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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No 1545-0047

2018

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2018 , and ending 06-30-2019

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

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

Doing business as
YMCA Retirement Fund

Number and street (or P O box if mail is not delivered to street address) | Room/suite
120 Broadway

City or town, state or province, country, and ZIP or foreign postal code
New York, NY 102711999

D Employer identification number
13-5562401

E Telephone number
(646) 458-2400

G Gross receipts $ 2,931,525,471

F Name and address of principal officer
SCOTT DOLFI
120 Broadway
New York, NY 102711999

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW YRETIREMENT ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1921

M State of legal domicile NY

Part I Summary

1 Briefly describe the organization's mission or most significant activities
To provide pension and welfare benefits for YMCA employees (See Part III or Schedule O for the complete mission statement)

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	16
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	11
5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	**5**	141
6	Total number of volunteers (estimate if necessary)	**6**	17
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-5,000,000

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	262,856	226,969
9	Program service revenue (Part VIII, line 2g)	178,480,762	190,535,358
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	250,908,965	272,401,131
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-44,409	-49,713
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	429,608,174	463,113,745
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	315,085	217,090
14	Benefits paid to or for members (Part IX, column (A), line 4)	922,549,518	595,326,903
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	21,112,722	21,614,730
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	26,721,524	26,998,241
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	970,698,849	644,156,964
19	Revenue less expenses Subtract line 18 from line 12	-541,090,675	-181,043,219

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	7,129,297,904	7,251,001,000
21	Total liabilities (Part X, line 26)	7,494,781,091	7,683,028,630
22	Net assets or fund balances Subtract line 21 from line 20	-365,483,187	-432,027,630

Part II Signature Block

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

Sign Here

****** 2019-11-11
Signature of officer Date

VINCENT M DE SIO CHIEF FINANCIAL OFFICER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
				P01517891

Firm's name ▶ KPMG LLP | Firm's EIN ▶ 13-5565207

Firm's address ▶ 345 PARK AVENUE
NEW YORK, NY 101540102 | Phone no (212) 758-9700

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

THE PURPOSE OF THE YMCA RETIREMENT FUND IS TO SUPPORT YMCAS BY PROVIDING PENSION AND WELFARE BENEFIT PROGRAMS TO EMPOWER YMCA EMPLOYEES TO ACHIEVE ECONOMIC SECURITY DURING THEIR WORKING AND RETIREMENT YEARS, THEREBY RESULTING IN LOYALTY TO THE YMCA MOVEMENT

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 631,941,419 including grants of $ 217,090) (Revenue $ 462,936,489)

See Additional Data

4b (Code) (Expenses $ including grants of $) (Revenue $)

4c (Code) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ 631,941,419

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	**1a**	29,501		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	**1c**			

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a** 141			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		**2b**	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .		**3a**	Yes	
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
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		**5b**		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .		**6a**		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		**7a**	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		**7b**	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		**7c**	Yes	
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
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**		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .		**9b**		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**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**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O		**13a**		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .		**14b**		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N		**15**		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O		**16**		No

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	16		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	11		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	**2**			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	**3**			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	**4**			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	**5**			No
6	Did the organization have members or stockholders?	**6**		Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	**7a**		Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	**7b**		Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	**8a**		Yes	
b	Each committee with authority to act on behalf of the governing body?	**8b**		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	**9**			No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	**10a**		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	**10b**		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**12a**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	**12c**	Yes	
13	Did the organization have a written whistleblower policy?	**13**	Yes	
14	Did the organization have a written document retention and destruction policy?	**14**	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization'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 organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	**16a**		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	**16b**		

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, address, and telephone number of the person who possesses the organization's books and records
▶Vincent de Sio 120 Broadway New York, NY 102711999 (646) 485-2485

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, **Section A** ▶										
d Total (add lines 1b and 1c) ▶								8,098,724	1,374,427	1,728,763

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 45

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
RGM CAPITAL LLC 9010 Strada Stell Court Suite 105 Naples, FL 34109	INVESTMENT MANAGEMENT	4,462,750
WELLINGTON MANAGEMENT CO 280 Congress Street Boston, MA 02210	INVESTMENT MANAGEMENT	1,658,157
PRAESIDIUM INVESTMENT MANAGEMENT CO 747 3rd Avenue 35th Floor New York, NY 10017	INVESTMENT MANAGEMENT	1,361,643
BASSWOOD CAPITAL MANAGEMENT 645 Madison Avenue 10th Floor New York, NY 10022	INVESTMENT MANAGEMENT	1,302,573
GARDNER RUSSO & GARNDER LLC 223 East Chestnut Street Lancaster, PA 17602	INVESTMENT MANAGEMENT	1,191,525

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 50

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	**1a** Federated campaigns . .	1a			
	b Membership dues . .	1b			
	c Fundraising events . .	1c 226,969			
	d Related organizations	1d			
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f			
	g Noncash contributions included in lines 1a - 1f $ _____				
	h Total. Add lines 1a-1f . . . . . ▶	226,969			
Program Service Revenue		Business Code			
	2a LIFE ANNUITIES		190,535,358	190,535,358	
	b				
	c				
	d				
	e				
	f All other program service revenue		0	0	0
	g Total. Add lines 2a–2f . . . . ▶	190,535,358			
Other Revenue	**3** Investment income (including dividends, interest, and other similar amounts) . . . . . ▶	32,587,924	32,587,924		
	4 Income from investment of tax-exempt bond proceeds ▶				
	5 Royalties . . . . . ▶				
		(i) Real	(ii) Personal		
	6a Gross rents				
	b Less rental expenses				
	c Rental income or (loss)	0	0		
	d Net rental income or (loss) . . . . . ▶				
		(i) Securities	(ii) Other		
	7a Gross amount from sales of assets other than inventory	2,708,144,620			
	b Less cost or other basis and sales expenses	2,468,331,413			
	c Gain or (loss)	239,813,207	0		
	d Net gain or (loss) . . . . . ▶	239,813,207	239,813,207		
	8a Gross income from fundraising events (not including $ 226,969 of contributions reported on line 1c) See Part IV, line 18 . . . . a	30,600			
	b Less direct expenses . . . b	80,313			
	c Net income or (loss) from fundraising events . . ▶	-49,713			-49,713
	9a Gross income from gaming activities See Part IV, line 19 . . . a				
	b Less direct expenses . . . b				
	c Net income or (loss) from gaming activities . . ▶				
	10a Gross sales of inventory, less returns and allowances . . a				
	b Less cost of goods sold . . b				
	c Net income or (loss) from sales of inventory . . ▶				
	Miscellaneous Revenue	Business Code			
	11a				
	b				
	c				
	d All other revenue		0	0	0
	e Total. Add lines 11a–11d . . . . . ▶		0		
	12 Total revenue. See Instructions . . . . . ▶	463,113,745	462,936,489	0	-49,713

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	200,000	200,000		
2 Grants and other assistance to domestic individuals See Part IV, line 22	17,090	17,090		
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	595,326,903	595,326,903		
5 Compensation of current officers, directors, trustees, and key employees	7,558,984	3,566,799	3,992,185	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	85,265	85,265	0	
7 Other salaries and wages	10,200,493	7,095,519	3,104,974	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	1,340,682	889,945	450,737	
9 Other employee benefits	1,490,894	800,268	690,626	
10 Payroll taxes	938,412	605,263	333,149	
11 Fees for services (non-employees)				
a Management				
b Legal	242,637	418,402	-175,765	
c Accounting	378,395	125,096	253,299	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	16,835,828	16,812,753	23,075	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	944,100	176,791	767,309	0
12 Advertising and promotion	136,349	105,673	30,676	
13 Office expenses	748,400	251,702	496,698	
14 Information technology	2,929,516	2,833,141	96,375	
15 Royalties . .				
16 Occupancy	2,497,644	1,679,998	817,646	
17 Travel	648,942	473,764	175,178	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	566,414	102,477	463,937	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization . .	576,261	374,570	201,691	
23 Insurance . . .	443,833		443,833	
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	49,922		49,922	
b				
c				
d				
e All other expenses	0	0	0	0
25 **Total functional expenses.** Add lines 1 through 24e	644,156,964	631,941,419	12,215,545	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)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		25,407,566	1	29,499,394
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		24,086,529	4	38,906,788
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		0	5	0
	6	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) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	0
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		810,422	9	988,203
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 8,375,104			
	b	Less accumulated depreciation	10b 3,798,848	5,049,546	10c	4,576,256
	11	Investments—publicly traded securities		3,050,793,269	11	2,864,789,766
	12	Investments—other securities See Part IV, line 11		4,023,150,572	12	4,312,240,593
	13	Investments—program-related See Part IV, line 11		0	13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		0	15	0
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		7,129,297,904	16	7,251,001,000
Liabilities	17	Accounts payable and accrued expenses		76,169,576	17	122,220,497
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	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	0
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D		7,418,611,515	25	7,560,808,133
	26	**Total liabilities.** Add lines 17 through 25		7,494,781,091	26	7,683,028,630
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets			27	
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds		-365,483,187	32	-432,027,630
	33	Total net assets or fund balances		-365,483,187	33	-432,027,630
	34	Total liabilities and net assets/fund balances		7,129,297,904	34	7,251,001,000

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	463,113,745
2	Total expenses (must equal Part IX, column (A), line 25)	2	644,156,964
3	Revenue less expenses Subtract line 2 from line 1	3	-181,043,219
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-365,483,187
5	Net unrealized gains (losses) on investments	5	114,458,941
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	39,835
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-432,027,630

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
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?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Additional Data

Software ID: 18007697
Software Version: 2018v3.1
EIN: 13-5562401
Name: YOUNG MEN'S CHRISTIAN ASSOCIATION RETIREMENT FUND

Form 990 (2018)

Form 990, Part III, Line 4a:

THE YMCA RETIREMENT FUND PROVIDED MONTHLY ANNUITY PAYMENTS TO APPROXIMATELY 14,700 RETIRED YMCA EMPLOYEES WITH AN AVERAGE ANNUAL ANNUITY OF APPROXIMATELY $18,900 DURING THE FISCAL YEAR ENDED JUNE 30, 2019, THE YMCA RETIREMENT FUND PROVIDED BENEFITS (INCLUDING DEATH AND DISABILITY BENEFITS) IN EXCESS OF $595,326,000 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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
WILLIAM HOLBY CHAIRMAN	2 0 ..... 0 0	X		X				0	0	0
DENISE DAY VICE CHAIRMAN	2 0 ..... 40 0	X		X				0	375,047	42,925
ERIC K MANN TRUSTEE VOLUNTEER	2 0 ..... 40 0	X						0	338,183	29,771
MARK BAUMGARTNER TRUSTEE VOLUNTEER	2 0 ..... 0 0	X						0	0	0
BARBARA A BETTIN TRUSTEE VOLUNTEER	2 0 ..... 40 0	X						0	239,319	35,787
ANGELA BROCK-KYLE TRUSTEE VOLUNTEER	2 0 ..... 0 0	X						0	0	0
SANDRA J MORANDER TRUSTEE VOLUNTEER	2 0 ..... 40 0	X						0	287,713	54,054
JOSEPH R WEIST TRUSTEE VOLUNTEER	2 0 ..... 40 0	X						0	134,165	24,105
STEPHEN IVES TRUSTEE VOLUNTEER	2 0 ..... 0 0	X						0	0	0
JURIJ Z KUSHNER TRUSTEE VOLUNTEER	2 0 ..... 0 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
D SCOTT LUTTRELL TRUSTEE VOLUNTEER	2 0 0 0	X						0	0	0
ROBERT T LUTTS TRUSTEE VOLUNTEER	2 0 0 0	X						0	0	0
DAVID M MARTIN TRUSTEE VOLUNTEER	2 0 0 0	X						0	0	0
WILLIAM D RUECKERT TRUSTEE VOLUNTEER	2 0 0 0	X						0	0	0
W KELVIN WALKER TRUSTEE VOLUNTEER - AS OF 1/1/2018	2 0 0 0	X						0	0	0
CHRISTINE C MARCKS TRUSTEE VOLUNTEER - AS OF 7/1/2018	2 0 0 0	X						0	0	0
JOHN M PREIS PRESIDENT AND CHIEF EXECUTIVE OFFICER - UNTIL 6/2019	40 0 0 0			X				1,010,345	0	85,856
HUNTER REISNER CHIEF INVESTMENT OFFICER	40 0 0 0			X				969,250	0	296,834
VANESSA BOULOUS CHIEF OPERATIONS OFFICER - EXTERNAL	40 0 0 0			X				440,115	0	78,237
ELLIOTT BUCHHOLZ CHIEF OPERATIONS OFFICER - INTERNAL - UNTIL 6/2019	40 0 0 0			X				446,999	0	92,520

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
VINCENT M DE SIO CHIEF FINANCIAL OFFICER	40 0 ..... 0 0			X				429,787	0	93,574
JAMES G KIRSCHNER CHIEF STRATEGY OFFICER	40 0 ..... 0 0			X				403,253	0	88,515
JOHN QUINONES GENERAL COUNSEL	40 0 ..... 0 0			X				560,561	0	92,873
MARCELA DEITRICH SENIOR VICE PRESIDENT - CUSTOMER SERVICE	40 0 ..... 0 0				X			311,572	0	43,999
ELIZABETH KURILLA VICE PRESIDENT - INTERNAL AUDIT	40 0 ..... 0 0				X			261,566	0	67,084
LISA WORTHY SENIOR VICE PRESIDENT - FINANCE	40 0 ..... 0 0				X			303,295	0	78,826
ELIZABETH DELGADO VICE PRESIDENT - HUMAN RESOURCES	40 0 ..... 0 0				X			262,489	0	61,371
KERRI HAYES SENIOR COUNSEL	40 0 ..... 0 0				X			197,003	0	70,913
MAUREEN HALEY VICE PRESIDENT - APPLICATIONS DEVELOPMENT	40 0 ..... 0 0				X			209,597	0	53,081
MARK SINNI PORTFOLIO MANAGER	40 0 ..... 0 0					X		507,473	0	57,205

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SULEYMAN GOKCAN DIRECTOR OF RISK	40 0 ..... 0 0					X		453,774	0	88,060
IVAN MANOLOV PORTFOLIO MANAGER	40 0 ..... 0 0					X		455,489	0	67,935
JEREMY ROSENBERG PORTFOLIO MANAGER	40 0 ..... 0 0					X		438,347	0	59,881
GREGORY ROZOLSKY PORTFOLIO MANAGER	40 0 ..... 0 0					X		437,809	0	65,357

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No 1545-0047

2018

Open to Public Inspection

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

Employer identification number
13-5562401

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 12, check only one box)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170 (b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university

10 ☐ An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

11 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

12 ☑ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

a ☑ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☑ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations 792

g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
See Additional Data Table						
Total 792					0	0

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

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) 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 to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc (see instructions) **12**

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2017 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2018.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support test—2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2018** (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from **2017** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests—2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of 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

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain*	1		No
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2)*	2		No
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below*	3a		No
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use*	3c		
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*	4a		No
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in* ***Part VI,*** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)*	5a	Yes	
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	Yes	
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		No
7	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 substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	7		No
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	8		No
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		No
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		No
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		No
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below*	10a		No
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)*	10b		

Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	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
c	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

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* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year*	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* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization*	2		No

Section C. Type II Supporting Organizations

			Yes	No
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* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)*	1		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s)*	2		
3	By reason of the relationship described 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* ***Part VI*** *the role the organization's supported organizations played in this regard*	3		

Section 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 instructions)**

- a ☐ The organization satisfied the Activities Test Complete **line 2** below
- b ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- c ☐ The organization supported a governmental entity Describe in **Part VI** how you supported a government entity (see instructions)

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement*	2b		
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* ***Part VI.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard*	3b		

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

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
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		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	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	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

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

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

Section D - Distributions	**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in **Part VI**) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**) See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2018**	**(iii) Distributable Amount for 2018**
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 **Excess distributions carryover to 2019.** Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

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 Schedule A, Supplemental Information

Return Reference	Explanation
Schedule A, Part I, Line 12 PART I, LINE 12	THE SUPPORTED ORGANIZATIONS OF THE YMCA RETIREMENT FUND CONSIST OF 792 INDEPENDENTLY INCOR PORATED 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

990 Schedule A, Supplemental Information

Return Reference	Explanation
Schedule A, Part IV, Section A, Line 5a ADDED OR REMOVED SUPPORTED ORGANIZATIONS	THE FOLLOWING YMCA'S WERE ADDED AS SUPPORTED ORGANIZATIONS EIN 237045379, YMCA OF THE GRE ATER TRI-VALLEY EIN 471924794, CALIFORNIA STATE ALLIANCE OF YMCAS EIN 630921199, CHILTON C OUNTY YMCA THE FOLLOWING YMCA'S WERE REMOVED AS SUPPORTED ORGANIZATIONS EIN 135616526, AS SOCIATION OF YMCA PROFESSIONALS EIN 210634482, BURLINGTON COUNTY YMCA EIN 221739117, YMCA OF GREATER BERGEN COUNTY EIN 237193663, CHARLOTTE COUNTY FAMILY YMCA-ADMIN OFFICE EIN 3444 28491, YMCA OF BUCYRUS OHIO EIN 410807581, YMCA OF ROCHESTER INC EIN 520620245, YMCA OF CE CIL COUNTY INC EIN 521359696, DORCHESTER COUNTY FAMILY YMCA INC EIN 540534407, PORTSMOUTH YMCA EIN 540951231, YMCA OF SOUTH BOSTON AND HALIFAX COUNTY INC EIN 571167577, YMCA OF NOR THEAST IOWA, INC EIN 750891469, YMCA OF TYLER TEXAS INC EIN 951641976, YMCA OF POMONA VALL EY

990 Schedule A, Supplemental Information

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

Additional Data

Software ID: 18007697
Software Version: 2018v3.1
EIN: 13-5562401
Name: YOUNG MEN'S CHRISTIAN ASSOCIATION RETIREMENT FUND

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) 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) MOUNT DESERT ISLAND YMCA	010211486	9		No	0	0
(B) AUBURN-LEWISTON YMCA	010211567	9		No	0	0
(C) YMCA OF SOUTHERN MAINE	010211568	9		No	0	0
(D) KENNEBEC VALLEY YMCA	010211811	9		No	0	0
(E) BATH AREA FAMILY YMCA	010211812	9		No	0	0
(F) PENOBSCOT BAY YMCA	010211813	9		No	0	0
(G) SANFORD-SPRINGVALE YMCA	010211814	9		No	0	0
(H) BOOTHBAY REGION YMCA	010237912	9		No	0	0
(I) DOWN EAST FAMILY YMCA	010412269	9		No	0	0
(J) WALDO COUNTY YMCA	010493123	9		No	0	0
(K) CHESHIRE YMCA	020222246	9		No	0	0
(L) KEENE FAMILY YMCA	020222247	9		No	0	0
(M) THE GRANITE YMCA	020222248	9		No	0	0
(N) YMCA OF GREATER NASHUA	020222250	9		No	0	0

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) 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		
(P) CONCORD FAMILY YMCA	020223358	9		No	0	0
(A) CARROLL COUNTY YMCACAMP HUCKINS	026001065	9		No	0	0
(B) GREATER BURLINGTON YMCA	030185810	9		No	0	0
(C) MEETING WATERS YMCA	030214294	9		No	0	0
(D) YMCA OF GREATER SPRINGFIELD INC	041859893	9		No	0	0
(E) YMCA OF GREATER BOSTON	042103551	9		No	0	0
(F) SOMERVILLE YMCA	042103853	9		No	0	0
(G) CAMBRIDGE YMCA	042103960	9		No	0	0
(H) MERRIMACK VALLEY YMCA INC	042104378	9		No	0	0
(I) YMCA SOUTHCOAST	042104749	9		No	0	0
(J) WEST SUBURBAN YMCA	042104783	9		No	0	0
(K) BERKSHIRE FAMILY YMCA	042104837	9		No	0	0
(L) GREATER LOWELL FAMILY YMCA	042104898	9		No	0	0
(M) YMCA OF THE NORTH SHORE	042104913	9		No	0	0
(N) TRI-COMMUNITY YMCA OF SOUTHBRIDGE INC	042105872	9		No	0	0

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) 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		
(AE) MALDEN YMCA	042105874	9		No	0	0
(A) SOUTH SHORE YMCA	042105881	9		No	0	0
(B) YMCA OF METRO NORTH	042105883	9		No	0	0
(C) YMCA OF CENTRAL MASSACHUSETTS	042105885	9		No	0	0
(D) HAMPSHIRE REGIONAL YMCA	042105887	9		No	0	0
(E) BECKET-CHIMNEY CORNERS YMCA CAMPSOUTDOOR CTR	042105946	9		No	0	0
(F) YMCA OF GREATER WESTFIELD INC	042126585	9		No	0	0
(G) HOCKOMOCK AREA YMCA	042131749	9		No	0	0
(H) GREENFIELD YMCA	042149363	9		No	0	0
(I) WENDELL P CLARK MEMORIAL YMCA	042173363	9		No	0	0
(J) GREATER HOLYOKE YMCA	042192693	9		No	0	0
(K) YMCA OF ATTLEBORO	042255819	9		No	0	0
(L) METROWEST YMCA INC	042281530	9		No	0	0
(M) COMMUNITY YMCA OF DANVERS MA INC	042308404	9		No	0	0
(N) CAPE COD YOUNG MEN'S CHRISTIAN ASSOCIATION	042394925	9		No	0	0

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			Yes	No		
(AT) YMCA OF MARTHA'S VINEYARD	043293959	9		No	0	0
(A) YMCA CAMP BELKNAP INC	043356887	9		No	0	0
(B) YMCA CAMP CONISTON	043357821	9		No	0	0
(C) SOUTHERN DISTRICT YMCACAMP LINCOLN INC	043383996	9		No	0	0
(D) PROVIDENCE METROPOLITAN YMCA	050258878	9		No	0	0
(E) NEWPORT COUNTY YMCA	050258916	9		No	0	0
(F) PAWTUCKET CENTRAL FALLS METRO BD YMCA	050259114	9		No	0	0
(G) OCEAN COMMUNITY YMCA	050268126	9		No	0	0
(H) CAMP MOHAWK YMCA INC	060646565	9		No	0	0
(I) NAUGATUCK YMCA	060646770	9		No	0	0
(J) SOUTHINGTON-CHESHIRE COMMUNITY YMCAS INC	060646905	9		No	0	0
(K) MERIDEN-NEW BRITAIN-BERLIN YMCA	060646977	9		No	0	0
(L) VALLEY-SHORE YMCA	060646979	9		No	0	0
(M) NORTHERN MIDDLESEX COUNTY YMCA	060646981	9		No	0	0
(N) YMCA OF STAMFORD	060646985	9		No	0	0

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			Yes	No		
(BI) WALLINGFORD FAMILY YMCA	060646987	9		No	0	0
(A) GREATER WATERBURY YMCA	060646988	9		No	0	0
(B) YMCA OF WESTPORTWESTON CT INC	060646989	9		No	0	0
(C) CENTRAL CONNECTICUT COAST YMCA	060662195	9		No	0	0
(D) NEW CANAAN COMMUNITY YMCA	060763077	9		No	0	0
(E) THE RIVERBROOK REGIONAL YMCA	060853258	9		No	0	0
(F) YMCA OF DARIEN COMMUNITY INC	060859795	9		No	0	0
(G) CAMP HAZEN YMCA	060860014	9		No	0	0
(H) YMCA OF METROPOLITAN HARTFORD	060881325	9		No	0	0
(I) REGIONAL YMCA OF WESTERN CONNECTICUT INC	066051610	9		No	0	0
(J) YMCA OF LONG ISLAND	111649914	9		No	0	0
(K) THE FOUR SEASONS YMCA	113774789	9		No	0	0
(L) YMCA OF GREATER NEW YORK	131624228	9		No	0	0
(M) CAMP SLOANE YMCA INC	131739939	9		No	0	0
(N) ROCKLAND COUNTY YMCA	131740513	9		No	0	0

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			Yes	No		
(BX) YMCA OF RYE NY	131740515	9		No	0	0
(A) YMCA OF CENTRAL NORTHERN WESTCHESTER INC	131740518	9		No	0	0
(B) YMCA OF YONKERS INC	131740520	9		No	0	0
(C) NEW ROCHELLE YMCA	131740542	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
(F) YMCA OF KINGSTON AND ULSTER COUNTY	141338342	9		No	0	0
(G) FAMILY YMCA OF GLENS FALLS AREA	141340008	9		No	0	0
(H) PLATTSBURGH YMCA	141340011	9		No	0	0
(I) YMCA OF MIDDLETOWN	141340134	9		No	0	0
(J) FULTON COUNTY YMCA	141374493	9		No	0	0
(K) SARATOGA REGIONAL YMCA	141427442	9		No	0	0
(L) YMCA OF CAPITAL DISTRICT	141726531	9		No	0	0
(M) ONEONTA FAMILY YMCA	150532270	9		No	0	0
(N) GREATER SYRACUSE YMCA	150532278	9		No	0	0

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			Yes	No		
(CM) BROOME COUNTY YMCA	150532282	9		No	0	0
(A) CORTLAND COUNTY FAMILY YMCA	150533570	9		No	0	0
(B) ITHACA AND TOMPKINS COUNTY YMCA	150545415	9		No	0	0
(C) NORWICH YMCA	150550177	9		No	0	0
(D) GLOW YMCA INC	160743230	9		No	0	0
(E) YMCA BUFFALO NIAGARA	160743231	9		No	0	0
(F) HORNELL AREA FAMILY YMCA	160743237	9		No	0	0
(G) JAMESTOWN YMCA	160743238	9		No	0	0
(H) YMCA OF TWIN TIERS	160743241	9		No	0	0
(I) YMCA OF GREATER ROCHESTER	160743242	9		No	0	0
(J) GREATER CANANDAIGUA FAMILY YMCA	160755898	9		No	0	0
(K) AUBURN YMCA-WEIU	160978301	9		No	0	0
(L) CLIFTON SPRINGS AREA YMCA	166000962	9		No	0	0
(M) ILLINOIS YMCA YOUTH AND GOVERNMENT	200270050	9		No	0	0
(N) YMCA OF GEORGIA''S PIEDMONT INC	201759275	9		No	0	0

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			Yes	No		
(DB) ALEXANDRIA AREA YMCA	202231427	9		No	0	0
(A) YMCA OF AVERY COUNTY	204910495	9		No	0	0
(B) THE COMMUNITY YMCA	210635051	9		No	0	0
(C) TRENTON AREA FAMILY YMCA	210635052	9		No	0	0
(D) CUMBERLAND CAPE ATLANTIC YMCA	210635053	9		No	0	0
(E) CAMP OCKANICKON YMCA	210635054	9		No	0	0
(F) PRINCETON FAMILY YMCA	210639890	9		No	0	0
(G) GLOUCESTER COUNTY YMCA	210649032	9		No	0	0
(H) HAMILTON AREA YMCA	210702879	9		No	0	0
(I) THE GATEWAY FAMILY YMCA	221487381	9		No	0	0
(J) YMCA OF MADISON NJ INC	221487385	9		No	0	0
(K) METROPOLITAN YMCA OF THE ORANGES	221487387	9		No	0	0
(L) YMCA OF PATERSON NJ	221487389	9		No	0	0
(M) RARITAN BAY AREA YMCA	221487390	9		No	0	0
(N) YMCA OF SUMMIT NJ	221487392	9		No	0	0

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			Yes	No		
(DQ) YMCA OF WESTFIELD	221487393	9		No	0	0
(A) YMCA OF METUCHEN	221487616	9		No	0	0
(B) YMCA OF MONTCLAIR	221487617	9		No	0	0
(C) THE GREATER MORRISTOWN YMCA INC	221487618	9		No	0	0
(D) RARITAN VALLEY YMCA	221494457	9		No	0	0
(E) YMCA OF RIDGEWOOD	221508752	9		No	0	0
(F) PLAINFIELD AREA YMCA	221515227	9		No	0	0
(G) HUNTERDON COUNTY YMCA	221524183	9		No	0	0
(H) YMWCA NEWARK AND VICINITY	221552820	9		No	0	0
(I) LAKELAND HILLS FAMILY YMCA	221559438	9		No	0	0
(J) SOMERSET HILLS YMCA	221559439	9		No	0	0
(K) YMCA OF FANWOOD - SCOTCH PLAINS	221589199	9		No	0	0
(L) WEST MORRIS AREA YMCA	221601259	9		No	0	0
(M) FROST VALLEY YMCA	221625176	9		No	0	0
(N) CAMP RALPH S MASON YMCA	221625643	9		No	0	0

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			Yes	No		
(EF) SALEM COUNTY YMCA	221815915	9		No	0	0
(A) OCEAN COUNTY YMCA	221900146	9		No	0	0
(B) MEADOWLANDS AREA YMCA	221997720	9		No	0	0
(C) WYCKOFF FAMILY YMCA INC	222011431	9		No	0	0
(D) YMCA OF GARFIELD	222324697	9		No	0	0
(E) PISCATAQUIS REGIONAL YMCA	222592628	9		No	0	0
(F) NORTHWESTERN CONNECTICUT YMCA	222878484	9		No	0	0
(G) CENTRAL LINCOLN COUNTY YMCA	222978129	9		No	0	0
(H) YMCA OF WESTERN MONMOUTH COUNTY	226069158	9		No	0	0
(I) YMCA OF PHILADELPHIA AND VICINITY	231243965	9		No	0	0
(J) LANCASTER FAMILY YMCA	231243970	9		No	0	0
(K) LEBANON VALLEY FAMILY YMCA	231243980	9		No	0	0
(L) READING & BERKS METRO YMCA	231244009	9		No	0	0
(M) YORK YORK COUNTY YMCA - 23-1352600	231352600	9		No	0	0
(N) WAYNESBORO AREA YMCA	231352601	9		No	0	0

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			Yes	No		
(EU) BLAIR REGIONAL YMCA	231352603	9		No	0	0
(A) STATE YMCA OF PENNSYLVANIA INC	231365990	9		No	0	0
(B) YMCA OF GREATER BRANDYWINE	231365994	9		No	0	0
(C) CARLISLE FAMILY YMCA	231386198	9		No	0	0
(D) LOWER BUCKS FAMILY YMCA	231433890	9		No	0	0
(E) CHAMBERSBURG MEMORIAL YMCA	231476339	9		No	0	0
(F) NORTH PENN YMCA	231489848	9		No	0	0
(G) COMMUNITY YMCA OF EASTERN DELAWARE COUNTY	231614045	9		No	0	0
(H) HARRISBURG AREA METROPOLITAN YMCA	231665437	9		No	0	0
(I) UPPER BUCKS COUNTY YMCA	231713382	9		No	0	0
(J) JUNIATA VALLEY YMCA	231879734	9		No	0	0
(K) CENTRAL BUCKS FAMILY YMCA	231903158	9		No	0	0
(L) BLOOMSBURG AREA YMCA	232085257	9		No	0	0
(M) SOUTH MOUNTAIN YMCA	232239299	9		No	0	0
(N) SCHUYLKILL YMCA	232825683	9		No	0	0

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			Yes	No		
(FJ) GREATER NAPLES YMCA	237039993	9		No	0	0
(A) COLE CENTER FAMILY YMCA	237077600	9		No	0	0
(B) OAHE YMCA INC	237169291	9		No	0	0
(C) HANOVER AREA YMCA	237172265	9		No	0	0
(D) MUSKEGON FAMILY YMCA	237229622	9		No	0	0
(E) YMCA CAMP TECUMSEH INC	237331099	9		No	0	0
(F) HOPEWELL VALLEY YMCA	237380624	9		No	0	0
(G) CARBONDALE YMCA	240795515	9		No	0	0
(H) GREATER SCRANTON YMCA	240795516	9		No	0	0
(I) POCONO FAMILY YMCA	240795519	9		No	0	0
(J) GREATER SUSQUEHANNA VALLEY YMCA	240795634	9		No	0	0
(K) WILKES-BARRE FAMILY YMCA	240795638	9		No	0	0
(L) RIVER VALLEY REGIONAL YMCA	240795698	9		No	0	0
(M) FREELAND YMCA	240796037	9		No	0	0
(N) GREATER PITTSTON YMCA	240796039	9		No	0	0

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			Yes	No		
(FY) LOCK HAVEN AREA YMCA	240798644	9		No	0	0
(A) NAZARETH YMCA	240798706	9		No	0	0
(B) YMCA OF CENTRE COUNTY	240802437	9		No	0	0
(C) BERWICK AREA YMCA	240813665	9		No	0	0
(D) REGIONAL FAMILY YMCA OF LAUREL HIGHLANDS	250965554	9		No	0	0
(E) BUTLER COUNTY FAMILY YMCA	250965619	9		No	0	0
(F) CLEARFIELD YMCA	250965620	9		No	0	0
(G) YMCA OF GREATER ERIE	250965621	9		No	0	0
(H) GREENSBURG YMCA	250965622	9		No	0	0
(I) GREATER JOHNSTOWN COMMUNITY YMCA	250965623	9		No	0	0
(J) VALLEY POINTS FAMILY YMCA	250965625	9		No	0	0
(K) OIL CITY AREA YMCA	250965626	9		No	0	0
(L) RIDGWAY YMCA	250965629	9		No	0	0
(M) ALLEGHENY VALLEY YMCA	250965630	9		No	0	0
(N) UNIONTOWN AREA YMCA	250965631	9		No	0	0

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			Yes	No		
(GN) DUBOIS AREA YMCA	250969494	9		No	0	0
(A) MEADVILLE YMCA	250969495	9		No	0	0
(B) NEW CASTLE COMMUNITY YMCA	250969496	9		No	0	0
(C) YMCA OF GREATER PITTSBURGH	250969497	9		No	0	0
(D) TITUSVILLE YMCA	250969498	9		No	0	0
(E) SEWICKLEY VALLEY YMCA	250979384	9		No	0	0
(F) BEAVER COUNTY YMCA	250993391	9		No	0	0
(G) FRANKLINGROVE CITY YMCA	250995782	9		No	0	0
(H) YMCA OF WARREN COUNTY	250995783	9		No	0	0
(I) BROOKVILLE YMCA	251028128	9		No	0	0
(J) YMCA OF CORRY	251032621	9		No	0	0
(K) RICHARD G SNYDER YMCA CAMPUS	251034424	9		No	0	0
(L) SHENANGO VALLEY YMCA	251113698	9		No	0	0
(M) INDIANA COUNTY YMCA	251191545	9		No	0	0
(N) LIGONIER VALLEY YMCA	251428011	9		No	0	0

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			Yes	No		
(HC) CADILLAC AREA YMCA	300013507	9		No	0	0
(A) GREAT MIAMI VALLEY YMCA	310536719	9		No	0	0
(B) SPRINGFIELD FAMILY YMCA	310537169	9		No	0	0
(C) MIAMI COUNTY YMCA AT PIQUA OHIO	310537179	9		No	0	0
(D) YMCA OF GREATER DAYTON	310537517	9		No	0	0
(E) FAMILY YMCA OF LANCASTER & FAIRFIELD COUNTY OH	311132606	9		No	0	0
(F) LAKOTA FAMILY YMCA	311223296	9		No	0	0
(G) UNION COUNTY FAMILY YMCA	311355370	9		No	0	0
(H) CHAMPAIGN FAMILY YMCA	311506457	9		No	0	0
(I) YMCA OF GREATER CINCINNATI	311537178	9		No	0	0
(J) WAPAKONETA FAMILY YMCA	311568315	9		No	0	0
(K) PIKE COUNTY YMCA	311665134	9		No	0	0
(L) MUSKINGUM FAMILY YMCA	311694045	9		No	0	0
(M) YMCA OF CENTRAL OHIO	314379594	9		No	0	0
(N) YMCA OF ROSS COUNTY	314379806	9		No	0	0

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			Yes	No		
(HR) MARION FAMILY YMCA	314380058	9		No	0	0
(A) YMCA OF MARIETTA	314386270	9		No	0	0
(B) THE LICKING COUNTY FAMILY YMCA	316053101	9		No	0	0
(C) YMCA OF CENTRAL STARK COUNTY	340714392	9		No	0	0
(D) YMCA OF AKRON OHIO INC	340714727	9		No	0	0
(E) YMCA OF GREATER CLEVELAND	340714728	9		No	0	0
(F) YMCA OF YOUNGSTOWN OHIO	340714730	9		No	0	0
(G) YMCA OF ASHLAND OHIO	340714793	9		No	0	0
(H) YMCA OF EAST LIVERPOOL OHIO	340714794	9		No	0	0
(I) YMCA OF MANSFIELD OHIO	340714795	9		No	0	0
(J) LAKE COUNTY YMCA	340714796	9		No	0	0
(K) TUSCARAWAS COUNTY YMCA INC	340714797	9		No	0	0
(L) YMCA OF WESTERN STARK COUNTY	340719180	9		No	0	0
(M) ASHTABULA COUNTY FAMILY YMCA	340726066	9		No	0	0
(N) YMCA OF WOOSTER OHIO	340766172	9		No	0	0

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			Yes	No		
(IG) SHELBY YMCA COMMUNITY CENTER	340792928	9		No	0	0
(A) YMCA OF DARKE COUNTY INC	340969422	9		No	0	0
(B) DEFIANCE AREA YMCA	341014167	9		No	0	0
(C) HARDIN COUNTY FAMILY YMCA	341262702	9		No	0	0
(D) GALION COMMUNITY CENTER YMCA INC	341267646	9		No	0	0
(E) AUGLAIZE-MERCER COUNTIES FAMILY YMCA	341371829	9		No	0	0
(F) WILLIAMS COUNTY FAMILY YMCA	341448529	9		No	0	0
(G) YMCA OF ORRVILLE OHIO	341491294	9		No	0	0
(H) PUTNAM COUNTY YMCA	341946813	9		No	0	0
(I) YMCA OF GREATER TOLEDO	344428262	9		No	0	0
(J) YMCA OF FINDLAY OHIO	344428263	9		No	0	0
(K) YMCA OF VAN WERT COUNTY OHIO	344428264	9		No	0	0
(L) YMCA OF LIMA OHIO	344431173	9		No	0	0
(M) GEARY FAMILY YMCA OF FOSTORIA OHIO INC	344439890	9		No	0	0
(N) YMCA OF SANDUSKY COUNTY	344444246	9		No	0	0

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			Yes	No		
(IV) YMCA OF SANDUSKY OHIO INC	344471834	9		No	0	0
(A) YMCA OF BUCYRUS-TIFFIN	344479386	9		No	0	0
(B) YMCA OF SIDNEY AND SHELBY COUNTY OHIO	346596911	9		No	0	0
(C) WABASH COUNTY YMCA	350733765	9		No	0	0
(D) YMCA OF MADISON COUNTY INC	350868206	9		No	0	0
(E) YMCA OF THE WABASH VALLEY	350868207	9		No	0	0
(F) YMCA OF GREATER INDIANAPOLIS	350868211	9		No	0	0
(G) YMCA OF LAFAYETTE INDIANA	350868213	9		No	0	0
(H) YMCA OF MUNCIE INDIANA INC	350868215	9		No	0	0
(I) YMCA OF MICHIANA INC	350868216	9		No	0	0
(J) YMCA OF VINCENNES INDIANA	350868218	9		No	0	0
(K) YMCA OF DEKALB COUNTY INC	350868958	9		No	0	0
(L) YMCA OF SOUTHWESTERN INDIANA	350869074	9		No	0	0
(M) HENRY COUNTY YMCA	350873347	9		No	0	0
(N) CASS COUNTY FAMILY YMCA INC	350874281	9		No	0	0

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			Yes	No		
(JK) YMCA OF VALPARAISO INDIANA INC	350876401	9		No	0	0
(A) YMCA OF GREATER FORT WAYNE	350886850	9		No	0	0
(B) YMCA OF LA PORTE INDIANA	350886851	9		No	0	0
(C) YMCA OF GRANT COUNTY	350886981	9		No	0	0
(D) YMCA OF KOKOMO INDIANA	350893511	9		No	0	0
(E) MIAMI COUNTY YMCA	350893512	9		No	0	0
(F) PARKVIEW HUNTINGTON FAMILY YMCA	350905959	9		No	0	0
(G) DECATUR COUNTY FAMILY YMCA INC	350919345	9		No	0	0
(H) YMCA OF RICHMOND	350984030	9		No	0	0
(I) DAVIESS COUNTY FAMILY YMCA	351050606	9		No	0	0
(J) KOSCIUSKO COMMUNITY YMCA INC	351068182	9		No	0	0
(K) VALLEY POINTS FAMILY YMCA	351369437	9		No	0	0
(L) YMCA OF MONROE COUNTY INC	351384859	9		No	0	0
(M) YMCA OF PORTAGE TOWNSHIP INC	351404478	9		No	0	0
(N) DUNELAND FAMILY YMCA	351404559	9		No	0	0

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			Yes	No		
(JZ) CLINTON COUNTY FAMILY YMCA	351636774	9		No	0	0
(A) SOUTHEASTERN INDIANA YMCA	351855594	9		No	0	0
(B) SCOTT COUNTY FAMILY YMCA	351876673	9		No	0	0
(C) YMCA OF STEUBEN COUNTY INC	351999599	9		No	0	0
(D) OWEN COUNTY FAMILY YMCA	352017600	9		No	0	0
(E) BARBARA B JORDAN YMCA INC	352019312	9		No	0	0
(F) BROWN COUNTY COMMUNITY YMCA	352038783	9		No	0	0
(G) SWITZERLAND COUNTY YMCA	352090419	9		No	0	0
(H) WASHINGTON COUNTY FAMILY YMCA	352097432	9		No	0	0
(I) YMCA OF HARRISON COUNTY	352122124	9		No	0	0
(J) TRI-COUNTY YMCA	352216734	9		No	0	0
(K) MCGAW YMCA	362169194	9		No	0	0
(L) YMCA OF NORTHWEST ILLINOIS	362169195	9		No	0	0
(M) JOLIET YMCA	362169197	9		No	0	0
(N) KANKAKEE AREA YMCA	362169198	9		No	0	0

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			Yes	No		
(KO) TWO RIVERS YMCA	362169199	9		No	0	0
(A) YMCA OF ROCK RIVER VALLEY	362174838	9		No	0	0
(B) THE WEST COOK YMCAS	362179780	9		No	0	0
(C) YMCA OF METROPOLITAN CHICAGO	362179782	9		No	0	0
(D) STREATOR FAMILY YMCA	362205999	9		No	0	0
(E) STERLING-ROCK FALLS FAMILY YMCA	362225496	9		No	0	0
(F) YMCA OF KEWANEE	362239384	9		No	0	0
(G) YMCA OF BELVIDERE	362287520	9		No	0	0
(H) YMCA OF OTTAWA ILLINOIS	362337893	9		No	0	0
(I) KISHWAUKEE FAMILY YMCA INC	362379649	9		No	0	0
(J) YMCA OF NORTHWESTERN DUPAGE COUNTY	362470895	9		No	0	0
(K) DIXON FAMILY YMCA	362487927	9		No	0	0
(L) NORTH SUBURBAN YMCA	362546842	9		No	0	0
(M) TRI-TOWN YMCA	362643097	9		No	0	0
(N) YMCA OF BERWYN-CICERO	362702522	9		No	0	0

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			Yes	No		
(LD) FOX VALLEY FAMILY YMCA INC	363028169	9		No	0	0
(A) ALFRED CAMPANELLI YMCA	363234727	9		No	0	0
(B) YMCA OF THE USA	363256696	9		No	0	0
(C) MERCER COUNTY FAMILY YMCA	363832360	9		No	0	0
(D) ILLINOIS VALLEY YMCA INC	366218217	9		No	0	0
(E) YMCA OF THE UNIVERSITY OF ILLINOIS	370661257	9		No	0	0
(F) DECATUR FAMILY YMCA	370661258	9		No	0	0
(G) EDWARDSVILLE YMCA	370661259	9		No	0	0
(H) YMCA OF KNOX COUNTY	370661260	9		No	0	0
(I) BOB FREESEN YMCA	370661261	9		No	0	0
(J) QUINCY YMCA	370661262	9		No	0	0
(K) YMCA OF SPRINGFIELD	370661263	9		No	0	0
(L) BLOOMINGTON YMCA	370662603	9		No	0	0
(M) YMCA OF DANVILLE	370662604	9		No	0	0
(N) GREATER PEORIA FAMILY YMCA	370662605	9		No	0	0

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			Yes	No		
(LS) YMCA OF WARREN COUNTY	370663575	9		No	0	0
(A) CHAMPAIGN COUNTY YMCA	370673564	9		No	0	0
(B) YMCA OF CANTON	370748000	9		No	0	0
(C) YMCA OF MCDONOUGH COUNTY	370792409	9		No	0	0
(D) CLINTON COMMUNITY YMCA	370812114	9		No	0	0
(E) YMCA OF JEFFERSON COUNTY	370863227	9		No	0	0
(F) CHRISTIAN COUNTY YMCA	371071231	9		No	0	0
(G) MATTOON AREA FAMILY YMCA	371122559	9		No	0	0
(H) LINCOLN AREA YMCA	371353644	9		No	0	0
(I) BENTON HARBOR-ST JOSEPH YMCA	381358054	9		No	0	0
(J) YMCA OF METROPOLITAN DETROIT	381358055	9		No	0	0
(K) YMCA OF GREATER FLINT	381358056	9		No	0	0
(L) YMCA OF GREATER GRAND RAPIDS	381358058	9		No	0	0
(M) YMCA OF BARRY COUNTY	381358059	9		No	0	0
(N) YMCA OF SOUTHWEST MICHIGAN	381358236	9		No	0	0

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			Yes	No		
(MH) KIMBALL CAMP YMCA NATURE CENTER	381358416	9		No	0	0
(A) YMCA OF THE BLUE WATER AREA	381358417	9		No	0	0
(B) STATE YMCA OF MICHIGAN	381358418	9		No	0	0
(C) YMCA OF METROPOLITAN LANSING	381359576	9		No	0	0
(D) SHIAWASSEE FAMILY YMCA	381359577	9		No	0	0
(E) YMCA OF GREATER KALAMAZOO	381360592	9		No	0	0
(F) YMCA OF SAGINAW	381360594	9		No	0	0
(G) JACKSON YMCA CENTER INC	381381139	9		No	0	0
(H) YMCA OF LENAWEE COUNTY	381393859	9		No	0	0
(I) MONROE FAMILY YMCA	381508585	9		No	0	0
(J) ANN ARBOR YMCA	381525162	9		No	0	0
(K) GRAND TRAVERSE BAY YMCA	381709640	9		No	0	0
(L) TRI-CITIES FAMILY YMCA	381717502	9		No	0	0
(M) BATTLE CREEK FAMILY YMCA	381986068	9		No	0	0
(N) NORTHERN LIGHTS YMCA INC	382615035	9		No	0	0

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			Yes	No		
(MW) SHERMAN LAKE YMCA OUTDOOR CENTER	383167869	9		No	0	0
(A) YMCA OF MARQUETTE COUNTY	383211419	9		No	0	0
(B) GREATER MARINETTE-MENOMINEE YMCA INC	386119445	9		No	0	0
(C) LA CROSSE AREA FAMILY YMCA	390806172	9		No	0	0
(D) YMCA OF THE FOX CITIES INC	390806191	9		No	0	0
(E) YMCA OF DANE COUNTY INC	390806253	9		No	0	0
(F) YMCA OF METROPOLITAN MILWAUKEE INC	390806314	9		No	0	0
(G) YMCA OF EAU CLAIRE WISCONSIN	390806351	9		No	0	0
(H) FAMILY YMCA OF NORTHERN ROCK COUNTY	390806368	9		No	0	0
(I) YMCA AT PABST FARMS INC	390806378	9		No	0	0
(J) FOND DU LAC FAMILY YMCA	390806436	9		No	0	0
(K) STATELINE FAMILY YMCA OF BELOIT INC	390806449	9		No	0	0
(L) RACINE FAMILY YMCA	390807254	9		No	0	0
(M) WAUSAU - WOODSON YMCA	390808463	9		No	0	0
(N) GREATER GREEN BAY YMCA INC	390813466	9		No	0	0

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			Yes	No		
(NL) SUPERIOR-DOUGLAS COUNTY FAMILY YMCA	390813468	9		No	0	0
(A) GENEVA LAKES FAMILY YMCA	390816867	9		No	0	0
(B) KENOSHA YMCA	390826296	9		No	0	0
(C) SHEBOYGAN COUNTY YMCA	390830271	9		No	0	0
(D) YMCA OF GREATER WAUKESHA COUNTY	390847658	9		No	0	0
(E) OSHKOSH COMMUNITY YMCA	390878909	9		No	0	0
(F) SOUTH WOOD COUNTY YMCA	390929462	9		No	0	0
(G) YMCA OF DODGE COUNTY	390975426	9		No	0	0
(H) MANITOWOC-TWO RIVERS AREA YMCA	391028773	9		No	0	0
(I) CAMP MANITO-WISH YMCA INC	391136315	9		No	0	0
(J) KETTLE MORAINE YMCA INC	391175559	9		No	0	0
(K) CHIPPEWA VALLEY FAMILY YMCA	391308377	9		No	0	0
(L) GREEN COUNTY FAMILY YMCA INC	391405623	9		No	0	0
(M) PHANTOM LAKE YMCA CAMP INC	391501649	9		No	0	0
(N) MARSHFIELD AREA YMCA	391557086	9		No	0	0

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			Yes	No		
(OA) DOOR COUNTY YMCA	391738982	9		No	0	0
(A) YMCA OF THE NORTHWOODS	391942168	9		No	0	0
(B) WINONA FAMILY YMCA INC	410693890	9		No	0	0
(C) DULUTH AREA FAMILY YMCA	410693931	9		No	0	0
(D) BRAINERD FAMILY YMCA INC	410693938	9		No	0	0
(E) YMCA OF RED WING MINNESOTA	410695614	9		No	0	0
(F) YMCA OF AUSTIN MINNESOTA	410718359	9		No	0	0
(G) YMCA OF MANKATO	410739108	9		No	0	0
(H) FERGUS FALLS AREA FAMILY YMCA	410940250	9		No	0	0
(I) ST CLOUD AREA FAMILY YMCA	410952420	9		No	0	0
(J) YMCA CAMP OLSON	410967781	9		No	0	0
(K) ALBERT LEA FAMILY YMCA	411000679	9		No	0	0
(L) ITASCA COUNTY FAMILY YMCA	411358634	9		No	0	0
(M) MESABI FAMILY YMCA INC	411460551	9		No	0	0
(N) KANDIYOHI COUNTY AREA FAMILY YMCA	411908049	9		No	0	0

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			Yes	No		
(OP) MARSHALL AREA YMCA	411984589	9		No	0	0
(A) WORTHINGTON AREA YMCA	416007569	9		No	0	0
(B) YMCA OF THE CEDAR RAPIDS METROPOLITAN AREA	420680306	9		No	0	0
(C) FAMILY YMCA OF CHARLES CITY IOWA	420680309	9		No	0	0
(D) MASON CITY FAMILY YMCA	420680330	9		No	0	0
(E) MUSCATINE COMMUNITY YMCA	420680340	9		No	0	0
(F) YMCA OF GREATER DES MOINES IOWA	420680438	9		No	0	0
(G) FAMILY YMCA OF BLACK HAWK COUNTY	420681109	9		No	0	0
(H) HOERNER YMCA	420690393	9		No	0	0
(I) YMCA OF WASHINGTON IOWA	420698186	9		No	0	0
(J) YMCA OF NEWTON IOWA INC	420703250	9		No	0	0
(K) SCOTT COUNTY FAMILY YMCA	420703278	9		No	0	0
(L) YMCA OF OTTUMWA IOWA	420725202	9		No	0	0
(M) NORM WAITT SR YMCA	420738980	9		No	0	0
(N) MAHASKA COUNTY YMCA	420741010	9		No	0	0

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			Yes	No		
(PE) YMCA OF SPENCER IOWA	420820570	9		No	0	0
(A) NISHNA VALLEY FAMILY YMCA	420844143	9		No	0	0
(B) YMCA OF DUBUQUE IOWA	420934471	9		No	0	0
(C) CAMP FOSTER YMCA	420958909	9		No	0	0
(D) ALGONA FAMILY YMCA	421225829	9		No	0	0
(E) YMCA OF FOREST CITY IOWA	421257332	9		No	0	0
(F) LE MARS AREA FAMILY YMCA	421413807	9		No	0	0
(G) MONTGOMERY COUNTY FAMILY YMCA	421433436	9		No	0	0
(H) SOUTHERN PRAIRIE YMCA	421436507	9		No	0	0
(I) YMCA OF MARSHALLTOWN IOWA	421478611	9		No	0	0
(J) FORT MADISON FAMILY YMCA	426080176	9		No	0	0
(K) GREATER ST LOUIS YMCA	430653616	9		No	0	0
(L) YMCA OF HANNIBAL	430663323	9		No	0	0
(M) ADAIR COUNTY FAMILY YMCA	430811428	9		No	0	0
(N) JEFFERSON CITY AREA YMCA	430953286	9		No	0	0

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			Yes	No		
(PT) GRAND RIVER AREA FAMILY YMCA INC	431493664	9		No	0	0
(A) CALLAWAY COUNTY YMCA	431552855	9		No	0	0
(B) FAIR ACRES FAMILY YMCA	431558437	9		No	0	0
(C) OZARKS FAMILY YMCA INC	431617662	9		No	0	0
(D) YMCA OF SOUTHEAST MISSOURI	431666987	9		No	0	0
(E) TWIN PIKE FAMILY YMCA INC	431675923	9		No	0	0
(F) OSAGE PRAIRIE YMCA INC	431706486	9		No	0	0
(G) SALT FORK YMCA	431710180	9		No	0	0
(H) TRI-STATE FAMILY YMCA	431729473	9		No	0	0
(I) LONG BRANCH AREA YMCA	431761240	9		No	0	0
(J) BOONSLICK HEARTLAND YMCA	431798929	9		No	0	0
(K) CAMERON REGIONAL YMCA	431933672	9		No	0	0
(L) OZARKS REGIONAL YMCA	440545283	9		No	0	0
(M) YMCA OF GREATER KANSAS CITY	440546002	9		No	0	0
(N) JOPLIN FAMILY YMCA	440552026	9		No	0	0

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			Yes	No		
(QI) YMCA OF ST JOSEPH MISSOURI	440552491	9		No	0	0
(A) GRAND FORKS YMCA FAMILY CENTER	450226434	9		No	0	0
(B) YMCA OF CASS AND CLAY COUNTIES	450232096	9		No	0	0
(C) YMCA OF MINOT NORTH DAKOTA	450237612	9		No	0	0
(D) MISSOURI VALLEY FAMILY YMCA	450305520	9		No	0	0
(E) YMCA OF THE GREATER TWIN CITIES	452563299	9		No	0	0
(F) YMCA OF SIOUX FALLS	460225021	9		No	0	0
(G) YMCA OF RAPID CITY SOUTH DAKOTA	460227218	9		No	0	0
(H) ABERDEEN FAMILY YMCA	460255779	9		No	0	0
(I) GENERAL CONVENTION OF SIOUX YMCAS	460336514	9		No	0	0
(J) YMCA OF NORFOLK NEBRASKA	470376546	9		No	0	0
(K) YMCA OF LINCOLN NEBRASKA	470376578	9		No	0	0
(L) YMCA OF GREATER OMAHA	470376586	9		No	0	0
(M) YMCA OF FREMONT NEBRASKA	470376600	9		No	0	0
(N) YMCA OF HASTINGS NEBRASKA	470376607	9		No	0	0

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			Yes	No		
(QX) ED THOMAS YMCA	470377999	9		No	0	0
(A) COLUMBUS FAMILY YMCA INC	470398817	9		No	0	0
(B) BEATRICE MARY FAMILY YMCA	470415814	9		No	0	0
(C) YMCA OF GRAND ISLAND NEBRASKA	470425015	9		No	0	0
(D) SCOTTSBLUFF FAMILY YMCA	470439999	9		No	0	0
(E) KEARNEY FAMILY YMCA	470720055	9		No	0	0
(F) BLAIR FAMILY YMCA	470782711	9		No	0	0
(G) YMCA OF THE PRAIRIE	470807617	9		No	0	0
(H) YMCA OF TOPEKA KANSAS	480543757	9		No	0	0
(I) YMCA OF SALINA KANSAS	480544573	9		No	0	0
(J) YMCA OF WICHITA KANSAS	480554440	9		No	0	0
(K) YMCA OF HUTCHINSON AND RENO COUNTY	480556722	9		No	0	0
(L) MCPHERSON FAMILY YMCA	480650061	9		No	0	0
(M) JUNCTION CITY FAMILY YMCA INC	480677789	9		No	0	0
(N) GARDEN CITY FAMILY YMCA	480693241	9		No	0	0

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			Yes	No		
(RM) CAMP WOOD YMCA	480908238	9		No	0	0
(A) YMCA OF DELAWARE	510065748	9		No	0	0
(B) RALPH J STOLLE COUNTRYSIDE YMCA OF WARREN CO	510181689	9		No	0	0
(C) OLD TOWN-ORONO YMCA	510201156	9		No	0	0
(D) YMCA OF CENTRAL MARYLAND	520591699	9		No	0	0
(E) YMCA OF CUMBERLAND MD	520591700	9		No	0	0
(F) YMCA OF HAGERSTOWN MARYLAND INC	520591701	9		No	0	0
(G) YMCA OF FREDERICK COUNTY MD INC	520607953	9		No	0	0
(H) YMCA OF CHESAPEAKE INC	520646895	9		No	0	0
(I) YMCA OF METROPOLITAN WASHINGTON	530207403	9		No	0	0
(J) YMCA OF SOUTH HAMPTON ROADS	540445205	9		No	0	0
(K) YMCA OF CENTRAL VIRGINIA	540505924	9		No	0	0
(L) DANVILLE YMCA	540505982	9		No	0	0
(M) YMCA OF PULASKI COUNTY INC	540505984	9		No	0	0
(N) YMCA OF GREATER RICHMOND	540505986	9		No	0	0

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			Yes	No		
(SB) STAUNTON-AUGUSTA YMCA	540506438	9		No	0	0
(A) YMCA OF ROANOKE VALLEY	540515736	9		No	0	0
(B) PENINSULA METROPOLITAN YMCA	540524905	9		No	0	0
(C) WAYNESBORO FAMILY YMCA	540633243	9		No	0	0
(D) MARTINSVILLE HENRY COUNTY FAMILY YMCA	540839746	9		No	0	0
(E) VIRGINIA YMCA	540881950	9		No	0	0
(F) ALTAVISTA AREA YMCA	540895639	9		No	0	0
(G) RAPPAHANNOCK AREA YMCA	540965826	9		No	0	0
(H) BEDFORD AREA FAMILY YMCA	541140513	9		No	0	0
(I) MECKLENBURG COUNTY YMCA	541351309	9		No	0	0
(J) ALLEGHANY HIGHLANDS YMCA	541637131	9		No	0	0
(K) PIEDMONT FAMILY YMCA INC	541717336	9		No	0	0
(L) FRANKLIN COUNTY FAMILY YMCA	541740065	9		No	0	0
(M) FAMILY YMCA OF EMPORIAGREENSVILLE INC	542005981	9		No	0	0
(N) CAMP JORN 2 YMCA INC	542184387	9		No	0	0

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			Yes	No		
(SQ) YMCA OF KANAWHA INC	550357058	9		No	0	0
(A) YMCA OF PARKERSBURG WEST VIRGINIA	550357059	9		No	0	0
(B) YMCA OF WHEELING	550357071	9		No	0	0
(C) YMCA OF SOUTHERN WEST VIRGINIA	550464596	9		No	0	0
(D) HARRISON COUNTY YMCA INC	550486791	9		No	0	0
(E) TRI-COUNTY YMCA INC	550702900	9		No	0	0
(F) YMCA OF WESTERN NORTH CAROLINA INC	560530013	9		No	0	0
(G) YMCA OF HIGH POINT INC	560530014	9		No	0	0
(H) YMCA OF NORTHWEST NORTH CAROLINA	560532130	9		No	0	0
(I) BLUE RIDGE ASSEMBLY YMCA	560530015	9		No	0	0
(J) YMCA OF SOUTHEASTERN NORTH CAROLINA	560532317	9		No	0	0
(K) YMCA OF GREENSBORO	560543243	9		No	0	0
(L) ROCKY MOUNT FAMILY YMCA INC	560543251	9		No	0	0
(M) J SMITH YOUNG FAMILY YMCA	560576153	9		No	0	0
(N) YMCA OF SANDHILLS	560582025	9		No	0	0

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			Yes	No		
(TF) YMCA OF THE TRIANGLE AREA	560591307	9		No	0	0
(A) YMCA OF ROWAN COUNTY	560606313	9		No	0	0
(B) ALAMANCE COUNTY COMMUNITY YMCA	560611575	9		No	0	0
(C) GASTON COUNTY FAMILY YMCA	560655420	9		No	0	0
(D) YMCA OF CATAWBA VALLEY	560928743	9		No	0	0
(E) RANDOLPH-ASHEBORO YMCA	560991786	9		No	0	0
(F) TOM A FINCH COMMUNITY YMCA	561004370	9		No	0	0
(G) YMCA OF GREATER CHARLOTTE	561045299	9		No	0	0
(H) GOLDSBORO FAMILY YMCA	561285595	9		No	0	0
(I) BERTIE COUNTY YMCA	561738475	9		No	0	0
(J) WILSON FAMILY YMCA	562220375	9		No	0	0
(K) YMCA OF SUMTER	570314417	9		No	0	0
(L) YMCA OF COLUMBIA SOUTH CAROLINA-METRO	570314423	9		No	0	0
(M) YMCA OF GREENVILLE	570314424	9		No	0	0
(N) YMCA OF GREATER SPARTANBURG	570314425	9		No	0	0

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			Yes	No		
(TU) ANDERSON AREA YMCA	570314465	9		No	0	0
(A) UPPER PALMETTO YMCA	570335422	9		No	0	0
(B) GREENWOOD YMCA	570365055	9		No	0	0
(C) PICKENS COUNTY YMCA	570405623	9		No	0	0
(D) CLINTON FAMILY YMCA	570506273	9		No	0	0
(E) FLORENCE FAMILY YMCA	570516770	9		No	0	0
(F) FAMILY YMCA OF GREATER LAURENS	570517776	9		No	0	0
(G) CHEROKEE COUNTY FAMILY YMCA	570557200	9		No	0	0
(H) SUMMERVILLE FAMILY YMCA	570643100	9		No	0	0
(I) YMCA OF COASTAL CAROLINA	570747196	9		No	0	0
(J) NEWBERRY COUNTY FAMILY YMCA	570783484	9		No	0	0
(K) YMCA OF THE UPPER PEE DEE	570794011	9		No	0	0
(L) UNION COUNTY YMCA	570832992	9		No	0	0
(M) BEAUFORT-JASPER YMCA OF THE LOWCOUNTRY	570910326	9		No	0	0
(N) FOOTHILLS AREA FAMILY YMCA	570934024	9		No	0	0

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			Yes	No		
(UJ) CANNON STREET YMCA	570935533	9		No	0	0
(A) YMCAS OF WAYCROSS GA INC	580566129	9		No	0	0
(B) STATE YMCA OF GEORGIA	580566244	9		No	0	0
(C) YMCA OF METROPOLITAN ATLANTA INC	580566253	9		No	0	0
(D) METROPOLITAN AUGUSTA YMCA	580566254	9		No	0	0
(E) THOMASVILLE YMCA YOUTH CENTER INC	580566255	9		No	0	0
(F) MOULTRIE YMCA	580593424	9		No	0	0
(G) ATHENS YMCA	580593443	9		No	0	0
(H) YMCA OF COASTAL GEORGIA INC	580603160	9		No	0	0
(I) ALBANY YMCA	580610051	9		No	0	0
(J) COLUMBUS METROPOLITAN YMCA	580648697	9		No	0	0
(K) ROME-FLOYD COUNTY YMCA	580814549	9		No	0	0
(L) EASTERN CAROLINA YMCA INC	581402035	9		No	0	0
(M) HENDERSON FAMILY YMCA	581406066	9		No	0	0
(N) GREATER KINGSPORT FAMILY YMCA	581564232	9		No	0	0

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			Yes	No		
(UY) CANNON MEMORIAL YMCA	581574620	9		No	0	0
(A) STANLY COUNTY FAMILY YMCA	581582063	9		No	0	0
(B) BAINBRIDGE-DECATUR COUNTY YMCA	581608613	9		No	0	0
(C) LAFAYETTE LOUISIANA YMCA	581640136	9		No	0	0
(D) CLEVELAND COUNTY FAMILY YMCA	582016066	9		No	0	0
(E) YMCA OF METROPOLITAN HUNTSVILLE AL	582058795	9		No	0	0
(F) GEORGIA MOUNTAINS YMCA	582203268	9		No	0	0
(G) TIFTAREA YMCA INC	582383631	9		No	0	0
(H) CENTRAL FLORIDA METRO YMCA	590624430	9		No	0	0
(I) YMCA OF GREATER MIAMI	590624464	9		No	0	0
(J) YMCA OF NORTHWEST FLORIDA	590624465	9		No	0	0
(K) YMCA OF GREATER ST PETERSBURG	590624468	9		No	0	0
(L) PALM BEACHES METROPOLITAN YMCA	590624470	9		No	0	0
(M) FLORIDA'S FIRST COAST YMCA - METROPOLITAN	590638514	9		No	0	0
(N) YMCA OF THE SUNCOAST	590810731	9		No	0	0

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			Yes	No		
(VN) YMCA OF WEST CENTRAL FLORIDA	591158144	9		No	0	0
(A) YMCA OF SOUTH PALM BEACH COUNTY	591416281	9		No	0	0
(B) SARASOTA FAMILY YMCA INC	591618413	9		No	0	0
(C) MANATEE COUNTY FAMILY YMCA	591626905	9		No	0	0
(D) THE SKY FAMILY YMCA INC	591629660	9		No	0	0
(E) LAKE WALES FAMILY YMCA	591741481	9		No	0	0
(F) TAMPA METROPOLITAN AREA YMCA	591742909	9		No	0	0
(G) YMCA OF THE TREASURE COAST	591911653	9		No	0	0
(H) THE GREATER MARCO FAMILY YMCA INC	592498619	9		No	0	0
(I) HIGHLANDS COUNTY FAMILY YMCA	592859656	9		No	0	0
(J) VOLUSIAFLAGLER FAMILY YMCA	593284968	9		No	0	0
(K) NORTHFIELD AREA FAMILY YMCA	593817686	9		No	0	0
(L) ASHLAND AREA YMCA	610444836	9		No	0	0
(M) KENTUCKY YMCA YOUTH ASSOCIATION INC	610444841	9		No	0	0
(N) YMCA OF CENTRAL KENTUCKY	610444842	9		No	0	0

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			Yes	No		
(WC) YMCA OF GREATER LOUISVILLE	610444843	9		No	0	0
(A) YMCA OF OWENSBORODAVIESS COUNTY	610561344	9		No	0	0
(B) FRANKFORT YMCA	610562021	9		No	0	0
(C) HENDERSON COUNTY FAMILY YMCA	610597114	9		No	0	0
(D) PARIS-BOURBON COUNTY YMCA	610676727	9		No	0	0
(E) HOPKINS COUNTY FAMILY YMCA	610904719	9		No	0	0
(F) LIMESTONE FAMILY YMCA	611080836	9		No	0	0
(G) UNION COUNTY YMCA	611173801	9		No	0	0
(H) PIKEVILLE AREA FAMILY YMCA	611177162	9		No	0	0
(I) YMCA OF MAYFIELDGRAVES COUNTY	611204017	9		No	0	0
(J) HOPKINSVILLECHRISTIAN COUNTY FAMILY YMCA	611297293	9		No	0	0
(K) FAYETTE COUNTY FAMILY YMCA	611416843	9		No	0	0
(L) TELFORD COMMUNITY CENTER YMCA	616000619	9		No	0	0
(M) YMCA OF METROPOLITAN CHATTANOOGA	620475699	9		No	0	0
(N) YMCA OF EAST TENNESSEE	620475700	9		No	0	0

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			Yes	No		
(WR) YMCA OF MIDDLE TENNESSEE	620476243	9		No	0	0
(A) YMCA OF MEMPHIS & THE MID-SOUTH	620476304	9		No	0	0
(B) ARMED SERVICES YMCA OF THE USA-NATIONAL HDQTRS	620491361	9		No	0	0
(C) YMCA OF BRISTOL	620521204	9		No	0	0
(D) YMCA OF GREENE COUNTY	620809014	9		No	0	0
(E) MILAN FAMILY YMCA	621547529	9		No	0	0
(F) YMCA OF DYER COUNTY	621616172	9		No	0	0
(G) LEGACY YMCA	630288881	9		No	0	0
(H) YMCA OF GREATER MONTGOMERY	630288885	9		No	0	0
(I) BIRMINGHAM METROPOLITAN YMCA	630299894	9		No	0	0
(J) YMCA OF SOUTH ALABAMA INC	630302187	9		No	0	0
(K) TUSCALOOSA METROPOLITAN YMCA	630302189	9		No	0	0
(L) YMCA OF CALHOUN COUNTY	630332253	9		No	0	0
(M) YMCA OF SELMA-DALLAS COUNTY	630414814	9		No	0	0
(N) YMCA OF THE COOSA VALLEY INC	630436456	9		No	0	0

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			Yes	No		
(XG) YMCA OF THE SHOALS	630545200	9		No	0	0
(A) ENTERPRISE YMCA	630589262	9		No	0	0
(B) BREWTON AREA YMCA	630999102	9		No	0	0
(C) ATMORE AREA YMCA INC	631151492	9		No	0	0
(D) PRATTVILLE YMCA	636052425	9		No	0	0
(E) JACKSON METROPOLITAN YMCA	640303099	9		No	0	0
(F) JUNIUS WARD JOHNSON YMCA	640303115	9		No	0	0
(G) HODDING CARTER MEMORIAL YMCA	640306257	9		No	0	0
(H) FAMILY YMCA OF SOUTHEAST MISSISSIPPI INC	640340760	9		No	0	0
(I) MISSISSIPPI GULF COAST YMCA	640584648	9		No	0	0
(J) FRANK P PHILLIPS MEMORIAL YMCA	646025994	9		No	0	0
(K) MONROEVILLE AREA YMCA	651058521	9		No	0	0
(L) SAN JUAN - PUERTO RICO YMCA	660190784	9		No	0	0
(M) PONCE YMCA	660204831	9		No	0	0
(N) SISKIYOU FAMILY YMCA	680294653	9		No	0	0

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			Yes	No		
(XV) YMCA OF WARREN AND BRADLEY COUNTY	700275848	9		No	0	0
(A) THE DENNY PRICE FAMILY YMCA OF ENID OKLAHOMA	700599309	9		No	0	0
(B) YMCA OF HOT SPRINGS ARKANSAS INC	710236925	9		No	0	0
(C) YMCA OF THE CAPITAL AREA	720408994	9		No	0	0
(D) SHREVEPORT BOSSIER METRO YMCA	720408997	9		No	0	0
(E) YMCA OF GREATER NEW ORLEANS	720423490	9		No	0	0
(F) DRYADES YMCA	720428019	9		No	0	0
(G) BAYOULAND YMCA	720880478	9		No	0	0
(H) OKMULGEE COUNTY FAMILY YMCA	730106247	9		No	0	0
(I) GREAT PLAINS FAMILY YMCA INC	730149048	9		No	0	0
(J) FAMILY YMCA OF BARTLESVILLE	730521535	9		No	0	0
(K) YMCA OF GREATER TULSA - METRO OFFICE	730579269	9		No	0	0
(L) YMCA OF GREATER OKLAHOMA CITY	730579270	9		No	0	0
(M) SHAWNEE FAMILY YMCA	730602462	9		No	0	0
(N) ARDMORE FAMILY YMCA AT ARDMORE OKLAHOMA	730603523	9		No	0	0

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			Yes	No		
(YK) YMCA OF PONCA CITY OKLAHOMA	730634724	9		No	0	0
(A) YMCA OF LAWTON OKLAHOMA	730642616	9		No	0	0
(B) NOBLE COUNTY FAMILY YMCA	731099310	9		No	0	0
(C) CLEVELAND COUNTY FAMILY YMCA	731149824	9		No	0	0
(D) TEXAS COUNTY FAMILY YMCA	731464310	9		No	0	0
(E) RANDOLPH AREA YMCA	731663479	9		No	0	0
(F) YMCA OF GREATER SAN ANTONIO	741109634	9		No	0	0
(G) YMCA OF THE GREATER HOUSTON AREA	741109737	9		No	0	0
(H) YMCA OF GREATER EL PASO TX & RIO GRANDE VALLEY	741109880	9		No	0	0
(I) YMCA OF SOUTHEAST TEXAS	741143027	9		No	0	0
(J) AUSTIN METROPOLITAN YMCA	741193464	9		No	0	0
(K) YMCA OF THE COASTAL BEND	741211670	9		No	0	0
(L) THE YMCA OF THE GOLDEN CRESCENT INC	741368574	9		No	0	0
(M) YMCA OF GREATER WILLIAMSON COUNTY	742206558	9		No	0	0
(N) YMCA OF CENTRAL TEXAS	742668685	9		No	0	0

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			Yes	No		
(YZ) YMCA OF METROPOLITAN DALLAS	750800696	9		No	0	0
(A) SAN ANGELO YMCA	750800698	9		No	0	0
(B) YMCA OF CORSICANA	750808817	9		No	0	0
(C) WICHITA FALLS METROPOLITAN YMCA	750808818	9		No	0	0
(D) YMCA OF BIG SPRING TEXAS	750827470	9		No	0	0
(E) YMCA OF METROPOLITAN FORT WORTH	750827471	9		No	0	0
(F) YMCA OF ABILENE TEXAS	750855638	9		No	0	0
(G) YMCA OF MIDLAND TEXAS	750871732	9		No	0	0
(H) YMCA GREENVILLE AND HUNT COUNTY	750968474	9		No	0	0
(I) PALESTINE YMCA	750975622	9		No	0	0
(J) ARLINGTON-MANSFIELD AREA YMCA	751000839	9		No	0	0
(K) YMCA OF MOORE COUNTY INC	751073132	9		No	0	0
(L) ODESSA FAMILY YMCA	751187026	9		No	0	0
(M) YMCA OF PLAINVIEW TEXAS	756042150	9		No	0	0
(N) CENTRAL COAST YMCA	770202335	9		No	0	0

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			Yes	No		
(ZO) YMCA OF BILLINGS	810229368	9		No	0	0
(A) YMCA OF HELENA INC	810231815	9		No	0	0
(B) BUTTE FAMILY YMCA INC	810233504	9		No	0	0
(C) GREATER MISSOULA FAMILY YMCA	810300829	9		No	0	0
(D) SOUTHWESTERN MONTANA FAMILY YMCA INC	810486053	9		No	0	0
(E) GALLATIN VALLEY YMCA INC	810542574	9		No	0	0
(F) YMCA OF BOISE INC	820200908	9		No	0	0
(G) YMCA OF IDAHO FALLS INC	820222174	9		No	0	0
(H) YMCA OF TWIN FALLS INC	820255460	9		No	0	0
(I) WOOD RIVER COMMUNITY YMCA	820481436	9		No	0	0
(J) CHEYENNE FAMILY YMCA	830179528	9		No	0	0
(K) YMCA OF NATRONA COUNTY	830197773	9		No	0	0
(L) JOHNSON COUNTY FAMILY YMCA	830237890	9		No	0	0
(M) YMCA OF METROPOLITAN DENVER	840402696	9		No	0	0
(N) YMCA OF THE PIKES PEAK REGION	840404266	9		No	0	0

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			Yes	No		
(AAD) YMCA OF THE ROCKIES	840404913	9		No	0	0
(A) YMCA OF PUEBLO	840404925	9		No	0	0
(B) YMCA OF BOULDER VALLEY	840459944	9		No	0	0
(C) THE YMCA OF CENTRAL NEW MEXICO	850105592	9		No	0	0
(D) THE FAMILY YMCA	850130054	9		No	0	0
(E) YMCA OF SOUTHERN ARIZONA	860101237	9		No	0	0
(F) PRESCOTT YMCA OF YAVAPAI COUNTY	860119151	9		No	0	0
(G) YMCA OF NORTHERN UTAH	870212472	9		No	0	0
(H) YMCA OF SOUTHERN NEVADA	880059266	9		No	0	0
(I) WHATCOM FAMILY YMCA	910482690	9		No	0	0
(J) YMCA OF GREATER SEATTLE	910482710	9		No	0	0
(K) YMCA OF SOUTHWEST WASHINGTON	910565021	9		No	0	0
(L) SKAGIT VALLEY FAMILY YMCA	910565022	9		No	0	0
(M) YMCA OF SNOHOMISH COUNTY	910565561	9		No	0	0
(N) YMCA OF PIERCE AND KITSAP COUNTIES	910565562	9		No	0	0

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) 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		
(AAS) YMCA OF YAKIMA	910568717	9		No	0	0
(A) YMCA OF THE PALOUSE	910573117	9		No	0	0
(B) WENATCHEE VALLEY YMCA	910578224	9		No	0	0
(C) YMCA OF WALLA WALLA	910580856	9		No	0	0
(D) SOUTH SOUND YMCA	910586473	9		No	0	0
(E) OLYMPIC PENINSULA YMCA	910652924	9		No	0	0
(F) YMCA OF THE INLAND NORTHWEST	910827958	9		No	0	0
(G) YMCA OF THE GREATER TRI-CITIES	911655754	9		No	0	0
(H) YMCA OF GRAYS HARBOR	911984900	9		No	0	0
(I) YMCA OF ANCHORAGE ALASKA	920034878	9		No	0	0
(J) YMCA OF KLAMATH FALLS	930386978	9		No	0	0
(K) YMCA OF COLUMBIA-WILLAMETTE ASSOCIATION SERVICES	930386981	9		No	0	0
(L) FAMILY YMCA OF MARION AND POLK COUNTIES	930386982	9		No	0	0
(M) YMCA OF MEDFORD	930391645	9		No	0	0
(N) CENTRAL DOUGLAS COUNTY FAMILY YMCA	930395593	9		No	0	0

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) 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		
(ABH) TILLAMOOK COUNTY FAMILY YMCA	930457167	9		No	0	0
(A) MID-WILLAMETTE FAMILY YMCA	930479079	9		No	0	0
(B) EUGENE FAMILY YMCA	930500679	9		No	0	0
(C) BAKER COUNTY YMCA	930621433	9		No	0	0
(D) YMCA OF GRANTS PASS OREGON	930848122	9		No	0	0
(E) YMCA OF SAN FRANCISCO	940997140	9		No	0	0
(F) YMCA OF THE EAST BAY	941156317	9		No	0	0
(G) YMCA OF SILICON VALLEY	941156318	9		No	0	0
(H) YMCA OF SAN JOAQUIN COUNTY	941156319	9		No	0	0
(I) YMCA OF SUPERIOR CALIFORNIA	941156634	9		No	0	0
(J) YMCA OF THE CENTRAL BAY AREA	941156635	9		No	0	0
(K) SHASTA COUNTY YMCA	941212141	9		No	0	0
(L) SONOMA COUNTY FAMILY YMCA	941265049	9		No	0	0
(M) GOLDEN STATE YMCA	941459198	9		No	0	0
(N) CALIFORNIA YMCA YOUTH AND GOVERNMENT	943360482	9		No	0	0

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) 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		
(ABW) CHANNEL ISLANDS YMCA	951643379	9		No	0	0
(A) SANTA MONICA FAMILY YMCA	951643380	9		No	0	0
(B) YMCA OF GREATER LONG BEACH	951643396	9		No	0	0
(C) YMCA OF WEST SAN GABRIEL VALLEY	951644051	9		No	0	0
(D) YMCA OF METROPOLITAN LOS ANGELES	951644052	9		No	0	0
(E) YMCA OF ORANGE COUNTY	951644055	9		No	0	0
(F) YMCA OF BURBANK CALIFORNIA	951664139	9		No	0	0
(G) YMCA OF THE EAST VALLEY	951684787	9		No	0	0
(H) YMCA OF GREATER WHITTIER	951684795	9		No	0	0
(I) YMCA OF ANAHEIM	951709299	9		No	0	0
(J) WEST END YMCA	951727678	9		No	0	0
(K) YMCA OF ORANGE	951816053	9		No	0	0
(L) YMCA OF THE FOOTHILLS	951976183	9		No	0	0
(M) YMCA OF SAN DIEGO COUNTY	952039198	9		No	0	0
(N) SAN LUIS OBISPO COUNTY YMCA	952147727	9		No	0	0

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) 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		
(ACL) SANTA MARIA VALLEY YMCA	952158363	9		No	0	0
(A) SOUTHEAST VENTURA COUNTY YMCA	952305501	9		No	0	0
(B) CORONA-NORCO FAMILY YMCA	952879893	9		No	0	0
(C) FAMILY YMCA OF THE DESERT	953673295	9		No	0	0
(D) YMCA OF HONOLULU	990073533	9		No	0	0
(E) YMCA OF KAUAI	990074494	9		No	0	0
(F) MAUI FAMILY YMCA	990105206	9		No	0	0
(G) ALLIANCE OF NEW YORK STATE YMCAS INC	010567018	9		No	0	0
(H) ATHOL YMCA	042103727	9		No	0	0
(I) OLD COLONY Y	042125014	9		No	0	0
(J) WAYNE COUNTY YMCA	232122456	9		No	0	0
(K) STEVENS POINT AREA YMCA	391102612	9		No	0	0
(L) UNICOI COUNTY FAMILY YMCA	620478092	9		No	0	0
(M) SOUTHSIDE VIRGINIA FAMILY YMCA	621487256	9		No	0	0
(N) VALLEY OF THE SUN YMCA	860096799	9		No	0	0

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) 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		
(ADA) YMCA OF ASHLAND	930386976	9		No	0	0
(A) YMCA OF GLENDALE CALIFORNIA	951661118	9		No	0	0
(B) DICKSON COUNTY FAMILY YMCA	471215122	9		No	0	0
(C) PUTNAM COUNTY FAMILY YMCA	465501752	9		No	0	0
(D) YMCA OF GREENWICH	060646976	9		No	0	0
(E) RATHBUN LAKE AREA YMCA	262927214	9		No	0	0
(F) NEW JERSEY ALLIANCE OF YMCAS	562467563	9		No	0	0
(G) BANGOR YMCA	010211485	9		No	0	0
(H) PENNSYLVANIA STATE ALLIANCE OF YMCA'S	812214509	9		No	0	0
(I) YMCA OF THE GREATER TRI-VALLEY	237045379	9		No	0	0
(J) CALIFORNIA STATE ALLIANCE OF YMCAS	471924794	9		No	0	0
(K) CHILTON COUNTY YMCA	630921199	9		No	0	0

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶**Complete if the organization is described below.** ▶**Attach to Form 990 or Form 990-EZ.**
▶**Go to *www.irs.gov/Form990* for instructions and the latest information.**

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2018

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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.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ $

3 Volunteer hours for political campaign activities (see instructions)

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b 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 file **Form 1120-POL** for this year? ☐ Yes ☐ No

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 filing organization's funds If none, enter -0-	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1					
2					
3					
4					
5					
6					

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	**(a)** Filing organization's totals	**(b)** Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2015	**(b)** 2016	**(c)** 2017	**(d)** 2018	**(e)** Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		49,922
j	Total Add lines 1c through 1i			49,922
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3		

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

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV **Supplemental Information**

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 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 DESCRIPTION OF THE LOBBYING ACTIVITY	THE YMCA RETIREMENT FUND IS A MEMBER OF THE CHURCH ALLIANCE WHICH ENGAGES IN DIRECT LOBBYING REGARDING LEGISLATION THAT ADVERSELY AFFECTS CHURCH PENSION AND BENEFIT PLANS THE AMOUNT INDICATED ABOVE REFERENCED DUES PAID

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

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

Employer identification number
13-5562401

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . ☐

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions . . .					
c Net investment earnings, gains, and losses					
d Grants or scholarships . . .					
e Other expenditures for facilities and programs . . .					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Temporarily restricted endowment ▶

The percentages on lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements	5,071,796		1,572,873	3,498,923
d Equipment	1,687,146		907,713	779,433
e Other	1,616,162		1,318,262	297,900
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* . . ▶				4,576,256

Part VII **Investments—Other Securities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives	3,417,146	F
(2) Closely-held equity interests	2,089,401,558	F
(3) Other		
(A) HEDGE FUND OF FUNDS	2,219,421,889	F
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	4,312,240,593	

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

Part IX **Other Assets.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	

Part X **Other Liabilities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
DEFERRED RENT	1,096,562
RETIREMENT PLAN ACCOUNTS	3,579,080,784
TAX-DEFERRED SAVING PLAN ACCOUNTS	875,236,400
ANNUITY BENEFIT LIABILITY	2,876,036,629
DEATH AND DISABILITY LIABILITY	229,357,758
PARTICIPANTS DIVIDENDS PAYABLE	0
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	7,560,808,133

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☑

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

1	Total revenue, gains, and other support per audited financial statements			1	553,714,000
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a	114,459,000		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	0		
e	Add lines **2a** through **2d**			2e	114,459,000
3	Subtract line **2e** from line **1**			3	439,255,000
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	23,681,000		
b	Other (Describe in Part XIII)	4b	177,745		
c	Add lines **4a** and **4b**			4c	23,858,745
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	463,113,745

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

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

1	Total expenses and losses per audited financial statements			1	620,259,000
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d	0		
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	620,259,000
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	23,681,000		
b	Other (Describe in Part XIII)	4b	216,964		
c	Add lines **4a** and **4b**			4c	23,897,964
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	644,156,964

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	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID: 18007697
Software Version: 2018v3.1
EIN: 13-5562401
Name: YOUNG MEN'S CHRISTIAN ASSOCIATION RETIREMENT FUND

Supplemental Information

Return Reference	Explanation
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	THE FUND IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVEN 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, 2019, 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 - 177256 Rounding - 489

Supplemental Information

Return Reference	Explanation
Schedule D, Part XII, Line 4(b) Other expenses in form 990 not in audited financial statements	Charitable Distributions - 217090 Rounding - -126

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
► Attach to Form 990.
► Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

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

Employer identification number
13-5562401

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

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

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) See Add'l Data					
(2)					
(3)					
(4)					
(5)					
3a Sub-total	0	0			3,660,957,429
b Total from continuation sheets to Part I					0
c **Totals** (add lines 3a and 3b)	0	0			3,660,957,429

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									

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

3 Enter total number of other organizations or entities . . . . . ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes,"the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*	☑ 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, don't file with Form 990)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)*	☑ Yes	☐ 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)*	☑ 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)*	☑ 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, don't file with Form 990)*	☐ Yes	☑ No

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).

ReturnReference	Explanation

Additional Data

Software ID: 18007697
Software Version: 2018v3.1
EIN: 13-5562401
Name: YOUNG MEN'S CHRISTIAN ASSOCIATION RETIREMENT FUND

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean	0	0	Investments		2,844,709,627
East Asia and the Pacific	0	0	Investments		132,572,904

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Europe (Including Iceland and Greenland)	0	0	Investments		474,871,394
Middle East and North Africa	0	0	Investments		34,488,802

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
North America (Canada & Mexico only)	0	0	Investments		82,440,833
Russia and Neighboring States	0	0	Investments		8,045,479

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
South America	0	0	Investments		44,829,215
South Asia	0	0	Investments		20,867,907

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Sub-Saharan Africa	0	0	Investments		17,026,092
Central America and the Caribbean	0	0	Program Services	LIFE ANNUITIES	54,487

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
East Asia and the Pacific	0	0	Program Services	LIFE ANNUITIES	191,013
Europe (Including Iceland and Greenland)	0	0	Program Services	LIFE ANNUITIES	208,974

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
North America (Canada & Mexico only)	0	0	Program Services	LIFE ANNUITIES	592,787
Russia and Neighboring States	0	0	Program Services	LIFE ANNUITIES	2,002

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
South America	0	0	Program Services	LIFE ANNUITIES	52,399
Sub-Saharan Africa	0	0	Program Services	LIFE ANNUITIES	3,514

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No 1545-0047

2018

Open to Public Inspection

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

Employer identification number
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.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization

	(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
1							
2							
3							
4							
5							
6							
7							
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

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 ANNUAL DINNER (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	257,569			257,569
	2 Less Contributions	226,969			226,969
	3 Gross income (line 1 minus line 2)	30,600	0	0	30,600
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	28,308			28,308
	6 Rent/facility costs				
	7 Food and beverages	45,630			45,630
	8 Entertainment	4,040			4,040
	9 Other direct expenses	2,335			2,335
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				80,313
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-49,713

Part III **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.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain _____

11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in

a The organization's facility	**13a**	%
b An outside facility	**13b**	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ ----------

Address ▶ ----------

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c 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

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference	Explanation

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2018

Open to Public Inspection

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

Employer identification number
13-5562401

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000 Part II can be duplicated if additional space is needed

(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 noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 4

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 0

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) ECONOMIC ASSISTANCE	13	17,090	0		
(2)					
(3)					
(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
Schedule I, Part II	THE YMCA RETIREMENT FUND MAKES SMALL GRANTS TO SUPPORT VARIOUS YMCA PROGRAMS THESE GRANTS ARE INTENDED TO SUPPORT THE INDIVIDUAL MISSIONS OF THE RECIPIENT YMCA'S AND ARE SINGULAR IN NATURE NO FURTHER MONITORING IS UNDERTAKEN ALL RECIPIENTS ARE 501(C)(3) ORGANIZATIONS THE GRANT TO THE YMCA ALUMNI WAS MADE IN SUPPORT OF ITS MISSION THE MISSION OF THE YMCA ALUMNI IS TO ENABLE MEMBERS TO PROMOTE A NURTURING, WORLDWIDE CHRISTIAN FELLOWSHIP THAT PROVIDES EDUCATIONAL, SOCIAL, AND CHARITABLE OPPORTUNITIES THE GRANT TO THE ARMED SERVICES YMCA WAS MADE IN SUPPORT OF ITS MISSION TO PUT CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH EDUCATIONAL, RECREATIONAL, SOCIAL AND RELIGIOUS PROGRAMS AND SERVICES FOR MILITARY PERSONNEL, BOTH SINGLE AND MARRIED AND THEIR FAMILIES THE MISSION IS CARRIED OUT IN COOPERATION WITH THE MILITARY THE GRANT TO THE YMCA OF THE USA WAS MADE IN SUPPORT OF ITS PROGRAM TO PROVIDE WORLD SERVICES RELIEF THE MISSION OF THE YMCA OF THE USA IS TO BE A RESOURCE OFFICE FOR THE NATION'S 2,700 YMCAS, WHICH STRENGTHEN COMMUNITY BY NURTURING THE POTENTIAL OF KIDS, PROMOTING HEALTHY LIVING FOR ALL AND FOSTERING SOCIAL RESPONSIBILITY THE GRANT TO SPRINGFIELD COLLEGE WAS MADE IN SUPPORT OF THE YMCA HALL OF FAME, WHICH RECOGNIZED YMCA PROFESSIONALS AND VOLUNTEERS WHO HAVE MADE A LIFETIME OF COMMITMENT TO THE MISSION AND CAUSE OF THE YMCA MOVEMENT
Schedule I, Part III RETIREE EMERGENCY ASSISTANCE PROGRAM	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 RESULTING FROM AN ACT OF NATURE OR OTHER CATASTROPHIC EVENT
Schedule I, Part I, Line 2 Procedures for monitoring use of grant funds	AFTER THEY'VE DEMONSTRATED FINANCIAL NEED IN ONE OF THE ASSISTANCE CATEGORIES, A ONE-TIME PAYMENT OF UP TO $2,000 IS PROVIDED PER CALENDAR YEAR NO FURTHER MONITORING IS UNDERTAKEN

Additional Data

Software ID: 18007697
Software Version: 2018v3.1
EIN: 13-5562401
Name: YOUNG MEN'S CHRISTIAN ASSOCIATION RETIREMENT FUND

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

(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
ARMED SERVICES YMCA 6359 WALKER LANE ALEXANDRIA, VA 22310	36-3274346	501(c)(3)	100,000	0			SUPPORT GRANT
YMCA ALUMNI 38 CENTER BEACH AVENUE OLD LYME, CT 06371	91-1404431	501(c)(3)	20,000	0			SUPPORT GRANT

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

(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
YMCA OF THE USA 101 NORTH WACKER DRIVE CHICAGO, IL 60606	13-3256696	501(c)(3)	25,000	0			SUPPORT GRANT
SPRINGFIELD COLLEGE 263 ALDEN STREET SPRINGFIELD, MA 01109	14-2104329	501(c)(3)	50,000	0			SUPPORT GRANT

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2018

Open to Public Inspection

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

Employer identification number
13-5562401

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☑ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☑ Compensation committee	☐ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☑ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	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 A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

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

(A) Name and Title	**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

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

Return Reference	Explanation
Schedule J, Part I, Line 4b Supplemental nonqualified retirement plan	THE FOLLOWING INDIVIDUALS ARE PARTICIPANTS IN THE SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN PREIS, JOHN $18,500 , REISNER, HUNTER $18,500, BUCHHOLZ, ELLIOTT $18,500, DE SIO, VINCENT $17,659, KIRSCHNER, JAMES $15,061, QUINONES, JOHN $18,500, GOKCAN, SULEYMAN $18,500, ROZOLSKY, GREGORY $17,570, BOULOUS, VANESSA $18,235, MANOLOV, IVAN $18,500, SINNI, MARK $18,500, ROSENBERG, JEREMY $17,880, WORTHY, LISA $4,294, DIETRICH, MARCELA $4,304, LEE, PETER $4,710 Employer contributions are reported on Schedule J in column C and are taxable in the year of distribution to the individuals and are reported in Schedule J, Part II, Column (B)(iii) Hunter Reisner receives deferred compensation in the amount of $200,000 This amount is reported in column C

Return Reference	Explanation
Schedule J, Part I, Line 7 Non-fixed payments	THE YMCA RETIREMENT FUND ("FUND") PAYS BONUSES TO PERSONNEL INVOLVED IN THE FUND'S INVESTMENT ACTIVITIES THESE BONUSES ARE PRIMARILY BASED UPON ACTUAL INVESTMENT RETURNS IN EXCESS OF BENCHMARK (INDEX) RETURNS THERE IS A SUBJECTIVE COMPONENT THAT RANGES BETWEEN 25% - 50% OF THE TOTAL BONUS THAT IS BASED UPON VARIOUS QUALITATIVE FACTORS EACH INDIVIDUAL HAS A PRE-DETERMINED CAP ON THE BONUS BASED UPON SALARY THIS PRACTICE IS NORMAL AND CUSTOMARY FOR INVESTMENT PROFESSIONALS THE 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 DOCUMENTED IN THE MINUTES OF THESE MEETINGS THE FUND'S COMPLETE COMPENSATION POLICY IS LOCATED ON SCHEDULE O

Additional Data

Software ID: 18007697
Software Version: 2018v3.1
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		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
DENISE DAY	(I)	0	0	0	0	0	0	0
VICE CHAIRMAN	(II)	375,047	0	0	30,600	12,325	417,972	0
ERIC K MANN	(I)	0	0	0	0	0	0	0
TRUSTEE VOLUNTEER	(II)	338,183	0	0	21,600	8,171	367,954	0
BARBARA A BETTIN	(I)	0	0	0	0	0	0	0
TRUSTEE VOLUNTEER	(II)	239,319	0	0	29,215	6,572	275,106	0
SANDRA J MORANDER	(I)	0	0	0	0	0	0	0
TRUSTEE VOLUNTEER	(II)	262,713	25,000	0	33,000	21,054	341,767	0
JOSEPH R WEIST	(I)	0	0	0	0	0	0	0
TRUSTEE VOLUNTEER	(II)	134,165	0	0	16,606	7,499	158,270	0
JOHN M PREIS	(I)	644,803	361,979	3,563	51,500	34,356	1,096,201	0
PRESIDENT AND CHIEF EXECUTIVE OFFICER - UNTIL 6/2019	(II)	0	0	0	0	0	0	0
HUNTER REISNER	(I)	543,761	422,824	2,665	251,500	45,334	1,266,084	0
CHIEF INVESTMENT OFFICER	(II)	0	0	0	0	0	0	0
VANESSA BOULOUS	(I)	342,728	95,951	1,436	51,235	27,002	518,352	0
CHIEF OPERATIONS OFFICER - EXTERNAL	(II)	0	0	0	0	0	0	0
ELLIOTT BUCHHOLZ	(I)	347,605	98,601	793	51,500	41,020	539,519	0
CHIEF OPERATIONS OFFICER - INTERNAL - UNTIL 6/2019	(II)	0	0	0	0	0	0	0
VINCENT M DE SIO	(I)	332,740	94,873	2,174	50,659	42,915	523,361	0
CHIEF FINANCIAL OFFICER	(II)	0	0	0	0	0	0	0
JAMES G KIRSCHNER	(I)	310,857	90,351	2,045	48,061	40,454	491,768	0
CHIEF STRATEGY OFFICER	(II)	0	0	0	0	0	0	0
JOHN QUINONES	(I)	434,949	124,577	1,035	51,500	41,373	653,434	0
GENERAL COUNSEL	(II)	0	0	0	0	0	0	0
MARCELA DEITRICH	(I)	265,211	46,106	255	37,305	6,694	355,571	0
SENIOR VICE PRESIDENT - CUSTOMER SERVICE	(II)	0	0	0	0	0	0	0
ELIZABETH KURILLA	(I)	220,506	40,560	500	32,817	34,267	328,650	0
VICE PRESIDENT - INTERNAL AUDIT	(II)	0	0	0	0	0	0	0
LISA WORTHY	(I)	256,616	46,093	586	37,295	41,531	382,121	0
SENIOR VICE PRESIDENT - FINANCE	(II)	0	0	0	0	0	0	0
ELIZABETH DELGADO	(I)	221,926	40,241	322	32,560	28,811	323,860	0
VICE PRESIDENT - HUMAN RESOURCES	(II)	0	0	0	0	0	0	0
KERRI HAYES	(I)	160,137	36,695	171	25,577	45,336	267,916	0
SENIOR COUNSEL	(II)	0	0	0	0	0	0	0
MAUREEN HALEY	(I)	186,369	22,840	388	25,772	27,309	262,678	0
VICE PRESIDENT - APPLICATIONS DEVELOPMENT	(II)	0	0	0	0	0	0	0
MARK SINNI	(I)	319,286	187,955	232	51,500	5,705	564,678	0
PORTFOLIO MANAGER	(II)	0	0	0	0	0	0	0
SULEYMAN GOKCAN	(I)	354,841	98,133	800	51,500	36,560	541,834	0
DIRECTOR OF RISK	(II)	0	0	0	0	0	0	0

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
IVAN MANOLOV	(I)	299,364	155,875	250	51,500	16,435	523,424	0
PORTFOLIO MANAGER	(II)	0	0	0	0	0	0	0
JEREMY ROSENBERG	(I)	278,152	160,000	195	50,880	9,001	498,228	0
PORTFOLIO MANAGER	(II)	0	0	0	0	0	0	0
GREGORY ROZOLSKY	(I)	300,502	137,057	250	50,570	14,787	503,166	0
PORTFOLIO MANAGER	(II)	0	0	0	0	0	0	0

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ.**
▶**Go to *www.irs.gov/Form990* for the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

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

Employer identification number
13-5562401

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	(c) Description of transaction	(d) Corrected? Yes	(d) Corrected? No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	(d) Loan to or from the organization? From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	(g) In default? No	(h) Approved by board or committee? Yes	(h) Approved by board or committee? No	(i) Written agreement? Yes	(i) Written agreement? No
Total				▶ $								

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No

Part V Supplemental Information

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

Return Reference	Explanation
Schedule L, Part IV	The organizations listed in Part IV as investment managers contributed $5,000 or more to the Harold Smith Dinner which benefits a variety of YMCA programs

Additional Data

Software ID: 18007697
Software Version: 2018v3.1
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) Sharing of organization's revenues?	
				Yes	No
ERICA MANN	FAMILY MEMBER OF ERIC MANN	73,884	EMPLOYMENT		No
BIOTECHNOLOGY VALUE FUND LP	INVESTMENT MANAGER	427,924	MANAGEMENT FEES		No

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) Sharing of organization's revenues?	
				Yes	No
ECHO STREET CAPITAL MANAGEMENT	INVESTMENT MANAGER	1,167,092	MANAGEMENT FEES		No
ELEMENT CAPITAL MANAGEMENT LLC	INVESTMENT MANAGER	4,851,647	MANAGEMENT FEES		No

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) Sharing of organization's revenues?	
				Yes	No
FOWLER PROPERTY ACQUISITIONS	INVESTMENT MANAGER	323,092	MANAGEMENT FEES		No
SCOUT ENERGY PARTNERS	INVESTMENT MANAGER	463,110	MANAGEMENT FEES		No

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) Sharing of organization's revenues?	
				Yes	No
ANGELO GORDON & COMPANY LP	INVESTMENT MANAGER	467,859	MANAGEMENT FEES		No

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ **Attach to Form 990 or 990-EZ.**
▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

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

Employer identification number
13-5562401

990 Schedule O, Supplemental Information

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 Reference	Explanation
Form 990, Part V, Line 3b Reason for not filing Form 990-T	THE ORGANIZATION HAS NOT FILED THE 990T AT THIS TIME DUE TO THE LARGE NUMBER OF LIMITED PARTNERSHIPS AND COMPLEXITY OF THE RETURN AN EXTENSION WILL BE FILED ON OR BEFORE NOVEMBER 15, 2019 WITH THE INTENT OF FILING FORM 990-T ON OR BEFORE MAY 15, 2020

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 6 Classes of members or stockholders	THE ORGANIZATION HAS MEMBERS WHICH CONSIST OF PARTICIPANTS AND PARTICIPATING EMPLOYERS OF THE RETIREMENT PLANS

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
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 AN INDEPENDENT ACCOUNTING FIRM TO ENSURE COMPLETENESS THE FORM WAS PRESENTED TO THE AUDIT COMMITTEE IN LATE OCTOBER 2019 THEY WERE ADVISED THAT IT IS AVAILABLE FOR THEIR REVIEW ON OUR TRUSTEE'S WEBSITE A LINK TO A PASSWORD PROTECTED WEBSITE CONTAINING A FULL COPY OF THE 990 AS IT WILL BE FILED WITH THE IRS WAS EMAILED TO ALL MEMBERS OF THE GOVERNING BODY PRIOR TO THE FILING OF THE FORM

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	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

990 Schedule O, Supplemental Information

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 EMPLOYEE T O 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 DI FFERENT TYPES OF EMPLOYEES, THE FUND MUST CONSIDER DIFFERENT LABOR MARKETS WHEN APPLYING T HE COMPENSATION PHILOSOPHY FOR EXAMPLE, FUND OFFICERS WOULD EITHER BE ATTRACTED TO THE NO T-FOR-PROFIT LABOR MARKET OR IN SOME CASES THE BROADER 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 OT HER 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 CHARITIES, EDUCATIONAL INSTITUTIONS, AND RETIREES IT DOE S NOT INCLUDE ORGANIZATIONS THAT MANAGE PORTFOLIOS IN THE 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 CHARITIES WHO RECEIVE UNR EASONABLE COMPENSATION EACH YEAR, THE BOARD'S COMPENSATION COMMITTEE REVIEWS AND APPROVES ALL OFFICER COMPENSATION, AND CHANGES TO ALL BENEFIT PLANS, REVIEWS COMPETITIVE MARKET DA TA, AND APPROVES INCENTIVE PLAN PAYOUTS FOR POSITIONS AS APPROPRIATE ALL OF THESE ACTIVIT IES ARE RECORDED IN THE MINUTES OF THE RESPECTIVE MEETINGS THE FUND'S COMPENSATION DETERM INATION PROCESS IS INTENDED TO QUALIFY FOR THE REBUTTABLE PRESUMPTION OF REASONABLENESS WI TH REGARD TO COMPENSATION FOR ALL DISQUALIFIED PERSONS PURSUANT TO IRS INTERMEDIATE SANCTI ONS RULES THE TOWERS-WATSON GROUP, AN INDEPENDENT GLOBAL HUMAN RESOURCE CONSULTING FIRM T HAT SPECIALIZES IN COMPENSATION, CONSULTS WITH THE FUND TO ENSURE THAT THE PROGRAM IS REAS ONABLE AND COMPETITIVE USING TOWERS-WATSON DATA, THE MCLAGAN SURVEY AND OTHER SOURCES, TO WERS-WATSON ANNUALLY REVIEWS AND UPDATES THE FUND'S SALARY RANGES FOR ALL STAFF MEMBERS, P ROVIDING AN OBJECTIVE THIRD-PARTY REVIEW IT IS A CRITICAL ACCOUNTABILITY OF THE FUND'S TO P MANAGEMENT TO ENSURE THAT THE FUND ESTABLISHES AND MAINTAINS A COMPETITIVE, REASONABLE, AND DEFENSIBLE COMPENSATION PROGRAM ALL EMPLOYEES RECEIVE A MID-YEAR AND ANNUAL PERFORMAN CE EVALUATION FOR THE PURPOSE OF COMPARING ANNUAL RESULTS AGAINST A PREDETERMINED SET OF O BJECTIVES FOR THAT YEAR ALL INDIVIDUAL EMPLOYEE OBJECTIVES ARE DEVELOPED TOWARD SUPPORTIN G THE ACHIEVEMENT OF ORGANIZAT

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 19 Required documents available to the public	THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC THROUGH OUR WEBSITE AND BY REQUEST FOR GOVERNING DOCUMENTS - HTTP //WWW YRETIREMENT ORG/ABOUTUS/GOVERNANCE FOR FINANCIAL STATEMENTS - HTTP //WWW YRETIREMENT ORG/ABOUTUS/FUND-REPORTS/AUDITED-FINANCIAL-STATEMENTS THE FORM 990 IS ALSO AVAILABLE ON VARIOUS WEBSITES SUCH AS GUIDESTAR ORG AND THE NEW YORK STATE CHARITIES BUREAU

990 Schedule O, Supplemental Information

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 O F TRUSTEES VOLUNTEERED MORE THAN ELEVEN DAYS OF THE YEAR WITH 100% ATTENDANCE IN FULFILLME NT OF THE FIDUCIARY OBLIGATIONS ASSOCIATED WITH FUND GOVERNANCE TRUSTEES SPENT 52 5 HOURS OF ACTUAL MEETING TIME DURING THE PAST FISCAL YEAR EXCLUSIVE OF THE APPROXIMATELY 30 HOUR S OF PREPARATORY AND FOLLOW UP TIME TRUSTEES COME FROM ACROSS THE UNITED STATES AND MEETI NG LOGISTICS IN CERTAIN CASES REQUIRES DAY PRIOR TRAVEL HOWEVER, AT A MINIMUM, TRUSTEES I NCUR 1 TRAVEL DAY (1/2 DAY TO AND 1/2 DAY FROM) EACH OF THE BOARD MEETINGS CALCULATION (52 5 HOURS OF MEETING TIME / 7 5 HOURS PER DAY = 7 DAYS PLUS 4 TRAVEL DAYS = 11 BUSINESS D AYS PER YEAR EXCLUDING PREP TIME) DETAILS AS FOLLOWS THE BOARD OF TRUSTEES MET 4 TIMES DU RING THE FISCAL YEAR FOR A TOTAL OF 17 75 HOURS PREPARATION TIME EXCEEDS 2 HOURS FOR EACH MEETING SEPTEMBER 13, 2018 - CHICAGO, IL, 3 25 HOURS WITH 16/16 TRUSTEES ATTENDING (100%) NOVEMBER 15, 2018 - NEW YORK, NY, 3 75 HOURS WITH 16/16 TRUSTEES ATTENDING (100%) FEBRUA RY 22, 2019 - NAPLES, FL, 6 75 HOURS WITH 16/16 TRUSTEES ATTENDING (100%) MAY 19, 2019 - N EW YORK, NY, 4 0 HOURS WITH 16/16 TRUSTEES ATTENDING (100%) THE INVESTMENT COMMITTEE MET 5 TIMES DURING THE FISCAL YEAR, 3 TIMES IN PERSON AND 2 TIMES TELEPHONICALLY FOR A TOTAL OF 14 75 HOURS THE ON-SITE MEETINGS USUALLY TOTAL 5 HOURS OVER TWO DAYS AND PREPARATION TIM E FOR THE ONSITE MEETINGS AVERAGES 4 HOURS PER MEETING PREPARATION TIME, INCLUDING MATERI AL REVIEW AND DUE DILIGENCE FOR ALL TELEPHONIC MEETINGS AVERAGES 60 MINUTES PER MEETING T HE BENEFITS AND OPERATIONS COMMITTEE MET 3 TIMES DURING THE FISCAL YEAR FOR A TOTAL OF 8 2 5 HOURS PREPARATION TIME GENERALLY REQUIRES 30 MINUTES OR MORE FOR EACH MEETING THE AUDI T COMMITTEE MET 3 TIMES DURING THE FISCAL YEAR, 2 TIMES IN PERSON AND ONCE TELEPHONICALLY FOR A TOTAL OF 2 75 HOURS PREPARATION TIME GENERALLY REQUIRES 30 MINUTES OR MORE FOR EACH MEETING ON-SITE MEETINGS INCLUDE EXECUTIVE SESSIONS WITH THE INTERNAL AUDITOR AS WELL AS THE AUDIT PARTNER FROM KPMG, THE FUND'S EXTERNAL AUDITOR THE GOVERNANCE COMMITTEE MET 5 TIMES DURING THE FISCAL YEAR, 3 TIMES IN PERSON AND TWICE TELEPHONICALLY, FOR A TOTAL OF 5 25 HOURS PREPARATION TIME GENERALLY REQUIRES 30 MINUTES OR MORE FOR EACH MEETING THE CO MPENSATION COMMITTEE MET 4 TIMES DURING THE FISCAL YEAR, FOR A TOTAL OF 3 75 HOURS PREPAR ATION TIME GENERALLY REQUIRES

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VII, Section A FAITHFUL TRUSTEES	30 MINUTES OR MORE FOR EACH MEETING CEO SEARCH COMMITTEE NOT INCLUDED IN THE CALCULATIONS ABOVE REGARDING THE FUND'S STANDING COMMITTEES, DURING THE FISCAL YEAR 2019 THE BOARD CON VENED A CEO SEARCH COMMITTEE THESE SIX TRUSTEES (PLUS THE FUND'S RETIREE LIASON) MET MORE THAN EIGHT TIMES BETWEEN NOVEMBER 2018 AND MAY 2019 MORE THAN FOUR TIMES VIA TELEPHONE F OR MORE THAN 6 0 HOURS IN TOTAL, PLUS FOUR TIMES IN PERSON FOR A TOTAL OF 5 DAYS

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VII, Section A GOVERNING BODY OF THE YMCA RETIREMENT FUND	THE GOVERNING BODY OF THE YMCA RETIREMENT FUND (FUND) HAS 16 MEMBERS, 11 COMPLETELY INDEPENDENT MEMBERS AND 5 EMPLOYED OFFICERS OF SUPPORTED YMCAS THE ONLY REASON 5 MEMBERS OF THE BOARD ARE NOT CONSIDERED INDEPENDENT IS BECAUSE OF THEIR RESPECTIVE EMPLOYMENT WITH SUPPORTED YMCAS THE 5 BOARD MEMBERS THAT ARE EMPLOYED OFFICERS WITH RELATED PARTIES ARE ERIC MANN - CEO, YMCA OF FLORIDA'S FIRST COAST IN JACKSONVILLE, FL DENISE DAY - CEO, YMCA OF THE BRANDYWINE VALLEY IN WEST CHESTER, PA SANDRA MORANDER - CEO, YMCA OF GREATER SAN ANTONIO, TX BARBARA BETTIN - CEO, YMCA OF LINCOLN, NE JOSEPH WEIST - CFO, YMCA OF GREATER HARTFORD, CT

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	CHARITABLE INCOME - -177256, CHARITABLE DISTRIBUTIONS - 217090, ROUNDING - 1,

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493315039269

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

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

Employer identification number
13-5562401

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II **Identification of Related Tax-Exempt Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) Section 512(b)(13) controlled entity? No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

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

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

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 orgranization 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 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)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		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
o Sharing of paid employees with related organization(s)	1o		No
p Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1q		No
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s		No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

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 792 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

Additional Data

Software ID: 18007697
Software Version: 2018v3.1
EIN: 13-5562401
Name: YOUNG MEN'S CHRISTIAN ASSOCIATION RETIREMENT FUND

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) Section 512(b)(13) controlled entity? No
PO BOX 446 WINTHROP, ME 043640446 01-0186800	SOCIAL SERVICE	ME	501(c)(3)	10	NA		No
21 PARK ST BAR HARBOR, ME 04609 01-0211486	SOCIAL SERVICE	ME	501(c)(3)	10	NA		No
62 TURNER STREET AUBURN, ME 042105953 01-0211567	SOCIAL SERVICE	ME	501(c)(3)	10	NA		No
70 FOREST AVENUE PORTLAND, ME 041012813 01-0211568	SOCIAL SERVICE	ME	501(c)(3)	10	NA		No
31 UNION STREET AUGUSTA, ME 04330 01-0211811	SOCIAL SERVICE	ME	501(c)(3)	10	NA		No
303 CENTRE ST BATH, ME 045302089 01-0211812	SOCIAL SERVICE	ME	501(c)(3)	10	NA		No
PO BOX 840 ROCKPORT, ME 04856 01-0211813	SOCIAL SERVICE	ME	501(c)(3)	10	NA		No
PO BOX 249 SANFORD, ME 04073 01-0211814	SOCIAL SERVICE	ME	501(c)(3)	10	NA		No
PO BOX 500 BOOTHBAY HARBOR, ME 045380500 01-0237912	SOCIAL SERVICE	ME	501(c)(3)	10	NA		No
PO BOX 25 ELLSWORTH, ME 046050025 01-0412269	SOCIAL SERVICE	ME	501(c)(3)	10	NA		No
157 LINCOLNVILLE AVENUE BELFAST, ME 049151535 01-0493123	SOCIAL SERVICE	ME	501(c)(3)	10	NA		No
32 LAKE ST NORTH SWANZEY, NH 034314451 02-0222246	SOCIAL SERVICE	NH	501(c)(3)	10	NA		No
200 SUMMIT RD KEENE, NH 034311760 02-0222247	SOCIAL SERVICE	NH	501(c)(3)	10	NA		No
30 MECHANIC STREET MANCHESTER, NH 031011923 02-0222248	SOCIAL SERVICE	NH	501(c)(3)	10	NA		No
6 HENRY CLAY DRIVE MERRIMACK, NH 030544848 02-0222250	SOCIAL SERVICE	NH	501(c)(3)	10	NA		No
15 NORTH STATE STREET CONCORD, NH 03301 02-0223358	SOCIAL SERVICE	NH	501(c)(3)	10	NA		No
17 CAMP HUCKINS ROAD FREEDOM, NH 03836 02-6001065	SOCIAL SERVICE	NH	501(c)(3)	10	NA		No
266 COLLEGE ST BURLINGTON, VT 054018318 03-0185810	SOCIAL SERVICE	VT	501(c)(3)	10	NA		No
49 The Square BELLOWS FALLS, VT 051011134 03-0214294	SOCIAL SERVICE	VT	501(c)(3)	10	NA		No
275 CHESTNUT STREET STE 1 SPRINGFIELD, MA 011043474 04-1859893	SOCIAL SERVICE	MA	501(c)(3)	10	NA		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
316 HUNTINGTON AVE BOSTON, MA 021155018 04-2103551	SOCIAL SERVICE	MA	501(c)(3)	10	NA		No
101 HIGHLAND AVE SOMERVILLE, MA 021431661 04-2103853	SOCIAL SERVICE	MA	501(c)(3)	10	NA		No
820 MASSACHUSETTS AVENUE CAMBRIDGE, MA 021393206 04-2103960	SOCIAL SERVICE	MA	501(c)(3)	10	NA		No
101 AMESBURY STREET 4TH FL LAWRENCE, MA 01840 04-2104378	SOCIAL SERVICE	MA	501(c)(3)	10	NA		No
18 S WATER ST NEW BEDFORD, MA 02740 04-2104749	SOCIAL SERVICE	MA	501(c)(3)	10	NA		No
276 CHURCH STREET NEWTON, MA 021581992 04-2104783	SOCIAL SERVICE	MA	501(c)(3)	10	NA		No
292 NORTH STREET PITTSFIELD, MA 012014604 04-2104837	SOCIAL SERVICE	MA	501(c)(3)	10	NA		No
35 YMCA DRIVE LOWELL, MA 018524005 04-2104898	SOCIAL SERVICE	MA	501(c)(3)	10	NA		No
245 CABOT STREET BEVERLY, MA 019154519 04-2104913	SOCIAL SERVICE	MA	501(c)(3)	10	NA		No
43 EVERETT ST SOUTHBRIDGE, MA 015502619 04-2105872	SOCIAL SERVICE	MA	501(c)(3)	10	NA		No
99 DARTMOUTH MALDEN, MA 02148 04-2105874	SOCIAL SERVICE	MA	501(c)(3)	10	NA		No
91 LONGWATER CIRCLE NORWELL, MA 02061 04-2105881	SOCIAL SERVICE	MA	501(c)(3)	10	NA		No
2 CENTENNIAL DR STE 4A PEABODY, MA 019607919 04-2105883	SOCIAL SERVICE	MA	501(c)(3)	10	NA		No
766 MAIN STREET WORCESTER, MA 01610 04-2105885	SOCIAL SERVICE	MA	501(c)(3)	10	NA		No
286 PROSPECT ST NORTHAMPTON, MA 010602035 04-2105887	SOCIAL SERVICE	MA	501(c)(3)	10	NA		No
748 HAMILTON ROAD BECKET, MA 012239686 04-2105946	SOCIAL SERVICE	MA	501(c)(3)	10	NA		No
67 COURT STREET WESTFIELD, MA 010853530 04-2126585	SOCIAL SERVICE	MA	501(c)(3)	10	NA		No
300 ELMWOOD STREET NORTH ATTLEBORO, MA 027601304 04-2131749	SOCIAL SERVICE	MA	501(c)(3)	10	NA		No
451 MAIN ST GREENFIELD, MA 013013304 04-2149363	SOCIAL SERVICE	MA	501(c)(3)	10	NA		No
155 CENTRAL STREET WINCHENDON, MA 01475 04-2173363	SOCIAL SERVICE	MA	501(c)(3)	10	NA		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
171 PINE STREET HOLYOKE, MA 010404065 04-2192693	SOCIAL SERVICE	MA	501(c)(3)	10	NA		No
63 N MAIN ST ATTLEBORO, MA 027032219 04-2255819	SOCIAL SERVICE	MA	501(c)(3)	10	NA		No
280 OLD CONNECTICUT PATH FRAMINGHAM, MA 017014539 04-2281530	SOCIAL SERVICE	MA	501(c)(3)	10	NA		No
34 PICKERING STREET DANVERS, MA 019232019 04-2308404	SOCIAL SERVICE	MA	501(c)(3)	10	NA		No
2245 Iyannough Road WEST BARNSTABLE, MA 026688153 04-2394925	SOCIAL SERVICE	MA	501(c)(3)	10	NA		No
111 EDGARTOWN VINEYARD HAVEN RD VINEYARD HAVEN, MA 025684036 04-3293959	SOCIAL SERVICE	MA	501(c)(3)	10	NA		No
11 Chase Point Road MIRROR LAKE, NH 03584 04-3356887	SOCIAL SERVICE	NH	501(c)(3)	10	NA		No
PO BOX 185 GRANTHAM, NH 037533018 04-3357821	SOCIAL SERVICE	NH	501(c)(3)	10	NA		No
56 Linden Street EXETER, NH 038333419 04-3383996	SOCIAL SERVICE	NH	501(c)(3)	10	NA		No
371 PINE STREET PROVIDENCE, RI 02903 05-0258878	SOCIAL SERVICE	RI	501(c)(3)	10	NA		No
792 VALLEY ROAD MIDDLETOWN, RI 028427095 05-0258916	SOCIAL SERVICE	RI	501(c)(3)	10	NA		No
660 ROOSEVELT AVE LEVEL 2 PAWTUCKET, RI 02860 05-0259114	SOCIAL SERVICE	RI	501(c)(3)	10	NA		No
95 HIGH STREET WESTERLY, RI 02891 05-0268126	SOCIAL SERVICE	RI	501(c)(3)	10	NA		No
PO BOX 1209 LITCHFIELD, CT 06759 06-0646565	SOCIAL SERVICE	CT	501(c)(3)	10	NA		No
284 CHURCH STREET NAUGATUCK, CT 067704122 06-0646770	SOCIAL SERVICE	CT	501(c)(3)	10	NA		No
29 HIGH ST SOUTHINGTON, CT 064893126 06-0646905	SOCIAL SERVICE	CT	501(c)(3)	10	NA		No
110 WEST MAIN STREET MERIDEN, CT 064514142 06-0646977	SOCIAL SERVICE	CT	501(c)(3)	10	NA		No
P O BOX 694 WESTBROOK, CT 06498 06-0646979	SOCIAL SERVICE	CT	501(c)(3)	10	NA		No
99 UNION STREET MIDDLETOWN, CT 064573483 06-0646981	SOCIAL SERVICE	CT	501(c)(3)	10	NA		No
909 WASHINGTON BOULEVARD STAMFORD, CT 069012916 06-0646985	SOCIAL SERVICE	CT	501(c)(3)	10	NA		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
81 SOUTH ELM STREET WALLINGFORD, CT 06492 06-0646987	SOCIAL SERVICE	CT	501(c)(3)	10	NA		No
136 W MAIN ST WATERBURY, CT 067022005 06-0646988	SOCIAL SERVICE	CT	501(c)(3)	10	NA		No
14 Allen Raymond Lane WESTPORT, CT 06880 06-0646989	SOCIAL SERVICE	CT	501(c)(3)	10	NA		No
1240 CHAPEL STREET NEW HAVEN, CT 06511 06-0662195	SOCIAL SERVICE	CT	501(c)(3)	10	NA		No
564 SOUTH AVENUE NEW CANAAN, CT 068406399 06-0763077	SOCIAL SERVICE	CT	501(c)(3)	10	NA		No
404 DANBURY ROAD WILTON, CT 06897 06-0853258	SOCIAL SERVICE	CT	501(c)(3)	10	NA		No
2420 POST ROAD DARIEN, CT 068205699 06-0859795	SOCIAL SERVICE	CT	501(c)(3)	10	NA		No
204 WEST MAIN STREET CHESTER, CT 06412 06-0860014	SOCIAL SERVICE	CT	501(c)(3)	10	NA		No
50 State House Square 2nd Floor HARTFORD, CT 061033390 06-0881325	SOCIAL SERVICE	CT	501(c)(3)	10	NA		No
2 HUCKLEBERRY HILL ROAD BROOKFIELD, CT 06804 06-6051610	SOCIAL SERVICE	CT	501(c)(3)	10	NA		No
121 DOSORIS LN GLEN COVE, NY 11542 11-1649914	SOCIAL SERVICE	NY	501(c)(3)	10	NA		No
106 GRATTON RD TAZEWELL, VA 24651 11-3774789	SOCIAL SERVICE	VA	501(c)(3)	10	NA		No
5 WEST 63RD STREET 5TH FLOOR NEW YORK, NY 10023 13-1624228	SOCIAL SERVICE	NY	501(c)(3)	10	NA		No
124 INDIAN MOUNTAIN RD LAKEVILLE, CT 06039 13-1739939	SOCIAL SERVICE	CT	501(c)(3)	10	NA		No
35 SOUTH BROADWAY NYACK, NY 109603122 13-1740513	SOCIAL SERVICE	NY	501(c)(3)	10	NA		No
21 LOCUST AVE RYE, NY 105802959 13-1740515	SOCIAL SERVICE	NY	501(c)(3)	10	NA		No
250 MAMARONECK AVE WHITE PLAINS, NY 106051302 13-1740518	SOCIAL SERVICE	NY	501(c)(3)	10	NA		No
17 RIVERDALE AVENUE YONKERS, NY 107013646 13-1740520	SOCIAL SERVICE	NY	501(c)(3)	10	NA		No
50 WEYMAN AVENUE NEW ROCHELLE, NY 108051411 13-1740542	SOCIAL SERVICE	NY	501(c)(3)	10	NA		No
2410 MOUNT PLEASANT STREET BURLINGTON, IA 526012764 13-4289848	SOCIAL SERVICE	IA	501(c)(3)	10	NA		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
87 SILVER BAY RD SILVER BAY, NY 128749708 13-5604788	SOCIAL SERVICE	NY	501(c)(3)	10	NA		No
507 BROADWAY KINGSTON, NY 124013919 14-1338342	SOCIAL SERVICE	NY	501(c)(3)	10	NA		No
600 UPPER GLEN STREET GLENS FALLS, NY 12801 14-1340008	SOCIAL SERVICE	NY	501(c)(3)	10	NA		No
17 OAK STREET PLATTSBURGH, NY 129012810 14-1340011	SOCIAL SERVICE	NY	501(c)(3)	10	NA		No
81 HIGHLAND AVENUE MIDDLETOWN, NY 109405413 14-1340134	SOCIAL SERVICE	NY	501(c)(3)	10	NA		No
213 HARRISON STREET PO BOX 629 JOHNSTOWN, NY 12095 14-1374493	SOCIAL SERVICE	NY	501(c)(3)	10	NA		No
290 West Avenue SARATOGA SPRINGS, NY 128666590 14-1427442	SOCIAL SERVICE	NY	501(c)(3)	10	NA		No
465 NEW KARNER ROAD 2ND FLOOR ALBANY, NY 12205 14-1726531	SOCIAL SERVICE	NY	501(c)(3)	10	NA		No
20-26 FORD AVENUE ONEONTA, NY 138201818 15-0532270	SOCIAL SERVICE	NY	501(c)(3)	10	NA		No
340 MONTGOMERY ST SYRACUSE, NY 132022094 15-0532278	SOCIAL SERVICE	NY	501(c)(3)	10	NA		No
61 SUSQUEHANNA ST BINGHAMTON, NY 139013705 15-0532282	SOCIAL SERVICE	NY	501(c)(3)	10	NA		No
22 TOMPKINS STREET CORTLAND, NY 13045 15-0533570	SOCIAL SERVICE	NY	501(c)(3)	10	NA		No
GRAHAM ROAD WEST ITHACA, NY 14850 15-0545415	SOCIAL SERVICE	NY	501(c)(3)	10	NA		No
68 NORTH BROAD STREET NORWICH, NY 138151332 15-0550177	SOCIAL SERVICE	NY	501(c)(3)	10	NA		No
209 E MAIN ST BATAVIA, NY 140202205 16-0743230	SOCIAL SERVICE	NY	501(c)(3)	10	NA		No
301 CAYUGA ROAD SUITE 100 BUFFALO, NY 14225 16-0743231	SOCIAL SERVICE	NY	501(c)(3)	10	NA		No
18 CENTER STREET HORNELL, NY 148431911 16-0743237	SOCIAL SERVICE	NY	501(c)(3)	10	NA		No
101 E 4TH STREET JAMESTOWN, NY 147015301 16-0743238	SOCIAL SERVICE	NY	501(c)(3)	10	NA		No
1020 REED STREET OLEAN, NY 14760 16-0743241	SOCIAL SERVICE	NY	501(c)(3)	10	NA		No
444 EAST MAIN STREET ROCHESTER, NY 146042595 16-0743242	SOCIAL SERVICE	NY	501(c)(3)	10	NA		No

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						Yes	No
32 NORTH MAIN STREET CANANDAIGUA, NY 14424 16-0755898	SOCIAL SERVICE	NY	501(c)(3)	10	NA		No
27-29 WILLIAM STREET AUBURN, NY 130213707 16-0978301	SOCIAL SERVICE	NY	501(c)(3)	10	NA		No
5 CRANE ST CLIFTON SPRINGS, NY 14432 16-6000962	SOCIAL SERVICE	NY	501(c)(3)	10	NA		No
1315 Butterfield Road Suite 218 DOWNERS GROVE, IL 605155562 20-0270050	SOCIAL SERVICE	IL	501(c)(3)	10	NA		No
50 BRAD AKINS DRIVE WINDER, GA 30680 20-1759275	SOCIAL SERVICE	GA	501(c)(3)	10	NA		No
110 KARL DRIVE ALEXANDRIA, MN 56308 20-2231427	SOCIAL SERVICE	MN	501(c)(3)	10	NA		No
PO BOX 707 LINVILLE, NC 28646 20-4910495	SOCIAL SERVICE	NC	501(c)(3)	10	NA		No
170 PATTERSON AVE STE 4 SHREWSBURY, NJ 077024167 21-0635051	SOCIAL SERVICE	NJ	501(c)(3)	10	NA		No
431 PENNINGTON AVE TRENTON, NJ 086183104 21-0635052	SOCIAL SERVICE	NJ	501(c)(3)	10	NA		No
1159 EAST LANDIS AVENUE VINELAND, NJ 08360 21-0635053	SOCIAL SERVICE	NJ	501(c)(3)	10	NA		No
1303 STOKES ROAD MEDFORD, NJ 080558632 21-0635054	SOCIAL SERVICE	NJ	501(c)(3)	10	NA		No
PAUL ROBESON PLACE PRINCETON, NJ 08540 21-0639890	SOCIAL SERVICE	NJ	501(c)(3)	10	NA		No
235 EAST RED BANK AVENUE WOODBURY, NJ 08096 21-0649032	SOCIAL SERVICE	NJ	501(c)(3)	10	NA		No
1315 WHITEHORSE-MERCERVILLE RD HAMILTON, NJ 086193815 21-0702879	SOCIAL SERVICE	NJ	501(c)(3)	10	NA		No
144 MADISON AVENUE ELIZABETH, NJ 07201 22-1487381	SOCIAL SERVICE	NJ	501(c)(3)	10	NA		No
111 KINGS ROAD MADISON, NJ 07940 22-1487385	SOCIAL SERVICE	NJ	501(c)(3)	10	NA		No
139 EAST MCCLELLAN AVENUE LIVINGSTON, NJ 07039 22-1487387	SOCIAL SERVICE	NJ	501(c)(3)	10	NA		No
128 WARD ST PATERSON, NJ 075051904 22-1487389	SOCIAL SERVICE	NJ	501(c)(3)	10	NA		No
365 NEW BRUNSWICK AVENUE PO BOX 148 PERTH AMBOY, NJ 08862 22-1487390	SOCIAL SERVICE	NJ	501(c)(3)	10	NA		No
490 MORRIS AVE SUMMIT, NJ 07901 22-1487392	SOCIAL SERVICE	NJ	501(c)(3)	10	NA		No

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						Yes	No
220 CLARK ST WESTFIELD, NJ 070904029 22-1487393	SOCIAL SERVICE	NJ	501(c)(3)	10	NA		No
483 MIDDLESEX AVE METUCHEN, NJ 08840 22-1487616	SOCIAL SERVICE	NJ	501(c)(3)	10	NA		No
25 PARK STREET MONTCLAIR, NJ 07042 22-1487617	SOCIAL SERVICE	NJ	501(c)(3)	10	NA		No
79 HORSEHILL ROAD CEDAR KNOLLS, NJ 079272003 22-1487618	SOCIAL SERVICE	NJ	501(c)(3)	10	NA		No
144 TICES LANE EAST BRUNSWICK, NJ 08816 22-1494457	SOCIAL SERVICE	NJ	501(c)(3)	10	NA		No
112 Oak Street RIDGEWOOD, NJ 074502509 22-1508752	SOCIAL SERVICE	NJ	501(c)(3)	10	NA		No
518 WATCHUNG AVENUE PLAINFIELD, NJ 07060 22-1515227	SOCIAL SERVICE	NJ	501(c)(3)	10	NA		No
144 W WOODSCHURCH RD FLEMINGTON, NJ 088227016 22-1524183	SOCIAL SERVICE	NJ	501(c)(3)	10	NA		No
600 BROAD STREET NEWARK, NJ 071024504 22-1552820	SOCIAL SERVICE	NJ	501(c)(3)	10	NA		No
100 FANNY RD MOUNTAIN LAKES, NJ 07046 22-1559438	SOCIAL SERVICE	NJ	501(c)(3)	10	NA		No
140 MOUNT AIRY RD BASKING RIDGE, NJ 079202098 22-1559439	SOCIAL SERVICE	NJ	501(c)(3)	10	NA		No
1340 MARTINE AVENUE SCOTCH PLAINS, NJ 07076 22-1589199	SOCIAL SERVICE	NJ	501(c)(3)	10	NA		No
14 DOVER-CHESTER RD RANDOLPH, NJ 07869 22-1601259	SOCIAL SERVICE	NJ	501(c)(3)	10	NA		No
2000 FROST VALLEY ROAD CLARYVILLE, NY 127259600 22-1625176	SOCIAL SERVICE	NY	501(c)(3)	10	NA		No
23 BIRCH RIDGE ROAD HARDWICK, NJ 078259502 22-1625643	SOCIAL SERVICE	NJ	501(c)(3)	10	NA		No
204 SHELL RD CARNEYS POINT, NJ 080692117 22-1815915	SOCIAL SERVICE	NJ	501(c)(3)	10	NA		No
1088 W WHITTY RD TOMS RIVER, NJ 078553278 22-1900146	SOCIAL SERVICE	NJ	501(c)(3)	10	NA		No
PO BOX 252 RUTHERFORD, NJ 070700252 22-1997720	SOCIAL SERVICE	NJ	501(c)(3)	10	NA		No
691 WYCKOFF AVENUE WYCKOFF, NJ 074811524 22-2011431	SOCIAL SERVICE	NJ	501(c)(3)	10	NA		No
33 OUTWATER LANE GARFIELD, NJ 07026 22-2324697	SOCIAL SERVICE	NJ	501(c)(3)	10	NA		No

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						Yes	No
48 PARK STREET DOVERFOXCROFT, ME 04426 22-2592628	SOCIAL SERVICE	ME	501(c)(3)	10	NA		No
259 PROSPECT ST TORRINGTON, CT 067905315 22-2878484	SOCIAL SERVICE	CT	501(c)(3)	10	NA		No
PO BOX 787 DAMARISCOTTA, ME 045430787 22-2978129	SOCIAL SERVICE	ME	501(c)(3)	10	NA		No
470 E FREEHOLD RD FREEHOLD, NJ 077287722 22-6069158	SOCIAL SERVICE	NJ	501(c)(3)	10	NA		No
400 Fayette Street Suite 250 CONSHOHOCKEN, PA 194288190 23-1243965	SOCIAL SERVICE	PA	501(c)(3)	10	NA		No
265 HARRISBURG AVE LANCASTER, PA 17603 23-1243970	SOCIAL SERVICE	PA	501(c)(3)	10	NA		No
201 N 7TH ST LEBANON, PA 170465007 23-1243980	SOCIAL SERVICE	PA	501(c)(3)	10	NA		No
PO BOX 1622 READING, PA 19603 23-1244009	SOCIAL SERVICE	PA	501(c)(3)	10	NA		No
90 N NEWBERRY STREET YORK, PA 17401 23-1352600	SOCIAL SERVICE	PA	501(c)(3)	10	NA		No
810 E MAIN ST WAYNESBORO, PA 17268 23-1352601	SOCIAL SERVICE	PA	501(c)(3)	10	NA		No
1111 HEWIT STREETS HOLLIDAYSBURG, PA 16648 23-1352603	SOCIAL SERVICE	PA	501(c)(3)	10	NA		No
112 MARKET STREET SUITE 415 HARRISBURG, PA 171011201 23-1365990	SOCIAL SERVICE	PA	501(c)(3)	10	NA		No
1 EAST CHESTNUT STREET WEST CHESTER, PA 19380 23-1365994	SOCIAL SERVICE	PA	501(c)(3)	10	NA		No
311 S WEST ST CARLISLE, PA 17013 23-1386198	SOCIAL SERVICE	PA	501(c)(3)	10	NA		No
601 SOUTH OXFORD VALLEY ROAD FAIRLESS HILLS, PA 190303901 23-1433890	SOCIAL SERVICE	PA	501(c)(3)	10	NA		No
570 E MCKINLEY ST CHAMBERSBURG, PA 172013402 23-1476339	SOCIAL SERVICE	PA	501(c)(3)	10	NA		No
608 E MAIN ST LANSDALE, PA 194462970 23-1489848	SOCIAL SERVICE	PA	501(c)(3)	10	NA		No
2110 GARRETT ROAD LANSDOWNE, PA 190501090 23-1614045	SOCIAL SERVICE	PA	501(c)(3)	10	NA		No
123 FORSTER STREET HARRISBURG, PA 171023409 23-1665437	SOCIAL SERVICE	PA	501(c)(3)	10	NA		No
401 FAIRVIEW AVE QUAKERTOWN, PA 18951 23-1713382	SOCIAL SERVICE	PA	501(c)(3)	10	NA		No

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						Yes	No
105 FIRST AVE BURNHAM, PA 17009 23-1879734	SOCIAL SERVICE	PA	501(c)(3)	10	NA		No
2500 LOWER STATE RD DOYLESTOWN, PA 189012668 23-1903158	SOCIAL SERVICE	PA	501(c)(3)	10	NA		No
30 EAST SEVENTH STREET BLOOMSBURG, PA 178152728 23-2085257	SOCIAL SERVICE	PA	501(c)(3)	10	NA		No
PO BOX 147 WERNERSVILLE, PA 195650147 23-2239299	SOCIAL SERVICE	PA	501(c)(3)	10	NA		No
520 NORTH CENTRE ST POTTSVILLE, PA 17901 23-2825683	SOCIAL SERVICE	PA	501(c)(3)	10	NA		No
5450 YMCA ROAD NAPLES, FL 34109 23-7039993	SOCIAL SERVICE	FL	501(c)(3)	10	NA		No
PO BOX 233 KENDALLVILLE, IN 467550233 23-7077600	SOCIAL SERVICE	IN	501(c)(3)	10	NA		No
900 EAST CHURCH STREET PIERRE, SD 575012219 23-7169291	SOCIAL SERVICE	SD	501(c)(3)	10	NA		No
500 N GEORGE ST HANOVER, PA 173311452 23-7172265	SOCIAL SERVICE	PA	501(c)(3)	10	NA		No
PO BOX 1667 MUSKEGON, MI 494433166 23-7229622	SOCIAL SERVICE	MI	501(c)(3)	10	NA		No
12635 W TECUMSEH BEND RD BROOKSTON, IN 47923 23-7331099	SOCIAL SERVICE	IN	501(c)(3)	10	NA		No
PO BOX 301 PENNINGTON, NJ 08534 23-7380624	SOCIAL SERVICE	NJ	501(c)(3)	10	NA		No
82 N MAIN ST CARBONDALE, PA 184071914 24-0795515	SOCIAL SERVICE	PA	501(c)(3)	10	NA		No
706 NORTH BLAKELY STREET DUNMORE, PA 18512 24-0795516	SOCIAL SERVICE	PA	501(c)(3)	10	NA		No
809 MAIN STREET STROUDSBURG, PA 18360 24-0795519	SOCIAL SERVICE	PA	501(c)(3)	10	NA		No
1150 N 4TH ST SUNBURY, PA 17801 24-0795634	SOCIAL SERVICE	PA	501(c)(3)	10	NA		No
40 WEST NORTHAMPTON STREET WILKESBARRE, PA 18701 24-0795638	SOCIAL SERVICE	PA	501(c)(3)	10	NA		No
641 WALNUT STREET WILLIAMSPORT, PA 17701 24-0795698	SOCIAL SERVICE	PA	501(c)(3)	10	NA		No
600 FRONT STREET PO BOX 6 FREELAND, PA 18224 24-0796037	SOCIAL SERVICE	PA	501(c)(3)	10	NA		No
10 NORTH MAIN STREET PITTSTON, PA 18640 24-0796039	SOCIAL SERVICE	PA	501(c)(3)	10	NA		No

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						Yes	No
145 EAST WATER ST LOCK HAVEN, PA 17745 24-0798644	SOCIAL SERVICE	PA	501(c)(3)	10	NA		No
1524 WEST LINDEN YMCA ALLENTOWN, PA 18102 24-0798706	SOCIAL SERVICE	PA	501(c)(3)	10	NA		No
125 W HIGH STREET BELLEFONTE, PA 16823 24-0802437	SOCIAL SERVICE	PA	501(c)(3)	10	NA		No
231 W 3RD STREET BERWICK, PA 18603 24-0813665	SOCIAL SERVICE	PA	501(c)(3)	10	NA		No
490 BESSEMER ROAD MT PLEASANT, PA 15666 25-0965554	SOCIAL SERVICE	PA	501(c)(3)	10	NA		No
339 N WASHINGTON STREET BUTLER, PA 16001 25-0965619	SOCIAL SERVICE	PA	501(c)(3)	10	NA		No
21 NORTH SECOND STREET CLEARFIELD, PA 16830 25-0965620	SOCIAL SERVICE	PA	501(c)(3)	10	NA		No
31 W 10TH STREET ERIE, PA 165011401 25-0965621	SOCIAL SERVICE	PA	501(c)(3)	10	NA		No
101 SOUTH MAPLE AVENUE GREENSBURG, PA 156013215 25-0965622	SOCIAL SERVICE	PA	501(c)(3)	10	NA		No
100 HAYNES STREET JOHNSTOWN, PA 159012526 25-0965623	SOCIAL SERVICE	PA	501(c)(3)	10	NA		No
800 CONSTITUTION BLVD NEW KENSINGTON, PA 15068 25-0965625	SOCIAL SERVICE	PA	501(c)(3)	10	NA		No
7 PETROLEUM STREET OIL CITY, PA 163012744 25-0965626	SOCIAL SERVICE	PA	501(c)(3)	10	NA		No
34 N BROAD ST RIDGWAY, PA 15853 25-0965629	SOCIAL SERVICE	PA	501(c)(3)	10	NA		No
5021 FREEPORT ROAD NATRONA HEIGHTS, PA 150651944 25-0965630	SOCIAL SERVICE	PA	501(c)(3)	10	NA		No
ONE YMCA DRIVE UNIONTOWN, PA 15401 25-0965631	SOCIAL SERVICE	PA	501(c)(3)	10	NA		No
25 PARKWAY DRIVE DU BOIS, PA 15801 25-0969494	SOCIAL SERVICE	PA	501(c)(3)	10	NA		No
356 CHESTNUT STREET MEADVILLE, PA 163353211 25-0969495	SOCIAL SERVICE	PA	501(c)(3)	10	NA		No
20 WEST WASHINGTON STREET NEW CASTLE, PA 16101 25-0969496	SOCIAL SERVICE	PA	501(c)(3)	10	NA		No
420 FORT DUQUESNE BLVD SUITE 625 PITTSBURGH, PA 15222 25-0969497	SOCIAL SERVICE	PA	501(c)(3)	10	NA		No
201 W SPRING STREET TITUSVILLE, PA 16354 25-0969498	SOCIAL SERVICE	PA	501(c)(3)	10	NA		No

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						Yes	No
625 BLACKBURN ROAD SEWICKLEY, PA 15143 25-0979384	SOCIAL SERVICE	PA	501(c)(3)	10	NA		No
2236 THIRD AVENUE NEW BRIGHTON, PA 15066 25-0993391	SOCIAL SERVICE	PA	501(c)(3)	10	NA		No
111 W PARK ST FRANKLIN, PA 16323 25-0995782	SOCIAL SERVICE	PA	501(c)(3)	10	NA		No
212 LEXINGTON AVENUE WARREN, PA 163652822 25-0995783	SOCIAL SERVICE	PA	501(c)(3)	10	NA		No
125 MAIN STREET BROOKVILLE, PA 15825 25-1028128	SOCIAL SERVICE	PA	501(c)(3)	10	NA		No
906 N CENTER ST CORRY, PA 16407 25-1032621	SOCIAL SERVICE	PA	501(c)(3)	10	NA		No
1150 NORTH WATER STREET KITTANNING, PA 162011516 25-1034424	SOCIAL SERVICE	PA	501(c)(3)	10	NA		No
925 NORTH HERMITAGE ROAD HERMITAGE, PA 161483219 25-1113698	SOCIAL SERVICE	PA	501(c)(3)	10	NA		No
60 BEN FRANKLIN RD N INDIANA, PA 157011593 25-1191545	SOCIAL SERVICE	PA	501(c)(3)	10	NA		No
110 W CHURCH ST LIGONIER, PA 156581223 25-1428011	SOCIAL SERVICE	PA	501(c)(3)	10	NA		No
9845 CAMPUS DRIVE CADILLAC, MI 49601 30-0013507	SOCIAL SERVICE	MI	501(c)(3)	10	NA		No
105 N 2ND STREET HAMILTON, OH 450112701 31-0536719	SOCIAL SERVICE	OH	501(c)(3)	10	NA		No
300 SOUTH LIMESTONE STREET SPRINGFIELD, OH 455051071 31-0537169	SOCIAL SERVICE	OH	501(c)(3)	10	NA		No
223 WEST HIGH STREET PIQUA, OH 45356 31-0537179	SOCIAL SERVICE	OH	501(c)(3)	10	NA		No
118 WEST 1ST STREET SUITE 300 DAYTON, OH 454022111 31-0537517	SOCIAL SERVICE	OH	501(c)(3)	10	NA		No
465 W SIXTH AVE LANCASTER, OH 431302547 31-1132606	SOCIAL SERVICE	OH	501(c)(3)	10	NA		No
PO BOX 692 WEST CHESTER, OH 450690692 31-1223296	SOCIAL SERVICE	OH	501(c)(3)	10	NA		No
1150 CHARLES LANE MARYSVILLE, OH 430409797 31-1355370	SOCIAL SERVICE	OH	501(c)(3)	10	NA		No
191 COMMUNITY DR URBANA, OH 430786001 31-1506457	SOCIAL SERVICE	OH	501(c)(3)	10	NA		No
1105 ELM STREET CINCINNATI, OH 45202 31-1537178	SOCIAL SERVICE	OH	501(c)(3)	10	NA		No

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1100 DEFIANCE STREET WAPAKONETA, OH 45895 31-1568315	SOCIAL SERVICE	OH	501(c)(3)	10	NA		No
400 PRIDE DRIVE WAVERLY, OH 45690 31-1665134	SOCIAL SERVICE	OH	501(c)(3)	10	NA		No
1861 ADAMS LANE PO BOX 8108 ZANESVILLE, OH 437028108 31-1694045	SOCIAL SERVICE	OH	501(c)(3)	10	NA		No
40 W LONG ST COLUMBUS, OH 432152891 31-4379594	SOCIAL SERVICE	OH	501(c)(3)	10	NA		No
100 MILL ST CHILLICOTHE, OH 45601 31-4379806	SOCIAL SERVICE	OH	501(c)(3)	10	NA		No
645 BARKS ROAD E MARION, OH 43302 31-4380058	SOCIAL SERVICE	OH	501(c)(3)	10	NA		No
300 N 7TH ST MARIETTA, OH 45750 31-4386270	SOCIAL SERVICE	OH	501(c)(3)	10	NA		No
470 W CHURCH STREET NEWARK, OH 43055 31-6053101	SOCIAL SERVICE	OH	501(c)(3)	10	NA		No
1201 30TH ST NW CANTON, OH 44709 34-0714392	SOCIAL SERVICE	OH	501(c)(3)	10	NA		No
50 S MAIN ST STE 100 AKRON, OH 443081847 34-0714727	SOCIAL SERVICE	OH	501(c)(3)	10	NA		No
1801 SUPERIOR AVENUE SUITE 130 CLEVELAND, OH 441144213 34-0714728	SOCIAL SERVICE	OH	501(c)(3)	10	NA		No
17 N CHAMPION ST PO BOX 1287 YOUNGSTOWN, OH 445031602 34-0714730	SOCIAL SERVICE	OH	501(c)(3)	10	NA		No
207 MILLER STREET ASHLAND, OH 44805 34-0714793	SOCIAL SERVICE	OH	501(c)(3)	10	NA		No
15655 ST RT 170 EAST LIVERPOOL, OH 43920 34-0714794	SOCIAL SERVICE	OH	501(c)(3)	10	NA		No
750 SCHOLL ROAD MANSFIELD, OH 44907 34-0714795	SOCIAL SERVICE	OH	501(c)(3)	10	NA		No
933 MENTOR AVENUE PAINESVILLE, OH 440772519 34-0714796	SOCIAL SERVICE	OH	501(c)(3)	10	NA		No
600 MONROE ST DOVER, OH 446222047 34-0714797	SOCIAL SERVICE	OH	501(c)(3)	10	NA		No
131 TREMONT AVENUE SE MASSILLON, OH 446466698 34-0719180	SOCIAL SERVICE	OH	501(c)(3)	10	NA		No
263 PROSPECT ROAD ASHTABULA, OH 440045841 34-0726066	SOCIAL SERVICE	OH	501(c)(3)	10	NA		No
680 WOODLAND AVE WOOSTER, OH 446912743 34-0766172	SOCIAL SERVICE	OH	501(c)(3)	10	NA		No

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						Yes	No
111 W SMILEY AVE SHELBY, OH 448752112 34-0792928	SOCIAL SERVICE	OH	501(c)(3)	10	NA		No
301 WAGNER AVE GREENVILLE, OH 453312534 34-0969422	SOCIAL SERVICE	OH	501(c)(3)	10	NA		No
1599 PALMER DRIVE DEFIANCE, OH 435123419 34-1014167	SOCIAL SERVICE	OH	501(c)(3)	10	NA		No
918 WEST FRANKLIN STREET KENTON, OH 43326 34-1262702	SOCIAL SERVICE	OH	501(c)(3)	10	NA		No
500 GILL AVENUE GALION, OH 448331213 34-1267646	SOCIAL SERVICE	OH	501(c)(3)	10	NA		No
7590 STATE ROUTE 703 CELINA, OH 458222919 34-1371829	SOCIAL SERVICE	OH	501(c)(3)	10	NA		No
ONE FABER DRIVE BRYAN, OH 43506 34-1448529	SOCIAL SERVICE	OH	501(c)(3)	10	NA		No
1801 SMUCKER ROAD ORRVILLE, OH 446679191 34-1491294	SOCIAL SERVICE	OH	501(c)(3)	10	NA		No
PO BOX 442 OTTAWA, OH 45875 34-1946813	SOCIAL SERVICE	OH	501(c)(3)	10	NA		No
1500 N SUPERIOR ST 2ND FL TOLEDO, OH 43604 34-4428262	SOCIAL SERVICE	OH	501(c)(3)	10	NA		No
300 EAST LINCOLN STREET FINDLAY, OH 458404943 34-4428263	SOCIAL SERVICE	OH	501(c)(3)	10	NA		No
241 WEST MAIN STREET VAN WERT, OH 458911636 34-4428264	SOCIAL SERVICE	OH	501(c)(3)	10	NA		No
345 SOUTH ELIZABETH STREET LIMA, OH 45801 34-4431173	SOCIAL SERVICE	OH	501(c)(3)	10	NA		No
154 WEST CENTER STREET FOSTORIA, OH 448302201 34-4439890	SOCIAL SERVICE	OH	501(c)(3)	10	NA		No
1000 NORTH STREET FREMONT, OH 43420 34-4444246	SOCIAL SERVICE	OH	501(c)(3)	10	NA		No
2101 WEST PERKINS AVENUE SANDUSKY, OH 448702043 34-4471834	SOCIAL SERVICE	OH	501(c)(3)	10	NA		No
180 SUMMIT STREET TIFFIN, OH 44883 34-4479386	SOCIAL SERVICE	OH	501(c)(3)	10	NA		No
300 EAST PARKWOOD STREET SIDNEY, OH 453651667 34-6596911	SOCIAL SERVICE	OH	501(c)(3)	10	NA		No
500 SOUTH CASS STREET WABASH, IN 46992 35-0733765	SOCIAL SERVICE	IN	501(c)(3)	10	NA		No
28 W 12TH ST PO BOX 527 ANDERSON, IN 460150527 35-0868206	SOCIAL SERVICE	IN	501(c)(3)	10	NA		No

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						Yes	No
225 E KRUZAN BRAZIL, IN 47834 35-0868207	SOCIAL SERVICE	IN	501(c)(3)	10	NA		No
615 NORTH ALABAMA STREET STE 200 INDIANAPOLIS, IN 462041430 35-0868211	SOCIAL SERVICE	IN	501(c)(3)	10	NA		No
1950 S 18TH ST LAFAYETTE, IN 479052099 35-0868213	SOCIAL SERVICE	IN	501(c)(3)	10	NA		No
500 SOUTH MULBERRY STREET MUNCIE, IN 473052493 35-0868215	SOCIAL SERVICE	IN	501(c)(3)	10	NA		No
1201 NORTHSIDE BOULEVARD SOUTH BEND, IN 466153921 35-0868216	SOCIAL SERVICE	IN	501(c)(3)	10	NA		No
2010 COLLEGE AVE VINCENNES, IN 475915631 35-0868218	SOCIAL SERVICE	IN	501(c)(3)	10	NA		No
310 N MAIN ST AUBURN, IN 467061828 35-0868958	SOCIAL SERVICE	IN	501(c)(3)	10	NA		No
222 NW 6TH STREET EVANSVILLE, IN 477081308 35-0869074	SOCIAL SERVICE	IN	501(c)(3)	10	NA		No
300 WITTENBRAKER AVENUE NEW CASTLE, IN 47362 35-0873347	SOCIAL SERVICE	IN	501(c)(3)	10	NA		No
905 EAST BROADWAY LOGANSPORT, IN 469473184 35-0874281	SOCIAL SERVICE	IN	501(c)(3)	10	NA		No
1201 CUMBERLAND CROSS DRIVE VALPARAISO, IN 46383 35-0876401	SOCIAL SERVICE	IN	501(c)(3)	10	NA		No
347 W BERRY STREET SUITE 500 FORT WAYNE, IN 46802 35-0886850	SOCIAL SERVICE	IN	501(c)(3)	10	NA		No
901 S MICHIGAN AVE LA PORTE, IN 463503504 35-0886851	SOCIAL SERVICE	IN	501(c)(3)	10	NA		No
123 SUTTER WAY MARION, IN 469524401 35-0886981	SOCIAL SERVICE	IN	501(c)(3)	10	NA		No
200 NORTH UNION STREET KOKOMO, IN 469014614 35-0893511	SOCIAL SERVICE	IN	501(c)(3)	10	NA		No
34 E 6TH ST PERU, IN 469702350 35-0893512	SOCIAL SERVICE	IN	501(c)(3)	10	NA		No
1160 W 500 N HUNTINGTON, IN 46750 35-0905959	SOCIAL SERVICE	IN	501(c)(3)	10	NA		No
1301 KATHYS WAY GREENSBURG, IN 472401798 35-0919345	SOCIAL SERVICE	IN	501(c)(3)	10	NA		No
2023 CHESTER BLVD RICHMOND, IN 47374 35-0984030	SOCIAL SERVICE	IN	501(c)(3)	10	NA		No
405 NE 3RD ST WASHINGTON, IN 475012062 35-1050606	SOCIAL SERVICE	IN	501(c)(3)	10	NA		No

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						Yes	No
1305 MARINERS DRIVE WARSAW, IN 46582 35-1068182	SOCIAL SERVICE	IN	501(c)(3)	10	NA		No
201 NORTH GRIFFITH BOULEVARD GRIFFITH, IN 463199219 35-1369437	SOCIAL SERVICE	IN	501(c)(3)	10	NA		No
2125 S HIGHLAND AVE BLOOMINGTON, IN 474022598 35-1384859	SOCIAL SERVICE	IN	501(c)(3)	10	NA		No
3100 WILLOWCREEK ROAD PORTAGE, IN 463683516 35-1404478	SOCIAL SERVICE	IN	501(c)(3)	10	NA		No
215 ROOSEVELT STREET CHESTERTON, IN 463042530 35-1404559	SOCIAL SERVICE	IN	501(c)(3)	10	NA		No
950 SOUTH MAISH ROAD FRANKFORT, IN 460412838 35-1636774	SOCIAL SERVICE	IN	501(c)(3)	10	NA		No
30 STATE RD 129 S BATESVILLE, IN 470069227 35-1855594	SOCIAL SERVICE	IN	501(c)(3)	10	NA		No
805 COMMUNITY WAY SCOTTSBURG, IN 47170 35-1876673	SOCIAL SERVICE	IN	501(c)(3)	10	NA		No
500 E HARCOURT ANGOLA, IN 46703 35-1999599	SOCIAL SERVICE	IN	501(c)(3)	10	NA		No
1111 W STATE HIGHWAY 46 SPENCER, IN 47460 35-2017600	SOCIAL SERVICE	IN	501(c)(3)	10	NA		No
2039 E MORGAN STREET MARTINSVILLE, IN 46151 35-2019312	SOCIAL SERVICE	IN	501(c)(3)	10	NA		No
105 WILLOW STREET NASHVILLE, IN 474487913 35-2038783	SOCIAL SERVICE	IN	501(c)(3)	10	NA		No
735 HIGHWAY 56 PO BOX 113 VEVAY, IN 47043 35-2090419	SOCIAL SERVICE	IN	501(c)(3)	10	NA		No
1709 NORTH SHELBY STREET SALEM, IN 47167 35-2097432	SOCIAL SERVICE	IN	501(c)(3)	10	NA		No
198 JENKINS CT NE CORYDON, IN 47112 35-2122124	SOCIAL SERVICE	IN	501(c)(3)	10	NA		No
PO BOX 171 FERDINAND, IN 47532 35-2216734	SOCIAL SERVICE	IN	501(c)(3)	10	NA		No
1000 GROVE ST EVANSTON, IL 602014294 36-2169194	SOCIAL SERVICE	IL	501(c)(3)	10	NA		No
2998 W PEARL CITY RD FREEPORT, IL 610329338 36-2169195	SOCIAL SERVICE	IL	501(c)(3)	10	NA		No
749 HOUBOLT ROAD JOLIET, IL 60431 36-2169197	SOCIAL SERVICE	IL	501(c)(3)	10	NA		No
1075 KENNEDY DR KANKAKEE, IL 609012032 36-2169198	SOCIAL SERVICE	IL	501(c)(3)	10	NA		No

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						Yes	No
2040 53RD STREET MOLINE, IL 612653650 36-2169199	SOCIAL SERVICE	IL	501(c)(3)	10	NA		No
220 EAST STATE STREET 4TH FLOOR ROCKFORD, IL 61104 36-2174838	SOCIAL SERVICE	IL	501(c)(3)	10	NA		No
255 SOUTH MARION STREET OAK PARK, IL 603023103 36-2179780	SOCIAL SERVICE	IL	501(c)(3)	10	NA		No
1030 WEST VAN BUREN STREET CHICAGO, IL 606077291 36-2179782	SOCIAL SERVICE	IL	501(c)(3)	10	NA		No
10 OAKLEY AVENUE STREATOR, IL 61364 36-2205999	SOCIAL SERVICE	IL	501(c)(3)	10	NA		No
2505 YMCA WAY STERLING, IL 610813603 36-2225496	SOCIAL SERVICE	IL	501(c)(3)	10	NA		No
315 WEST FIRST STREET KEWANEE, IL 614432103 36-2239384	SOCIAL SERVICE	IL	501(c)(3)	10	NA		No
220 WEST LOCUST STREET BELVIDERE, IL 610083621 36-2287520	SOCIAL SERVICE	IL	501(c)(3)	10	NA		No
201 E JACKSON ST OTTAWA, IL 613502246 36-2337893	SOCIAL SERVICE	IL	501(c)(3)	10	NA		No
2500 W BETHANY ROAD SYCAMORE, IL 60178 36-2379649	SOCIAL SERVICE	IL	501(c)(3)	10	NA		No
49 DEICKE DR GLEN ELLYN, IL 601375665 36-2470895	SOCIAL SERVICE	IL	501(c)(3)	10	NA		No
110 NORTH GALENA AVENUE DIXON, IL 610212198 36-2487927	SOCIAL SERVICE	IL	501(c)(3)	10	NA		No
2705 TECHNY ROAD NORTHBROOK, IL 600625963 36-2546842	SOCIAL SERVICE	IL	501(c)(3)	10	NA		No
1464 S MAIN ST LOMBARD, IL 60148 36-2643097	SOCIAL SERVICE	IL	501(c)(3)	10	NA		No
2947 OAK PARK AVENUE BERWYN, IL 604023048 36-2702522	SOCIAL SERVICE	IL	501(c)(3)	10	NA		No
3875 ELDAMAIN RD PLANO, IL 605459711 36-3028169	SOCIAL SERVICE	IL	501(c)(3)	10	NA		No
50 NORTH MCLEAN BOULEVARD ELGIN, IL 60123 36-3234727	SOCIAL SERVICE	IL	501(c)(3)	10	NA		No
101 N WACKER DR STE1400 CHICAGO, IL 606067386 36-3256696	SOCIAL SERVICE	IL	501(c)(3)	10	NA		No
401 SW SECOND AVENUE ALEDO, IL 61231 36-3832360	SOCIAL SERVICE	IL	501(c)(3)	10	NA		No
300 WALNUT DRIVE PERU, IL 613541946 36-6218217	SOCIAL SERVICE	IL	501(c)(3)	10	NA		No

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						Yes	No
1001 SOUTH WRIGHT STREET CHAMPAIGN, IL 618206225 37-0661257	SOCIAL SERVICE	IL	501(c)(3)	10	NA		No
220 WEST MCKINLEY AVENUE DECATUR, IL 62526 37-0661258	SOCIAL SERVICE	IL	501(c)(3)	10	NA		No
1200 ESIC DRIVE EDWARDSVILLE, IL 620253818 37-0661259	SOCIAL SERVICE	IL	501(c)(3)	10	NA		No
1324 W CARL SANDBURG DR GALESBURG, IL 614011347 37-0661260	SOCIAL SERVICE	IL	501(c)(3)	10	NA		No
1000 SHERWOOD LANE JACKSONVILLE, IL 626502700 37-0661261	SOCIAL SERVICE	IL	501(c)(3)	10	NA		No
3101 MAINE STREET QUINCY, IL 623014418 37-0661262	SOCIAL SERVICE	IL	501(c)(3)	10	NA		No
PO BOX 155 SPRINGFIELD, IL 62705 37-0661263	SOCIAL SERVICE	IL	501(c)(3)	10	NA		No
602 SOUTH MAIN STREET BLOOMINGTON, IL 617015135 37-0662603	SOCIAL SERVICE	IL	501(c)(3)	10	NA		No
1111 N VERMILION ST DANVILLE, IL 618323049 37-0662604	SOCIAL SERVICE	IL	501(c)(3)	10	NA		No
7000 N FLEMING LANE PEORIA, IL 616141236 37-0662605	SOCIAL SERVICE	IL	501(c)(3)	10	NA		No
PO BOX 527 MONMOUTH, IL 614620527 37-0663575	SOCIAL SERVICE	IL	501(c)(3)	10	NA		No
2501 FIELDS SOUTH DR CHAMPAIGN, IL 618223733 37-0673564	SOCIAL SERVICE	IL	501(c)(3)	10	NA		No
1325 E ASH STREET CANTON, IL 615201504 37-0748000	SOCIAL SERVICE	IL	501(c)(3)	10	NA		No
400 EAST CALHOUN STREET MACOMB, IL 614552366 37-0792409	SOCIAL SERVICE	IL	501(c)(3)	10	NA		No
417 SOUTH ALEXANDER STREET CLINTON, IL 617272348 37-0812114	SOCIAL SERVICE	IL	501(c)(3)	10	NA		No
1304 BROADWAY MOUNT VERNON, IL 62864 37-0863227	SOCIAL SERVICE	IL	501(c)(3)	10	NA		No
900 MCADAM DRIVE TAYLORVILLE, IL 625689635 37-1071231	SOCIAL SERVICE	IL	501(c)(3)	10	NA		No
PO BOX 875 MATTOON, IL 619380875 37-1122559	SOCIAL SERVICE	IL	501(c)(3)	10	NA		No
604 BROADWAY STREET SUITE 1 LINCOLN, IL 62656 37-1353644	SOCIAL SERVICE	IL	501(c)(3)	10	NA		No
3665 HOLLYWOOD RD SAINT JOSEPH, MI 490859581 38-1358054	SOCIAL SERVICE	MI	501(c)(3)	10	NA		No

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						Yes	No
1401 BROADWAY STREET SUITE 3A DETROIT, MI 48226 38-1358055	SOCIAL SERVICE	MI	501(c)(3)	10	NA		No
411 EAST THIRD STREET FLINT, MI 485032006 38-1358056	SOCIAL SERVICE	MI	501(c)(3)	10	NA		No
475 LAKE MICHIGAN DR NW GRAND RAPIDS, MI 49504 38-1358058	SOCIAL SERVICE	MI	501(c)(3)	10	NA		No
PO BOX 252 HASTINGS, MI 490580252 38-1358059	SOCIAL SERVICE	MI	501(c)(3)	10	NA		No
905 NORTH FRONT STREET NILES, MI 49120 38-1358236	SOCIAL SERVICE	MI	501(c)(3)	10	NA		No
4444 LONG LAKE ROAD READING, MI 492749303 38-1358416	SOCIAL SERVICE	MI	501(c)(3)	10	NA		No
1525 THIRD STREET PORT HURON, MI 48060 38-1358417	SOCIAL SERVICE	MI	501(c)(3)	10	NA		No
919 NE TORCH LAKE DRIVE CENTRAL LAKE, MI 496229628 38-1358418	SOCIAL SERVICE	MI	501(c)(3)	10	NA		No
119 N WASHINGTON SQUARE LANSING, MI 48933 38-1359576	SOCIAL SERVICE	MI	501(c)(3)	10	NA		No
515 WEST MAIN STREET OWOSSO, MI 488672608 38-1359577	SOCIAL SERVICE	MI	501(c)(3)	10	NA		No
1001 W MAPLE ST KALAMAZOO, MI 490081885 38-1360592	SOCIAL SERVICE	MI	501(c)(3)	10	NA		No
1915 FORDNEY STREET SAGINAW, MI 486012809 38-1360594	SOCIAL SERVICE	MI	501(c)(3)	10	NA		No
127 WEST WESLEY AVENUE JACKSON, MI 492012226 38-1381139	SOCIAL SERVICE	MI	501(c)(3)	10	NA		No
638 W MAUMEE ST ADRIAN, MI 492212030 38-1393859	SOCIAL SERVICE	MI	501(c)(3)	10	NA		No
1111 W ELM AVENUE MONROE, MI 481622801 38-1508585	SOCIAL SERVICE	MI	501(c)(3)	10	NA		No
400 W WASHINGTON ANN ARBOR, MI 48103 38-1525162	SOCIAL SERVICE	MI	501(c)(3)	10	NA		No
3700 SILVER LAKE ROAD TRAVERSE CITY, MI 496844899 38-1709640	SOCIAL SERVICE	MI	501(c)(3)	10	NA		No
1 Y DR GRAND HAVEN, MI 494171768 38-1717502	SOCIAL SERVICE	MI	501(c)(3)	10	NA		No
182 CAPITAL AVENUE NE BATTLE CREEK, MI 490173925 38-1986068	SOCIAL SERVICE	MI	501(c)(3)	10	NA		No
PO BOX 602 ESCANABA, MI 498290602 38-2615035	SOCIAL SERVICE	MI	501(c)(3)	10	NA		No

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						Yes	No
6225 N 39TH ST AUGUSTA, MI 490129722 38-3167869	SOCIAL SERVICE	MI	501(c)(3)	10	NA		No
1420 PINE STREET MARQUETTE, MI 498550441 38-3211419	SOCIAL SERVICE	MI	501(c)(3)	10	NA		No
1600 WEST DRIVE MENOMINEE, MI 498582238 38-6119445	SOCIAL SERVICE	MI	501(c)(3)	10	NA		No
1140 MAIN ST LA CROSSE, WI 546014190 39-0806172	SOCIAL SERVICE	WI	501(c)(3)	10	NA		No
229 E COLLEGE AVE APPLETON, WI 54911 39-0806191	SOCIAL SERVICE	WI	501(c)(3)	10	NA		No
711 COTTAGE GROVE ROAD MADISON, WI 537166119 39-0806253	SOCIAL SERVICE	WI	501(c)(3)	10	NA		No
161 W WISCONSIN AVENUE SUITE 4000 MILWAUKEE, WI 532032601 39-0806314	SOCIAL SERVICE	WI	501(c)(3)	10	NA		No
700 GRAHAM AVENUE EAU CLAIRE, WI 547013840 39-0806351	SOCIAL SERVICE	WI	501(c)(3)	10	NA		No
221 DODGE STREET JANESVILLE, WI 53548 39-0806368	SOCIAL SERVICE	WI	501(c)(3)	10	NA		No
1750 VALLEY ROAD OCONOMOWOC, WI 53066 39-0806378	SOCIAL SERVICE	WI	501(c)(3)	10	NA		No
90 W SECOND ST FOND DU LAC, WI 549354141 39-0806436	SOCIAL SERVICE	WI	501(c)(3)	10	NA		No
1865 RIVERSIDE DRIVE BELOIT, WI 535113521 39-0806449	SOCIAL SERVICE	WI	501(c)(3)	10	NA		No
725 LAKE AVE RACINE, WI 534031207 39-0807254	SOCIAL SERVICE	WI	501(c)(3)	10	NA		No
707 THIRD ST WAUSAU, WI 544034703 39-0808463	SOCIAL SERVICE	WI	501(c)(3)	10	NA		No
235 NORTH JEFFERSON STREET GREEN BAY, WI 543015126 39-0813466	SOCIAL SERVICE	WI	501(c)(3)	10	NA		No
9 N 21ST ST SUPERIOR, WI 54880 39-0813468	SOCIAL SERVICE	WI	501(c)(3)	10	NA		No
203 WELLS STREET LAKE GENEVA, WI 531472022 39-0816867	SOCIAL SERVICE	WI	501(c)(3)	10	NA		No
7101 53RD STREET KENOSHA, WI 53144 39-0826296	SOCIAL SERVICE	WI	501(c)(3)	10	NA		No
812 BROUGHTON DRIVE SHEBOYGAN, WI 530811411 39-0830271	SOCIAL SERVICE	WI	501(c)(3)	10	NA		No
320 EAST BROADWAY WAUKESHA, WI 53186 39-0847658	SOCIAL SERVICE	WI	501(c)(3)	10	NA		No

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						Yes	No
324 WASHINGTON AVENUE OSHKOSH, WI 54901 39-0878909	SOCIAL SERVICE	WI	501(c)(3)	10	NA		No
211 WISCONSIN RIVER DR PORT EDWARDS, WI 544691437 39-0929462	SOCIAL SERVICE	WI	501(c)(3)	10	NA		No
220 CORPORATE DRIVE BEAVER DAM, WI 53916 39-0975426	SOCIAL SERVICE	WI	501(c)(3)	10	NA		No
PO BOX 471 MANITOWOC, WI 542210471 39-1028773	SOCIAL SERVICE	WI	501(c)(3)	10	NA		No
PO BOX 246 BOULDER JUNCTION, WI 545120246 39-1136315	SOCIAL SERVICE	WI	501(c)(3)	10	NA		No
1111 W WASHINGTON ST WEST BEND, WI 530952433 39-1175559	SOCIAL SERVICE	WI	501(c)(3)	10	NA		No
611 JEFFERSON AVENUE CHIPPEWA FALLS, WI 54729 39-1308377	SOCIAL SERVICE	WI	501(c)(3)	10	NA		No
1307 SECOND STREET MONROE, WI 535661169 39-1405623	SOCIAL SERVICE	WI	501(c)(3)	10	NA		No
S 110 W30240 YMCA CAMP ROAD MUKWONAGO, WI 53149 39-1501649	SOCIAL SERVICE	WI	501(c)(3)	10	NA		No
410 WEST MCMILLAN STREET MARSHFIELD, WI 54449 39-1557086	SOCIAL SERVICE	WI	501(c)(3)	10	NA		No
1900 MICHIGAN ST STURGEON BAY, WI 54235 39-1738982	SOCIAL SERVICE	WI	501(c)(3)	10	NA		No
2003 WINNEBAGO STREET - EAST RHINELANDER, WI 54501 39-1942168	SOCIAL SERVICE	WI	501(c)(3)	10	NA		No
207 WINONA STREET WINONA, MN 55987 41-0693890	SOCIAL SERVICE	MN	501(c)(3)	10	NA		No
302 W FIRST ST DULUTH, MN 558021606 41-0693931	SOCIAL SERVICE	MN	501(c)(3)	10	NA		No
602 OAK STREET BRAINERD, MN 564013611 41-0693938	SOCIAL SERVICE	MN	501(c)(3)	10	NA		No
434 MAIN ST RED WING, MN 55066 41-0695614	SOCIAL SERVICE	MN	501(c)(3)	10	NA		No
704 FIRST DR NW AUSTIN, MN 559123099 41-0718359	SOCIAL SERVICE	MN	501(c)(3)	10	NA		No
1401 SOUTH RIVERFRONT DRIVE MANKATO, MN 560012413 41-0739108	SOCIAL SERVICE	MN	501(c)(3)	10	NA		No
1164 N FRIBERG AVENUE FERGUS FALLS, MN 565371580 41-0940250	SOCIAL SERVICE	MN	501(c)(3)	10	NA		No
2001 STOCKINGER DRIVE SAINT CLOUD, MN 563033124 41-0952420	SOCIAL SERVICE	MN	501(c)(3)	10	NA		No

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						Yes	No
PO BOX 118 LONGVILLE, MN 566550118 41-0967781	SOCIAL SERVICE	MN	501(c)(3)	10	NA		No
2021 WEST MAIN STREET ALBERT LEA, MN 560074335 41-1000679	SOCIAL SERVICE	MN	501(c)(3)	10	NA		No
400 RIVER RD GRAND RAPIDS, MN 557443784 41-1358634	SOCIAL SERVICE	MN	501(c)(3)	10	NA		No
8367 Unity Drive VIRGINIA, MN 557923604 41-1460551	SOCIAL SERVICE	MN	501(c)(3)	10	NA		No
PO BOX 757 WILLMAR, MN 562010757 41-1908049	SOCIAL SERVICE	MN	501(c)(3)	10	NA		No
200 SOUTH A STREET MARSHALL, MN 56258 41-1984589	SOCIAL SERVICE	MN	501(c)(3)	10	NA		No
1501 COLLEGEWAY WORTHINGTON, MN 561873028 41-6007569	SOCIAL SERVICE	MN	501(c)(3)	10	NA		No
207 7TH AVENUE SE CEDAR RAPIDS, IA 52401 42-0680306	SOCIAL SERVICE	IA	501(c)(3)	10	NA		No
800 HULIN STREET CHARLES CITY, IA 506162149 42-0680309	SOCIAL SERVICE	IA	501(c)(3)	10	NA		No
1840 SOUTH MONROE AVENUE MASON CITY, IA 504013402 42-0680330	SOCIAL SERVICE	IA	501(c)(3)	10	NA		No
1823 LOGAN STREET PO BOX 978 MUSCATINE, IA 527610017 42-0680340	SOCIAL SERVICE	IA	501(c)(3)	10	NA		No
501 GRAND AVENUE DES MOINES, IA 503091720 42-0680438	SOCIAL SERVICE	IA	501(c)(3)	10	NA		No
669 SOUTH HACKETT ROAD WATERLOO, IA 507015632 42-0681109	SOCIAL SERVICE	IA	501(c)(3)	10	NA		No
2126 PLANK ROAD KEOKUK, IA 526322899 42-0690393	SOCIAL SERVICE	IA	501(c)(3)	10	NA		No
121 E MAIN ST WASHINGTON, IA 523532012 42-0698186	SOCIAL SERVICE	IA	501(c)(3)	10	NA		No
1701 S 8TH AVE E NEWTON, IA 502085055 42-0703250	SOCIAL SERVICE	IA	501(c)(3)	10	NA		No
606 W 2ND ST DAVENPORT, IA 52801 42-0703278	SOCIAL SERVICE	IA	501(c)(3)	10	NA		No
611-621 NORTH HANCOCK STREET OTTUMWA, IA 525014233 42-0725202	SOCIAL SERVICE	IA	501(c)(3)	10	NA		No
601 RIVERVIEW DR SOUTH SIOUX CITY, NE 68776 42-0738980	SOCIAL SERVICE	NE	501(c)(3)	10	NA		No
414 N 3RD STREET OSKALOOSA, IA 525772216 42-0741010	SOCIAL SERVICE	IA	501(c)(3)	10	NA		No

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						Yes	No
PO BOX 212 SPENCER, IA 513010212 42-0820570	SOCIAL SERVICE	IA	501(c)(3)	10	NA		No
1100 MAPLE STREET ATLANTIC, IA 50022 42-0844143	SOCIAL SERVICE	IA	501(c)(3)	10	NA		No
35 N BOOTH ST DUBUQUE, IA 520017332 42-0934471	SOCIAL SERVICE	IA	501(c)(3)	10	NA		No
PO BOX 296 SPIRIT LAKE, IA 513600296 42-0958909	SOCIAL SERVICE	IA	501(c)(3)	10	NA		No
2101 E MCGREGOR STREET ALGONA, IA 505113000 42-1225829	SOCIAL SERVICE	IA	501(c)(3)	10	NA		No
916 WEST I STREET FOREST CITY, IA 504361739 42-1257332	SOCIAL SERVICE	IA	501(c)(3)	10	NA		No
PO BOX 41 LE MARS, IA 51031 42-1413807	SOCIAL SERVICE	IA	501(c)(3)	10	NA		No
101 E CHERRY STREET RED OAK, IA 515661004 42-1433436	SOCIAL SERVICE	IA	501(c)(3)	10	NA		No
1201 WEST TOWNLINE STREET CRESTON, IA 508011036 42-1436507	SOCIAL SERVICE	IA	501(c)(3)	10	NA		No
108 WASHINGTON STREET MARSHALL, IA 50158 42-1478611	SOCIAL SERVICE	IA	501(c)(3)	10	NA		No
220 26TH STREET FORT MADISON, IA 526272204 42-6080176	SOCIAL SERVICE	IA	501(c)(3)	10	NA		No
326 SOUTH 21ST STREET SUITE 400 ST LOUIS, MO 63103 43-0653616	SOCIAL SERVICE	MO	501(c)(3)	10	NA		No
1 YMCA DRIVE HANNIBAL, MO 634012270 43-0663323	SOCIAL SERVICE	MO	501(c)(3)	10	NA		No
1708 S JAMISON KIRKSVILLE, MO 635010644 43-0811428	SOCIAL SERVICE	MO	501(c)(3)	10	NA		No
PO BOX 104176 JEFFERSON CITY, MO 651104176 43-0953286	SOCIAL SERVICE	MO	501(c)(3)	10	NA		No
PO BOX 751 CHILLICHOTHE, MO 64601 43-1493664	SOCIAL SERVICE	MO	501(c)(3)	10	NA		No
1715 WOOD STREET FULTON, MO 65251 43-1552855	SOCIAL SERVICE	MO	501(c)(3)	10	NA		No
2600 S GRAND AVE CARTHAGE, MO 648363535 43-1558437	SOCIAL SERVICE	MO	501(c)(3)	10	NA		No
1 YMCA DRIVE MOUNTAIN GROVE, MO 65711 43-1617662	SOCIAL SERVICE	MO	501(c)(3)	10	NA		No
602 TANNER STREET SIKESTON, MO 63801 43-1666987	SOCIAL SERVICE	MO	501(c)(3)	10	NA		No

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						Yes	No
614 KELLY LANE LOUISIANA, MO 63353 43-1675923	SOCIAL SERVICE	MO	501(c)(3)	10	NA		No
500 W HIGHLAND NEVADA, MO 64772 43-1706486	SOCIAL SERVICE	MO	501(c)(3)	10	NA		No
740 E YERBY MARSHALL, MO 653400157 43-1710180	SOCIAL SERVICE	MO	501(c)(3)	10	NA		No
4701 CHOUTEAU AVENUE NEOSHO, MO 64850 43-1729473	SOCIAL SERVICE	MO	501(c)(3)	10	NA		No
1304 S MISSOURI STREET MACON, MO 63552 43-1761240	SOCIAL SERVICE	MO	501(c)(3)	10	NA		No
PO BOX 104 BOONVILLE, MO 65233 43-1798929	SOCIAL SERVICE	MO	501(c)(3)	10	NA		No
1903 NORTH WALNUT STREET CAMERON, MO 644299856 43-1933672	SOCIAL SERVICE	MO	501(c)(3)	10	NA		No
417 S JEFFERSON ST SPRINGFIELD, MO 65806 44-0545283	SOCIAL SERVICE	MO	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	SOCIAL SERVICE	MO	501(c)(3)	10	NA		No
315 S 6TH ST SAINT JOSEPH, MO 64501 44-0552491	SOCIAL SERVICE	MO	501(c)(3)	10	NA		No
PO BOX 13177 GRAND FORKS, ND 582083177 45-0226434	SOCIAL SERVICE	ND	501(c)(3)	10	NA		No
400 FIRST AVE S FARGO, ND 581031998 45-0232096	SOCIAL SERVICE	ND	501(c)(3)	10	NA		No
PO BOX 69 MINOT, ND 587020069 45-0237612	SOCIAL SERVICE	ND	501(c)(3)	10	NA		No
1608 N WASHINGTON ST BISMARCK, ND 585012675 45-0305520	SOCIAL SERVICE	ND	501(c)(3)	10	NA		No
651 NICOLLET MALL SUITE 500 MINNEAPOLIS, MN 55402 45-2563299	SOCIAL SERVICE	MN	501(c)(3)	10	NA		No
220 S MINNESOTA AVE SIOUX FALLS, SD 571046314 46-0225021	SOCIAL SERVICE	SD	501(c)(3)	10	NA		No
815 KANSAS CITY ST RAPID CITY, SD 577012605 46-0227218	SOCIAL SERVICE	SD	501(c)(3)	10	NA		No
5 SOUTH STATE STREET ABERDEEN, SD 57401 46-0255779	SOCIAL SERVICE	SD	501(c)(3)	10	NA		No
PO BOX 218 DUPREE, SD 576230218 46-0336514	SOCIAL SERVICE	SD	501(c)(3)	10	NA		No

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						Yes	No
301 W BENJAMIN AVE NORFOLK, NE 687012910 47-0376546	SOCIAL SERVICE	NE	501(c)(3)	10	NA		No
570 FALLBROOK BLVD SUITE 210 LINCOLN, NE 68521 47-0376578	SOCIAL SERVICE	NE	501(c)(3)	10	NA		No
430 S 20TH ST OMAHA, NE 681022506 47-0376586	SOCIAL SERVICE	NE	501(c)(3)	10	NA		No
810 N LINCOLN AVE FREMONT, NE 680254488 47-0376600	SOCIAL SERVICE	NE	501(c)(3)	10	NA		No
PO BOX 1065 HASTINGS, NE 689021065 47-0376607	SOCIAL SERVICE	NE	501(c)(3)	10	NA		No
PO BOX 408 MCCOOK, NE 69001 47-0377999	SOCIAL SERVICE	NE	501(c)(3)	10	NA		No
3912 38TH STREET COLUMBUS, NE 686011636 47-0398817	SOCIAL SERVICE	NE	501(c)(3)	10	NA		No
1801 SCOTT STREET BEATRICE, NE 68310 47-0415814	SOCIAL SERVICE	NE	501(c)(3)	10	NA		No
221 EAST SOUTH FRONT ST GRAND ISLAND, NE 68801 47-0425015	SOCIAL SERVICE	NE	501(c)(3)	10	NA		No
PO BOX 2423 SCOTTSBLUFF, NE 693632423 47-0439999	SOCIAL SERVICE	NE	501(c)(3)	10	NA		No
4500 6TH AVE KEARNEY, NE 68847 47-0720055	SOCIAL SERVICE	NE	501(c)(3)	10	NA		No
1278 WILBUR STREET BLAIR, NE 680082373 47-0782711	SOCIAL SERVICE	NE	501(c)(3)	10	NA		No
P O BOX 618 HOLDREGE, NE 68949 47-0807617	SOCIAL SERVICE	NE	501(c)(3)	10	NA		No
421 VAN BUREN STREET TOPEKA, KS 666033331 48-0543757	SOCIAL SERVICE	KS	501(c)(3)	10	NA		No
PO BOX 973 SALINA, KS 674010973 48-0544573	SOCIAL SERVICE	KS	501(c)(3)	10	NA		No
402 NORTH MARKET WICHITA, KS 67202 48-0554440	SOCIAL SERVICE	KS	501(c)(3)	10	NA		No
716 EAST 13TH STREET HUTCHINSON, KS 675015856 48-0556722	SOCIAL SERVICE	KS	501(c)(3)	10	NA		No
220 N WALNUT PO BOX 1066 MCPHERSON, KS 674601066 48-0650061	SOCIAL SERVICE	KS	501(c)(3)	10	NA		No
PO BOX 113 JUNCTION CITY, KS 664410113 48-0677789	SOCIAL SERVICE	KS	501(c)(3)	10	NA		No
1224 CENTER ST GARDEN CITY, KS 678464643 48-0693241	SOCIAL SERVICE	KS	501(c)(3)	10	NA		No

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						Yes	No
1101 CAMP WOOD RD ELMDALE, KS 668509784 48-0908238	SOCIAL SERVICE	KS	501(c)(3)	10	NA		No
100 WEST 10TH STREET SUITE 1100 WILMINGTON, DE 19801 51-0065748	SOCIAL SERVICE	DE	501(c)(3)	10	NA		No
1699 DEERFIELD ROAD LEBANON, OH 450360617 51-0181689	SOCIAL SERVICE	OH	501(c)(3)	10	NA		No
472 STILLWATER STREET OLD TOWN, ME 044682133 51-0201156	SOCIAL SERVICE	ME	501(c)(3)	10	NA		No
303 W CHESAPEAKE AVENUE BALTIMORE, MD 21204 52-0591699	SOCIAL SERVICE	MD	501(c)(3)	10	NA		No
601 KELLY ROAD CUMBERLAND, MD 21502 52-0591700	SOCIAL SERVICE	MD	501(c)(3)	10	NA		No
1100 EASTERN BLVD NORTH PO BOX 1857 HAGERSTOWN, MD 21742 52-0591701	SOCIAL SERVICE	MD	501(c)(3)	10	NA		No
1000 N MARKET STREET FREDERICK, MD 217014628 52-0607953	SOCIAL SERVICE	MD	501(c)(3)	10	NA		No
202 PEACHBLOSSOM ROAD EASTON, MD 216012545 52-0646895	SOCIAL SERVICE	MD	501(c)(3)	10	NA		No
1112 16TH ST NW 720 WASHINGTON, DC 200364823 53-0207403	SOCIAL SERVICE	DC	501(c)(3)	10	NA		No
920 COPORATE LANE CHESAPEAKE, VA 23320 54-0445205	SOCIAL SERVICE	VA	501(c)(3)	10	NA		No
1307-1309 CHURCH STREET LYNCHBURG, VA 24504 54-0505924	SOCIAL SERVICE	VA	501(c)(3)	10	NA		No
215 RIVERSIDE DRIVE DANVILLE, VA 245400460 54-0505982	SOCIAL SERVICE	VA	501(c)(3)	10	NA		No
615 OAKHURST AVE PULASKI, VA 24301 54-0505984	SOCIAL SERVICE	VA	501(c)(3)	10	NA		No
2 WEST FRANKLIN STREET RICHMOND, VA 232205006 54-0505986	SOCIAL SERVICE	VA	501(c)(3)	10	NA		No
PO BOX 2746 STAUNTON, VA 244012746 54-0506438	SOCIAL SERVICE	VA	501(c)(3)	10	NA		No
PO BOX 2130 ROANOKE, VA 24009 54-0515736	SOCIAL SERVICE	VA	501(c)(3)	10	NA		No
101 LONG GREEN BLVD YORKTOWN, VA 23693 54-0524905	SOCIAL SERVICE	VA	501(c)(3)	10	NA		No
648 SOUTH WAYNE AVENUE WAYNESBORO, VA 229804838 54-0633243	SOCIAL SERVICE	VA	501(c)(3)	10	NA		No
3 STARLING AVENUE MARTINSVILLE, VA 24112 54-0839746	SOCIAL SERVICE	VA	501(c)(3)	10	NA		No

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						Yes	No
PO BOX 10365 LYNCHBURG, VA 245060365 54-0881950	SOCIAL SERVICE	VA	501(c)(3)	10	NA		No
PO BOX 149 ALTAVISTA, VA 245170149 54-0895639	SOCIAL SERVICE	VA	501(c)(3)	10	NA		No
212 BUTLER ROAD FREDERICKSBURG, VA 224052441 54-0965826	SOCIAL SERVICE	VA	501(c)(3)	10	NA		No
PO BOX 1026 BEDFORD, VA 24523 54-1140513	SOCIAL SERVICE	VA	501(c)(3)	10	NA		No
1567 NOBLIN FARM RD CLARKSVILLE, VA 239273137 54-1351309	SOCIAL SERVICE	VA	501(c)(3)	10	NA		No
101 YMCA WAY COVINGTON, VA 24426 54-1637131	SOCIAL SERVICE	VA	501(c)(3)	10	NA		No
151 MCINTIRE PARK DRIVE CHARLOTTESVILLE, VA 229022450 54-1717336	SOCIAL SERVICE	VA	501(c)(3)	10	NA		No
235 TECHNOLOGY DRIVE PO BOX 720 ROCKY MOUNT, VA 24151 54-1740065	SOCIAL SERVICE	VA	501(c)(3)	10	NA		No
212 WEAVER AVENUE EMPORIA, VA 23847 54-2005981	SOCIAL SERVICE	VA	501(c)(3)	10	NA		No
PO BOX 430 MANITOWISH WATERS, WI 54545 54-2184387	SOCIAL SERVICE	WI	501(c)(3)	10	NA		No
100 YMCA DRIVE CHARLESTOWN, WV 25311 55-0357058	SOCIAL SERVICE	WV	501(c)(3)	10	NA		No
1800 30TH ST PARKERSBURG, WV 26104 55-0357059	SOCIAL SERVICE	WV	501(c)(3)	10	NA		No
PO BOX 6537 WHEELING, WV 260036537 55-0357071	SOCIAL SERVICE	WV	501(c)(3)	10	NA		No
121 EAST MAIN STREET BECKLEY, WV 258014705 55-0464596	SOCIAL SERVICE	WV	501(c)(3)	10	NA		No
PO BOX 688 CLARKSBURG, WV 26301 55-0486791	SOCIAL SERVICE	WV	501(c)(3)	10	NA		No
PO BOX 737 SCOTT DEPOT, WV 255600737 55-0702900	SOCIAL SERVICE	WV	501(c)(3)	10	NA		No
53 ASHELAND AVENUE SUITE 105 ASHEVILLE, NC 28801 56-0530013	SOCIAL SERVICE	NC	501(c)(3)	10	NA		No
PO BOX 6258 HIGH POINT, NC 272626258 56-0530014	SOCIAL SERVICE	NC	501(c)(3)	10	NA		No
84 BLUE RIDGE CIRCLE BLACK MOUNTAIN, NC 287111975 56-0532130	SOCIAL SERVICE	NC	501(c)(3)	10	NA		No
301 NORTH MAIN STREET SUITE 1900 WINSTONSALEM, NC 27101 56-0530015	SOCIAL SERVICE	NC	501(c)(3)	10	NA		No

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						Yes	No
2710 MARKET STREET WILMINGTON, NC 284031218 56-0532317	SOCIAL SERVICE	NC	501(c)(3)	10	NA		No
620 GREEN VALLEY ROAD SUITE 210 GREENSBORO, NC 27408 56-0543243	SOCIAL SERVICE	NC	501(c)(3)	10	NA		No
PO BOX 4063 ROCKY MOUNT, NC 278030063 56-0543251	SOCIAL SERVICE	NC	501(c)(3)	10	NA		No
119 W THIRD AVENUE LEXINGTON, NC 27292 56-0576153	SOCIAL SERVICE	NC	501(c)(3)	10	NA		No
2717 FORT BRAGG ROAD FAYETTEVILLE, NC 283034720 56-0582025	SOCIAL SERVICE	NC	501(c)(3)	10	NA		No
801 CORP CENTER DR SUITE 200 RALEIGH, NC 27607 56-0591307	SOCIAL SERVICE	NC	501(c)(3)	10	NA		No
PO BOX 1575 SALISBURY, NC 281441575 56-0606313	SOCIAL SERVICE	NC	501(c)(3)	10	NA		No
1346 SOUTH MAIN STREET BURLINGTON, NC 272155604 56-0611575	SOCIAL SERVICE	NC	501(c)(3)	10	NA		No
201 S CLAY STREET GASTONIA, NC 280523828 56-0655420	SOCIAL SERVICE	NC	501(c)(3)	10	NA		No
701 1ST STREET NW HICKORY, NC 286011376 56-0928743	SOCIAL SERVICE	NC	501(c)(3)	10	NA		No
PO BOX 1152 ASHEBORO, NC 272031152 56-0991786	SOCIAL SERVICE	NC	501(c)(3)	10	NA		No
1010 MENDENHALL ROAD THOMASVILLE, NC 273602546 56-1004370	SOCIAL SERVICE	NC	501(c)(3)	10	NA		No
400 E MOREHEAD ST CHARLOTTE, NC 282022269 56-1045299	SOCIAL SERVICE	NC	501(c)(3)	10	NA		No
PO BOX 10355 GOLDSBORO, NC 27530 56-1285595	SOCIAL SERVICE	NC	501(c)(3)	10	NA		No
PO BOX 834 WINDSOR, NC 279830834 56-1738475	SOCIAL SERVICE	NC	501(c)(3)	10	NA		No
3436C AIRPORT BLVD WILSON, NC 27896 56-2220375	SOCIAL SERVICE	NC	501(c)(3)	10	NA		No
510 MILLER ROAD SUMTER, SC 29150 57-0314417	SOCIAL SERVICE	SC	501(c)(3)	10	NA		No
1612 MARION ST STE 100 COLUMBIA, SC 292012939 57-0314423	SOCIAL SERVICE	SC	501(c)(3)	10	NA		No
723 CLEVELAND STREET GREENVILLE, SC 296012945 57-0314424	SOCIAL SERVICE	SC	501(c)(3)	10	NA		No
151 RIBAULT STREET SPARTANBURG, SC 29302 57-0314425	SOCIAL SERVICE	SC	501(c)(3)	10	NA		No

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						Yes	No
201 E REED ROAD ANDERSON, SC 296212095 57-0314465	SOCIAL SERVICE	SC	501(c)(3)	10	NA		No
361 CHARLOTTE AVENUE ROCK HILL, SC 29730 57-0335422	SOCIAL SERVICE	SC	501(c)(3)	10	NA		No
1760 CALHOUN ROAD GREENWOOD, SC 29649 57-0365055	SOCIAL SERVICE	SC	501(c)(3)	10	NA		No
201 BURNS ROAD EASLEY, SC 29640 57-0405623	SOCIAL SERVICE	SC	501(c)(3)	10	NA		No
PO BOX 492 CLINTON, SC 293250492 57-0506273	SOCIAL SERVICE	SC	501(c)(3)	10	NA		No
1700 SOUTH RUTHERFORD ROAD FLORENCE, SC 29505 57-0516770	SOCIAL SERVICE	SC	501(c)(3)	10	NA		No
410 ANDERSON DRIVE LAURENS, SC 29360 57-0517776	SOCIAL SERVICE	SC	501(c)(3)	10	NA		No
390 WHELCHEL RD GAFFNEY, SC 293413408 57-0557200	SOCIAL SERVICE	SC	501(c)(3)	10	NA		No
140 S CEDAR STREET SUMMERVILLE, SC 29483 57-0643100	SOCIAL SERVICE	SC	501(c)(3)	10	NA		No
PO BOX 7338 MYRTLE BEACH, SC 295722001 57-0747196	SOCIAL SERVICE	SC	501(c)(3)	10	NA		No
PO BOX 662 NEWBERRY, SC 29108 57-0783484	SOCIAL SERVICE	SC	501(c)(3)	10	NA		No
111 EAST CAROLINA AVENUE HARTSVILLE, SC 29550 57-0794011	SOCIAL SERVICE	SC	501(c)(3)	10	NA		No
106 LAKESIDE DRIVE UNION, SC 293791939 57-0832992	SOCIAL SERVICE	SC	501(c)(3)	10	NA		No
1801 RICHMOND AVE PORT ROYAL, SC 29935 57-0910326	SOCIAL SERVICE	SC	501(c)(3)	10	NA		No
621 NORTH TOWNVILLE STREET SENECA, SC 296788264 57-0934024	SOCIAL SERVICE	SC	501(c)(3)	10	NA		No
61 CANNON STREET CHARLESTON, SC 29403 57-0935533	SOCIAL SERVICE	SC	501(c)(3)	10	NA		No
1634 PLANT AVENUE WAYCROSS, GA 31501 58-0566129	SOCIAL SERVICE	GA	501(c)(3)	10	NA		No
PO BOX 820 MCDONOUGH, GA 30253 58-0566244	SOCIAL SERVICE	GA	501(c)(3)	10	NA		No
101 MARIETTA STREET NW SUITE 1100 ATLANTA, GA 303033272 58-0566253	SOCIAL SERVICE	GA	501(c)(3)	10	NA		No
3570 WHEELER ROAD AUGUSTA, GA 30909 58-0566254	SOCIAL SERVICE	GA	501(c)(3)	10	NA		No

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						Yes	No
PO BOX 1037 THOMASVILLE, GA 317991037 58-0566255	SOCIAL SERVICE	GA	501(c)(3)	10	NA		No
601 26TH AVENUE SE MOULTRIE, GA 31768 58-0593424	SOCIAL SERVICE	GA	501(c)(3)	10	NA		No
915 HAWTHORNE AVE ATHENS, GA 30606 58-0593443	SOCIAL SERVICE	GA	501(c)(3)	10	NA		No
6400 HABERSHAM STREET SUITE A SAVANNAH, GA 314055594 58-0603160	SOCIAL SERVICE	GA	501(c)(3)	10	NA		No
1701 GILLIONVILLE ROAD ALBANY, GA 31707 58-0610051	SOCIAL SERVICE	GA	501(c)(3)	10	NA		No
PO BOX 1640 COLUMBUS, GA 31902 58-0648697	SOCIAL SERVICE	GA	501(c)(3)	10	NA		No
810 E 2ND AVE ROME, GA 30161 58-0814549	SOCIAL SERVICE	GA	501(c)(3)	10	NA		No
100 YMCA LANE NEW BERN, NC 285605400 58-1402035	SOCIAL SERVICE	NC	501(c)(3)	10	NA		No
380 RUIN CREEK ROAD HENDERSON, NC 275362955 58-1406066	SOCIAL SERVICE	NC	501(c)(3)	10	NA		No
1840 MEADOWVIEW PARKWAY KINGSPORT, TN 37660 58-1564232	SOCIAL SERVICE	TN	501(c)(3)	10	NA		No
PO BOX 46 KANNAPOLIS, NC 280820046 58-1574620	SOCIAL SERVICE	NC	501(c)(3)	10	NA		No
427 N 1ST ST ALBEMARLE, NC 280013906 58-1582063	SOCIAL SERVICE	NC	501(c)(3)	10	NA		No
1818 EAST SHOTWELL STREET BAINBRIDGE, GA 317174352 58-1608613	SOCIAL SERVICE	GA	501(c)(3)	10	NA		No
800 E FARREL RD LAFAYETTE, LA 70508 58-1640136	SOCIAL SERVICE	LA	501(c)(3)	10	NA		No
PO BOX 2272 SHELBY, NC 281512272 58-2016066	SOCIAL SERVICE	NC	501(c)(3)	10	NA		No
120 HOLMES AVENUE SUITE 405 HUNTSVILLE, AL 35801 58-2058795	SOCIAL SERVICE	AL	501(c)(3)	10	NA		No
2455 HOWARD ROAD GAINESVILLE, GA 30507 58-2203268	SOCIAL SERVICE	GA	501(c)(3)	10	NA		No
1657 S CARPENTER RD TIFTON, GA 31794 58-2383631	SOCIAL SERVICE	GA	501(c)(3)	10	NA		No
433 NORTH MILLS AVENUE ORLANDO, FL 328035798 59-0624430	SOCIAL SERVICE	FL	501(c)(3)	10	NA		No
730 NW 107TH AVE SUITE 200 MIAMI, FL 33172 59-0624464	SOCIAL SERVICE	FL	501(c)(3)	10	NA		No

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						Yes	No
PO BOX 13170 PENSACOLA, FL 325911317 59-0624465	SOCIAL SERVICE	FL	501(c)(3)	10	NA		No
600 1ST AVENUE SUITE 201 ST PETERSBURG, FL 33701 59-0624468	SOCIAL SERVICE	FL	501(c)(3)	10	NA		No
2085 SOUTH CONGRESS AVENUE WEST PALM BEACH, FL 334067601 59-0624470	SOCIAL SERVICE	FL	501(c)(3)	10	NA		No
40 EAST ADAMS STREET SUITE 210 JACKSONVILLE, FL 322022335 59-0638514	SOCIAL SERVICE	FL	501(c)(3)	10	NA		No
2469 ENTERPRISE ROAD CLEARWATER, FL 33763 59-0810731	SOCIAL SERVICE	FL	501(c)(3)	10	NA		No
3620 CLEVELAND HEIGHTS BOULEVARD LAKELAND, FL 33803 59-1158144	SOCIAL SERVICE	FL	501(c)(3)	10	NA		No
6631 PALMETTO CIRCLE SOUTH BOCA RATON, FL 33433 59-1416281	SOCIAL SERVICE	FL	501(c)(3)	10	NA		No
ONE S SCHOOL AVENUE SUITE 301 SARASOTA, FL 34237 59-1618413	SOCIAL SERVICE	FL	501(c)(3)	10	NA		No
1023 MANATEE AVENUE WEST 6 BRADENTON, FL 342055781 59-1626905	SOCIAL SERVICE	FL	501(c)(3)	10	NA		No
701 CENTER ROAD VENICE, FL 34285 59-1629660	SOCIAL SERVICE	FL	501(c)(3)	10	NA		No
1001 BURNS AVENUE LAKE WALES, FL 33853 59-1741481	SOCIAL SERVICE	FL	501(c)(3)	10	NA		No
110 E OAK AVENUE TAMPA, FL 33602 59-1742909	SOCIAL SERVICE	FL	501(c)(3)	10	NA		No
1700 SE MONTEREY RD STUART, FL 349964109 59-1911653	SOCIAL SERVICE	FL	501(c)(3)	10	NA		No
PO BOX 2529 MARCO ISLAND, FL 339692529 59-2498619	SOCIAL SERVICE	FL	501(c)(3)	10	NA		No
100 YMCA LN SEBRING, FL 33875 59-2859656	SOCIAL SERVICE	FL	501(c)(3)	10	NA		No
761 EAST INTL SPEEDWAY BLVD DELAND, FL 32724 59-3284968	SOCIAL SERVICE	FL	501(c)(3)	10	NA		No
1501 HONEY LOCUST DRIVE NORTHFIELD, MN 550577497 59-3817686	SOCIAL SERVICE	MN	501(c)(3)	10	NA		No
3232 OLD 13TH STREET ASHLAND, KY 411025454 61-0444836	SOCIAL SERVICE	KY	501(c)(3)	10	NA		No
91 C MICHAEL DAVENPORT BOULEVARD FRANKFORT, KY 406011432 61-0444841	SOCIAL SERVICE	KY	501(c)(3)	10	NA		No
239 E HIGH ST LEXINGTON, KY 405071409 61-0444842	SOCIAL SERVICE	KY	501(c)(3)	10	NA		No

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						Yes	No
545 SOUTH SECOND STREET LOUISVILLE, KY 402022186 61-0444843	SOCIAL SERVICE	KY	501(c)(3)	10	NA		No
900 KENTUCKY PARKWAY OWENSBORO, KY 423015423 61-0561344	SOCIAL SERVICE	KY	501(c)(3)	10	NA		No
402 WEST BROADWAY FRANKFORT, KY 40601 61-0562021	SOCIAL SERVICE	KY	501(c)(3)	10	NA		No
460 KLUTEY PARK PLAZA HENDERSON, KY 424203348 61-0597114	SOCIAL SERVICE	KY	501(c)(3)	10	NA		No
917 MAIN STREET PARIS, KY 40361 61-0676727	SOCIAL SERVICE	KY	501(c)(3)	10	NA		No
150 YMCA DRIVE MADISONVILLE, KY 424319936 61-0904719	SOCIAL SERVICE	KY	501(c)(3)	10	NA		No
1080 US ROUTE 68 MAYSVILLE, KY 41056 61-1080836	SOCIAL SERVICE	KY	501(c)(3)	10	NA		No
PO BOX 603 MORGANFIELD, KY 424370603 61-1173801	SOCIAL SERVICE	KY	501(c)(3)	10	NA		No
424 BOB AMUS DRIVE PIKEVILLE, KY 41501 61-1177162	SOCIAL SERVICE	KY	501(c)(3)	10	NA		No
PO BOX 402 MAYFIELD, KY 420660402 61-1204017	SOCIAL SERVICE	KY	501(c)(3)	10	NA		No
7805 EAGLE WAY HOPKINSVILLE, KY 42240 61-1297293	SOCIAL SERVICE	KY	501(c)(3)	10	NA		No
PO BOX 1021 WASHINGTON CH, OH 43160 61-1416843	SOCIAL SERVICE	OH	501(c)(3)	10	NA		No
1100 E MAIN STREET RICHMOND, KY 404752027 61-6000619	SOCIAL SERVICE	KY	501(c)(3)	10	NA		No
301 WEST SIXTH STREET CHATTANOOGA, TN 374021108 62-0475699	SOCIAL SERVICE	TN	501(c)(3)	10	NA		No
616 JESSAMINE STREET KNOXVILLE, TN 37917 62-0475700	SOCIAL SERVICE	TN	501(c)(3)	10	NA		No
1000 CHURCH STREET NASHVILLE, TN 37203 62-0476243	SOCIAL SERVICE	TN	501(c)(3)	10	NA		No
6373 QUAIL HOLLOW ROAD SUITE 201 MEMPHIS, TN 38120 62-0476304	SOCIAL SERVICE	TN	501(c)(3)	10	NA		No
7405 ALBAN STATION CT STEB215 SPRINGFIELD, VA 221502318 62-0491361	SOCIAL SERVICE	VA	501(c)(3)	10	NA		No
400 M L KING JR BLVD BRISTOL, TN 37620 62-0521204	SOCIAL SERVICE	TN	501(c)(3)	10	NA		No
404 Y STREET GREENEVILLE, TN 377456243 62-0809014	SOCIAL SERVICE	TN	501(c)(3)	10	NA		No

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						Yes	No
5207 INDUSTRIAL DR MILAN, TN 38358 62-1547529	SOCIAL SERVICE	TN	501(c)(3)	10	NA		No
PO BOX 1502 DYERSBURG, TN 380251502 62-1616172	SOCIAL SERVICE	TN	501(c)(3)	10	NA		No
1501 FOURTH AVE SW BESSEMER, AL 350236016 63-0288881	SOCIAL SERVICE	AL	501(c)(3)	10	NA		No
PO BOX 2336 MONTGOMERY, AL 361032336 63-0288885	SOCIAL SERVICE	AL	501(c)(3)	10	NA		No
2101 FOURTH AVE N BIRMINGHAM, AL 35203 63-0299894	SOCIAL SERVICE	AL	501(c)(3)	10	NA		No
PO BOX 2272 MOBILE, AL 366911506 63-0302187	SOCIAL SERVICE	AL	501(c)(3)	10	NA		No
2300 13TH STREET TUSCALOOSA, AL 354011292 63-0302189	SOCIAL SERVICE	AL	501(c)(3)	10	NA		No
29 W 14TH ST PO BOX 1649 ANNISTON, AL 362011649 63-0332253	SOCIAL SERVICE	AL	501(c)(3)	10	NA		No
1 YMCA DRIVE SELMA, AL 367017770 63-0414814	SOCIAL SERVICE	AL	501(c)(3)	10	NA		No
100 WALNUT STREET GADSDEN, AL 359015253 63-0436456	SOCIAL SERVICE	AL	501(c)(3)	10	NA		No
2121 HELTON DRIVE FLORENCE, AL 356301448 63-0545200	SOCIAL SERVICE	AL	501(c)(3)	10	NA		No
PO BOX 310700 ENTERPRISE, AL 36331 63-0589262	SOCIAL SERVICE	AL	501(c)(3)	10	NA		No
1 YMCA DRIVE BREWTON, AL 36426 63-0999102	SOCIAL SERVICE	AL	501(c)(3)	10	NA		No
501 SOUTH PENSACOLA AVENUE ATMORE, AL 36502 63-1151492	SOCIAL SERVICE	AL	501(c)(3)	10	NA		No
PO BOX 680009 PRATTVILLE, AL 360680009 63-6052425	SOCIAL SERVICE	AL	501(c)(3)	10	NA		No
800 E RIVER PLACE JACKSON, MS 39202 64-0303099	SOCIAL SERVICE	MS	501(c)(3)	10	NA		No
267 YMCA PLACE VICKSBURG, MS 39180 64-0303115	SOCIAL SERVICE	MS	501(c)(3)	10	NA		No
1688 FAIRGROUND ROAD GREENVILLE, MS 38703 64-0306257	SOCIAL SERVICE	MS	501(c)(3)	10	NA		No
3719 VETERANS MEMORIAL DRIVE HATTIESBURG, MS 39401 64-0340760	SOCIAL SERVICE	MS	501(c)(3)	10	NA		No
1810 GOVERNMENT ST OCEAN SPRINGS, MS 395643931 64-0584648	SOCIAL SERVICE	MS	501(c)(3)	10	NA		No

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						Yes	No
602 NORTH SECOND AVENUE COLUMBUS, MS 39701 64-6025994	SOCIAL SERVICE	MS	501(c)(3)	10	NA		No
2197 S MT PLEASANT AVE MONROEVILLE, AL 36460 65-1058521	SOCIAL SERVICE	AL	501(c)(3)	10	NA		No
800 BLVD SAGRADO CORAZON ESQ SAN JUAN, PR 009093333 66-0190784	SOCIAL SERVICE	PR	501(c)(3)	10	NA		No
7843 NAZARET STREET PONCE, PR 00717 66-0204831	SOCIAL SERVICE	PR	501(c)(3)	10	NA		No
350 FOOTHILL DRIVE YREKA, CA 960972627 68-0294653	SOCIAL SERVICE	CA	501(c)(3)	10	NA		No
207 NORTH MAIN STREET WARREN, AR 716712716 70-0275848	SOCIAL SERVICE	AR	501(c)(3)	10	NA		No
415 W CHEROKEE ENID, OK 73701 70-0599309	SOCIAL SERVICE	OK	501(c)(3)	10	NA		No
130 WERNER STREET HOT SPRINGS, AR 719136443 71-0236925	SOCIAL SERVICE	AR	501(c)(3)	10	NA		No
350 SOUTH FOSTER DRIVE BATON ROUGE, LA 708064105 72-0408994	SOCIAL SERVICE	LA	501(c)(3)	10	NA		No
PO BOX 566 SHREVEPORT, LA 711620566 72-0408997	SOCIAL SERVICE	LA	501(c)(3)	10	NA		No
6691 RIVERSIDE DR MATAIRIE, LA 70003 72-0423490	SOCIAL SERVICE	LA	501(c)(3)	10	NA		No
PO BOX 56217 NEW ORLEANS, LA 701566217 72-0428019	SOCIAL SERVICE	LA	501(c)(3)	10	NA		No
103 VALHI BOULEVARD HOUMA, LA 703606280 72-0880478	SOCIAL SERVICE	LA	501(c)(3)	10	NA		No
106 WEST 13TH STREET OKMULGEE, OK 74447 73-0106247	SOCIAL SERVICE	OK	501(c)(3)	10	NA		No
1400 AIRPORT ROAD WEATHERFORD, OK 73096 73-0149048	SOCIAL SERVICE	OK	501(c)(3)	10	NA		No
101 NORTH OSAGE BARTLESVILLE, OK 74003 73-0521535	SOCIAL SERVICE	OK	501(c)(3)	10	NA		No
420 S MAIN STREET TULSA, OK 74103 73-0579269	SOCIAL SERVICE	OK	501(c)(3)	10	NA		No
500 N BROADWAY AVE SUITE 500 OKLAHOMA CITY, OK 731026298 73-0579270	SOCIAL SERVICE	OK	501(c)(3)	10	NA		No
700 W SARATOGA SHAWNEE, OK 74804 73-0602462	SOCIAL SERVICE	OK	501(c)(3)	10	NA		No
920 15TH ST NW ARDMORE, OK 73401 73-0603523	SOCIAL SERVICE	OK	501(c)(3)	10	NA		No

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						Yes	No
702 E GRAND AVE PONCA CITY, OK 746015514 73-0634724	SOCIAL SERVICE	OK	501(c)(3)	10	NA		No
5 SW FIFTH STREET LAWTON, OK 73501 73-0642616	SOCIAL SERVICE	OK	501(c)(3)	10	NA		No
107 N SEVENTH STREET PERRY, OK 73077 73-1099310	SOCIAL SERVICE	OK	501(c)(3)	10	NA		No
1350 LEXINGTON AVENUE NORMAN, OK 73069 73-1149824	SOCIAL SERVICE	OK	501(c)(3)	10	NA		No
1602 NORTH OKLAHOMA GUYON, OK 73942 73-1464310	SOCIAL SERVICE	OK	501(c)(3)	10	NA		No
1600 N MORLEY STREET STE 110A MOBERLEY, MO 65270 73-1663479	SOCIAL SERVICE	MO	501(c)(3)	10	NA		No
231 EAST RHAPSODY DRIVE SAN ANTONIO, TX 782166311 74-1109634	SOCIAL SERVICE	TX	501(c)(3)	10	NA		No
PO BOX 3007 HOUSTON, TX 772533007 74-1109737	SOCIAL SERVICE	TX	501(c)(3)	10	NA		No
810 WYOMING AVENUE EL PASO, TX 799025339 74-1109880	SOCIAL SERVICE	TX	501(c)(3)	10	NA		No
6760 NINTH AVENUE PORT ARTHUR, TX 776426413 74-1143027	SOCIAL SERVICE	TX	501(c)(3)	10	NA		No
3208 RED RIVER STREET SUITE 100 AUSTIN, TX 787055265 74-1193464	SOCIAL SERVICE	TX	501(c)(3)	10	NA		No
417 S UPPER BROADWAY ST CORPUS CHRISTI, TX 784013431 74-1211670	SOCIAL SERVICE	TX	501(c)(3)	10	NA		No
1806 NORTH NIMITZ STREET VICTORIA, TX 779015534 74-1368574	SOCIAL SERVICE	TX	501(c)(3)	10	NA		No
PO BOX 819 ROUND ROCK, TX 786800819 74-2206558	SOCIAL SERVICE	TX	501(c)(3)	10	NA		No
PO BOX 20515 WACO, TX 767020515 74-2668685	SOCIAL SERVICE	TX	501(c)(3)	10	NA		No
601 N AKARD ST DALLAS, TX 752013303 75-0800696	SOCIAL SERVICE	TX	501(c)(3)	10	NA		No
353 S RANDOLPH ST SAN ANGELO, TX 769036427 75-0800698	SOCIAL SERVICE	TX	501(c)(3)	10	NA		No
400 OAKLAWN CORSICANA, TX 75110 75-0808817	SOCIAL SERVICE	TX	501(c)(3)	10	NA		No
1010 NINTH STREET WICHITA FALLS, TX 763013212 75-0808818	SOCIAL SERVICE	TX	501(c)(3)	10	NA		No
PO BOX 1428 BIG SPRING, TX 797211428 75-0827470	SOCIAL SERVICE	TX	501(c)(3)	10	NA		No

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						Yes	No
512 LAMAR STREET SUITE 400 FORT WORTH, TX 76102 75-0827471	SOCIAL SERVICE	TX	501(c)(3)	10	NA		No
PO BOX 3137 ABILENE, TX 79604 75-0855638	SOCIAL SERVICE	TX	501(c)(3)	10	NA		No
PO BOX 954 MIDLAND, TX 797020954 75-0871732	SOCIAL SERVICE	TX	501(c)(3)	10	NA		No
1915 STANFORD STREET GREENVILLE, TX 754015908 75-0968474	SOCIAL SERVICE	TX	501(c)(3)	10	NA		No
5500 N LOOP 256 PALESTINE, TX 75801 75-0975622	SOCIAL SERVICE	TX	501(c)(3)	10	NA		No
1148 W PIONEER PKWY SUITE H ARLINGTON, TX 76013 75-1000839	SOCIAL SERVICE	TX	501(c)(3)	10	NA		No
1400 SOUTH MADDOX AVENUE DUMAS, TX 790295722 75-1073132	SOCIAL SERVICE	TX	501(c)(3)	10	NA		No
3001 E UNIVERSITY BLVD ODESSA, TX 79762 75-1187026	SOCIAL SERVICE	TX	501(c)(3)	10	NA		No
PO BOX 1286 PLAINVIEW, TX 790731286 75-6042150	SOCIAL SERVICE	TX	501(c)(3)	10	NA		No
500 LINCOLN AVENUE SALINAS, CA 93901 77-0202335	SOCIAL SERVICE	CA	501(c)(3)	10	NA		No
402 N 32ND ST BILLINGS, MT 591011215 81-0229368	SOCIAL SERVICE	MT	501(c)(3)	10	NA		No
1200 NORTH MAIN HELENA, MT 596012906 81-0231815	SOCIAL SERVICE	MT	501(c)(3)	10	NA		No
2975 WASHOE ST BUTTE, MT 597013236 81-0233504	SOCIAL SERVICE	MT	501(c)(3)	10	NA		No
3000 RUSSELL ST MISSOULA, MT 598018547 81-0300829	SOCIAL SERVICE	MT	501(c)(3)	10	NA		No
75 SWENSON WAY DILLON, MT 59725 81-0486053	SOCIAL SERVICE	MT	501(c)(3)	10	NA		No
PO BOX 10158 BOZEMAN, MT 59719 81-0542574	SOCIAL SERVICE	MT	501(c)(3)	10	NA		No
1177 W STATE STREET BOISE, ID 83702 82-0200908	SOCIAL SERVICE	ID	501(c)(3)	10	NA		No
155 NORTH CORNER IDAHO FALLS, ID 83402 82-0222174	SOCIAL SERVICE	ID	501(c)(3)	10	NA		No
1751 ELIZABETH BLVD TWIN FALLS, ID 83301 82-0255460	SOCIAL SERVICE	ID	501(c)(3)	10	NA		No
POST OFFICE BOX 6801 KETCHUM, ID 83340 82-0481436	SOCIAL SERVICE	ID	501(c)(3)	10	NA		No

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						Yes	No
1426 E LINCOLNWAY CHEYENNE, WY 82001 83-0179528	SOCIAL SERVICE	WY	501(c)(3)	10	NA		No
315 EAST 15TH STREET CASPER, WY 82602 83-0197773	SOCIAL SERVICE	WY	501(c)(3)	10	NA		No
101 SOUTH KLONDIKE DRIVE BUFFALO, WY 82834 83-0237890	SOCIAL SERVICE	WY	501(c)(3)	10	NA		No
2625 SOUTH COLORADO BLVD DENVER, CO 80222 84-0402696	SOCIAL SERVICE	CO	501(c)(3)	10	NA		No
316 NORTH TEJON STREET COLORADO SPRINGS, CO 80903 84-0404266	SOCIAL SERVICE	CO	501(c)(3)	10	NA		No
PO BOX 20800 ESTES PARK, CO 805112800 84-0404913	SOCIAL SERVICE	CO	501(c)(3)	10	NA		No
3200 SPAULDING AVENUE PUEBLO, CO 81008 84-0404925	SOCIAL SERVICE	CO	501(c)(3)	10	NA		No
2850 MAPLETON AVE BOULDER, CO 803011122 84-0459944	SOCIAL SERVICE	CO	501(c)(3)	10	NA		No
4901 INDIAN SCHOOL ROAD NE ALBUQUERQUE, NM 87110 85-0105592	SOCIAL SERVICE	NM	501(c)(3)	10	NA		No
1450 IRIS ST LOS ALAMOS, NM 875443056 85-0130054	SOCIAL SERVICE	NM	501(c)(3)	10	NA		No
60 W ALAMEDA ST TUCSON, AZ 857011307 86-0101237	SOCIAL SERVICE	AZ	501(c)(3)	10	NA		No
750 WHIPPLE STREET PRESCOTT, AZ 863011718 86-0119151	SOCIAL SERVICE	AZ	501(c)(3)	10	NA		No
3098 S HIGHLAND DRIVE SUITE 290 SALT LAKE CITY, UT 84106 87-0212472	SOCIAL SERVICE	UT	501(c)(3)	10	NA		No
4141 MEADOWS LANE LAS VEGAS, NV 891073105 88-0059266	SOCIAL SERVICE	NV	501(c)(3)	10	NA		No
1256 N STATE STREET BELLINGHAM, WA 98225 91-0482690	SOCIAL SERVICE	WA	501(c)(3)	10	NA		No
909 FOURTH AVENUE SEATTLE, WA 981041194 91-0482710	SOCIAL SERVICE	WA	501(c)(3)	10	NA		No
PO BOX 698 LONGVIEW, WA 98632 91-0565021	SOCIAL SERVICE	WA	501(c)(3)	10	NA		No
215 E FULTON ST MOUNT VERNON, WA 982733309 91-0565022	SOCIAL SERVICE	WA	501(c)(3)	10	NA		No
2720 ROCKEFELLER AVE EVERETT, WA 982013523 91-0565561	SOCIAL SERVICE	WA	501(c)(3)	10	NA		No
1614 SOUTH MILDRED SUITE 1 TACOMA, WA 98465 91-0565562	SOCIAL SERVICE	WA	501(c)(3)	10	NA		No

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						Yes	No
5 NORTH NACHES AVENUE YAKIMA, WA 98901 91-0568717	SOCIAL SERVICE	WA	501(c)(3)	10	NA		No
105 NE SPRING ST PULLMAN, WA 991647230 91-0573117	SOCIAL SERVICE	WA	501(c)(3)	10	NA		No
217 ORONDO AVE WENATCHEE, WA 988012209 91-0578224	SOCIAL SERVICE	WA	501(c)(3)	10	NA		No
PO BOX 1637 WALLA WALLA, WA 993620359 91-0580856	SOCIAL SERVICE	WA	501(c)(3)	10	NA		No
1530 YELM HWY SE OLYMPIA, WA 98501 91-0586473	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 SPOKANE, WA 99201 91-0827958	SOCIAL SERVICE	WA	501(c)(3)	10	NA		No
1234 COLUMBIA PARK TRAIL RICHLAND, WA 993523853 91-1655754	SOCIAL SERVICE	WA	501(c)(3)	10	NA		No
2500 SIMPSON AVENUE HOQUIAM, WA 985503937 91-1984900	SOCIAL SERVICE	WA	501(c)(3)	10	NA		No
5353 LAKE OTIS PARKWAY ANCHORAGE, AK 995071709 92-0034878	SOCIAL SERVICE	AK	501(c)(3)	10	NA		No
1221 S ALAMEDA KLAMATH FALLS, OR 976033657 93-0386978	SOCIAL SERVICE	OR	501(c)(3)	10	NA		No
9500 SW BARBUR BLVD STE 200 PORTLAND, OR 972195426 93-0386981	SOCIAL SERVICE	OR	501(c)(3)	10	NA		No
685 COURT STREET NE SALEM, OR 973013844 93-0386982	SOCIAL SERVICE	OR	501(c)(3)	10	NA		No
522 WEST SIXTH STREET MEDFORD, OR 975012735 93-0391645	SOCIAL SERVICE	OR	501(c)(3)	10	NA		No
1151 STEWART PARKWAY ROSEBURG, OR 974701902 93-0395593	SOCIAL SERVICE	OR	501(c)(3)	10	NA		No
610 STILLWELL ST TILLAMOOK, OR 97141 93-0457167	SOCIAL SERVICE	OR	501(c)(3)	10	NA		No
3311 S PACIFIC BLVD ALBANY, OR 973217797 93-0479079	SOCIAL SERVICE	OR	501(c)(3)	10	NA		No
2055 PATTERSON STREET EUGENE, OR 974052958 93-0500679	SOCIAL SERVICE	OR	501(c)(3)	10	NA		No
3715 POCAHONTAS ROAD SUITE 101 BAKER CITY, OR 978144141 93-0621433	SOCIAL SERVICE	OR	501(c)(3)	10	NA		No
PO BOX 5439 GRANTS PASS, OR 97527 93-0848122	SOCIAL SERVICE	OR	501(c)(3)	10	NA		No

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						Yes	No
50 CALIFORNIA STREET SUITE 650 SAN FRANCISCO, CA 94111 94-0997140	SOCIAL SERVICE	CA	501(c)(3)	10	NA		No
2330 BROADWAY OAKLAND, CA 946122496 94-1156317	SOCIAL SERVICE	CA	501(c)(3)	10	NA		No
80 SARATOGA AVE SANTA CLARA, CA 950517398 94-1156318	SOCIAL SERVICE	CA	501(c)(3)	10	NA		No
2105 WEST MARCH LANE SUITE 1 STOCKTON, CA 952077642 94-1156319	SOCIAL SERVICE	CA	501(c)(3)	10	NA		No
2021 W STREET SACRAMENTO, CA 958181624 94-1156634	SOCIAL SERVICE	CA	501(c)(3)	10	NA		No
2111 MARTIN LUTHER KING JR WAY BERKELEY, CA 94704 94-1156635	SOCIAL SERVICE	CA	501(c)(3)	10	NA		No
1155 N COURT STREET REDDING, CA 960010437 94-1212141	SOCIAL SERVICE	CA	501(c)(3)	10	NA		No
1111 COLLEGE AVENUE SANTA ROSA, CA 954043905 94-1265049	SOCIAL SERVICE	CA	501(c)(3)	10	NA		No
320 NORTH AKERS STREET VISALIA, CA 932911511 94-1459198	SOCIAL SERVICE	CA	501(c)(3)	10	NA		No
2555 3RD ST STE 215 SACRAMENTO, CA 958181100 94-3360482	SOCIAL SERVICE	CA	501(c)(3)	10	NA		No
105 E CARRILLO ST SANTA BARBARA, CA 931012110 95-1643379	SOCIAL SERVICE	CA	501(c)(3)	10	NA		No
1332 SIXTH STREET SANTA MONICA, CA 90401 95-1643380	SOCIAL SERVICE	CA	501(c)(3)	10	NA		No
3605 LONG BEACH BOULEVARD SUITE 210 LONG BEACH, CA 908077601 95-1643396	SOCIAL SERVICE	CA	501(c)(3)	10	NA		No
401 EAST CORTO STREET ALHAMBRA, CA 91801 95-1644051	SOCIAL SERVICE	CA	501(c)(3)	10	NA		No
625 S NEW HAMPSHIRE AVE LOS ANGELES, CA 900051371 95-1644052	SOCIAL SERVICE	CA	501(c)(3)	10	NA		No
13821 NEWPORT AVE 200 TUSTIN, CA 927807803 95-1644055	SOCIAL SERVICE	CA	501(c)(3)	10	NA		No
321 EAST MAGNOLIA BOULEVARD BURBANK, CA 915021132 95-1664139	SOCIAL SERVICE	CA	501(c)(3)	10	NA		No
500 E CITRUS AVE REDLANDS, CA 923735221 95-1684787	SOCIAL SERVICE	CA	501(c)(3)	10	NA		No
12510 E HADLEY ST 201 WHITTIER, CA 90601 95-1684795	SOCIAL SERVICE	CA	501(c)(3)	10	NA		No
240 S EUCLID STREET ANAHEIM, CA 92802 95-1709299	SOCIAL SERVICE	CA	501(c)(3)	10	NA		No

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						Yes	No
10970 ARROW ROUTE SUITE 106 RANCHO CUCAMONGA, CA 91730 95-1727678	SOCIAL SERVICE	CA	501(c)(3)	10	NA		No
2241 EAST PALMYRA ORANGE, CA 92869 95-1816053	SOCIAL SERVICE	CA	501(c)(3)	10	NA		No
1930 FOOTHILL BLVD LA CANADA, CA 91011 95-1976183	SOCIAL SERVICE	CA	501(c)(3)	10	NA		No
3708 RUFFIN RD SAN DIEGO, CA 92123 95-2039198	SOCIAL SERVICE	CA	501(c)(3)	10	NA		No
1020 SOUTHWOOD DRIVE SAN LUIS OBISPO, CA 93401 95-2147727	SOCIAL SERVICE	CA	501(c)(3)	10	NA		No
3400 SKYWAY DRIVE SANTA MARIA, CA 934552504 95-2158363	SOCIAL SERVICE	CA	501(c)(3)	10	NA		No
100 E THOUSAND OAKS BLVD SUITE 295 THOUSAND OAKS, CA 91360 95-2305501	SOCIAL SERVICE	CA	501(c)(3)	10	NA		No
1331 RIVER ROAD CORONA, CA 91720 95-2879893	SOCIAL SERVICE	CA	501(c)(3)	10	NA		No
43-930 SAN PABLO AVE PALM DESERT, CA 92260 95-3673295	SOCIAL SERVICE	CA	501(c)(3)	10	NA		No
1441 PALI HWY HONOLULU, HI 968132050 99-0073533	SOCIAL SERVICE	HI	501(c)(3)	10	NA		No
PO BOX 1786 LIHUE, HI 96766 99-0074494	SOCIAL SERVICE	HI	501(c)(3)	10	NA		No
250 KANALOA AVE KAHULUI, HI 96732 99-0105206	SOCIAL SERVICE	HI	501(c)(3)	10	NA		No
465 NEW KARNER ROAD 1ST FLOOR ALBANY, NY 12205 01-0567018	SOCIAL SERVICE	NY	501(c)(3)	10	NA		No
545 MAIN STREET ATHOL, MA 01331 04-2103727	SOCIAL SERVICE	MA	501(c)(3)	10	NA		No
320 MAIN STREET BROCKTON, MA 02301 04-2125014	SOCIAL SERVICE	MA	501(c)(3)	10	NA		No
105 PARK STREET HONESDALE, PA 18431 23-2122456	SOCIAL SERVICE	PA	501(c)(3)	10	NA		No
1000 DIVISION STREET STEVENS POINT, WI 54481 39-1102612	SOCIAL SERVICE	WI	501(c)(3)	10	NA		No
PO BOX 60 ERWIN, TN 376500060 62-0478092	SOCIAL SERVICE	TN	501(c)(3)	10	NA		No
580 COMMERCE RD FARMVILLE, VA 23901 62-1487256	SOCIAL SERVICE	VA	501(c)(3)	10	NA		No
350 NORTH FIRST AVENUE PHOENIX, AZ 850031513 86-0096799	SOCIAL SERVICE	AZ	501(c)(3)	10	NA		No

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						Yes	No
1952 ASHLAND AVE ASHLAND, OR 97520 93-0386976	SOCIAL SERVICE	OR	501(c)(3)	10	NA		No
140 N LOUISE STREET GLENDALE, CA 912064226 95-1661118	SOCIAL SERVICE	CA	501(c)(3)	10	NA		No
111 HWY 70 E DICKSON, TN 37055 47-1215122	SOCIAL SERVICE	TN	501(c)(3)	10	NA		No
235 CAVALIER DRIVE COOKEVILLE, TN 385013623 46-5501752	SOCIAL SERVICE	TN	501(c)(3)	10	NA		No
50 E PUTNAM AVENUE GREENWICH, CT 068305696 06-0646976	SOCIAL SERVICE	CT	501(c)(3)	10	NA		No
708 SOUTH MAIN STREET CENTERVILLE, IA 525442422 26-2927214	SOCIAL SERVICE	IA	501(c)(3)	10	NA		No
407 Greenwood Avenue Trenton, NJ 08609 56-2467563	SOCIAL SERVICE	NJ	501(c)(3)	10	NA		No
127 HAMMOND STREET BANGOR, ME 044011470 01-0211485	SOCIAL SERVICE	ME	501(c)(3)	10	NA		No
230 Keystone Drive Middletown, PA 170577560 81-2214509	SOCIAL SERVICE	PA	501(c)(3)	10	NA		No
301 W BLOOMFIELD STREET ROME, NY 134404117 23-7045379	SOCIAL SERVICE	NY	501(c)(3)	10	NA		No
1000 N MAIN STREET LOS ANGELES, CA 900121830 47-1924794	SOCIAL SERVICE	CA	501(c)(3)	10	NA		No
405 OLLIE AVENUE CLANTON, AL 350452828 63-0921199	SOCIAL SERVICE	AL	501(c)(3)	10	NA		No