04426 22-2592628						
(5)	SOCIAL SERVICE	СТ	501(c)(3)	10	NA	No
50 HIGH ST NEW BRITAIN, CT 060512299 22-2680676						
(6)	SOCIAL SERVICE	СТ	501(c)(3)	10	NA	No
259 PROSPECT ST TORRINGTON, CT 067905315 22-2878484						
(7)	SOCIAL SERVICE	ME	501(c)(3)	10	NA	No
PO BOX 787 DAMARISCOTTA, ME 045430787 22-2978129						
(8)	SOCIAL SERVICE	ι	501(c)(3)	10	NA	No
470 E FREEHOLD RD FREEHOLD, NJ 077287722 22-6069158						
(9)	SOCIAL SERVICE	PA	501(c)(3)	10	NA	No
2000 MARKET ST STE 750 PHILADELPHIA, PA 191033231 23-1243965						
(10)	SOCIAL SERVICE	PA	501(c)(3)	10	NA	No
265 HARRISBURG AVE LANCASTER, PA 17603 23-1243970						
(11)	SOCIAL SERVICE	PA	501(c)(3)	10	NA	No
201 N 7TH ST LEBANON, PA 170465007 23-1243980						
(12)	SOCIAL SERVICE	PA	501(c)(3)	10	NA	No
PO BOX 1622 READING, PA 19603						
23-1244009 (13)	SOCIAL SERVICE	PA	501(c)(3)	10	NA	No
90 N NEWBERRY STREET YORK, PA 17401 23-1352600						
(14)	SOCIAL SERVICE	PA	501(c)(3)	10	NA	No
810 E MAIN ST WAYNESBORO, PA 17268 23-1352601						
(15)	SOCIAL SERVICE	PA	501(c)(3)	10	NA	No
1111 HEWIT STREETS HOLLIDAYSBURG, PA 16648 23-1352603						
(16)	SOCIAL SERVICE	PA	501(c)(3)	10	NA	No
425 S 15TH ST ALLENTOWN, PA 18102 23-1365989						
(17)	SOCIAL SERVICE	PA	501(c)(3)	10	NA	No
224 PINE ST SUITE 203 HARRISBURG, PA 171011350 23-1365990						
(18)	SOCIAL SERVICE	PA	501(c)(3)	10	NA	No
1 EAST CHESTNUT STREET WEST CHESTER, PA 19380 23-1365994						
(19)	SOCIAL SERVICE	PA	501(c)(3)	10	NA	No
311 S WEST ST CARLISLE, PA 17013 23-1386198						

Form 990, Schedule R, Part II - Identification of Related T			(d)	(9)		(a)
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile	Exempt Code	(e) Public charity		(g) Section 512 (b)(13)
		(state or foreign country)	section	status (If section 501(c)	entity	(b)(13) controlled
				(3))		entity? Yes No
(161)	SOCIAL SERVICE	PA	501(c)(3)	10	NA	No No
601 SOUTH OXFORD VALLEY ROAD FAIRLESS HILLS, PA 190303901 23-1433890						
(1)	SOCIAL SERVICE	PA	501(c)(3)	10	NA	No
570 E MCKINLEY ST CHAMBERSBURG, PA 172013402 23-1476339						
(2)	SOCIAL SERVICE	PA	501(c)(3)	10	NA	No
608 E MAIN ST LANSDALE, PA 194462970 23-1489848						
(3)	SOCIAL SERVICE	PA	501(c)(3)	10	NA	No
2110 GARRETT ROAD LANSDOWNE, PA 190501090 23-1614045						
(4)	SOCIAL SERVICE	PA	501(c)(3)	10	NA	No
123 FORSTER STREET HARRISBURG, PA 171023409 23-1665437						
(5)	SOCIAL SERVICE	PA	501(c)(3)	10	NA	No
401 FAIRVIEW AVE QUAKERTOWN, PA 18951 23-1713382						
(6)	SOCIAL SERVICE	PA	501(c)(3)	10	NA	No
105 FIRST AVE BURNHAM, PA 17009 23-1879734						
(7)	SOCIAL SERVICE	PA	501(c)(3)	10	NA	No
2500 LOWER STATE RD DOYLESTOWN, PA 189012668 23-1903158						
(8)	SOCIAL SERVICE	PA	501(c)(3)	10	NA	No
30 EAST SEVENTH STREET BLOOMSBURG, PA 178152728 23-2085257						
(9)	SOCIAL SERVICE	PA	501(c)(3)	10	NA	No
PO BOX 147 WERNERSVILLE, PA 195650147 23-2239299						
(10)	SOCIAL SERVICE	PA	501(c)(3)	10	NA	No
520 NORTH CENTRE ST POTTSVILLE, PA 17901 23-2825683						
(11)	SOCIAL SERVICE	FL	501(c)(3)	10	NA	No
5450 YMCA ROAD NAPLES, FL 34109 23-7039993						
(12)	SOCIAL SERVICE	IN	501(c)(3)	10	NA	No
PO BOX 233 KENDALLVILLE, IN 467550233 23-7077600						
(13)	SOCIAL SERVICE	SD	501(c)(3)	10	NA	No
900 EAST CHURCH STREET PIERRE, SD 575012219 23-7169291						
(14)	SOCIAL SERVICE	PA	501(c)(3)	10	NA	No
500 N GEORGE ST HANOVER, PA 173311452 23-7172265						
(15)	SOCIAL SERVICE	FL	501(c)(3)	10	NA	No
19333 QUESADA AVENUE PORT CHARLOTTE, FL 33948 23-7193663						
(16)	SOCIAL SERVICE	MI	501(c)(3)	10	NA	No
900 W WESTERN AVE MUSKEGON, MI 494411617 23-7229622						
(17)	SOCIAL SERVICE	IN	501(c)(3)	10	NA	No
12635 W TECUMSEH BEND RD BROOKSTON, IN 47923 23-7331099						
(18)	SOCIAL SERVICE	NJ	501(c)(3)	10	NA	No
PO BOX 301 PENNINGTON, NJ 08534 23-7380624						
(19)	SOCIAL SERVICE	PA	501(c)(3)	10	NA	No
82 N MAIN ST CARBONDALE, PA 184071914 24-0795515						

Form 990, Schedule R, Part II - Identification of Related Ta			(d)	(0)		(a)
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile	Exempt Code	(e) Public charity	Direct controlling Sect	(g) Section 512 (b)(13)
		(state or foreign country)	section	status (if section 501(c)	entity	(b)(13) controlled
				(3))	-	entity? Yes No
(181)	SOCIAL SERVICE	PA	501(c)(3)	10	NA	No No
706 NORTH BLAKELY STREET DUNMORE, PA 18512 24-0795516						
(1)	SOCIAL SERVICE	PA	501(c)(3)	10	NA	No
809 MAIN STREET STROUDSBURG, PA 18360 24-0795519						
(2)	SOCIAL SERVICE	PA	501(c)(3)	10	NA	No
1150 N 4TH ST SUNBURY, PA 17801 24-0795634						
(3)	SOCIAL SERVICE	PA	501(c)(3)	10	NA	No
40 WEST NORTHAMPTON STREET WILKESBARRE, PA 18701 24-0795638						
(4)	SOCIAL SERVICE	PA	501(c)(3)	10	NA	No
320 ELMIRA STREET WILLIAMSPORT, PA 17701 24-0795698						
(5)	SOCIAL SERVICE	PA	501(c)(3)	10	NA	No
600 FRONT STREET PO BOX 6 FREELAND, PA 18224 24-0796037						
(6)	SOCIAL SERVICE	PA	501(c)(3)	10	NA	No
75 S CHURCH ST HAZLETON, PA 182016229 24-0796038						
(7)	SOCIAL SERVICE	PA	501(c)(3)	10	NA	No
10 NORTH MAIN STREET PITTSTON, PA 18640 24-0796039						
(8)	SOCIAL SERVICE	PA	501(c)(3)	10	NA	No
145 EAST WATER ST LOCK HAVEN, PA 17745 24-0798644						
(9)	SOCIAL SERVICE	PA	501(c)(3)	10	NA	No
33 S MAIN ST NAZARETH, PA 18064 24-0798706						
(10)	SOCIAL SERVICE	PA	501(c)(3)	10	NA	No
125 W HIGH STREET BELLEFONTE, PA 16823 24-0802437						
(11)	SOCIAL SERVICE	PA	501(c)(3)	10	NA	No
231 W 3RD STREET BERWICK, PA 18603 24-0813665						
(12)	SOCIAL SERVICE	PA	501(c)(3)	10	NA	No
490 BESSEMER ROAD MT PLEASANT, PA 15666 25-0965554						
(13)	SOCIAL SERVICE	PA	501(c)(3)	10	NA	No
339 N WASHINGTON STREET BUTLER, PA 16001 25-0965619						
(14)	SOCIAL SERVICE	PA	501(c)(3)	10	NA	No
21 NORTH SECOND STREET CLEARFIELD, PA 16830 25-0965620						
(15)	SOCIAL SERVICE	PA	501(c)(3)	10	NA	No
31 W 10TH STREET ERIE, PA 165011401 25-0965621						
(16)	SOCIAL SERVICE	PA	501(c)(3)	10	NA	No
101 SOUTH MAPLE AVENUE GREENSBURG, PA 156013215 25-0965622			_			
(17)	SOCIAL SERVICE	PA	501(c)(3)	10	NA	No
100 HAYNES STREET JOHNSTOWN, PA 159012526 25-0965623						
(18)	SOCIAL SERVICE	PA	501(c)(3)	10	NA	No
800 CONSTITUTION BLVD NEW KENSINGTON, PA 15068 25-0965625						
(19)	SOCIAL SERVICE	PA	501(c)(3)	10	NA	No
7 PETROLEUM STREET OIL CITY, PA 163012744 25-0965626						

Form 990, Schedule R, Part II - Identification of Related 1			(d)	(a)		(a)
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state	Exempt Code	(e) Public charity		(g) Section 512 (b)(13)
		(state or foreign country)	section	status (if section 501(c)	entity	(b)(13) controlled
				(3))		entity? Yes No
(201)	SOCIAL SERVICE	PA	501(c)(3)	10	NA	No No
34 N BROAD ST RIDGWAY, PA 15853 25-0965629						
(1)	SOCIAL SERVICE	PA	501(c)(3)	10	NA	No
5021 FREEPORT ROAD NATRONA HEIGHTS, PA 150651944 25-0965630						
(2)	SOCIAL SERVICE	PA	501(c)(3)	10	NA	No
ONE YMCA DRIVE UNIONTOWN, PA 15401 25-0965631						
(3)	SOCIAL SERVICE	PA	501(c)(3)	10	NA	No
25 PARKWAY DRIVE DU BOIS, PA 15801 25-0969494						
(4)	SOCIAL SERVICE	PA	501(c)(3)	10	NA	No
356 CHESTNUT STREET MEADVILLE, PA 163353211 25-0969495						
(5)	SOCIAL SERVICE	PA	501(c)(3)	10	NA	No
20 WEST WASHINGTON STREET NEW CASTLE, PA 16101 25-0969496						
(6)	SOCIAL SERVICE	PA	501(c)(3)	10	NA	No
420 FORT DUQUESNE BLVD SUITE 625 PITTSBURGH, PA 15222 25-0969497						
(7)	SOCIAL SERVICE	PA	501(c)(3)	10	NA	No
201 W SPRING STREET TITUSVILLE, PA 16354 25-0969498						
(8)	SOCIAL SERVICE	PA	501(c)(3)	10	NA	No
625 BLACKBURN ROAD SEWICKLEY, PA 15143 25-0979384						
(9)	SOCIAL SERVICE	PA	501(c)(3)	10	NA	No
2236 THIRD AVENUE NEW BRIGHTON, PA 15066 25-0993391						
(10)	SOCIAL SERVICE	PA	501(c)(3)	10	NA	No
111 W PARK ST FRANKLIN, PA 16323 25-0995782						
(11)	SOCIAL SERVICE	PA	501(c)(3)	10	NA	No
212 LEXINGTON AVENUE WARREN, PA 163652822 25-0995783						
(12)	SOCIAL SERVICE	PA	501(c)(3)	10	NA	No
125 MAIN STREET BROOKVILLE, PA 15825 25-1028128						
(13)	SOCIAL SERVICE	PA	501(c)(3)	10	NA	No
906 N CENTER ST CORRY, PA 16407 25-1032621						
(14)	SOCIAL SERVICE	PA	501(c)(3)	10	NA	No
1150 NORTH WATER STREET KITTANNING, PA 162011516 25-1034424						
(15)	SOCIAL SERVICE	PA	501(c)(3)	10	NA	No
925 NORTH HERMITAGE ROAD HERMITAGE, PA 161483219 25-1113698						
(16)	SOCIAL SERVICE	PA	501(c)(3)	10	NA	No
60 BEN FRANKLIN RD N INDIANA, PA 157011593 25-1191545						
(17)	SOCIAL SERVICE	PA	501(c)(3)	10	NA	No
110 W CHURCH ST LIGONIER, PA 156581223 25-1428011						
(18)	SOCIAL SERVICE	MI	501(c)(3)	10	NA	No
9845 CAMPUS DRIVE CADILLAC, MI 49601 30-0013507						
(19)	SOCIAL SERVICE	ОН	501(c)(3)	10	NA	No
105 N 2ND STREET HAMILTON, OH 450112701 31-0536719						

Form 990, Schedule R, Part II - Identification of Related 1			(d)	(0)	(6)	(a)
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state	Exempt Code	(e) Public charity		(g) Section 512 (b)(13)
		(state or foreign country)	section	status (if section 501(c)	entity	(b)(13) controlled
				(3))		entity? Yes No
(221)	SOCIAL SERVICE	ОН	501(c)(3)	10	NA	No No
300 SOUTH LIMESTONE STREET SPRINGFIELD, OH 455051071 31-0537169						
(1)	SOCIAL SERVICE	ОН	501(c)(3)	10	NA	No
223 WEST HIGH STREET PIQUA, OH 45356 31-0537179						
(2)	SOCIAL SERVICE	ОН	501(c)(3)	10	NA	No
111 WEST FIRST STREET SUITE 207 DAYTON, OH 454021107 31-0537517						
(3)	SOCIAL SERVICE	ОН	501(c)(3)	10	NA	No
465 W SIXTH AVE LANCASTER, OH 431302547 31-1132606						
(4)	SOCIAL SERVICE	ОН	501(c)(3)	10	NA	No
PO BOX 692 WEST CHESTER, OH 450690692 31-1223296						
(5)	SOCIAL SERVICE	ОН	501(c)(3)	10	NA	No
1150 CHARLES LANE MARYSVILLE, OH 430409797 31-1355370						
(6)	SOCIAL SERVICE	ОН	501(c)(3)	10	NA	No
191 COMMUNITY DR URBANA, OH 430786001 31-1506457						
(7)	SOCIAL SERVICE	ОН	501(c)(3)	10	NA	No
1105 ELM STREET CINCINNATI, OH 45202 31-1537178						
(8)	SOCIAL SERVICE	ОН	501(c)(3)	10	NA	No
1100 DEFIANCE STREET WAPAKONETA, OH 45895 31-1568315						
(9)	SOCIAL SERVICE	ОН	501(c)(3)	10	NA	No
400 PRIDE DRIVE WAVERLY, OH 45690 31-1665134						
(10)	SOCIAL SERVICE	ОН	501(c)(3)	10	NA	No
1861 ADAMS LANE PO BOX 8108 ZANESVILLE, OH 437028108 31-1694045						
(11)	SOCIAL SERVICE	ОН	501(c)(3)	10	NA	No
40 W LONG ST COLUMBUS, OH 432152891 31-4379594						
(12)	SOCIAL SERVICE	ОН	501(c)(3)	10	NA	No
100 MILL ST CHILLICOTHE, OH 45601 31-4379806						
(13)	SOCIAL SERVICE	ОН	501(c)(3)	10	NA	No
645 BARKS ROAD E MARION, OH 43302 31-4380058						
(14)	SOCIAL SERVICE	ОН	501(c)(3)	10	NA	No
300 N 7TH ST MARIETTA, OH 45750 31-4386270						
(15)	SOCIAL SERVICE	ОН	501(c)(3)	10	NA	No
470 W CHURCH STREET NEWARK, OH 43055 31-6053101						
(16)	SOCIAL SERVICE	ОН	501(c)(3)	10	NA	No
1201 30TH ST NW CANTON, OH 44709 34-0714392						
(17)	SOCIAL SERVICE	ОН	501(c)(3)	10	NA	No
50 S MAIN ST STE 100 AKRON, OH 443081847 34-0714727						
(18)	SOCIAL SERVICE	ОН	501(c)(3)	10	NA	No
2200 PROSPECT AVE E 900 CLEVELAND, OH 441152602 34-0714728						
(19)	SOCIAL SERVICE	ОН	501(c)(3)	10	NA	No
17 N CHAMPION ST PO BOX 1287 YOUNGSTOWN, OH 445031602 34-0714730						

Form 990, Schedule R, Part II - Identification of Related			(d)	(0)	(6)	(a)
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile	Exempt Code	(e) Public charity	Direct controlling Sec	(g) Section 512 (b)(13)
		(state or foreign country)	section	status (if section 501(c)	entity	(b)(13) controlled
				(3))		entity? Yes No
(241)	SOCIAL SERVICE	ОН	501(c)(3)	10	NA	No No
207 MILLER STREET ASHLAND, OH 44805						
34-0714793 (1)	SOCIAL SERVICE	OH	501(c)(3)	10	NA	No
15655 ST RT 170						
EAST LIVERPOOL, OH 43920 34-0714794						
(2)	SOCIAL SERVICE	ОН	501(c)(3)	10	NA	No
750 SCHOLL ROAD MANSFIELD, OH 44907						
34-0714795 (3)	SOCIAL SERVICE	ОН	501(c)(3)	10	NA	No
933 MENTOR AVENUE						
PAINESVILLE, OH 440772519 34-0714796						
(4)	SOCIAL SERVICE	ОН	501(c)(3)	10	NA	No
600 MONROE ST DOVER, OH 446222047 34-0714797						
(5)	SOCIAL SERVICE	ОН	501(c)(3)	10	NA	No
131 TREMONT AVENUE SE MASSILLON, OH 446466698						
34-0719180	COCIAL SERVICE		501(-)(2)	10	NA.	N -
(6) 263 PROSPECT ROAD	SOCIAL SERVICE	ОН	501(c)(3)	10	NA	No
263 PROSPECT ROAD ASHTABULA, OH 440045841 34-0726066						
(7)	SOCIAL SERVICE	ОН	501(c)(3)	10	NA	No
680 WOODLAND AVE WOOSTER, OH 446912743						
34-0766172	COCIAL SERVICE		501(-)(2)	10	NA.	N-
(8) 111 W SMILEY AVE	SOCIAL SERVICE	ОН	501(c)(3)	10	NA	No
SHELBY, OH 448752112 34-0792928						
(9)	SOCIAL SERVICE	ОН	501(c)(3)	10	NA	No
301 WAGNER AVE GREENVILLE, OH 453312534						
34-0969422 (10)	SOCIAL SERVICE	ОН	501(c)(3)	10	NA	No
1599 PALMER DRIVE	SOCIAL SERVICE		301(c)(3)	10		140
DEFIANCE, OH 435123419 34-1014167						
(11)	SOCIAL SERVICE	ОН	501(c)(3)	10	NA	No
918 WEST FRANKLIN STREET KENTON, OH 43326						
34-1262 <del>7</del> 02 (12)	SOCIAL SERVICE	OH	501(c)(3)	10	NA	No
500 GILL AVENUE						
GALION, OH 448331213 34-1267646						
(13)	SOCIAL SERVICE	ОН	501(c)(3)	10	NA	No
7590 STATE ROUTE 703 CELINA, OH 458222919						
34-1371829 (14)	SOCIAL SERVICE	ОН	501(c)(3)	10	NA	No
ONE FABER DRIVE						
BRYAN, OH 43506 34-1448529						
(15)	SOCIAL SERVICE	ОН	501(c)(3)	10	NA	No
1801 SMUCKER ROAD ORRVILLE, OH 446679191						
34-1491294 (16)	SOCIAL SERVICE	ОН	501(c)(3)	10	NA	No
300 SLOAN BOULEVARD						
BELLEFONTAINE, OH 43311 34-1820020						
(17)	SOCIAL SERVICE	ОН	501(c)(3)	10	NA	No
PO BOX 442 OTTAWA, OH 45875 34-1946813						
34-1946813 (18)	SOCIAL SERVICE	ОН	501(c)(3)	10	NA	No
1500 N SUPERIOR ST 2ND FL						
TOLEDO, OH 43604 34-4428262						
(19)	SOCIAL SERVICE	ОН	501(c)(3)	10	NA	No
300 EAST LINCOLN STREET FINDLAY, OH 458404943						
34-4428263						

Form 990, Schedule R, Part II - Identification of Related T (a)	Tax-Exempt Organiza	ations (c)	(d)	(e)	(f)	(g)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state	Exempt Code section	Public charity status		Section 512 (b)(13)
		or foreign country)	section	(if section 501(c) (3))	entity	controlled entity?
				(3))	-	Yes No
(261)	SOCIAL SERVICE	ОН	501(c)(3)	10	NA	No
241 WEST MAIN STREET VAN WERT, OH 458911636 34-4428264						
(1)	SOCIAL SERVICE	ОН	501(c)(3)	10	NA	No
1655 EAST SOUTHERN AVENUE BUCYRUS, OH 44820 34-4428491						
(2)	SOCIAL SERVICE	ОН	501(c)(3)	10	NA	No
345 SOUTH ELIZABETH STREET LIMA, OH 45801 34-4431173						
(3)	SOCIAL SERVICE	ОН	501(c)(3)	10	NA	No
154 WEST CENTER STREET FOSTORIA, OH 448302201 34-4439890						
(4)	SOCIAL SERVICE	ОН	501(c)(3)	10	NA	No
1000 NORTH STREET FREMONT, OH 43420 34-4444246						
(5)	SOCIAL SERVICE	ОН	501(c)(3)	10	NA	No
2101 WEST PERKINS AVENUE SANDUSKY, OH 448702043 34-4471834						
(6)	SOCIAL SERVICE	ОН	501(c)(3)	10	NA	No
180 SUMMIT STREET TIFFIN, OH 44883 34-4479386						
(7)	SOCIAL SERVICE	ОН	501(c)(3)	10	NA	No
300 EAST PARKWOOD STREET SIDNEY, OH 453651667 34-6596911						
(8)	SOCIAL SERVICE	IN	501(c)(3)	10	NA	No
500 SOUTH CASS STREET WABASH, IN 46992 35-0733765						
(9)	SOCIAL SERVICE	IN	501(c)(3)	10	NA	No
28 W 12TH ST PO BOX 527 ANDERSON, IN 460150527 35-0868206						
(10)	SOCIAL SERVICE	IN	501(c)(3)	10	NA	No
225 E KRUZAN BRAZIL, IN 47834 35-0868207						
(11)	SOCIAL SERVICE	IN	501(c)(3)	10	NA	No
615 NORTH ALABAMA STREET STE 200 INDIANAPOLIS, IN 462041430 35-0868211						
(12)	SOCIAL SERVICE	IN	501(c)(3)	10	NA	No
1950 S 18TH ST LAFAYETTE, IN 479052099 35-0868213						
(13)	SOCIAL SERVICE	IN	501(c)(3)	10	NA	No
500 SOUTH MULBERRY STREET MUNCIE, IN 473052493 35-0868215						
(14)	SOCIAL SERVICE	IN	501(c)(3)	10	NA	No
1201 NORTHSIDE BOULEVARD SOUTH BEND, IN 466153921 35-0868216						
(15)	SOCIAL SERVICE	IN	501(c)(3)	10	NA	No
2010 COLLEGE AVE VINCENNES, IN 475915631 35-0868218						
(16)	SOCIAL SERVICE	IN	501(c)(3)	10	NA	No
310 N MAIN ST AUBURN, IN 467061828 35-0868958						
(17)	SOCIAL SERVICE	IN	501(c)(3)	10	NA	No
222 NW 6TH STREET EVANSVILLE, IN 477081308 35-0869074						
(18)	SOCIAL SERVICE	IN	501(c)(3)	10	NA	No
300 WITTENBRAKER AVENUE NEW CASTLE, IN 47362 35-0873347						
(19)	SOCIAL SERVICE	IN	501(c)(3)	10	NA	No
905 EAST BROADWAY LOGANSPORT, IN 469473184 35-0874281						

Form 990, Schedule R, Part II - Identification of Related Ta (a)	ax-Exempt Organiza   (b)	tions (c)	(d)	(e)	(f)	(g)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state	Exempt Code section	Public charity status	Direct controlling entity	Section 512 (b)(13)
		or foreign country)	Section	(if section 501(c) (3))	entity	controlled entity?
				(3))	-	Yes No
(281)	SOCIAL SERVICE	IN	501(c)(3)	10	NA	No
1201 CUMBERLAND CROSS DRIVE VALPARAISO, IN 46383 35-0876401						
(1)	SOCIAL SERVICE	IN	501(c)(3)	10	NA	No
347 W BERRY STREET SUITE 500 FORT WAYNE, IN 46802 35-0886850						
(2)	SOCIAL SERVICE	IN	501(c)(3)	10	NA	No
901 S MICHIGAN AVE LA PORTE, IN 463503504 35-0886851						
(3)	SOCIAL SERVICE	IN	501(c)(3)	10	NA	No
123 SUTTER WAY MARION, IN 469524401 35-0886981						
(4)	SOCIAL SERVICE	IN	501(c)(3)	10	NA	No
200 NORTH UNION STREET KOKOMO, IN 469014614 35-0893511						
(5)	SOCIAL SERVICE	IN	501(c)(3)	10	NA	No
34 E 6TH ST PERU, IN 469702350 35-0893512						
(6)	SOCIAL SERVICE	IN	501(c)(3)	10	NA	No
1160 W 500 N HUNTINGTON, IN 46750 35-0905959						
(7)	SOCIAL SERVICE	IN	501(c)(3)	10	NA	No
1301 KATHYS WAY GREENSBURG, IN 472401798 35-0919345						
(8)	SOCIAL SERVICE	IN	501(c)(3)	10	NA	No
2023 CHESTER BLVD RICHMOND, IN 47374 35-0984030						
(9)	SOCIAL SERVICE	IN	501(c)(3)	10	NA	No
405 NE 3RD ST WASHINGTON, IN 475012062 35-1050606						
(10)	SOCIAL SERVICE	IN	501(c)(3)	10	NA	No
1401 E SMITH ST WARSAW, IN 465804615 35-1068182						
(11)	SOCIAL SERVICE	IN	501(c)(3)	10	NA	No
1450 SOUTH COURT ST CROWN POINT, IN 463073935 35-1369437						
(12)	SOCIAL SERVICE	IN	501(c)(3)	10	NA	No
601 WEST 40TH PLACE HOBART, IN 463422223 35-1382817						
(13)	SOCIAL SERVICE	IN	501(c)(3)	10	NA	No
2125 S HIGHLAND AVE BLOOMINGTON, IN 474022598 35-1384859						
(14)	SOCIAL SERVICE	IN	501(c)(3)	10	NA	No
3100 WILLOWCREEK ROAD PORTAGE, IN 463683516 35-1404478						
(15)	SOCIAL SERVICE	IN	501(c)(3)	10	NA	No
215 ROOSEVELT STREET CHESTERTON, IN 463042530 35-1404559						
(16)	SOCIAL SERVICE	IN	501(c)(3)	10	NA	No
950 SOUTH MAISH ROAD FRANKFORT, IN 460412838 35-1636774						
(17)	SOCIAL SERVICE	IN	501(c)(3)	10	NA	No
30 STATE RD 129 S BATESVILLE, IN 470069227 35-1855594						
(18)	SOCIAL SERVICE	IN	501(c)(3)	10	NA	No
805 COMMUNITY WAY SCOTTSBURG, IN 47170 35-1876673						
(19)	SOCIAL SERVICE	IN	501(c)(3)	10	NA	No
500 E HARCOURT ANGOLA, IN 46703 35-1999599						

Form 990, Schedule R, Part II - Identification of Related Ta (a)	ax-Exempt Organiza   (b)	tions (c)	(d)	(e)	(f)	(g)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state	Exempt Code section	Public charity status	Direct controlling entity	Section 512 (b)(13)
		or foreign country)	section	(if section 501(c) (3))	entity	controlled entity?
					-	Yes No
(301)	SOCIAL SERVICE	IN	501(c)(3)	10	NA	No
1111 W STATE HIGHWAY 46 SPENCER, IN 47460 35-2017600						
(1)	SOCIAL SERVICE	IN	501(c)(3)	10	NA	No
2039 E MORGAN STREET MARTINSVILLE, IN 46151 35-2019312						
(2)	SOCIAL SERVICE	IN	501(c)(3)	10	NA	No
105 WILLOW STREET NASHVILLE, IN 474487913 35-2038783						
(3)	SOCIAL SERVICE	IN	501(c)(3)	10	NA	No
735 HIGHWAY 56 PO BOX 113 VEVAY, IN 47043 35-2090419						
(4)	SOCIAL SERVICE	IN	501(c)(3)	10	NA	No
1709 NORTH SHELBY STREET SALEM, IN 47167 35-2097432						
(5)	SOCIAL SERVICE	IN	501(c)(3)	10	NA	No
198 JENKINS CT NE CORYDON, IN 47112 35-2122124						
(6)	SOCIAL SERVICE	IN	501(c)(3)	10	NA	No
PO BOX 171 FERDINAND, IN 47532 35-2216734						
(7)	SOCIAL SERVICE	IL	501(c)(3)	10	NA	No
1000 GROVE ST EVANSTON, IL 602014294 36-2169194						
(8)	SOCIAL SERVICE	IL	501(c)(3)	10	NA	No
2998 W PEARL CITY RD FREEPORT, IL 610329338 36-2169195						
(9)	SOCIAL SERVICE	IL	501(c)(3)	10	NA	No
749 HOUBOLT ROAD JOLIET, IL 60431 36-2169197						
(10)	SOCIAL SERVICE	IL	501(c)(3)	10	NA	No
1075 KENNEDY DR KANKAKEE, IL 609012032						
36-2169198 (11)	SOCIAL SERVICE	IL	501(c)(3)	10	NA	No
2040 53RD STREET MOLINE, IL 612653650 36-2169199						
(12)	SOCIAL SERVICE	IL	501(c)(3)	10	NA	No
200 Y BOULEVARD ROCKFORD, IL 611073094 36-2174838						
(13)	SOCIAL SERVICE	IL	501(c)(3)	10	NA	No
255 SOUTH MARION STREET OAK PARK, IL 603023103 36-2179780						
(14)	SOCIAL SERVICE	IL	501(c)(3)	10	NA	No
801 N DEARBORN ST CHICAGO, IL 606101012 36-2179782						
(15)	SOCIAL SERVICE	IL	501(c)(3)	10	NA	No
10 OAKLEY AVENUE STREATOR, IL 61364 36-2205999						
(16)	SOCIAL SERVICE	IL	501(c)(3)	10	NA	No
2505 YMCA WAY STERLING, IL 610813603 36-2225496						
(17)	SOCIAL SERVICE	IL	501(c)(3)	10	NA	No
315 WEST FIRST STREET KEWANEE, IL 614432103 36-2239384						
(18)	SOCIAL SERVICE	IL	501(c)(3)	10	NA	No
220 WEST LOCUST STREET BELVIDERE, IL 610083621 36-2287520						
(19)	SOCIAL SERVICE	IL	501(c)(3)	10	NA	No
201 E JACKSON ST OTTAWA, IL 613502246 36-2337893						

Form 990, Schedule R, Part II - Identification of Related Ta (a)	ax-Exempt Organiza	tions (c)	(d)	(e)	(f)	(g)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state	Exempt Code section	Public charity status	Direct controlling S entity	ection 512 (b)(13)
		or foreign country)	Section	(if section 501(c) (3))		controlled entity?
				(3))	<u> </u>	res No
(321)	SOCIAL SERVICE	IL	501(c)(3)	10	NA	No
2500 W BETHANY ROAD SYCAMORE, IL 60178 36-2379649						
(1)	SOCIAL SERVICE	IL	501(c)(3)	10	NA	No
49 DEICKE DR GLEN ELLYN, IL 601375665 36-2470895						
(2)	SOCIAL SERVICE	IL	501(c)(3)	10	NA	No
110 NORTH GALENA AVENUE DIXON, IL 610212198 36-2487927						
(3)	SOCIAL SERVICE	IL	501(c)(3)	10	NA	No
2705 TECHNY ROAD NORTHBROOK, IL 600625963 36-2546842						
(4)	SOCIAL SERVICE	IL	501(c)(3)	10	NA	No
1464 S MAIN ST LOMBARD, IL 60148 36-2643097						
(5)	SOCIAL SERVICE	IL	501(c)(3)	10	NA	No
2947 OAK PARK AVENUE BERWYN, IL 604023048 36-2702522						
(6)	SOCIAL SERVICE	IL	501(c)(3)	10	NA	No
3875 ELDAMAIN RD PLANO, IL 605459711 36-3028169						
(7)	SOCIAL SERVICE	IL	501(c)(3)	10	NA	No
300 W WISE RD SCHAUMBURG, IL 601934098 36-3234727						
(8)	SOCIAL SERVICE	IL	501(c)(3)	10	NA	No
101 N WACKER DR STE1400 CHICAGO, IL 606067386 36-3256696						
(9)	SOCIAL SERVICE	NE	501(c)(3)	10	NA	No
PO BOX 602 ALLIANCE, NE 693014613 36-3390518						
(10)	SOCIAL SERVICE	IL	501(c)(3)	10	NA	No
401 SW SECOND AVENUE ALEDO, IL 61231 36-3832360						
(11)	SOCIAL SERVICE	IL	501(c)(3)	10	NA	No
300 WALNUT DRIVE PERU, IL 613541946 36-6218217						
(12)	SOCIAL SERVICE	IL	501(c)(3)	10	NA	No
1001 SOUTH WRIGHT STREET CHAMPAIGN, IL 618206225						
37-0661257 (13)	SOCIAL SERVICE	IL	501(c)(3)	10	NA	No
220 WEST MCKINLEY AVENUE DECATUR, IL 62526 37-0661258						
(14)	SOCIAL SERVICE	IL	501(c)(3)	10	NA	No
1200 ESIC DRIVE EDWARDSVILLE, IL 620253818 37-0661259						
(15)	SOCIAL SERVICE	IL	501(c)(3)	10	NA	No
1324 W CARL SANDBURG DR GALESBURG, IL 614011347 37-0661260						
(16)	SOCIAL SERVICE	IL	501(c)(3)	10	NA	No
1000 SHERWOOD LANE JACKSONVILLE, IL 626502700 37-0661261						
(17)	SOCIAL SERVICE	IL	501(c)(3)	10	NA	No
3101 MAINE STREET QUINCY, IL 623014418 37-0661262						
(18)	SOCIAL SERVICE	IL	501(c)(3)	10	NA	No
PO BOX 155 SPRINGFIELD, IL 62705 37-0661263						
(19)	SOCIAL SERVICE	IL	501(c)(3)	10	NA	No
602 SOUTH MAIN STREET BLOOMINGTON, IL 617015135 37-0662603						

Form 990, Schedule R, Part II - Identification of Related Ta			(d)	(0)		(a)
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state	Exempt Code section	(e) Public charity status		<b>(g)</b> Section 512 (b)(13)
		or foreign country)	Section	(if section 501(c) (3))	entity	controlled entity?
				(3))		Yes No
(341)	SOCIAL SERVICE	IL	501(c)(3)	10	NA	No
1111 N VERMILION ST DANVILLE, IL 618323049 37-0662604						
(1)	SOCIAL SERVICE	IL	501(c)(3)	10	NA	No
7000 N FLEMING LANE PEORIA, IL 616141236 37-0662605						
(2)	SOCIAL SERVICE	IL	501(c)(3)	10	NA	No
PO BOX 527 MONMOUTH, IL 614620527 37-0663575						
(3)	SOCIAL SERVICE	IL	501(c)(3)	10	NA	No
2501 FIELDS SOUTH DR CHAMPAIGN, IL 618223733 37-0673564						
(4)	SOCIAL SERVICE	IL	501(c)(3)	10	NA	No
1325 E ASH STREET CANTON, IL 615201504 37-0748000						
(5)	SOCIAL SERVICE	IL	501(c)(3)	10	NA	No
400 EAST CALHOUN STREET MACOMB, IL 614552366 37-0792409						
(6)	SOCIAL SERVICE	IL	501(c)(3)	10	NA	No
417 SOUTH ALEXANDER STREET CLINTON, IL 617272348 37-0812114						
(7)	SOCIAL SERVICE	IL	501(c)(3)	10	NA	No
1304 BROADWAY MOUNT VERNON, IL 62864 37-0863227						
(8)	SOCIAL SERVICE	IL	501(c)(3)	10	NA	No
900 MCADAM DRIVE TAYLORVILLE, IL 625689635 37-1071231						
(9)	SOCIAL SERVICE	IL	501(c)(3)	10	NA	No
PO BOX 875 MATTOON, IL 619380875 37-1122559						
(10)	SOCIAL SERVICE	IL	501(c)(3)	10	NA	No
604 BROADWAY STREET SUITE 1 LINCOLN, IL 62656 37-1353644						
(11)	SOCIAL SERVICE	MI	501(c)(3)	10	NA	No
3665 HOLLYWOOD RD SAINT JOSEPH, MI 490859581 38-1358054						
(12)	SOCIAL SERVICE	MI	501(c)(3)	10	NA	No
1401 BROADWAY STREET SUITE 3A DETROIT, MI 48226 38-1358055						
(13)	SOCIAL SERVICE	MI	501(c)(3)	10	NA	No
411 EAST THIRD STREET FLINT, MI 485032006 38-1358056						
(14)	SOCIAL SERVICE	MI	501(c)(3)	10	NA	No
475 LAKE MICHIGAN DR NW GRAND RAPIDS, MI 49504 38-1358058						
(15)	SOCIAL SERVICE	MI	501(c)(3)	10	NA	No
PO BOX 252 HASTINGS, MI 490580252 38-1358059						
(16)	SOCIAL SERVICE	MI	501(c)(3)	10	NA	No
905 NORTH FRONT STREET NILES, MI 49120 38-1358236						
(17)	SOCIAL SERVICE	MI	501(c)(3)	10	NA	No
4444 LONG LAKE ROAD READING, MI 492749303 38-1358416						
(18)	SOCIAL SERVICE	MI	501(c)(3)	10	NA	No
1525 THIRD STREET PORT HURON, MI 48060 38-1358417						
(19)	SOCIAL SERVICE	MI	501(c)(3)	10	NA	No
919 NE TORCH LAKE DRIVE CENTRAL LAKE, MI 496229628 38-1358418						

Form 990, Schedule R, Part II - Identification of Related T			(d)	(0)		(a)
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile	Exempt Code	(e) Public charity		(g) Section 512 (b)(13)
		(state or foreign country)	section	status (if section 501(c)	entity	(b)(13) controlled
				(3))		entity? Yes No
(361)	SOCIAL SERVICE	MI	501(c)(3)	10	NA I	No No
119 N WASHINGTON SQUARE LANSING, MI 48933 38-1359576						
(1)	SOCIAL SERVICE	MI	501(c)(3)	10	NA	No
515 WEST MAIN STREET OWOSSO, MI 488672608 38-1359577						
(2)	SOCIAL SERVICE	MI	501(c)(3)	10	NA	No
1001 W MAPLE ST KALAMAZOO, MI 490081885 38-1360592						
(3)	SOCIAL SERVICE	MI	501(c)(3)	10	NA	No
1915 FORDNEY STREET SAGINAW, MI 486012809 38-1360594						
(4)	SOCIAL SERVICE	MI	501(c)(3)	10	NA	No
127 WEST WESLEY AVENUE JACKSON, MI 492012226 38-1381139						
(5)	SOCIAL SERVICE	MI	501(c)(3)	10	NA	No
638 W MAUMEE ST ADRIAN, MI 492212030 38-1393859						
(6)	SOCIAL SERVICE	MI	501(c)(3)	10	NA	No
1111 W ELM AVENUE MONROE, MI 481622801 38-1508585						
(7)	SOCIAL SERVICE	MI	501(c)(3)	10	NA	No
400 W WASHINGTON ANN ARBOR, MI 48103 38-1525162						
(8)	SOCIAL SERVICE	MI	501(c)(3)	10	NA	No
3000 RACQUET CLUB DRIVE TRAVERSE CITY, MI 496844770 38-1709640						
(9)	SOCIAL SERVICE	MI	501(c)(3)	10	NA	No
1 Y DR GRAND HAVEN, MI 494171768 38-1717502						
(10)	SOCIAL SERVICE	MI	501(c)(3)	10	NA	No
182 CAPITAL AVENUE NE BATTLE CREEK, MI 490173925 38-1986068						
(11)	SOCIAL SERVICE	MI	501(c)(3)	10	NA	No
PO BOX 602 ESCANABA, MI 498290602 38-2615035						
(12)	SOCIAL SERVICE	MI	501(c)(3)	10	NA	No
6225 N 39TH ST AUGUSTA, MI 490129722						
38-3167869 (13)	SOCIAL SERVICE	MI	501(c)(3)	10	NA	No
1420 PINE STREET MARQUETTE, MI 498550441 38-3211419						
(14)	SOCIAL SERVICE	MI	501(c)(3)	10	NA	No
1600 WEST DRIVE MENOMINEE, MI 498582238 38-6119445						
(15)	SOCIAL SERVICE	WI	501(c)(3)	10	NA	No
1140 MAIN ST LA CROSSE, WI 546014190 39-0806172						
(16)	SOCIAL SERVICE	WI	501(c)(3)	10	NA	No
229 E COLLEGE AVE APPLETON, WI 54911 39-0806191						
(17)	SOCIAL SERVICE	WI	501(c)(3)	10	NA	No
8001 EXCELSIOR DRIVE SUITE 200 MADISON, WI 53717 39-0806253						
(18)	SOCIAL SERVICE	WI	501(c)(3)	10	NA	No
161 W WISCONSIN AVENUE SUITE 4000 MILWAUKEE, WI 532032601 39-0806314						
(19)	SOCIAL SERVICE	WI	501(c)(3)	10	NA	No
700 GRAHAM AVENUE EAU CLAIRE, WI 547013840 39-0806351						

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		or foreign country)	Section	(if section 501(c) (3))	entity	controlled entity?
				(3))		Yes No
(381)	SOCIAL SERVICE	WI	501(c)(3)	10	NA	No
221 DODGE STREET JANESVILLE, WI 53548 39-0806368						
(1)	SOCIAL SERVICE	WI	501(c)(3)	10	NA	No
1750 VALLEY ROAD OCONOMOWOC, WI 53066 39-0806378						
(2)	SOCIAL SERVICE	WI	501(c)(3)	10	NA	No
90 W SECOND ST FOND DU LAC, WI 549354141						
39-0806436 (3)	SOCIAL SERVICE	WI	501(c)(3)	10	NA	No
1865 RIVERSIDE DRIVE BELOIT, WI 535113521						
39-0806449 (4)	SOCIAL SERVICE	WI	501(c)(3)	10	NA	No
725 LAKE AVE	SOCIAL SERVICE	441	301(c)(3)		INA	I NO
RACINE, WI 534031207 39-0807254						
(5)	SOCIAL SERVICE	WI	501(c)(3)	10	NA	No
707 THIRD ST WAUSAU, WI 544034703 39-0808463						
(6)	SOCIAL SERVICE	WI	501(c)(3)	10	NA	No
235 NORTH JEFFERSON STREET GREEN BAY, WI 543015126 39-0813466						
(7)	SOCIAL SERVICE	WI	501(c)(3)	10	NA	No
9 N 21ST ST SUPERIOR, WI 54880 39-0813468						
(8)	SOCIAL SERVICE	WI	501(c)(3)	10	NA	No
203 WELLS STREET LAKE GENEVA, WI 531472022 39-0816867						
(9)	SOCIAL SERVICE	WI	501(c)(3)	10	NA	No
7101 53RD STREET KENOSHA, WI 53144 39-0826296						
(10)	SOCIAL SERVICE	WI	501(c)(3)	10	NA	No
PO BOX 609 SHEBOYGAN, WI 530820609						
39-0830271 (11)	SOCIAL SERVICE	WI	501(c)(3)	10	NA	No
320 EAST BROADWAY WAUKESHA, WI 53186						
39-0847658 (12)	SOCIAL SERVICE	WI	501(c)(3)	10	NA	No
324 WASHINGTON AVENUE OSHKOSH, WI 54901						
39-0878909 (13)	SOCIAL SERVICE	WI	501(c)(3)	10	NA	No
211 WISCONSIN RIVER DR PORT EDWARDS, WI 544691437						
<u>39-0929462</u> (14)	SOCIAL SERVICE	WI	501(c)(3)	10	NA	No
220 CORPORATE DRIVE BEAVER DAM, WI 53916						
39-0975426 (15)	SOCIAL SERVICE	WI	501(c)(3)	10	NA	No
PO BOX 471 MANITOWOC, WI 542210471						
39-1028773 (16)	SOCIAL SERVICE	WI	501(c)(3)	10	NA	No
PO BOX 246 BOULDER JUNCTION, WI 545120246						
39-1136315 (17)	SOCIAL SERVICE	WI	501(c)(3)	10	NA	No
1111 W WASHINGTON ST WEST BEND, WI 530952433						
39-1175559 (18)	SOCIAL SERVICE	WI	501(c)(3)	10	NA	No
611 JEFFERSON AVENUE CHIPPEWA FALLS, WI 54729						
39-1308377 (19)	SOCIAL SERVICE	WI	501(c)(3)	10	NA	No
1307 SECOND STREET MONROE, WI 535661169						
39-1405623						

Form 990, Schedule R, Part II - Identification of Related Ta (a)	x-Exempt Organizat	tions (c)	(d)	(e)	(f)	(g)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state	Exempt Code section	Public charity status		ection 512 (b)(13)
		or foreign country)	Section	(if section 501(c) (3))		controlled entity?
					<del> </del>	res No
(401)	SOCIAL SERVICE	WI	501(c)(3)	10	NA	No
S 110 W30240 YMCA CAMP ROAD MUKWONAGO, WI 53149 39-1501649						
(1)	SOCIAL SERVICE	WI	501(c)(3)	10	NA	No
410 WEST MCMILLAN STREET MARSHFIELD, WI 54449 39-1557086						
(2)	SOCIAL SERVICE	WI	501(c)(3)	10	NA	No
1900 MICHIGAN ST STURGEON BAY, WI 54235						
39-1738982 (3)	SOCIAL SERVICE	WI	501(c)(3)	10	NA	No
2003 WINNEBAGO STREET - EAST RHINELANDER, WI 54501						
39-1942168 (4)	SOCIAL SERVICE	MN	501(c)(3)	10	NA	No
207 WINONA STREET WINONA, MN 55987 41-0693890						
(5)	SOCIAL SERVICE	MN	501(c)(3)	10	NA	No
302 W FIRST ST DULUTH, MN 558021606 41-0693931						
(6)	SOCIAL SERVICE	MN	501(c)(3)	10	NA	No
602 OAK STREET BRAINERD, MN 564013611 41-0693938						
(7)	SOCIAL SERVICE	MN	501(c)(3)	10	NA	No
434 MAIN ST RED WING, MN 55066 41-0695614						
(8)	SOCIAL SERVICE	MN	501(c)(3)	10	NA	No
704 FIRST DR NW AUSTIN, MN 559123099 41-0718359						
(9)	SOCIAL SERVICE	MN	501(c)(3)	10	NA	No
1401 SOUTH RIVERFRONT DRIVE MANKATO, MN 560012413						
41-0739108 (10)	SOCIAL SERVICE	MN	501(c)(3)	10	NA	No
709 FIRST AVE SW ROCHESTER, MN 559023396 41-0807581						
(11)	SOCIAL SERVICE	MN	501(c)(3)	10	NA	No
1164 N FRIBERG AVENUE FERGUS FALLS, MN 565371580 41-0940250						
(12)	SOCIAL SERVICE	MN	501(c)(3)	10	NA	No
1530 NORTHWAY DRIVE SAINT CLOUD, MN 563031255						
<u>41-0952420</u> (13)	SOCIAL SERVICE	MN	501(c)(3)	10	NA	No
PO BOX 118 LONGVILLE, MN 566550118 41-0967781						
(14)	SOCIAL SERVICE	MN	501(c)(3)	10	NA	No
2021 WEST MAIN STREET ALBERT LEA, MN 560074335 41-1000679						
(15)	SOCIAL SERVICE	MN	501(c)(3)	10	NA	No
400 RIVER RD GRAND RAPIDS, MN 557443784 41-1358634						
(16)	SOCIAL SERVICE	MN	501(c)(3)	10	NA	No
8367 S 8TH ST VIRGINIA, MN 557923604 41-1460551						
(17)	SOCIAL SERVICE	MN	501(c)(3)	10	NA	No
PO BOX 757 WILLMAR, MN 562010757 41-1908049						
(18)	SOCIAL SERVICE	MN	501(c)(3)	10	NA	No
200 SOUTH A STREET MARSHALL, MN 56258 41-1984589						
(19)	SOCIAL SERVICE	MN	501(c)(3)	10	NA	No
1501 COLLEGEWAY WORTHINGTON, MN 561873028 41-6007569						

Form 990, Schedule R, Part II - Identification of Related Ta			(4)	(0)		(a)
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile	(d) Exempt Code	(e) Public charity		(g) Section 512 (b)(13)
		(state or foreign country)	section	status (ıf section 501(c)	entity	(b)(13) controlled
				(3))	-	entity? Yes No
(421)	SOCIAL SERVICE	IA	501(c)(3)	10	NA	No No
207 7TH AVENUE SE CEDAR RAPIDS, IA 52401 42-0680306						
(1)	SOCIAL SERVICE	IA	501(c)(3)	10	NA	No
800 HULIN STREET CHARLES CITY, IA 506162149 42-0680309						
(2)	SOCIAL SERVICE	IA	501(c)(3)	10	NA	No
1840 SOUTH MONROE AVENUE MASON CITY, IA 504013402 42-0680330						
(3)	SOCIAL SERVICE	IA	501(c)(3)	10	NA	No
1823 LOGAN STREET PO BOX 978 MUSCATINE, IA 527610017 42-0680340						
(4)	SOCIAL SERVICE	IA	501(c)(3)	10	NA	No
101 LOCUST STREET DES MOINES, IA 503091720 42-0680438						
(5)	SOCIAL SERVICE	IA	501(c)(3)	10	NA	No
669 SOUTH HACKETT ROAD WATERLOO, IA 507015632 42-0681109						
(6)	SOCIAL SERVICE	IA	501(c)(3)	10	NA	No
2126 PLANK ROAD KEOKUK, IA 526322899 42-0690393						
(7)	SOCIAL SERVICE	IA	501(c)(3)	10	NA	No
121 E MAIN ST WASHINGTON, IA 523532012 42-0698186						
(8)	SOCIAL SERVICE	IA	501(c)(3)	10	NA	No
1701 S 8TH AVE E NEWTON, IA 502085055 42-0703250						
(9)	SOCIAL SERVICE	IA	501(c)(3)	10	NA	No
606 W 2ND ST DAVENPORT, IA 52801 42-0703278						
(10)	SOCIAL SERVICE	IA	501(c)(3)	10	NA	No
611-621 NORTH HANCOCK STREET OTTUMWA, IA 525014233 42-0725202						
(11)	SOCIAL SERVICE	NE	501(c)(3)	10	NA	No
601 RIVERVIEW DR SOUTH SIOUX CITY, NE 68776 42-0738980						
(12)	SOCIAL SERVICE	IA	501(c)(3)	10	NA	No
414 N 3RD STREET OSKALOOSA, IA 525772216 42-0741010						
(13)	SOCIAL SERVICE	IA	501(c)(3)	10	NA	No
PO BOX 212 SPENCER, IA 513010212 42-0820570						
(14)	SOCIAL SERVICE	IA	501(c)(3)	10	NA	No
1100 MAPLE STREET ATLANTIC, IA 50022 42-0844143						
(15)	SOCIAL SERVICE	IA	501(c)(3)	10	NA	No
35 N BOOTH ST DUBUQUE, IA 520017332 42-0934471						
(16)	SOCIAL SERVICE	IA	501(c)(3)	10	NA	No
PO BOX 296 SPIRIT LAKE, IA 513600296 42-0958909						
(17)	SOCIAL SERVICE	IA	501(c)(3)	10	NA	No
2101 E MCGREGOR STREET ALGONA, IA 505113000 42-1225829						
(18)	SOCIAL SERVICE	IA	501(c)(3)	10	NA	No
916 WEST I STREET FOREST CITY, IA 504361739 42-1257332						
(19)	SOCIAL SERVICE	IA	501(c)(3)	10	NA	No
PO BOX 41 LE MARS, IA 51031 42-1413807						

Form 990, Schedule R, Part II - Identification of Related T (a)	ax-Exempt Organiza	ntions (c)	(d)	(e)	(f)	(g)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state	Exempt Code section	Public charity status	Direct controlling entity	Section 512 (b)(13)
		or foreign country)	Section	(if section 501(c) (3))	entity	controlled entity?
				(3))		Yes No
(441)	SOCIAL SERVICE	IA	501(c)(3)	10	NA	No
101 E CHERRY STREET RED OAK, IA 515661004 42-1433436						
(1)	SOCIAL SERVICE	IA	501(c)(3)	10	NA	No
1201 WEST TOWNLINE STREET CRESTON, IA 508011036 42-1436507						
(2)	SOCIAL SERVICE	IA	501(c)(3)	10	NA	No
108 WASHINGTON STREET MARSHALL, IA 50158 42-1478611						
(3)	SOCIAL SERVICE	IA	501(c)(3)	10	NA	No
220 26TH STREET FORT MADISON, IA 526272204 42-6080176						
(4)	SOCIAL SERVICE	МО	501(c)(3)	10	NA	No
326 SOUTH 21ST STREET SUITE 400 ST LOUIS, MO 63103 43-0653616						
(5)	SOCIAL SERVICE	МО	501(c)(3)	10	NA	No
1 YMCA DRIVE HANNIBAL, MO 634012270 43-0663323						
(6)	SOCIAL SERVICE	МО	501(c)(3)	10	NA	No
1708 S JAMISON KIRKSVILLE, MO 635010644 43-0811428						
(7)	SOCIAL SERVICE	МО	501(c)(3)	10	NA	No
PO BOX 104176 JEFFERSON CITY, MO 651104176 43-0953286						
(8)	SOCIAL SERVICE	МО	501(c)(3)	10	NA	No
PO BOX 751 CHILLICHOTHE, MO 64601 43-1493664						
(9)	SOCIAL SERVICE	МО	501(c)(3)	10	NA	No
1715 WOOD STREET FULTON, MO 65251 43-1552855						
(10)	SOCIAL SERVICE	МО	501(c)(3)	10	NA	No
2600 S GRAND AVE CARTHAGE, MO 648363535 43-1558437						
(11)	SOCIAL SERVICE	МО	501(c)(3)	10	NA	No
1 YMCA DRIVE MOUNTAIN GROVE, MO 65711 43-1617662						
(12)	SOCIAL SERVICE	МО	501(c)(3)	10	NA	No
602 TANNER STREET SIKESTON, MO 63801						
43-1666987 (13)	SOCIAL SERVICE	MO	501(c)(3)	10	NA	No
614 KELLY LANE LOUISIANA, MO 63353			''''			
43-1675923 (14)	SOCIAL SERVICE	MO	501(c)(3)	10	NA	No
500 W HIGHLAND NEVADA, MO 64772 43-1706486						
(15)	SOCIAL SERVICE	МО	501(c)(3)	10	NA	No
740 E YERBY MARSHALL, MO 653400157 43-1710180						
(16)	SOCIAL SERVICE	МО	501(c)(3)	10	NA	No
4701 CHOUTEAU AVENUE NEOSHO, MO 64850 43-1729473						
(17)	SOCIAL SERVICE	МО	501(c)(3)	10	NA	No
1304 S MISSOURI STREET MACON, MO 63552 43-1761240						
(18)	SOCIAL SERVICE	МО	501(c)(3)	10	NA	No
PO BOX 104 BOONVILLE, MO 65233 43-1798929						
(19)	SOCIAL SERVICE	МО	501(c)(3)	10	NA	No
402 E EVERGREEN CAMERON, MO 64429 43-1933672						

Form 990, Schedule R, Part II - Identification of Related Ta (a)	ax-Exempt Organiza   (b)	tions (c)	(d)	(e)	(f)	(g)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state	Exempt Code section	Public charity status	Direct controlling entity	Section 512 (b)(13)
		or foreign country)	Section	(if section 501(c) (3))		controlled entity?
				(3))	H	Yes No
(461)	SOCIAL SERVICE	МО	501(c)(3)	10	NA	No
417 S JEFFERSON ST SPRINGFIELD, MO 65806 44-0545283						
(1)	SOCIAL SERVICE	МО	501(c)(3)	10	NA	No
3100 BROADWAY 1020 KANSAS CITY, MO 641112413						
44-0546002	SOCIAL SERVICE	MO	501(c)(3)	10	NA	No
510 WALL STREET						
JOPLIN, MO 64801 44-0552026	LOCAL GERVIOL	ļ	504( )(2)			
(3) 315 S 6TH ST	SOCIAL SERVICE	МО	501(c)(3)	10	NA	No
SAINT JOSEPH, MO 64501 44-0552491						
(4)	SOCIAL SERVICE	ND	501(c)(3)	10	NA	No
PO BOX 13177 GRAND FORKS, ND 582083177 45-0226434						
(5)	SOCIAL SERVICE	ND	501(c)(3)	10	NA	No
400 FIRST AVE S FARGO, ND 581031998 45-0232096						
(6)	SOCIAL SERVICE	ND	501(c)(3)	10	NA	No
PO BOX 69 MINOT, ND 587020069 45-0237612						
(7)	SOCIAL SERVICE	ND	501(c)(3)	10	NA	No
1608 N WASHINGTON ST BISMARCK, ND 585012675 45-0305520						
(8)	SOCIAL SERVICE	MN	501(c)(3)	10	NA	No
2125 EAST HENNEPIN AVE MINNEAPOLIS, MN 55413 45-2563299						
(9)	SOCIAL SERVICE	SD	501(c)(3)	10	NA	No
220 S MINNESOTA AVE SIOUX FALLS, SD 571046314 46-0225021						
(10)	SOCIAL SERVICE	SD	501(c)(3)	10	NA	No
815 KANSAS CITY ST RAPID CITY, SD 577012605 46-0227218						
(11)	SOCIAL SERVICE	SD	501(c)(3)	10	NA	No
5 SOUTH STATE STREET ABERDEEN, SD 57401 46-0255779						
(12)	SOCIAL SERVICE	SD	501(c)(3)	10	NA	No
PO BOX 218 DUPREE, SD 576230218						
<u>46-0336514</u> (13)	SOCIAL SERVICE	NE NE	501(c)(3)	10	NA	No
301 W BENJAMIN AVE NORFOLK, NE 687012910						
<u>47-0376546</u> (14)	SOCIAL SERVICE	NE NE	501(c)(3)	10	NA	No
570 FALLBROOK BLVD SUITE 210 LINCOLN, NE 68521						
47-0376578 (15)	SOCIAL SERVICE	NE NE	501(c)(3)	10	NA	No
430 S 20TH ST OMAHA, NE 681022506	S S S N	,,,,				
47-0376586 (16)	SOCIAL SERVICE	NE NE	501(c)(3)	10	NA	No
810 N LINCOLN AVE	JOCIAL SERVICE	INE	301(0)(3)			140
FREMONT, NE 680254488 47-0376600						
(17)	SOCIAL SERVICE	NE	501(c)(3)	10	NA	No
PO BOX 1065 HASTINGS, NE 689021065 47-0376607						
(18)	SOCIAL SERVICE	NE	501(c)(3)	10	NA	No
PO BOX 408 MCCOOK, NE 69001 47-0377999						
(19)	SOCIAL SERVICE	NE	501(c)(3)	10	NA	No
2200 28TH AVE COLUMBUS, NE 686013261 47-0398817						

Form 990, Schedule R, Part II - Identification of Related T (a)	ax-Exempt Organiza	ntions (c)	(d)	(e)	(f)	(g)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state	Exempt Code section	Public charity status		Section 512 (b)(13)
		or foreign country)	Section	(if section 501(c) (3))	entity	controlled entity?
				(3/)		Yes No
(481)	SOCIAL SERVICE	NE	501(c)(3)	10	NA	No
1801 SCOTT STREET BEATRICE, NE 68310 47-0415814						
(1)	SOCIAL SERVICE	NE	501(c)(3)	10	NA	No
221 EAST SOUTH FRONT ST GRAND ISLAND, NE 68801 47-0425015						
(2)	SOCIAL SERVICE	NE	501(c)(3)	10	NA	No
PO BOX 2423 SCOTTSBLUFF, NE 693632423 47-0439999						
(3)	SOCIAL SERVICE	NE	501(c)(3)	10	NA	No
4500 6TH AVE KEARNEY, NE 68847 47-0720055						
(4)	SOCIAL SERVICE	NE	501(c)(3)	10	NA	No
1278 WILBUR STREET BLAIR, NE 680082373 47-0782711						
(5)	SOCIAL SERVICE	NE	501(c)(3)	10	NA	No
P O BOX 618 HOLDREGE, NE 68949 47-0807617						
(6)	SOCIAL SERVICE	KS	501(c)(3)	10	NA	No
421 VAN BUREN STREET TOPEKA, KS 666033331 48-0543757						
(7)	SOCIAL SERVICE	KS	501(c)(3)	10	NA	No
PO BOX 973 SALINA, KS 674010973 48-0544573						
(8)	SOCIAL SERVICE	KS	501(c)(3)	10	NA	No
340 S BROADWAY SUITE 200 WICHITA, KS 67202 48-0554440						
(9)	SOCIAL SERVICE	KS	501(c)(3)	10	NA	No
716 EAST 13TH STREET HUTCHINSON, KS 675015856 48-0556722						
(10)	SOCIAL SERVICE	KS	501(c)(3)	10	NA	No
220 N WALNUT PO BOX 1066 MCPHERSON, KS 674601066 48-0650061						
(11)	SOCIAL SERVICE	KS	501(c)(3)	10	NA	No
PO BOX 113 JUNCTION CITY, KS 664410113 48-0677789						
(12)	SOCIAL SERVICE	KS	501(c)(3)	10	NA	No
1224 CENTER ST GARDEN CITY, KS 678464643						
48-0693241 (13)	SOCIAL SERVICE	KS	501(c)(3)	10	NA	No
1101 CAMP WOOD RD ELMDALE, KS 668509784 48-0908238						
(14)	SOCIAL SERVICE	DE	501(c)(3)	10	NA	No
100 WEST 10TH STREET SUITE 1100 WILMINGTON, DE 19801 51-0065748						
(15)	SOCIAL SERVICE	ОН	501(c)(3)	10	NA	No
1699 DEERFIELD ROAD LEBANON, OH 450360617 51-0181689						
(16)	SOCIAL SERVICE	ME	501(c)(3)	10	NA	No
472 STILLWATER STREET OLD TOWN, ME 044682133 51-0201156						
(17)	SOCIAL SERVICE	NJ	501(c)(3)	10	NA	No
59 PAUL ROBESON PLACE PRINCETON, NJ 08540 51-0233934						
(18)	SOCIAL SERVICE	MD	501(c)(3)	10	NA	No
303 W CHESAPEAKE AVENUE BALTIMORE, MD 21204 52-0591699						
(19)	SOCIAL SERVICE	MD	501(c)(3)	10	NA	No
601 KELLY ROAD CUMBERLAND, MD 21502 52-0591700						

Form 990, Schedule R, Part II - Identification of Related T			(d)	(0)		(a)
<b>(a)</b> Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state	Exempt Code	(e) Public charity		(g) Section 512 (b)(13)
		(state or foreign country)	section	status (if section 501(c)	entity	(b)(13) controlled
				(3))	-	entity? Yes No
(501)	SOCIAL SERVICE	MD	501(c)(3)	10	NA	No
1100 EASTERN BLVD NORTH PO BOX 1857 HAGERSTOWN, MD 21742 52-0591701						
(1)	SOCIAL SERVICE	MD	501(c)(3)	10	NA	No
1000 N MARKET STREET FREDERICK, MD 217014628						
52-0607953 (2)	SOCIAL SERVICE	MD	501(c)(3)	10	NA	No
25 YMCA BLVD	SOCIAL SERVICE	l lile	301(0)(3)	10		140
ELKTON, MD 219214719 52-0620245						
(3)	SOCIAL SERVICE	MD	501(c)(3)	10	NA	No
202 PEACHBLOSSOM ROAD EASTON, MD 216012545						
52-0646895	COCIAL CEDVICE	MD	501(-)(2)	10	NIA.	No.
(4)	SOCIAL SERVICE	MD	501(c)(3)	10	NA	No
201 TALBOT AVENUE CAMBRIDGE, MD 216131500 52-1359696						
(5)	SOCIAL SERVICE	DC	501(c)(3)	10	NA	No
1112 16TH ST NW 720						
WASHINGTON, DC 200364823 53-0207403						
(6)	SOCIAL SERVICE	VA	501(c)(3)	10	NA	No
920 COPORATE LANE CHESAPEAKE, VA 23320						
54-0445205 (7)	SOCIAL SERVICE	VA	501(c)(3)	10	NA	No
801 WINDURST DR						
LYNCHBURG, VA 24502 54-0505924						
(8)	SOCIAL SERVICE	VA	501(c)(3)	10	NA	No
810 MAIN STREET DANVILLE, VA 24541						
54-0505982 (9)	SOCIAL SERVICE	VA	501(c)(3)	10	NA	No
615 OAKHURST AVE	SOUTH SERVICE	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	301(0)(3)			""
PULASKI, VA 24301 54-0505984						
(10)	SOCIAL SERVICE	VA	501(c)(3)	10	NA	No
2 WEST FRANKLIN STREET RICHMOND, VA 232205006						
54-0505986 (11)	SOCIAL SERVICE	VA	501(c)(3)	10	NA	No
PO BOX 2746	SOCIAL SERVICE	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	301(0)(3)	10		140
STAUNTON, VA 244012746 54-0506438						
(12)	SOCIAL SERVICE	VA	501(c)(3)	10	NA	No
PO BOX 2130 ROANOKE, VA 24009						
54-0515736	COCIAL CERVICE	VA	501(-)(2)	10	818	N-
(13) 101 LONG GREEN BLVD	SOCIAL SERVICE	VA	501(c)(3)	10	NA	No
TOT LONG GREEN BLVD YORKTOWN, VA 23693 54-0524905						
(14)	SOCIAL SERVICE	VA	501(c)(3)	10	NA	No
4900 HIGH STREET WEST						
PORTSMOUTH, VA 23703 54-0534407		<u> </u>	F04/ \/2\		10.00	
(15)	SOCIAL SERVICE	VA	501(c)(3)	10	NA	No
648 SOUTH WAYNE AVENUE WAYNESBORO, VA 229804838						
54-0633243 (16)	SOCIAL SERVICE	VA	501(c)(3)	10	NA	No
3 STARLING AVENUE						
MARTINSVILLE, VA 24112 54-0839746						
(17)	SOCIAL SERVICE	VA	501(c)(3)	10	NA	No
PO BOX 10365 LYNCHBURG, VA 245060365						
54-0881950 (18)	SOCIAL SERVICE	VA	501(c)(3)	10	NA	No
PO BOX 149						
ALTAVISTA, VA 245170149 54-0895639						
(19)	SOCIAL SERVICE	VA	501(c)(3)	10	NA	No
650 HAMILTON BLVD SOUTH BOSTON, VA 245925210						
54-0951231						

Form 990, Schedule R, Part II - Identification of Related T			(4)	(0)	(6)	(a)
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile	(d) Exempt Code	(e) Public charity		(g) Section 512 (b)(13)
		(state or foreign country)	section	status (if section 501(c)	entity	(b)(13) controlled
				(3))		entity? Yes No
(521)	SOCIAL SERVICE	VA	501(c)(3)	10	NA	No No
212 BUTLER ROAD FREDERICKSBURG, VA 224052441 54-0965826						
(1)	SOCIAL SERVICE	VA	501(c)(3)	10	NA	No
PO BOX 1026 BEDFORD, VA 24523 54-1140513						
(2)	SOCIAL SERVICE	VA	501(c)(3)	10	NA	No
1567 NOBLIN FARM RD CLARKSVILLE, VA 239273137 54-1351309						
(3)	SOCIAL SERVICE	VA	501(c)(3)	10	NA	No
101 YMCA WAY COVINGTON, VA 24426 54-1637131						
(4)	SOCIAL SERVICE	VA	501(c)(3)	10	NA	No
442 WESTFIELD ROAD CHARLOTTESVILLE, VA 22901 54-1717336						
(5)	SOCIAL SERVICE	VA	501(c)(3)	10	NA	No
235 TECHNOLOGY DRIVE PO BOX 720 ROCKY MOUNT, VA 24151 54-1740065						
(6)	SOCIAL SERVICE	VA	501(c)(3)	10	NA	No
212 WEAVER AVENUE EMPORIA, VA 23847 54-2005981						
(7)	SOCIAL SERVICE	WI	501(c)(3)	10	NA	No
PO BOX 430 MANITOWISH WATERS, WI 54545 54-2184387						
(8)	SOCIAL SERVICE	WV	501(c)(3)	10	NA	No
100 YMCA DRIVE CHARLESTOWN, WV 25311 55-0357058						
(9)	SOCIAL SERVICE	WV	501(c)(3)	10	NA	No
1800 30TH ST PARKERSBURG, WV 26104 55-0357059						
(10)	SOCIAL SERVICE	WV	501(c)(3)	10	NA	No
PO BOX 6537 WHEELING, WV 260036537 55-0357071						
(11)	SOCIAL SERVICE	WV	501(c)(3)	10	NA	No
121 EAST MAIN STREET BECKLEY, WV 258014705 55-0464596						
(12)	SOCIAL SERVICE	WV	501(c)(3)	10	NA	No
PO BOX 688 CLARKSBURG, WV 26301 55-0486791						
(13)	SOCIAL SERVICE	wv	501(c)(3)	10	NA	No
PO BOX 737 SCOTT DEPOT, WV 255600737 55-0702900						
(14)	SOCIAL SERVICE	NC	501(c)(3)	10	NA	No
53 ASHELAND AVENUE SUITE 105 ASHEVILLE, NC 28801 56-0530013						
(15)	SOCIAL SERVICE	NC	501(c)(3)	10	NA	No
PO BOX 6258 HIGH POINT, NC 272626258 56-0530014						
(16)	SOCIAL SERVICE	NC	501(c)(3)	10	NA	No
301 NORTH MAIN ST SUITE 1900 WINSTONSALEM, NC 27101 56-0532130						
(17)	SOCIAL SERVICE	NC	501(c)(3)	10	NA	No
84 BLUE RIDGE CIRCLE BLACK MOUNTAIN, NC 287119750 56-0530015						
(18)	SOCIAL SERVICE	NC	501(c)(3)	10	NA	No
2710 MARKET STREET WILMINGTON, NC 284031218 56-0532317						
(19)	SOCIAL SERVICE	NC	501(c)(3)	10	NA	No
620 GREEN VALLEY ROAD SUITE 210 GREENSBORO, NC 27408 56-0543243						

Form 990, Schedule R, Part II - Identification of Related $^{\circ}$	Tax-Exempt Organiza   (b)	ations (c)	(d)	(e)	(f)	(a)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state	Exempt Code section	Public charity status		(g) Section 512 (b)(13)
		or foreign country)	Section	(if section 501(c) (3))	entity	controlled entity?
				(3))		Yes No
(541)	SOCIAL SERVICE	NC	501(c)(3)	10	NA	No
PO BOX 4063 ROCKY MOUNT, NC 278030063 56-0543251						
(1)	SOCIAL SERVICE	NC	501(c)(3)	10	NA	No
301 KENNEDY AVENUE EDEN, NC 272885001 56-0547468						
(2)	SOCIAL SERVICE	NC	501(c)(3)	10	NA	No
119 W THIRD AVENUE LEXINGTON, NC 27292 56-0576153						
(3)	SOCIAL SERVICE	NC	501(c)(3)	10	NA	No
2717 FORT BRAGG ROAD FAYETTEVILLE, NC 283034720 56-0582025						
(4)	SOCIAL SERVICE	NC	501(c)(3)	10	NA	No
801 CORP CENTER DR SUITE 200 RALEIGH, NC 27607 56-0591307						
(5)	SOCIAL SERVICE	NC	501(c)(3)	10	NA	No
PO BOX 1575 SALISBURY, NC 281441575 56-0606313						
(6)	SOCIAL SERVICE	NC	501(c)(3)	10	NA	No
1346 SOUTH MAIN STREET BURLINGTON, NC 272155604 56-0611575						
(7)	SOCIAL SERVICE	NC	501(c)(3)	10	NA	No
201 S CLAY STREET GASTONIA, NC 280523828 56-0655420						
(8)	SOCIAL SERVICE	NC	501(c)(3)	10	NA	No
1375 LENOIR RHYNE BLVD SE SUITE 202 HICKORY, NC 28602 56-0928743						
(9)	SOCIAL SERVICE	NC	501(c)(3)	10	NA	No
PO BOX 1152 ASHEBORO, NC 272031152 56-0991786						
(10)	SOCIAL SERVICE	NC	501(c)(3)	10	NA	No
1010 MENDENHALL ROAD THOMASVILLE, NC 273602546 56-1004370						
(11)	SOCIAL SERVICE	NC	501(c)(3)	10	NA	No
500 E MOREHEAD ST 300 CHARLOTTE, NC 282022606 56-1045299						
(12)	SOCIAL SERVICE	NC	501(c)(3)	10	NA	No
PO BOX 10355 GOLDSBORO, NC 27530						
56-1285595 (13)	SOCIAL SERVICE	NC	501(c)(3)	10	NA	No
PO BOX 834 WINDSOR, NC 279830834						
56-1738475 (14)	SOCIAL SERVICE	NC	501(c)(3)	10	NA	No
3436C AIRPORT BLVD WILSON, NC 27896 56-2220375						
(15)	SOCIAL SERVICE	SC	501(c)(3)	10	NA	No
510 MILLER ROAD SUMTER, SC 29150 57-0314417						
(16)	SOCIAL SERVICE	SC	501(c)(3)	10	NA	No
1612 MARION ST STE 100 COLUMBIA, SC 292012939 57-0314423						
(17)	SOCIAL SERVICE	SC	501(c)(3)	10	NA	No
601 E MCBEE AVE 212 GREENVILLE, SC 296012945 57-0314424						
(18)	SOCIAL SERVICE	SC	501(c)(3)	10	NA	No
266 S PINE STREET SPARTANBURG, SC 29302 57-0314425						
(19)	SOCIAL SERVICE	SC	501(c)(3)	10	NA	No
201 E REED ROAD ANDERSON, SC 296212095 57-0314465						

Form 990, Schedule R, Part II - Identification of Related 1			(4)	(0)		(a)
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile	(d) Exempt Code	(e) Public charity		(g) Section 512 (b)(13)
		(state or foreign country)	section	status (if section 501(c)	entity	(b)(13) controlled
				(3))	-	entity? Yes No
(561)	SOCIAL SERVICE	SC	501(c)(3)	10	NA	No No
361 CHARLOTTE AVENUE						
ROCK HILL, SC 29730 57-0335422						
(1)	SOCIAL SERVICE	SC	501(c)(3)	10	NA	No
1760 CALHOUN ROAD GREENWOOD, SC 29649						
57-0365055 (2)	SOCIAL SERVICE	SC	501(c)(3)	10	NA	No
201 BURNS ROAD						
EASLEY, SC 29640 57-0405623						
(3)	SOCIAL SERVICE	SC	501(c)(3)	10	NA	No
PO BOX 492 CLINTON, SC 293250492						
57-0506273	COCIAL CEDVICE	SC	501(-)/2)	10	NA	N-
(4)	SOCIAL SERVICE	SC	501(c)(3)	10	INA	No
1700 SOUTH RUTHERFORD ROAD FLORENCE, SC 29505 57-0516770						
(5)	SOCIAL SERVICE	SC	501(c)(3)	10	NA	No
410 ANDERSON DRIVE						
LAURENS, SC 29360 57-0517776						
(6)	SOCIAL SERVICE	SC	501(c)(3)	10	NA	No
390 WHELCHEL RD GAFFNEY, SC 293413408						
57-0557200 (7)	SOCIAL SERVICE	SC	501(c)(3)	10	NA .	No
140 S CEDAR STREET						
SUMMERVILLE, SC 29483 57-0643100						
(8)	SOCIAL SERVICE	sc	501(c)(3)	10	NA	No
PO BOX 218 MURRELLS INLET, SC 29576						
57-0747196	COCIAL CERVICE		501(-)(2)	10	DIA.	N
(9)	SOCIAL SERVICE	SC	501(c)(3)	10	NA	No
PO BOX 662 NEWBERRY, SC 29108 57-0783484						
(10)	SOCIAL SERVICE	SC	501(c)(3)	10	NA	No
111 EAST CAROLINA AVENUE						
HARTSVILLE, SC 29550 57-0794011						
(11)	SOCIAL SERVICE	SC	501(c)(3)	10	NA	No
106 LAKESIDE DRIVE UNION, SC 293791939						
57-0832992 (12)	SOCIAL SERVICE	sc	501(c)(3)	10	NA	No
1801 RICHMOND AVE						
PORT ROYAL, SC 29935 57-0910326						
(13)	SOCIAL SERVICE	SC	501(c)(3)	10	NA	No
10121 CLEMSON BLVD SUITE F SENECA, SC 29678						
57-0934024 (14)	SOCIAL SERVICE	SC	501(c)(3)	10	NA	No
61 CANNON STREET			(-)(-)			''
CHARLESTON, SC 29403 57-0935533						
(15)	SOCIAL SERVICE	IA	501(c)(3)	10	NA	No
PO BOX 268 POSTVILLE, IA 52162						
57-1167577	COCIAL CERVICE	<u> </u>	F01/. \\( \)	10	NA.	
(16)	SOCIAL SERVICE	GA	501(c)(3)	10	NA	No
1634 PLANT AVENUE WAYCROSS, GA 31501						
58-0566129 (17)	SOCIAL SERVICE	GA	501(c)(3)	10	NA	No
PO BOX 820						
MCDONOUGH, GA 30253 58-0566244						
(18)	SOCIAL SERVICE	GA	501(c)(3)	10	NA	No
100 EDGEWOOD AVE NE SUITE 1100 ATLANTA, GA 303033026						
58-0566253 (19)	SOCIAL SERVICE	GA	501(c)(3)	10	NA	No
3570 WHEELER ROAD	SOCIAL SERVICE		201(6)(3)		livo.	I NO
AUGUSTA, GA 30909						
58-0566254						1

Form 990, Schedule R, Part II - Identification of Related (a)	Tax-Exempt Organiza		(d)	(e)	(f)	(g)
Name, address, and EIN of related organization	Primary activity	(c) Legal domicile (state	Exempt Code section	Public charity status	Direct controlling entity	Section 512 (b)(13)
		or foreign country)	Section	(if section 501(c) (3))	entity	controlled entity?
				(3))	-	Yes No
(581)	SOCIAL SERVICE	GA	501(c)(3)	10	NA	No
PO BOX 1037 THOMASVILLE, GA 317991037 58-0566255						
(1)	SOCIAL SERVICE	GA	501(c)(3)	10	NA	No
601 26TH AVENUE SE MOULTRIE, GA 31768						
58-0593424 (2)	SOCIAL SERVICE	GA	501(c)(3)	10	NA	No
915 HAWTHORNE AVE	SOCIAL SERVICE					110
ATHENS, GA 30606 58-0593443						
(3)	SOCIAL SERVICE	GA	501(c)(3)	10	NA	No
PO BOX 14142 SAVANNAH, GA 31416						
58-0603160 (4)	SOCIAL SERVICE	GA	501(c)(3)	10	NA	No
1701 GILLIONVILLE ROAD	SOCIAL SERVICE	J GA	301(c)(3)	10		110
ALBANY, GA 31707 58-0610051						
(5)	SOCIAL SERVICE	GA	501(c)(3)	10	NA	No
PO BOX 1640 COLUMBUS, GA 31902						
58-0648697 (6)	SOCIAL SERVICE	GA	501(c)(3)	10	NA	No
810 E 2ND AVE	SOCIAL SERVICE	J GA	301(c)(3)		IVA	140
ROME, GA 30161 58-0814549						
(7)	SOCIAL SERVICE	NC	501(c)(3)	10	NA	No
100 YMCA LANE NEW BERN, NC 285605400						
58-1402035 (8)	SOCIAL SERVICE	NC	501(c)(3)	10	NA	No
380 RUIN CREEK ROAD	SOCIAL SERVICE	INC.	301(c)(3)		NA	140
HENDERSON, NC 275362955 58-1406066						
(9)	SOCIAL SERVICE	TN	501(c)(3)	10	NA	No
1840 MEADOWVIEW PARKWAY KINGSPORT, TN 37660						
58-1564232 (10)	SOCIAL SERVICE	NC NC	501(c)(3)	10	NA	No
PO BOX 46	SOCIAL SERVICE	INC.	301(c)(3)	10		110
KANNAPOLIS, NC 280820046 58-1574620						
(11)	SOCIAL SERVICE	NC	501(c)(3)	10	NA	No
427 N 1ST ST ALBEMARLE, NC 280013906						
58-1582063 (12)	SOCIAL SERVICE	GA	501(c)(3)	10	NA	No
1818 EAST SHOTWELL STREET	SOCIAL SERVICE					
BAINBRIDGE, GA 317174352 58-1608613						
(13)	SOCIAL SERVICE	LA	501(c)(3)	10	NA	No
800 E FARREL RD LAFAYETTE, LA 70508						
58-1640136 (14)	SOCIAL SERVICE	NC NC	501(c)(3)	10	NA	No
PO BOX 2272			\ \-\\-\			
SHELBY, NC 281512272 58-2016066				<u> </u>		
(15)	SOCIAL SERVICE	AL	501(c)(3)	10	NA	No
120 HOLMES AVENUE SUITE 405 HUNTSVILLE, AL 35801						
58-2058795 (16)	SOCIAL SERVICE	GA	501(c)(3)	10	NA	No
2455 HOWARD ROAD						
GAINESVILLE, GA 30507 58-2203268						
(17)	SOCIAL SERVICE	GA	501(c)(3)	10	NA	No
1657 S CARPENTER RD TIFTON, GA 31794						
58-2383631 (18)	SOCIAL SERVICE	FL	501(c)(3)	10	NA	No
433 NORTH MILLS AVENUE						
ORLANDO, FL 328035798 59-0624430						
(19)	SOCIAL SERVICE	FL	501(c)(3)	10	NA	No
730 NW 107TH AVE SUITE 200 MIAMI, FL 33172						
59-0624464						1

Form 990, Schedule R, Part II - Identification of Related 7 (a)	Tax-Exempt Organiza   (b)		(d)	(e)		(g)
Name, address, and EIN of related organization	Primary activity	(c) Legal domicile (state	Exempt Code section	Public charity status	(f) Direct controlling S entity	Section 512 (b)(13)
		or foreign country)	section	(if section 501(c) (3))	entity	controlled entity?
				(3))	-	Yes No
(601)	SOCIAL SERVICE	FL	501(c)(3)	10	NA	No
415-B N TARRAGONA STREET PENSACOLA, FL 32501 59-0624465						
(1)	SOCIAL SERVICE	FL	501(c)(3)	10	NA	No
600 1ST AVENUE SUITE 201 ST PETERSBURG, FL 33701 59-0624468						
(2)	SOCIAL SERVICE	FL	501(c)(3)	10	NA	No
2085 SOUTH CONGRESS AVENUE WEST PALM BEACH, FL 334067601 59-0624470						
(3)	SOCIAL SERVICE	FL	501(c)(3)	10	NA	No
12735 GRAN BAY PKWY W STE 250 JACKSONVILLE, FL 32258 59-0638514						
(4)	SOCIAL SERVICE	FL	501(c)(3)	10	NA	No
2469 ENTERPRISE ROAD CLEARWATER, FL 33763 59-0810731						
(5)	SOCIAL SERVICE	FL	501(c)(3)	10	NA	No
3620 CLEVELAND HEIGHTS BOULEVARD LAKELAND, FL 33803 59-1158144						
(6)	SOCIAL SERVICE	FL	501(c)(3)	10	NA	No
6631 PALMETTO CIRCLE SOUTH BOCA RATON, FL 33433 59-1416281						
(7)	SOCIAL SERVICE	FL	501(c)(3)	10	NA	No
ONE S SCHOOL AVENUE SUITE 301 SARASOTA, FL 34237 59-1618413						
(8)	SOCIAL SERVICE	FL	501(c)(3)	10	NA	No
3805 59TH STREET WEST BRADENTON, FL 342096050 59-1626905						
(9)	SOCIAL SERVICE	FL	501(c)(3)	10	NA	No
701 CENTER ROAD VENICE, FL 34285 59-1629660						
(10)	SOCIAL SERVICE	FL	501(c)(3)	10	NA	No
1001 BURNS AVENUE LAKE WALES, FL 33853 59-1741481						
(11)	SOCIAL SERVICE	FL	501(c)(3)	10	NA	No
110 E OAK AVENUE TAMPA, FL 33602 59-1742909						
(12)	SOCIAL SERVICE	FL	501(c)(3)	10	NA	No
1700 SE MONTEREY RD STUART, FL 349964109						
59-1911653 (13)	SOCIAL SERVICE	FL	501(c)(3)	10	NA	No
PO BOX 2529 MARCO ISLAND, FL 339692529 59-2498619						
(14)	SOCIAL SERVICE	FL	501(c)(3)	10	NA	No
100 YMCA LN SEBRING, FL 33875 59-2859656						
(15)	SOCIAL SERVICE	FL	501(c)(3)	10	NA	No
761 EAST INTL SPEEDWAY BLVD DELAND, FL 32724 59-3284968						
(16)	SOCIAL SERVICE	MN	501(c)(3)	10	NA	No
519 DIVISION STREET NORTHFIELD, MN 55057 59-3817686						
(17)	SOCIAL SERVICE	KY	501(c)(3)	10	NA	No
3232 OLD 13TH STREET ASHLAND, KY 411025454 61-0444836						
(18)	SOCIAL SERVICE	KY	501(c)(3)	10	NA	No
PO BOX 4285 FRANKFORT, KY 40604 61-0444841						
(19)	SOCIAL SERVICE	KY	501(c)(3)	10	NA	No
239 E HIGH ST LEXINGTON, KY 405071409 61-0444842						

Form 990, Schedule R, Part II - Identification of Related T			(d)	(0)		(a)
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile	Exempt Code	(e) Public charity		(g) Section 512 (b)(13)
		(state or foreign country)	section	status (if section 501(c)	entity	(b)(13) controlled
				(3))		entity? Yes No
(621)	SOCIAL SERVICE	KY	501(c)(3)	10	NA I	No No
545 SOUTH SECOND STREET						
LOUISVILLE, KY 402021864 61-0444843						
(1)	SOCIAL SERVICE	KY	501(c)(3)	10	NA	No
900 KENTUCKY PARKWAY OWENSBORO, KY 423015423						
61-0561344	COSIAL SERVICE		F01(-)(2)	10	l l	N-
(2)	SOCIAL SERVICE	KY	501(c)(3)	10	NA	No
402 WEST BROADWAY FRANKFORT, KY 40601						
61-0562021 (3)	SOCIAL SERVICE	KY	501(c)(3)	10	NA	No
460 KLUTEY PARK PLAZA						
HENDERSON, KY 424203348 61-0597114						
(4)	SOCIAL SERVICE	KY	501(c)(3)	10	NA	No
917 MAIN STREET PARIS, KY 40361						
61-0676727						
(5)	SOCIAL SERVICE	KY	501(c)(3)	10	NA	No
150 YMCA DRIVE MADISONVILLE, KY 424319936						
61-0904719 (6)	SOCIAL SERVICE	KY	501(c)(3)	10	NA NA	No
1080 US ROUTE 68			(-)(-)			
MAYSVILLE, KY 41056 61-1080836						
(7)	SOCIAL SERVICE	KY	501(c)(3)	10	NA	No
PO BOX 603						
MORGANFIELD, KY 424370603 61-1173801						
(8)	SOCIAL SERVICE	KY	501(c)(3)	10	NA	No
424 BOB AMUS DRIVE PIKEVILLE, KY 41501						
61-1177162	COSTAL SERVICE	100	F01(-)(2)	10	NA.	NI-
(9)	SOCIAL SERVICE	KY	501(c)(3)	10	NA	No
PO BOX 402 MAYFIELD, KY 420660402						
61-1204017 (10)	SOCIAL SERVICE	KY	501(c)(3)	10	NA	No
645 WESTMEAD DRIVE						
WINCHESTER, KY 40391 61-1206677						
(11)	SOCIAL SERVICE	KY	501(c)(3)	10	NA	No
7805 EAGLE WAY						
HOPKINSVILLE, KY 42240 61-1297293						
(12)	SOCIAL SERVICE	ОН	501(c)(3)	10	NA	No
PO BOX 1021 WASHINGTON CH, OH 43160						
61-1416843 (13)	SOCIAL SERVICE	KY	501(c)(3)	10	NA	No
1100 E MAIN STREET	JOCIAL SERVICE	N.	301(0)(3)			"
1100 E MAIN STREET RICHMOND, KY 404752027 61-6000619						
(14)	SOCIAL SERVICE	TN	501(c)(3)	10	NA	No
301 WEST SIXTH STREET						
CHATTANOOGA, TN 374021108 62-0475699						
(15)	SOCIAL SERVICE	TN	501(c)(3)	10	NA	No
136 FOX ROAD KNOXVILLE, TN 379223303						
62-0475700	COCIAL CERVICE	TNI	E01/-\/2\	10	NA	
(16)	SOCIAL SERVICE	TN	501(c)(3)	10	NA	No
1000 CHURCH STREET NASHVILLE, TN 37203						
62-0476243 (17)	SOCIAL SERVICE	TN	501(c)(3)	10	NA	No
6373 QUAIL HOLLOW ROAD SUITE 201						
MEMPHIS, TN 38120 62-0476304						
(18)	SOCIAL SERVICE	VA	501(c)(3)	10	NA	No
7405 ALBAN STATION CT STEB215						
SPRINGFIELD, VA 221502318 62-0491361						
(19)	SOCIAL SERVICE	TN	501(c)(3)	10	NA	No
400 M L KING JR BLVD BRISTOL, TN 37620						
62-0521204						

Form 990, Schedule R, Part II - Identification of Related Ta			(d)	(0)	(4)	(a)
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state	Exempt Code section	(e) Public charity status	(f) Direct controlling entity	(g) Section 512 (b)(13)
		or foreign country)	Section	(if section 501(c) (3))		controlled entity?
				(3))		Yes No
(641)	SOCIAL SERVICE	TN	501(c)(3)	10	NA	No
404 Y STREET GREENEVILLE, TN 377456243 62-0809014						
(1)	SOCIAL SERVICE	TN	501(c)(3)	10	NA	No
5207 INDUSTRIAL DR MILAN, TN 38358 62-1547529						
(2)	SOCIAL SERVICE	TN	501(c)(3)	10	NA	No
PO BOX 1502 DYERSBURG, TN 380251502 62-1616172						
(3)	SOCIAL SERVICE	AL	501(c)(3)	10	NA	No
1501 FOURTH AVE SW BESSEMER, AL 350236016 63-0288881						
(4)	SOCIAL SERVICE	AL	501(c)(3)	10	NA	No
PO BOX 2336 MONTGOMERY, AL 361032336 63-0288885						
(5)	SOCIAL SERVICE	AL	501(c)(3)	10	NA	No
2101 FOURTH AVE N BIRMINGHAM, AL 35203 63-0299894						
(6)	SOCIAL SERVICE	AL	501(c)(3)	10	NA	No
PO BOX 2272 MOBILE, AL 366911506 63-0302187						
(7)	SOCIAL SERVICE	AL	501(c)(3)	10	NA	No
2405 PAUL BRYANT DR TUSCALOOSA, AL 35401 63-0302189						
(8)	SOCIAL SERVICE	AL	501(c)(3)	10	NA	No
29 W 14TH ST PO BOX 1649 ANNISTON, AL 362011649 63-0332253						
(9)	SOCIAL SERVICE	AL	501(c)(3)	10	NA	No
1 YMCA DRIVE SELMA, AL 367017770 63-0414814						
(10)	SOCIAL SERVICE	AL	501(c)(3)	10	NA	No
100 WALNUT STREET GADSDEN, AL 359015253 63-0436456						
(11)	SOCIAL SERVICE	AL	501(c)(3)	10	NA	No
2121 HELTON DRIVE FLORENCE, AL 356301448 63-0545200						
(12)	SOCIAL SERVICE	AL	501(c)(3)	10	NA	No
PO BOX 310700 ENTERPRISE, AL 36331 63-0589262						
(13)	SOCIAL SERVICE	AL	501(c)(3)	10	NA	No
1 YMCA DRIVE BREWTON, AL 36426 63-0999102						
(14)	SOCIAL SERVICE	AL	501(c)(3)	10	NA	No
501 SOUTH PENSACOLA AVENUE ATMORE, AL 36502 63-1151492						
(15)	SOCIAL SERVICE	AL	501(c)(3)	10	NA	No
PO BOX 680009 PRATTVILLE, AL 360680009 63-6052425						
(16)	SOCIAL SERVICE	MS	501(c)(3)	10	NA	No
800 E RIVER PLACE JACKSON, MS 39202 64-0303099						
(17)	SOCIAL SERVICE	MS	501(c)(3)	10	NA	No
267 YMCA PLACE VICKSBURG, MS 39180 64-0303115						
(18)	SOCIAL SERVICE	MS	501(c)(3)	10	NA	No
1688 FAIRGROUND ROAD GREENVILLE, MS 38703 64-0306257						
(19)	SOCIAL SERVICE	MS	501(c)(3)	10	NA	No
3719 VETERANS MEMORIAL DRIVE HATTIESBURG, MS 39401 64-0340760						

Form 990, Schedule R, Part II - Identification of Related T (a)	Tax-Exempt Organiza	ntions (c)	(d)	(e)	(f)	(g)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state	Exempt Code section	Public charity status		Section 512 (b)(13)
		or foreign country)	Section	(if section 501(c) (3))	entity	controlled entity?
				(3/)	-	Yes No
(661)	SOCIAL SERVICE	MS	501(c)(3)	10	NA	No
1810 GOVERNMENT ST OCEAN SPRINGS, MS 395643931 64-0584648						
(1)	SOCIAL SERVICE	MS	501(c)(3)	10	NA	No
602 NORTH SECOND AVENUE COLUMBUS, MS 39701 64-6025994						
(2)	SOCIAL SERVICE	AL	501(c)(3)	10	NA	No
2197 S MT PLEASANT AVE MONROEVILLE, AL 36460 65-1058521						
(3)	SOCIAL SERVICE	PR	501(c)(3)	10	NA	No
800 BLVD SAGRADO CORAZON ESQ SAN JUAN, PR 009093333 66-0190784						
(4)	SOCIAL SERVICE	PR	501(c)(3)	10	NA	No
7843 NAZARET STREET PONCE, PR 00717 66-0204831						
(5)	SOCIAL SERVICE	CA	501(c)(3)	10	NA	No
350 FOOTHILL DRIVE YREKA, CA 960972627 68-0294653						
(6)	SOCIAL SERVICE	AR	501(c)(3)	10	NA	No
207 NORTH MAIN STREET WARREN, AR 716712716 70-0275848						
(7)	SOCIAL SERVICE	ок	501(c)(3)	10	NA	No
415 W CHEROKEE ENID, OK 73701 70-0599309						
(8)	SOCIAL SERVICE	AR	501(c)(3)	10	NA	No
130 WERNER STREET HOT SPRINGS, AR 719136443 71-0236925						
(9)	SOCIAL SERVICE	LA	501(c)(3)	10	NA	No
350 SOUTH FOSTER DRIVE BATON ROUGE, LA 708064105 72-0408994						
(10)	SOCIAL SERVICE	LA	501(c)(3)	10	NA	No
PO BOX 566 SHREVEPORT, LA 711620566 72-0408997						
(11)	SOCIAL SERVICE	LA	501(c)(3)	10	NA	No
6691 RIVERSIDE DR MATAIRIE, LA 70003 72-0423490						
(12)	SOCIAL SERVICE	LA	501(c)(3)	10	NA	No
PO BOX 56217 NEW ORLEANS, LA 701566217 72-0428019						
(13)	SOCIAL SERVICE	LA	501(c)(3)	10	NA	No
103 VALHI BOULEVARD HOUMA, LA 703606280 72-0880478						
(14)	SOCIAL SERVICE	ОК	501(c)(3)	10	NA	No
106 WEST 13TH STREET OKMULGEE, OK 74447 73-0106247						
(15)	SOCIAL SERVICE	ОК	501(c)(3)	10	NA	No
1400 AIRPORT ROAD WEATHERFORD, OK 73096 73-0149048						
(16)	SOCIAL SERVICE	ОК	501(c)(3)	10	NA	No
101 NORTH OSAGE BARTLESVILLE, OK 74003 73-0521535						
(17)	SOCIAL SERVICE	ок	501(c)(3)	10	NA	No
420 S MAIN STREET TULSA, OK 74103 73-0579269						
(18)	SOCIAL SERVICE	ок	501(c)(3)	10	NA	No
500 N BROADWAY AVE SUITE 500 OKLAHOMA CITY, OK 731026298 73-0579270						
(19)	SOCIAL SERVICE	ОК	501(c)(3)	10	NA	No
700 W SARATOGA SHAWNEE, OK 74804 73-0602462						

Form 990, Schedule R, Part II - Identification of Related			(4)	(0)	(6)	(a)
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile	(d) Exempt Code	(e) Public charity		(g) Section 512 (b)(13)
		(state or foreign country)	section	status (if section 501(c)	entity	(b)(13) controlled
				(3))		entity? Yes No
(681)	SOCIAL SERVICE	ОК	501(c)(3)	10	NA	No No
920 15TH ST NW ARDMORE, OK 73401 73-0603523						
(1)	SOCIAL SERVICE	ОК	501(c)(3)	10	NA	No
702 E GRAND AVE PONCA CITY, OK 746015514 73-0634724						
(2)	SOCIAL SERVICE	ОК	501(c)(3)	10	NA	No
5 SW FIFTH STREET LAWTON, OK 73501 73-0642616						
(3)	SOCIAL SERVICE	ОК	501(c)(3)	10	NA	No
204 SOUTH DUCK STREET STILLWATER, OK 74074 73-0674204						
(4)	SOCIAL SERVICE	ОК	501(c)(3)	10	NA	No
107 N SEVENTH STREET PERRY, OK 73077 73-1099310						
(5)	SOCIAL SERVICE	ОК	501(c)(3)	10	NA	No
1350 LEXINGTON AVENUE NORMAN, OK 73069 73-1149824						
(6)	SOCIAL SERVICE	ок	501(c)(3)	10	NA	No
1401 N MAIN ST PO BOX 1428 GUYMON, OK 73942 73-1464310						
(7)	SOCIAL SERVICE	МО	501(c)(3)	10	NA	No
1600 N MORLEY STREET STE 110A MOBERLEY, MO 65270 73-1663479						
(8)	SOCIAL SERVICE	TX	501(c)(3)	10	NA	No
3233 N SAINT MARYS STREET SAN ANTONIO, TX 782123579 74-1109634						
(9)	SOCIAL SERVICE	TX	501(c)(3)	10	NA	No
PO BOX 3007 HOUSTON, TX 772533007 74-1109737						
(10)	SOCIAL SERVICE	TX	501(c)(3)	10	NA	No
810 WYOMING AVENUE EL PASO, TX 799025339 74-1109880						
(11)	SOCIAL SERVICE	TX	501(c)(3)	10	NA	No
6760 NINTH AVENUE PORT ARTHUR, TX 776426413 74-1143027						
(12)	SOCIAL SERVICE	TX	501(c)(3)	10	NA	No
1402 EAST CESAR CHAVEZ AUSTIN, TX 78702						
74-1193464 (13)	SOCIAL SERVICE	TX	501(c)(3)	10	NA	No
417 S UPPER BROADWAY ST CORPUS CHRISTI, TX 784013431 74-1211670						
(14)	SOCIAL SERVICE	TX	501(c)(3)	10	NA	No
1806 NORTH NIMITZ STREET VICTORIA, TX 779015534 74-1368574						
(15)	SOCIAL SERVICE	TX	501(c)(3)	10	NA	No
PO BOX 819 ROUND ROCK, TX 786800819 74-2206558						
(16)	SOCIAL SERVICE	TX	501(c)(3)	10	NA	No
PO BOX 20515 WACO, TX 767020515 74-2668685						
(17)	SOCIAL SERVICE	TX	501(c)(3)	10	NA	No
601 N AKARD ST DALLAS, TX 752013303 75-0800696						
(18)	SOCIAL SERVICE	TX	501(c)(3)	10	NA	No
353 S RANDOLPH ST SAN ANGELO, TX 769036427 75-0800698						
(19)	SOCIAL SERVICE	TX	501(c)(3)	10	NA	No
400 OAKLAWN CORSICANA, TX 75110 75-0808817						

Form 990, Schedule R, Part II - Identification of Related T			(d)	(0)	(6)	(a)
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile	Exempt Code	(e) Public charity		(g) Section 512 (b)(13)
		(state or foreign country)	section	status (if section 501(c)	entity	(b)(13) controlled
				(3))		entity? Yes No
(701)	SOCIAL SERVICE	TX	501(c)(3)	10	NA	No
1010 NINTH STREET WICHITA FALLS, TX 763013212 75-0808818						
(1)	SOCIAL SERVICE	TX	501(c)(3)	10	NA	No
PO BOX 1428 BIG SPRING, TX 797211428 75-0827470						
(2)	SOCIAL SERVICE	TX	501(c)(3)	10	NA	No
512 LAMAR STREET SUITE 400 FORT WORTH, TX 76102 75-0827471						
(3)	SOCIAL SERVICE	TX	501(c)(3)	10	NA	No
PO BOX 3137 ABILENE, TX 79604 75-0855638						
(4)	SOCIAL SERVICE	TX	501(c)(3)	10	NA	No
PO BOX 954 MIDLAND, TX 797020954 75-0871732						
(5)	SOCIAL SERVICE	TX	501(c)(3)	10	NA	No
225 S VINE AVENUE TYLER, TX 757027143 75-0891469						
(6)	SOCIAL SERVICE	TX	501(c)(3)	10	NA	No
1915 STANFORD STREET GREENVILLE, TX 754015908 75-0968474						
(7)	SOCIAL SERVICE	TX	501(c)(3)	10	NA	No
5500 N LOOP 256 PALESTINE, TX 75801 75-0975622						
(8)	SOCIAL SERVICE	TX	501(c)(3)	10	NA	No
1148 W PIONEER PKWY SUITE H ARLINGTON, TX 76013 75-1000839						
(9)	SOCIAL SERVICE	TX	501(c)(3)	10	NA	No
1400 SOUTH MADDOX AVENUE DUMAS, TX 790295722 75-1073132						
(10)	SOCIAL SERVICE	TX	501(c)(3)	10	NA	No
3001 E UNIVERSITY BLVD ODESSA, TX 79762 75-1187026						
(11)	SOCIAL SERVICE	TX	501(c)(3)	10	NA	No
PO BOX 1286 PLAINVIEW, TX 790731286 75-6042150						
(12)	SOCIAL SERVICE	CA	501(c)(3)	10	NA	No
500 LINCOLN AVENUE SALINAS, CA 93901						
77-0202335 (13)	SOCIAL SERVICE	MT	501(c)(3)	10	NA	No
402 N 32ND ST BILLINGS, MT 591011215						
81-0229368 (14)	SOCIAL SERVICE	MT	501(c)(3)	10	NA	No
1200 NORTH MAIN HELENA, MT 596012906 81-0231815						
(15)	SOCIAL SERVICE	MT	501(c)(3)	10	NA	No
2975 WASHOE ST BUTTE, MT 597013236 81-0233504						
(16)	SOCIAL SERVICE	MT	501(c)(3)	10	NA	No
3000 RUSSELL ST MISSOULA, MT 598018547 81-0300829						
(17)	SOCIAL SERVICE	MT	501(c)(3)	10	NA	No
75 SWENSON WAY DILLON, MT 59725 81-0486053						
(18)	SOCIAL SERVICE	МТ	501(c)(3)	10	NA	No
PO BOX 10158 BOZEMAN, MT 59719 81-0542574						
(19)	SOCIAL SERVICE	ID	501(c)(3)	10	NA	No
1177 W STATE STREET BOISE, ID 83702 82-0200908						

Form 990, Schedule R, Part II - Identification of Related Ta			(d)	(0)		(a)
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile	Exempt Code	(e) Public charity		(g) Section 512 (b)(13)
		(state or foreign country)	section	status (ıf section 501(c)	entity	(b)(13) controlled
				(3))	<del> </del>	entity? Yes No
(721)	SOCIAL SERVICE	ID	501(c)(3)	10	NA	No
155 NORTH CORNER						
IDAHO FALLS, ID 83402 82-0222174						
(1)	SOCIAL SERVICE	ID	501(c)(3)	10	NA	No
1751 ELIZABETH BLVD TWIN FALLS, ID 83301						
82-0255460	SOCIAL SERVICE	ID	E01(a)(2)	10	NA	No
(2)	SOCIAL SERVICE		501(c)(3)		INA	110
POST OFFICE BOX 6801 KETCHUM, ID 83340						
82-0481436	SOCIAL SERVICE	WY	501(c)(3)	10	NA	No
1426 E LINCOLNWAY						
CHEYENNE, WY 82001 83-0179528						
(4)	SOCIAL SERVICE	WY	501(c)(3)	10	NA	No
315 EAST 15TH STREET CASPER, WY 82602						
83-0197773						
(5)	SOCIAL SERVICE	WY	501(c)(3)	10	NA	No
101 SOUTH KLONDIKE DRIVE BUFFALO, WY 82834						
83-0237890 (6)	SOCIAL SERVICE	СО	501(c)(3)	10	NA	No
2625 SOUTH COLORADO BLVD	SOCIAL SERVICE		301(0)(3)			
DENVER, CO 80222 84-0402696						
(7)	SOCIAL SERVICE	СО	501(c)(3)	10	NA	No
316 NORTH TEJON STREET						
COLORADO SPRINGS, CO 80903 84-0404266						
(8)	SOCIAL SERVICE	со	501(c)(3)	10	NA	No
PO BOX 20800 ESTES PARK, CO 805112800						
84-0404913						<u> </u>
(9)	SOCIAL SERVICE	СО	501(c)(3)	10	NA	No
3200 SPAULDING AVENUE PUEBLO, CO 81008						
84-0404925 (10)	SOCIAL SERVICE	СО	501(c)(3)	10	NA	No
2850 MAPLETON AVE						
BOULDER, CO 803011122 84-0459944						
(11)	SOCIAL SERVICE	NM	501(c)(3)	10	NA	No
PO BOX 52196						
ALBUQUERQUE, NM 87181 85-0105592						
(12)	SOCIAL SERVICE	NM	501(c)(3)	10	NA	No
1450 IRIS ST LOS ALAMOS, NM 875443056						
85-0130054	SOCIAL SERVICE	AZ	E01(-)(2)	10	NA	No.
(13)	SOCIAL SERVICE	AZ	501(c)(3)		INA	No
60 W ALAMEDA ST TUCSON, AZ 857011307						
86-0101237 (14)	SOCIAL SERVICE	AZ	501(c)(3)	10	NA	No
750 WHIPPLE STREET						
PRESCOTT, AZ 863011718 86-0119151						
(15)	SOCIAL SERVICE	UT	501(c)(3)	10	NA	No
3098 S HIGHLAND DRIVE SUITE 290						
SALT LAKE CITY, UT 84106 87-0212472						
(16)	SOCIAL SERVICE	NV	501(c)(3)	10	NA	No
4141 MEADOWS LANE LAS VEGAS, NV 891073105						
88-0059266 (17)	SOCIAL SERVICE	WA	501(c)(3)	10	NA	No
1256 N STATE STREET	SOUTH SERVICE	1				"
BELLINGHAM, WA 98225						
91-0482690 (18)	SOCIAL SERVICE	WA	501(c)(3)	10	NA	No
909 FOURTH AVENUE						
SEATTLE, WA 981041194 91-0482710						
(19)	SOCIAL SERVICE	WA	501(c)(3)	10	NA	No
PO BOX 698						
LONGVIEW, WA 98632 91-0565021						

Form 990, Schedule R, Part II - Identification of Related Ta			(d)	(0)	/f)	(a)
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile	Exempt Code	(e) Public charity		(g) Section 512 (b)(13)
		(state or foreign country)	section	status (if section 501(c)	entity	(b)(13) controlled
				(3))	-	entity? Yes No
(741)	SOCIAL SERVICE	WA	501(c)(3)	10	NA	No No
215 E FULTON ST MOUNT VERNON, WA 982733309 91-0565022						
(1)	SOCIAL SERVICE	WA	501(c)(3)	10	NA	No
2720 ROCKEFELLER AVE EVERETT, WA 982013523						
91-0565561 (2)	SOCIAL SERVICE	WA	501(c)(3)	10	NA	No
1614 SOUTH MILDRED SUITE 1	SOCIAL SERVICE	WA.	301(8)(3)		NA .	No
1014 3001 MILDRED 3011E 1 TACOMA, WA 98465 91-0565562						
(3)	SOCIAL SERVICE	WA	501(c)(3)	10	NA	No
5 NORTH NACHES AVENUE YAKIMA, WA 98901						
91-0568717			15044 ) (2)			
(4)	SOCIAL SERVICE	WA	501(c)(3)	10	NA	No
105 NE SPRING ST PULLMAN, WA 991647230						
91-0573117 (5)	SOCIAL SERVICE	WA	501(c)(3)	10	NA	No
217 ORONDO AVE						
WENATCHEE, WA 988012209 91-0578224						
(6)	SOCIAL SERVICE	WA	501(c)(3)	10	NA	No
PO BOX 1637 WALLA WALLA, WA 993620359						
91-0580856 (7)	SOCIAL SERVICE	WA	501(c)(3)	10	NA	No
1530 YELM HWY SE						
OLYMPIA, WA 98501 91-0586473						
(8)	SOCIAL SERVICE	WA	501(c)(3)	10	NA	No
302 S FRANCIS ST PORT ANGELES, WA 98362						
91-0652924	SOCIAL SERVICE	WA	501(c)(3)	10	NA	No
1126 N MONROE	SociAE SERVICE		301(0)(3)			""
SPOKANE, WA 99201 91-0827958						
(10)	SOCIAL SERVICE	WA	501(c)(3)	10	NA	No
1234 COLUMBIA PARK TRAIL RICHLAND, WA 993523853						
91-1655754 (11)	SOCIAL SERVICE	WA	501(c)(3)	10	NA	No
2500 SIMPSON AVENUE	SOCIAL SERVICE	**^	301(0)(3)			100
HOQUIAM, WA 985503937 91-1984900						
(12)	SOCIAL SERVICE	AK	501(c)(3)	10	NA	No
5353 LAKE OTIS PARKWAY ANCHORAGE, AK 995071709						
92-0034878	COCIAL SERVICE	00	501(-)(2)	10	N/A	No.
(13)	SOCIAL SERVICE	OR	501(c)(3)	10	NA	No
1221 S ALAMEDA KLAMATH FALLS, OR 976033657 93-0386978						
93-0386978 (14)	SOCIAL SERVICE	OR	501(c)(3)	10	NA	No
9500 SW BARBUR BLVD STE 200						
PORTLAND, OR 972195426 93-0386981	000111 0551755	<u> </u>	F04/ \/2\		818	
(15)	SOCIAL SERVICE	OR	501(c)(3)	10	NA	No
685 COURT STREET NE SALEM, OR 973013844						
93-0386982 (16)	SOCIAL SERVICE	OR	501(c)(3)	10	NA	No
522 WEST SIXTH STREET						
MEDFORD, OR 975012735 93-0391645						
(17)	SOCIAL SERVICE	OR	501(c)(3)	10	NA	No
1151 STEWART PARKWAY ROSEBURG, OR 974701902						
93-0395593 (18)	SOCIAL SERVICE	OR	501(c)(3)	10	NA	No
610 STILLWELL ST						
TILLAMOOK, OR 97141 93-0457167						
(19)	SOCIAL SERVICE	OR	501(c)(3)	10	NA	No
3311 S PACIFIC BLVD ALBANY, OR 973217797						
93-0479079						

Form 990, Schedule R, Part II - Identification of Related T			(4)	(0)	(6)	(a)
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile	(d) Exempt Code	(e) Public charity		(g) Section 512 (b)(13)
		(state or foreign country)	section	status (if section 501(c)	entity	(b)(13) controlled
				(3))		entity? Yes No
(761)	SOCIAL SERVICE	OR	501(c)(3)	10	NA	No No
2055 PATTERSON STREET EUGENE, OR 974052958 93-0500679						
(1)	SOCIAL SERVICE	OR	501(c)(3)	10	NA	No
2021 MAIN ST BAKER CITY, OR 978143351 93-0621433						
(2)	SOCIAL SERVICE	OR	501(c)(3)	10	NA	No
PO BOX 5439 GRANTS PASS, OR 97527 93-0848122						
(3)	SOCIAL SERVICE	CA	501(c)(3)	10	NA	No
50 CALIFORNIA STREET SUITE 650 SAN FRANCISCO, CA 94111 94-0997140						
(4)	SOCIAL SERVICE	CA	501(c)(3)	10	NA	No
2330 BROADWAY OAKLAND, CA 946122496 94-1156317						
(5)	SOCIAL SERVICE	CA	501(c)(3)	10	NA	No
80 SARATOGA AVE SANTA CLARA, CA 950517398 94-1156318						
(6)	SOCIAL SERVICE	CA	501(c)(3)	10	NA	No
6135 TAM OSHANTER DRIVE STOCKTON, CA 95210 94-1156319						
(7)	SOCIAL SERVICE	CA	501(c)(3)	10	NA	No
2021 W STREET SACRAMENTO, CA 958181624 94-1156634						
(8)	SOCIAL SERVICE	CA	501(c)(3)	10	NA	No
2111 MARTIN LUTHER KING JR WAY BERKELEY, CA 94704 94-1156635						
(9)	SOCIAL SERVICE	CA	501(c)(3)	10	NA	No
1155 N COURT STREET REDDING, CA 960010437 94-1212141						
(10)	SOCIAL SERVICE	CA	501(c)(3)	10	NA	No
1111 COLLEGE AVENUE SANTA ROSA, CA 954043905 94-1265049						
(11)	SOCIAL SERVICE	CA	501(c)(3)	10	NA	No
211 W TULARE AVE VISALTA, CA 932774813 94-1459198						
(12)	SOCIAL SERVICE	CA	501(c)(3)	10	NA	No
2555 3RD ST STE 215 SACRAMENTO, CA 958181100 94-3360482						
(13)	SOCIAL SERVICE	CA	501(c)(3)	10	NA	No
350 N GAREY AVE POMONA, CA 91767 95-1641976						
(14)	SOCIAL SERVICE	CA	501(c)(3)	10	NA	No
105 E CARRILLO ST SANTA BARBARA, CA 931012110 95-1643379						
(15)	SOCIAL SERVICE	CA	501(c)(3)	10	NA	No
1332 SIXTH STREET SANTA MONICA, CA 90401 95-1643380						
(16)	SOCIAL SERVICE	CA	501(c)(3)	10	NA	No
PO BOX 90995 LONG BEACH, CA 908090995 95-1643396						
(17)	SOCIAL SERVICE	CA	501(c)(3)	10	NA	No
401 EAST CORTO STREET ALHAMBRA, CA 91801 95-1644051						
(18)	SOCIAL SERVICE	CA	501(c)(3)	10	NA	No
625 S NEW HAMPSHIRE AVE LOS ANGELES, CA 900051371 95-1644052						
(19)	SOCIAL SERVICE	CA	501(c)(3)	10	NA	No
13821 NEWPORT AVE 200 TUSTIN, CA 927807803 95-1644055						

Form 990, Schedule R, Part II - Identification of Related 7 (a)	Tax-Exempt Organiza   (b)	ations (c)	(d)	(e)	(f)	(g)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state	Exempt Code section	Public charity status	Direct controlling entity	Section 512 (b)(13)
		or foreign country)	section	(if section 501(c) (3))	entity	controlled entity?
				(3))	-	Yes No
(781)	SOCIAL SERVICE	CA	501(c)(3)	10	NA	No
321 EAST MAGNOLIA BOULEVARD BURBANK, CA 915021132 95-1664139						
(1)	SOCIAL SERVICE	CA	501(c)(3)	10	NA	No
500 E CITRUS AVE REDLANDS, CA 923735221 95-1684787						
(2)	SOCIAL SERVICE	CA	501(c)(3)	10	NA	No
12510 E HADLEY ST 201 WHITTIER, CA 90601 95-1684795						
(3)	SOCIAL SERVICE	CA	501(c)(3)	10	NA	No
240 S EUCLID STREET ANAHEIM, CA 92802 95-1709299						
(4)	SOCIAL SERVICE	CA	501(c)(3)	10	NA	No
10970 ARROW ROUTE SUITE 106 RANCHO CUCAMONGA, CA 91730 95-1727678						
(5)	SOCIAL SERVICE	CA	501(c)(3)	10	NA	No
2241 EAST PALMYRA ORANGE, CA 92869 95-1816053						
(6)	SOCIAL SERVICE	CA	501(c)(3)	10	NA	No
1930 FOOTHILL BLVD LA CANADA, CA 91011 95-1976183						
(7)	SOCIAL SERVICE	CA	501(c)(3)	10	NA	No
3708 RUFFIN RD SAN DIEGO, CA 92123 95-2039198						
(8)	SOCIAL SERVICE	CA	501(c)(3)	10	NA	No
1020 SOUTHWOOD DRIVE SAN LUIS OBISPO, CA 93401 95-2147727						
(9)	SOCIAL SERVICE	CA	501(c)(3)	10	NA	No
3400 SKYWAY DRIVE SANTA MARIA, CA 934552504 95-2158363						
(10)	SOCIAL SERVICE	CA	501(c)(3)	10	NA	No
100 E THOUSAND OAKS BLVD SUITE 295 THOUSAND OAKS, CA 91360 95-2305501						
(11)	SOCIAL SERVICE	CA	501(c)(3)	10	NA	No
1331 RIVER ROAD CORONA, CA 91720 95-2879893						
(12)	SOCIAL SERVICE	CA	501(c)(3)	10	NA	No
43-930 SAN PABLO AVE PALM DESERT, CA 92260 95-3673295						
(13)	SOCIAL SERVICE	HI	501(c)(3)	10	NA	No
1441 PALI HWY HONOLULU, HI 968132050 99-0073533						
(14)	SOCIAL SERVICE	HI	501(c)(3)	10	NA	No
PO BOX 1786 LIHUE, HI 96766 99-0074494						
(15)	SOCIAL SERVICE	HI	501(c)(3)	10	NA	No
250 KANALOA AVE KAHULUI, HI 96732 99-0105206						
(16)	SOCIAL SERVICE	NY	501(c)(3)	10	NA	No
33 ELK STREET SUITE 200 ALBANY, NY 12207 01-0567018						
(17)	SOCIAL SERVICE	MA	501(c)(3)	10	NA	No
545 MAIN STREET ATHOL, MA 01331 04-2103727						
(18)	SOCIAL SERVICE	MA	501(c)(3)	10	NA	No
320 MAIN STREET BROCKTON, MA 02301 04-2125014						
(19)	SOCIAL SERVICE	PA	501(c)(3)	10	NA	No
105 PARK STREET HONESDALE, PA 18431 23-2122456						

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations (d) (b) (e) (g) (c) Name, address, and EIN of related organization Direct controlling Section 512 Primary activity Legal domicile Exempt Code Public charity status (b)(13)(state section entity or foreign country) (if section 501(c) controlled (3)) entity? Yes No SOCIAL SERVICE 501(c)(3) 10 NA (801) IN No 120 W 15TH STREET WINAMAC, IN 46996 35-2094935 (1) SOCIAL SERVICE WI 10 NA 501(c)(3) No 1000 DIVISION STREET STEVENS POINT, WI 54481 39-1102612 (2) SOCIAL SERVICE ΤN 501(c)(3) 10 NΑ No PO BOX 60 ERWIN, TN 376500060 62-0478092 501(c)(3) (3) SOCIAL SERVICE VA 10 NA No 580 COMMERCE RD FARMVILLE, VA 23901 62-1487256 501(c)(3) SOCIAL SERVICE 10 ΑZ NA Νo 350 NORTH FIRST AVENUE PHOENIX, AZ 850031513 86-0096799 (5) SOCIAL SERVICE OR 501(c)(3) 10 NΑ No 1952 ASHLAND AVE ASHLAND, OR 97520 93-0386976 10 (6) SOCIAL SERVICE CA 501(c)(3) NΑ No 140 N LOUISE STREET GLENDALE, CA 912064226 95-1661118 (7) 10 SOCIAL SERVICE TN 501(c)(3) NΑ No 111 HWY 70 E DICKSON, TN 37055 47-1215122 (8) SOCIAL SERVICE ΤN 501(c)(3) 10 NA No 235 CAVALIER DRIVE COOKEVILLE, TN 385013623 46-5501752 (9) SOCIAL SERVICE ΤX 501(c)(3) 10 NA No 500 EAST 15TH STREET HEREFORD, TX 790453109 75-1506344 (10)SOCIAL SERVICE CT 501(c)(3) 10 NΑ Νo 50 E PUTNAM AVENUE GREENWICH, CT 068305696 06-0646976 501(c)(3) (11)SOCIAL SERVICE IΑ 10 NA Nο 708 SOUTH MAIN STREET CENTERVILLE, IA 525442422 26-2927214 SOCIAL SERVICE VA 10 NΑ (12)501(c)(3) Νo 790 N Lee Hwy College Square Shopping Center Lexington, VI 24450 54-2070140 (13) SOCIAL SERVICE NJ 501(c)(3) 10 NΑ No 407 Greenwood Avenue Trenton, NJ 08609 56-2467563 SOCIAL SERVICE VA 501(c)(3) 10 NΑ Νo 7405 Alban Station Ct Ste B215 Springfield, VI 221502341

90-0246016