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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

**2019**

**Open to Public Inspection**

**A For the 2019 calendar year, or tax year beginning 07-01-2019 , and ending 06-30-2020**

**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 $ 1,881,304,219

**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 2019 (Part V, line 2a) | **5** | 128 |
| **6** | Total number of volunteers (estimate if necessary) | **6** | 16 |
| **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 39 | **7b** | -5,000,000 |

| | | Prior Year | Current Year |
|---|---|---|---|
| **8** | Contributions and grants (Part VIII, line 1h) | 226,969 | 243,766 |
| **9** | Program service revenue (Part VIII, line 2g) | 190,535,358 | 225,232,397 |
| **10** | Investment income (Part VIII, column (A), lines 3, 4, and 7d ) | 272,401,131 | 150,946,997 |
| **11** | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | -49,713 | -44,405 |
| **12** | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 463,113,745 | 376,378,755 |
| **13** | Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) | 217,090 | 248,965 |
| **14** | Benefits paid to or for members (Part IX, column (A), line 4) | 595,326,903 | 842,220,067 |
| **15** | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 21,614,730 | 22,100,997 |
| **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) | 26,998,241 | 30,610,781 |
| **18** | Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) | 644,156,964 | 895,180,810 |
| **19** | Revenue less expenses. Subtract line 18 from line 12 | -181,043,219 | -518,802,055 |

| | | Beginning of Current Year | End of Year |
|---|---|---|---|
| **20** | Total assets (Part X, line 16) | 7,251,001,000 | 7,103,381,831 |
| **21** | Total liabilities (Part X, line 26) | 7,683,028,630 | 8,176,862,350 |
| **22** | Net assets or fund balances. Subtract line 21 from line 20 | -432,027,630 | -1,073,480,519 |

## 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**

****** 2020-11-10
Signature of officer Date

MICHAEL CEFOLE 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 $ 877,828,281 including grants of $ 248,766 ) (Revenue $ 376,179,394 )

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** ▶ 877,828,281

**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 | |

**Part IV Checklist of Required Schedules** *(continued)*

| | | | Yes | No |
|---|---|---|---|---|
| 22 | Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III* | 22 | Yes | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *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 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II* | 26 | | No |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) 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, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV* | 28a | | No |
| b | A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV* | 28b | Yes | |
| c | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? *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 | 38,774 | | |
| 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 | | | |

**Part V Statements Regarding Other IRS Filings and Tax Compliance** *(continued)*

| | | | | | |
|---|---|---|---|---|---|
| **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** 128 | | | |
| **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<br>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** | | No |
| **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** | | |
| **9** | **Sponsoring organizations maintaining donor advised funds.** | | | | |
| **a** | 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** | Yes | |
| **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:
▶Lisa Worthy 120 Broadway New York, NY 102711999 (646) 458-2480

**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.

See instructions for the order in which to list the persons above.

☐ 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 | | | | | | | | | | |
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**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 | | | | | | | | | | |
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| | | | | | | | | | | |
| **1b Sub-Total** ▶ | | | | | | | | | | |
| **c Total from continuation sheets to Part VII, Section A** ▶ | | | | | | | | | | |
| **d Total (add lines 1b and 1c)** ▶ | | | | | | | | 8,907,283 | 1,432,404 | 1,857,095 |

**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<br>9010 Strada Stell Court<br>Suite 105<br>Naples, FL 34109 | INVESTMENT MANAGEMENT | 7,865,581 |
| PRAESIDIUM INVESTMENT MANAGEMENT CO<br>747 3rd Avenue<br>35th Floor<br>New York, NY 10017 | INVESTMENT MANAGEMENT | 3,974,748 |
| CDW DIRECT<br>PO Box 75723<br>Chicago, IL 606755723 | COMPUTER AND OFFICE PRODUCTS | 1,829,529 |
| WELLINGTON MANAGEMENT CO<br>280 CONGRESS STREET<br>Boston, MA 02210 | INVESTMENT MANAGEMENT | 1,594,039 |
| BASSWOOD CAPITAL MANAGEMENT<br>645 MADISON AVENUE<br>New York, NY 10022 | INVESTMENT MANAGEMENT | 1,387,266 |

**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 ▶ 37

**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 | 243,766 | | | |
| | 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: $ | 1g | | | | |
| | h **Total.** Add lines 1a-1f | | 243,766 | | | |
| Program Service Revenue | | Business Code | | | | |
| | 2a LIFE ANNUITIES | | 225,232,397 | 225,232,397 | | |
| | b | | | | | |
| | c | | | | | |
| | d | | | | | |
| | e | | | | | |
| | f All other program service revenue. | | 0 | 0 | 0 | 0 |
| | g **Total.** Add lines 2a–2f. | 225,232,397 | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | 26,607,081 | 26,607,081 | | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | |
| | 5 Royalties | | | | | |
| | | (i) Real | (ii) Personal | | | |
| | 6a Gross rents | 6a | | | | |
| | b Less: rental expenses | 6b | | | | |
| | c Rental income or (loss) | 6c | 0 | 0 | | |
| | d Net rental income or (loss) | | | | | |
| | | (i) Securities | (ii) Other | | | |
| | 7a Gross amount from sales of assets other than inventory | 7a | 1,629,194,725 | | | |
| | b Less: cost or other basis and sales expenses | 7b | 1,504,854,809 | | | |
| | c Gain or (loss) | 7c | 124,339,916 | 0 | | |
| | d Net gain or (loss) | | 124,339,916 | 124,339,916 | | |
| | 8a Gross income from fundraising events (not including $ 243,766 of contributions reported on line 1c). See Part IV, line 18 | 8a | 26,250 | | | |
| | b Less: direct expenses | 8b | 70,655 | | | |
| | c Net income or (loss) from fundraising events | | -44,405 | | | -44,405 |
| | 9a Gross income from gaming activities. See Part IV, line 19 | 9a | | | | |
| | b Less: direct expenses | 9b | | | | |
| | c Net income or (loss) from gaming activities | | | | | |
| | 10a Gross sales of inventory, less returns and allowances | 10a | | | | |
| | b Less: cost of goods sold | 10b | | | | |
| | c Net income or (loss) from sales of inventory | | | | | |
| | Miscellaneous Revenue | Business Code | | | | |
| | 11a | | | | | |
| | b | | | | | |
| | c | | | | | |
| | d All other revenue | | 0 | 0 | 0 | 0 |
| | e **Total.** Add lines 11a–11d | | 0 | | | |
| | 12 **Total revenue.** See instructions | | 376,378,755 | 376,179,394 | 0 | -44,405 |

## 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) Fundraising expenses |
|---|---|---|---|---|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 225,000 | 225,000 | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | 23,965 | 23,965 | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. | | | | |
| 4 Benefits paid to or for members | 842,220,067 | 842,220,067 | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 7,408,329 | 3,725,916 | 3,682,413 | |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 87,080 | 87,080 | 0 | |
| 7 Other salaries and wages | 11,160,514 | 6,059,653 | 5,100,861 | |
| 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) | 1,210,027 | 646,836 | 563,191 | |
| 9 Other employee benefits | 1,272,068 | 527,928 | 744,140 | |
| 10 Payroll taxes | 962,979 | 504,976 | 458,003 | |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | 247,352 | 402,347 | -154,995 | |
| c Accounting | 315,000 | 70,000 | 245,000 | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | 20,532,406 | 20,509,719 | 22,687 | |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 695,279 | -71,438 | 766,717 | 0 |
| 12 Advertising and promotion | 97,224 | 81,748 | 15,476 | |
| 13 Office expenses | 594,627 | 65,180 | 529,447 | |
| 14 Information technology | 3,447,720 | 102,682 | 3,345,038 | |
| 15 Royalties | | | | |
| 16 Occupancy | 2,598,855 | 1,749,750 | 849,105 | |
| 17 Travel | 514,063 | 374,950 | 139,113 | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 410,442 | 84,413 | 326,029 | |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 673,091 | 437,509 | 235,582 | |
| 23 Insurance | 484,722 | 0 | 484,722 | |
| 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 | | | | |
| b | | | | |
| c | | | | |
| d | | | | |
| e All other expenses | 0 | 0 | 0 | 0 |
| 25 **Total functional expenses.** Add lines 1 through 24e | 895,180,810 | 877,828,281 | 17,352,529 | 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 | | 29,499,394 | 1 | 33,542,854 |
| | 2 | Savings and temporary cash investments | | | 2 | |
| | 3 | Pledges and grants receivable, net | | | 3 | |
| | 4 | Accounts receivable, net | | 38,906,788 | 4 | 52,755,278 |
| | 5 | Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 0 | 5 | 0 |
| | 6 | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 0 | 6 | 0 |
| | 7 | Notes and loans receivable, net | | | 7 | |
| | 8 | Inventories for sale or use | | | 8 | |
| | 9 | Prepaid expenses and deferred charges | | 988,203 | 9 | 1,401,580 |
| | 10a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 9,171,742 | | | |
| | b | Less: accumulated depreciation | 10b 4,471,938 | 4,576,256 | 10c | 4,699,804 |
| | 11 | Investments—publicly traded securities | | 2,864,789,766 | 11 | 2,797,694,382 |
| | 12 | Investments—other securities. See Part IV, line 11 | | 4,312,240,593 | 12 | 4,213,287,933 |
| | 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) | | 7,251,001,000 | 16 | 7,103,381,831 |
| Liabilities | 17 | Accounts payable and accrued expenses | | 122,220,497 | 17 | 130,990,224 |
| | 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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 0 | 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 | | 7,560,808,133 | 25 | 8,045,872,126 |
| | 26 | **Total liabilities.** Add lines 17 through 25 | | 7,683,028,630 | 26 | 8,176,862,350 |
| Net Assets or Fund Balances | | **Organizations that follow FASB ASC 958, check here ▶ ☐ and complete lines 27, 28, 32, and 33.** | | | | |
| | 27 | Net assets without donor restrictions | | | 27 | |
| | 28 | Net assets with donor restrictions | | | 28 | |
| | | **Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.** | | | | |
| | 29 | Capital stock or trust principal, or current funds | | | 29 | |
| | 30 | Paid-in or capital surplus, or land, building or equipment fund | | | 30 | |
| | 31 | Retained earnings, endowment, accumulated income, or other funds | | -432,027,630 | 31 | -1,073,480,519 |
| | 32 | Total net assets or fund balances | | -432,027,630 | 32 | -1,073,480,519 |
| | 33 | Total liabilities and net assets/fund balances | | 7,251,001,000 | 33 | 7,103,381,831 |

## 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 | 376,378,755 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 895,180,810 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -518,802,055 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | -432,027,630 |
| 5 | Net unrealized gains (losses) on investments | 5 | -122,700,000 |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | 49,166 |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | -1,073,480,519 |

## 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:** 19010655
**Software Version:** 2019v5.0
**EIN:** 13-5562401
**Name:** YOUNG MEN'S CHRISTIAN ASSOCIATION RETIREMENT FUND

Form 990 (2019)

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

THE YMCA RETIREMENT FUND PROVIDED MONTHLY ANNUITY PAYMENTS TO APPROXIMATELY 15,200 RETIRED YMCA EMPLOYEES WITH AN AVERAGE ANNUAL ANNUITY OF APPROXIMATELY $19,400. DURING THE FISCAL YEAR ENDED JUNE 30, 2020, THE YMCA RETIREMENT FUND PROVIDED BENEFITS (INCLUDING DEATH AND DISABILITY BENEFITS) IN EXCESS OF $842,220,000. 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 | | | |
| DENISE DAY<br>VICE CHAIRMAN | 2.0<br>40.0 | X | | X | | | | 0 | 398,423 | 61,862 |
| WILLIAM D RUECKERT<br>CHAIRMAN AS OF 1/2020 | 2.0<br>0.0 | X | | X | | | | 0 | 0 | 0 |
| WILLIAM HOLBY<br>CHAIRMAN UNTIL 12/31/2019 | 2.0<br>0.0 | X | | X | | | | 0 | 0 | 0 |
| ANGELA BROCK-KYLE<br>TRUSTEE VOLUNTEER | 2.0<br>0.0 | X | | | | | | 0 | 0 | 0 |
| BARBARA A BETTIN<br>TRUSTEE VOLUNTEER | 2.0<br>40.0 | X | | | | | | 0 | 246,742 | 36,797 |
| CHRISTINE C MARCKS<br>TRUSTEE VOLUNTEER | 2.0<br>0.0 | X | | | | | | 0 | 0 | 0 |
| D SCOTT LUTTRELL<br>TRUSTEE VOLUNTEER | 2.0<br>0.0 | X | | | | | | 0 | 0 | 0 |
| DAVID M MARTIN<br>TRUSTEE VOLUNTEER | 2.0<br>0.0 | X | | | | | | 0 | 0 | 0 |
| ERIC K MANN<br>TRUSTEE VOLUNTEER | 2.0<br>40.0 | X | | | | | | 0 | 368,295 | 50,087 |
| JOSEPH R WEIST<br>TRUSTEE VOLUNTEER | 2.0<br>40.0 | X | | | | | | 0 | 145,330 | 24,577 |

**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 | | | |
| JURIJ Z KUSHNER<br>TRUSTEE VOLUNTEER | 2.0<br>0.0 | X | | | | | | 0 | 0 | 0 |
| MARK BAUMGARTNER<br>TRUSTEE VOLUNTEER | 2.0<br>0.0 | X | | | | | | 0 | 0 | 0 |
| PATRICIA HAVERLAND<br>TRUSTEE VOLUNTEER - AS OF 1/1/2020 | 2.0<br>0.0 | X | | | | | | 0 | 0 | 0 |
| ROBERT T LUTTS<br>TRUSTEE VOLUNTEER | 2.0<br>0.0 | X | | | | | | 0 | 0 | 0 |
| SANDRA J MORANDER<br>TRUSTEE VOLUNTEER | 2.0<br>40.0 | X | | | | | | 0 | 273,614 | 48,161 |
| STEPHEN IVES<br>TRUSTEE VOLUNTEER | 2.0<br>0.0 | X | | | | | | 0 | 0 | 0 |
| W KELVIN WALKER<br>TRUSTEE VOLUNTEER | 2.0<br>0.0 | X | | | | | | 0 | 0 | 0 |
| GERARD RESCIGNO<br>CHIEF INFORMATION OFFICER AS OF 11/2019 | 40.0<br>0.0 | | | X | | | | 68,211 | 0 | 34,330 |
| HUNTER REISNER<br>CHIEF INVESTMENT OFFICER | 40.0<br>0.0 | | | X | | | | 1,152,555 | 0 | 298,000 |
| JAMES G KIRSCHNER<br>CHIEF STRATEGY OFFICER | 40.0<br>0.0 | | | X | | | | 428,129 | 0 | 89,350 |

**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 | | | |
| JOHN QUINONES<br>GENERAL COUNSEL | 40.0<br>.....<br>0.0 | | | X | | | | 589,937 | 0 | 94,095 |
| SCOTT DOLFI<br>PRESIDENT AND CHIEF EXECUTIVE OFFICER AS OF 7/2019 | 40.0<br>.....<br>0.0 | | | X | | | | 317,658 | 0 | 5,146 |
| VANESSA BOULOUS<br>CHIEF OPERATIONS OFFICER - EXTERNAL | 40.0<br>.....<br>0.0 | | | X | | | | 465,719 | 0 | 81,806 |
| VINCENT M DE SIO<br>CHIEF FINANCIAL OFFICER | 40.0<br>.....<br>0.0 | | | X | | | | 457,582 | 0 | 94,154 |
| ELIZABETH DELGADO<br>VICE PRESIDENT - HUMAN RESOURCES | 40.0<br>.....<br>0.0 | | | | X | | | 280,468 | 0 | 74,581 |
| ELIZABETH KURILLA<br>VICE PRESIDENT - INTERNAL AUDIT | 40.0<br>.....<br>0.0 | | | | X | | | 277,236 | 0 | 86,219 |
| KERRI HAYES<br>SENIOR COUNSEL | 40.0<br>.....<br>0.0 | | | | X | | | 269,656 | 0 | 97,938 |
| LISA WORTHY<br>SENIOR VICE PRESIDENT - FINANCE | 40.0<br>.....<br>0.0 | | | | X | | | 319,361 | 0 | 82,438 |
| MARCELA DEITRICH<br>SENIOR VICE PRESIDENT - CUSTOMER SERVICE | 40.0<br>.....<br>0.0 | | | | X | | | 346,704 | 0 | 59,368 |
| MAUREEN HALEY<br>VICE PRESIDENT - APPLICATIONS DEVELOPMENT UNTIL 12/2019 | 40.0<br>.....<br>0.0 | | | | X | | | 235,792 | 0 | 55,835 |

**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 | | | |
| IVAN MANOLOV<br>PORTFOLIO MANAGER | 40.0<br>0.0 | | | | | X | | 374,958 | 0 | 49,180 |
| JEREMY ROSENBERG<br>PORTFOLIO MANAGER UNTIL 4/2020 | 40.0<br>0.0 | | | | | X | | 535,729 | 0 | 70,247 |
| MARK SINNI<br>PORTFOLIO MANAGER | 40.0<br>0.0 | | | | | X | | 610,651 | 0 | 55,622 |
| PETER LEE<br>PORTFOLIO MANAGER | 40.0<br>0.0 | | | | | X | | 406,930 | 0 | 80,891 |
| SULEYMAN GOKCAN<br>DIRECTOR OF RISK | 40.0<br>0.0 | | | | | X | | 488,936 | 0 | 92,047 |
| ELLIOTT BUCHHOLZ<br>CHIEF OPERATIONS OFFICER - INTERNAL - UNTIL 6/2019 | 40.0<br>0.0 | | | | | | X | 310,583 | 0 | 56,210 |
| JOHN M PREIS<br>PRESIDENT AND CHIEF EXECUTIVE OFFICER - UNTIL 6/2019 | 40.0<br>0.0 | | | | | | X | 970,488 | 0 | 78,154 |

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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 instructions and the latest information.**

OMB No. 1545-0047

**2019**

**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 . . . . . 781

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** 781 | | | | | 0 | 0 |

**Part II** **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶ | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (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) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (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 2019 (line 6, column (f) divided by line 11, column (f)) . . . . . **14**

15 Public support percentage for 2018 Schedule A, Part II, line 14 . . . . . **15**

16a **33 1/3% support test—2019.** 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—2018.** 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—2019.** 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—2018.** 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) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (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) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (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 2019 (line 8, column (f) divided by line 13, column (f)) . . . . . | 15 | |
| 16 | Public support percentage from 2018 Schedule A, Part III, line 15 . . . . . | 16 | |

**Section D. Computation of Investment Income Percentage**

| | | | |
|---|---|---|---|
| 17 | Investment income percentage for **2019** (line 10c, column (f) divided by line 13, column (f)) . . . . . | 17 | |
| 18 | Investment income percentage from **2018** Schedule A, Part III, line 17 . . . . . | 18 | |

19a **33 1/3% support tests—2019.** 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—2018.** 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)

**2** Activities Test. **Answer (a) and (b) below.**

| | | | Yes | No |
|---|---|---|---|---|
| **a** | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***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 2019 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-2019** | **(iii) Distributable Amount for 2019** |
|---|---|---|---|
| **1** Distributable amount for 2019 from Section C, line 6 | | | |
| **2** Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in **Part VI**). See instructions. | | | |
| **3** Excess distributions carryover, if any, to 2019: | | | |
| **a** From 2014. . . . . | | | |
| **b** From 2015. . . . . | | | |
| **c** From 2016. . . . . | | | |
| **d** From 2017. . . . . | | | |
| **e** From 2018. . . . . | | | |
| **f** **Total** of lines 3a through e | | | |
| **g** Applied to underdistributions of prior years | | | |
| **h** Applied to 2019 distributable amount | | | |
| **i** Carryover from 2014 not applied (see instructions) | | | |
| **j** Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| **4** Distributions for 2019 from Section D, line 7: $ | | | |
| **a** Applied to underdistributions of prior years | | | |
| **b** Applied to 2019 distributable amount | | | |
| **c** Remainder. Subtract lines 4a and 4b from 4. | | | |
| **5** Remaining underdistributions for years prior to 2019, 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 2019. 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 2020.** Add lines 3j and 4c. | | | |
| **8** Breakdown of line 7: | | | |
| **a** Excess from 2015. . . . . | | | |
| **b** Excess from 2016. . . . . | | | |
| **c** Excess from 2017. . . . . | | | |
| **d** Excess from 2018. . . . . | | | |
| **e** Excess from 2019. . . . . | | | |

**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 781 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 002366199, SMITHFIELD YMCA EIN 043170393, ALLIANCE MASSACHUSETTS YMCA EIN 471468519, ILLINOIS STATE ALLIANCE OF YMCA 'S EIN 520620245, YMCA OF CECIL COUNTY INC. EIN 812010263, STATE ALLIANCE OF MICHIGAN YMCA 'S THE FOLLOWING YMCA'S WERE REMOVED AS SUPPORTED ORGANIZATIONS: EIN 042105872, TRI-COMMUN ITY YMCA OF SOUTHBRIDGE INC EIN 221515227, PLAINFIELD AREA YMCA EIN 221815915, SALEM COUNT Y YMCA EIN 231433890, LOWER BUCKS FAMILY YMCA EIN 231713382, UPPER BUCKS COUNTY YMCA EIN 2 40798644, LOCK HAVEN AREA YMCA EIN 250965630, ALLEGHENY VALLEY YMCA EIN 341491294, YMCA OF ORRVILLE OHIO EIN 344471834, YMCA OF SANDUSKY OHIO INC EIN 381358054, BENTON HARBOR-ST. J OSEPH YMCA EIN 570517776, FAMILY YMCA OF GREATER LAURENS EIN 610562021, FRANKFORT YMCA EIN 631151492, ATMORE AREA YMCA INC. EIN 750968474, YMCA GREENVILLE AND HUNT COUNTY EIN 94115 6317, YMCA OF THE EAST BAY EIN 951816053, YMCA OF ORANGE |

**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:** 19010655
**Software Version:** 2019v5.0
**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) |
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**Form 990, Sch A, Part I, Line 12g - Provide the following information about the supported organization(s).**

| (i) Name of supported organization | (ii) EIN | (iii) 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 | | |
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**Form 990, Sch A, Part I, Line 12g - Provide the following information about the supported organization(s).**

| (i) Name of supported organization | (ii) EIN | (iii) 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 | | |
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**Form 990, Sch A, Part I, Line 12g - Provide the following information about the supported organization(s).**

| (i) Name of supported organization | (ii) EIN | (iii) 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 | | |
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**Form 990, Sch A, Part I, Line 12g - Provide the following information about the supported organization(s).**

| (i) Name of supported organization | (ii) EIN | (iii) 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 | | |
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**Form 990, Sch A, Part I, Line 12g - Provide the following information about the supported organization(s).**

| (i)Name of supported organization | (ii)EIN | (iii) 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 | | |
| , | | | | | | |

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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.**

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

**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. | | |

| 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. |

| | | |
|---|---|---|
| **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-. | | |

**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)** 2016 | **(b)** 2017 | **(c)** 2018 | **(d)** 2019 | **(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? | | No | |
| j | Total. Add lines 1c through 1i | | | |
| 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 | |
|---|---|---|

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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 instructions and the latest information.

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

**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 | | 1,911,477 | 3,160,319 |
| d Equipment | 2,483,784 | | 1,242,199 | 1,241,585 |
| 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).)* ▶ | | | | 4,699,804 |

**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 | 11,594,639 | F |
| (2) Closely-held equity interests | 2,334,517,651 | F |
| (3) Other | | |
| (A) HEDGE FUND OF FUNDS | 1,867,175,643 | F |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| **Total.** *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶ | 4,213,287,933 | |

**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 | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| **Total.** *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶ | 8,045,872,126 |

**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 | 225,640,000 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | |
| a | Net unrealized gains (losses) on investments | 2a | -122,700,000 | | |
| 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 | -122,700,000 |
| 3 | Subtract line **2e** from line **1** | | | 3 | 348,340,000 |
| 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 | 27,837,000 | | |
| b | Other (Describe in Part XIII.) | 4b | 201,755 | | |
| c | Add lines **4a** and **4b** | | | 4c | 28,038,755 |
| 5 | Total revenue. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12.) | | | 5 | 376,378,755 |

## 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 | 867,093,000 |
| 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 | 867,093,000 |
| 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 | 27,837,000 | | |
| b | Other (Describe in Part XIII.) | 4b | 250,810 | | |
| c | Add lines **4a** and **4b** | | | 4c | 28,087,810 |
| 5 | Total expenses. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18.) | | | 5 | 895,180,810 |

## 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 | |
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**Part XIII Supplemental Information *(continued)***

| Return Reference | Explanation |
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# Additional Data

**Software ID:** 19010655
**Software Version:** 2019v5.0
**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, 2020, 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 | ROUNDING - 2394 CHARITABLE INCOME - 199361 |

**Supplemental Information**

| Return Reference | Explanation |
| --- | --- |
| Schedule D, Part XII, Line 4(b) Other expenses in form 990 not in audited financial statements | ROUNDING - 1845 CHARITABLE DISTRIBUTIONS - 248965 |

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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

**2019**

**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" on 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 the region | (d) Activities conducted in region (by type) (such as, 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 the region | (f) Total expenditures for and investments in the region |
|---|---|---|---|---|---|
| See Add'l Data | | | | | |
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| | | | | | |
| **3a** Sub-total . . . . | 0 | 0 | | | 3,640,160,847 |
| **b** Total from continuation sheets to Part I . . . | 0 | 0 | | | 0 |
| **c Totals** (add lines 3a and 3b) | 0 | 0 | | | 3,640,160,847 |

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on 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 noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | | |
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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" on 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 noncash assistance | (g) Description of noncash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
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## 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 |
|---|---|
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# Additional Data

**Software ID:** 19010655
**Software Version:** 2019v5.0
**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 | | 2,900,275,593 |
| East Asia and the Pacific | 0 | 0 | Investments | | 131,398,389 |

**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 | | 420,822,870 |
| Middle East and North Africa | 0 | 0 | Investments | | 49,461,912 |

**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 | | 72,059,362 |
| Russia and Neighboring States | 0 | 0 | Investments | | 4,171,852 |

**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 | | 25,241,562 |
| South Asia | 0 | 0 | Investments | | 22,479,501 |

**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 | | 13,437,484 |
| 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 | 167,235 |
| Europe (Including Iceland and Greenland) | 0 | 0 | Program Services | LIFE ANNUITIES | 73,833 |

**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 | 457,685 |
| Russia and Neighboring States | 0 | 0 | Program Services | LIFE ANNUITIES | 2,648 |

**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 | 4,035 |

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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

**2019**

**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 10 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 |
|---|---|---|---|---|---|---|
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| **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 | 270,016 | | | 270,016 |
| | 2 Less: Contributions | 243,766 | | | 243,766 |
| | 3 Gross income (line 1 minus line 2) | 26,250 | 0 | 0 | 26,250 |
| Direct Expenses | 4 Cash prizes | 0 | | | 0 |
| | 5 Noncash prizes | 15,038 | | | 15,038 |
| | 6 Rent/facility costs | 0 | | | 0 |
| | 7 Food and beverages | 46,885 | | | 46,885 |
| | 8 Entertainment | 2,755 | | | 2,755 |
| | 9 Other direct expenses | 5,977 | | | 5,977 |
| | 10 Direct expense summary. Add lines 4 through 9 in column (d) ▶ | | | | 70,655 |
| | 11 Net income summary. Subtract line 10 from line 3, column (d) ▶ | | | | -44,405 |

**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

**2019**

**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 . . . . . ▶ 3

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 | 12 | 23,965 | 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 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 $50,000 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:** 19010655
**Software Version:** 2019v5.0
**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<br>6359 WALKER LANE SUITE 200<br>ALEXANDRIA, VA 22310 | 36-3274346 | 501(c)(3) | 150,000 | 0 | | | SUPPORT GRANT |
| YMCA OF THE USA<br>101 NORTH WACKER DRIVE<br>CHICAGO, IL 60606 | 13-3256696 | 501(c)(3) | 25,000 | 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 |
|---|---|---|---|---|---|---|---|
| ASSOCIATION OF YMCA PROFESSIONALS<br>263 ALDEN STREET<br>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

**2019**

**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 on 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 on 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 | | | | | | | |
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## 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 $19,000 ; REISNER, HUNTER $19,000; DOLFI, SCOTT $3,900; DE SIO, VINCENT $19,000; KIRSCHNER, JAMES $16,987; QUINONES, JOHN $19,000; GOKCAN, SULEYMAN $19,000; BOULOUS, VANESSA $19,000; MANOLOV, IVAN $10,224; SINNI, MARK $19,000; ROSENBERG, JEREMY $19,000; WORTHY, LISA $5,660; DIETRICH, MARCELA $7,521; LEE, PETER $6,994; DELGADO, ELIZABETH $641; KURILLA, ELIZABETH $911; HAYES, KERRI $624. 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. |
| 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:** 19010655
**Software Version:** 2019v5.0
**EIN:** 13-5562401
**Name:** YOUNG MEN'S CHRISTIAN ASSOCIATION RETIREMENT FUND

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

| (A) Name and Title | | (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 | | | | |
| **1**DENISE DAY | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| VICE CHAIRMAN | (ii) | 382,722 | 0 | 15,701 | 40,627 | 21,235 | 460,285 | 0 |
| **1**ERIC K MANN | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| TRUSTEE VOLUNTEER | (ii) | 309,015 | 59,280 | 0 | 22,400 | 27,687 | 418,382 | 0 |
| **2**SANDRA J MORANDER | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| TRUSTEE VOLUNTEER | (ii) | 268,614 | 5,000 | 0 | 32,040 | 16,121 | 321,775 | 0 |
| **3**BARBARA A BETTIN | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| TRUSTEE VOLUNTEER | (ii) | 246,742 | 0 | 0 | 30,049 | 6,748 | 283,539 | 0 |
| **4**JOSEPH R WEIST | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| TRUSTEE VOLUNTEER | (ii) | 145,330 | 0 | 0 | 17,806 | 6,771 | 169,907 | 0 |
| **5**HUNTER REISNER | (i) | 567,122 | 582,049 | 3,384 | 252,600 | 45,400 | 1,450,555 | 0 |
| CHIEF INVESTMENT OFFICER | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **6**JOHN QUINONES | (i) | 447,054 | 141,816 | 1,067 | 52,600 | 41,495 | 684,032 | 0 |
| GENERAL COUNSEL | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **7**VINCENT M DE SIO | (i) | 346,260 | 109,050 | 2,272 | 52,600 | 41,554 | 551,736 | 0 |
| CHIEF FINANCIAL OFFICER | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **8**VANESSA BOULOUS | (i) | 353,929 | 110,290 | 1,500 | 52,600 | 29,206 | 547,525 | 0 |
| CHIEF OPERATIONS OFFICER - EXTERNAL | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **9**JAMES G KIRSCHNER | (i) | 321,211 | 102,854 | 4,064 | 50,587 | 38,763 | 517,479 | 0 |
| CHIEF STRATEGY OFFICER | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **10**SCOTT DOLFI | (i) | 316,400 | 0 | 1,258 | 3,900 | 1,246 | 322,804 | 0 |
| PRESIDENT AND CHIEF EXECUTIVE OFFICER AS OF 7/2019 | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **11**MARCELA DEITRICH | (i) | 290,336 | 55,946 | 422 | 41,121 | 18,247 | 406,072 | 0 |
| SENIOR VICE PRESIDENT - CUSTOMER SERVICE | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **12**LISA WORTHY | (i) | 265,894 | 52,855 | 612 | 39,260 | 43,178 | 401,799 | 0 |
| SENIOR VICE PRESIDENT - FINANCE | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **13**KERRI HAYES | (i) | 222,343 | 47,112 | 201 | 34,224 | 63,714 | 367,594 | 0 |
| SENIOR COUNSEL | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **14**ELIZABETH KURILLA | (i) | 230,204 | 46,509 | 523 | 34,511 | 51,708 | 363,455 | 0 |
| VICE PRESIDENT - INTERNAL AUDIT | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **15**ELIZABETH DELGADO | (i) | 233,804 | 46,147 | 517 | 34,241 | 40,340 | 355,049 | 0 |
| VICE PRESIDENT - HUMAN RESOURCES | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **16**MAUREEN HALEY | (i) | 208,077 | 27,310 | 405 | 28,876 | 26,959 | 291,627 | 0 |
| VICE PRESIDENT - APPLICATIONS DEVELOPMENT UNTIL 12/2019 | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **17**MARK SINNI | (i) | 374,908 | 235,463 | 280 | 52,600 | 3,022 | 666,273 | 0 |
| PORTFOLIO MANAGER | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **18**JEREMY ROSENBERG | (i) | 334,983 | 200,500 | 246 | 52,600 | 17,647 | 605,976 | 0 |
| PORTFOLIO MANAGER UNTIL 4/2020 | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **19**SULEYMAN GOKCAN | (i) | 366,376 | 121,720 | 840 | 52,600 | 39,447 | 580,983 | 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 | | | | |
| **21**PETER LEE | (i) | 260,424 | 146,281 | 225 | 40,594 | 40,297 | 487,821 | 0 |
| PORTFOLIO MANAGER | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **1**IVAN MANOLOV | (i) | 262,049 | 112,674 | 235 | 43,824 | 5,356 | 424,138 | 0 |
| PORTFOLIO MANAGER | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **2**JOHN M PREIS | (i) | 536,869 | 431,689 | 1,930 | 52,600 | 25,554 | 1,048,642 | 0 |
| PRESIDENT AND CHIEF EXECUTIVE OFFICER - UNTIL 6/2019 | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **3**ELLIOTT BUCHHOLZ | (i) | 196,419 | 113,337 | 827 | 33,600 | 22,610 | 366,793 | 0 |
| CHIEF OPERATIONS OFFICER - INTERNAL - UNTIL 6/2019 | (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 instructions and the latest information.**

OMB No. 1545-0047

**2019**

**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 section 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 | No |
|---|---|---|---|---|---|
| | | | | | |
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| | | | | | |

2 Enter the amount of tax incurred by the 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 | From | (e) Original principal amount | (f) Balance due | (g) In default? Yes | No | (h) Approved by board or committee? Yes | No | (i) Written agreement? Yes | No |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
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| | | | | | | | | | | | | |
| **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 |
|---|---|---|---|---|
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## 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 |
| | | | | | |
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## 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:** 19010655
**Software Version:** 2019v5.0
**EIN:** 13-5562401
**Name:** YOUNG MEN'S CHRISTIAN ASSOCIATION RETIREMENT FUND

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

| **(a)** Name of interested person | **(b)** Relationship between interested person and the organization | **(c)** Amount of transaction | **(d)** Description of transaction | **(e)** Sharing of organization's revenues? | |
|---|---|---|---|---|---|
| | | | | **Yes** | **No** |
| (1) ERICA MANN | FAMILY MEMBER OF ERIC MANN | 80,970 | EMPLOYMENT | | No |
| (1) ANGELO GORDON & COMPANY LP | INVESTMENT MANAGER | 737,606 | 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** |
| (3) BASSWOOD CAPITAL MANAGEMENT | INVESTMENT MANAGER | 1,387,266 | MANAGEMENT FEES | | No |
| (1) BIOTECHNOLOGY VALUE FUND LP | INVESTMENT MANAGER | 573,878 | 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** |
| (5) ECHO STREET CAPITAL MANAGEMENT | INVESTMENT MANAGER | 1,984,269 | MANAGEMENT FEES | | No |
| (1) ECLIPSE VENTURE LLC | INVESTMENT MANAGER | 516,044 | 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** |
| (7) ELEMENT CAPITAL MANAGEMENT LLC | INVESTMENT MANAGER | 4,605,485 | MANAGEMENT FEES | | No |
| (1) FIVE POINT ENERGY LLC | INVESTMENT MANAGER | 1,028,316 | 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 |
| (9) FOWLER PROPERTY ACQUISITIONS | INVESTMENT MANAGER | 681,708 | MANAGEMENT FEES | | No |
| (1) HENGISTBURY INVESTMENT PARTNERS LLP | INVESTMENT MANAGER | 977,689 | 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** |
| (11) SCOUT ENERGY PARTNERS | INVESTMENT MANAGER | 949,113 | MANAGEMENT FEES | | No |
| (1) VECTOR CAPITAL MANAGEMENT LP | INVESTMENT MANAGER | 620,279 | 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** |
| (13) WHEELOCK STREET CAPITAL | INVESTMENT MANAGER | 414,481 | MANAGEMENT FEES | | No |
| (1) YIHENG CAPITAL LLC | INVESTMENT MANAGER | 319,785 | 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

**2019**

**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, 2020 WITH THE INTENT OF FILING FORM 990-T ON OR BEFORE MAY 15, 2021. |

## 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 2020. 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 TRUSTEES 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, INCLUDING TRAVEL OF AT LEAST TWO DAYS EACH QUARTER. THEIR PROFESSIONAL EXPERTISE AND DEDICATION TO ADVANCING THE YMCA MOVEMENT IS INTEGRAL TO THE SUCCESS OF THE FUND. THE FUND'S BOARD OF TRUSTEES VOLUNTEERED MORE THAN TEN DAYS OF THE YEAR WITH 100% ATTENDANCE IN FULFILLMENT OF THE FIDUCIARY OBLIGATIONS ASSOCIATED WITH FUND GOVERNANCE. TRUSTEES SPENT 50.0 HOURS OF ACTUAL MEETING TIME DURING THE PAST FISCAL YEAR EXCLUSIVE OF THE APPROXIMATELY 35 HOURS OF PREPARATORY AND FOLLOW UP TIME. TRUSTEES COME FROM ACROSS THE UNITED STATES AND MEETING LOGISTICS IN CERTAIN CASES REQUIRES DAY PRIOR TRAVEL. HOWEVER, AT A MINIMUM, TRUSTEES INCUR 1 TRAVEL DAY (1/2 DAY TO AND 1/2 DAY FROM) EACH OF THE BOARD MEETINGS. CALCULATION: (50.0 HOURS OF MEETING TIME / 7.0 HOURS PER DAY = 7 DAYS PLUS 3 TRAVEL DAYS = 10 BUSINESS DAYS PER YEAR EXCLUDING PREP TIME) DETAILS AS FOLLOWS: THE BOARD OF TRUSTEES MET 5 TIMES DURING THE FISCAL YEAR FOR A TOTAL OF 19.00 HOURS. PREPARATION TIME EXCEEDS 2 HOURS FOR EACH MEETING. SEPTEMBER 2019 - ATLANTA, GA, 3.25 HOURS WITH 16/16 TRUSTEES ATTENDING (100%) NOVEMBER 2019 - NEW YORK, NY, 3.50 HOURS WITH 16/16 TRUSTEES ATTENDING (100%) FEBRUARY 2020 - PHOENIX, AZ, 8.25 HOURS WITH 16/16 TRUSTEES ATTENDING (100%) MARCH 2020 - TELEPHONE CONFERENCE, 1.0 HOURS WITH 16/16 TRUSTEES ATTENDING (100%) MAY 2020 - VIDEO CONFERENCE, 3.0 HOURS WITH 16/16 TRUSTEES ATTENDING (100% THE INVESTMENT COMMITTEE MET 5 TIMES DURING THE FISCAL YEAR, 3 TIMES IN PERSON AND 2 TIMES VIRTUALLY FOR A TOTAL OF 10.50 HOURS. PREPARATION TIME FOR THE MEETINGS AVERAGES 4 OR MORE PER MEETING. THE BENEFITS AND OPERATIONS COMMITTEE MET 3 TIMES DURING THE FISCAL YEAR FOR A TOTAL OF 7.50 HOURS. PREPARATION TIME GENERALLY REQUIRES 1 HOUR OR MORE FOR EACH MEETING. THE AUDIT COMMITTEE MET 4 TIMES DURING THE FISCAL YEAR, 2 TIMES IN PERSON AND TWICE VIRTUALLY FOR A TOTAL OF 4.50 HOURS. PREPARATION TIME GENERALLY REQUIRES 1 HOUR 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, 2 TIMES IN PERSON AND 3 TIMES VIRTUALLY, FOR A TOTAL OF 5.50 HOURS. PREPARATION TIME GENERALLY REQUIRES 1 HOUR OR MORE FOR EACH MEETING. THE COMPENSATION COMMITTEE MET 3 TIMES DURING THE FISCAL YEAR, ONE TIME IN PERSON AND TWICE VIRTUALLY, FOR A TOTAL OF 3.00 HOURS. PREPARATION TIME GENERALLY REQUIRES 1 HOUR OR MORE FOR EACH MEETING. |

## 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 - -199361; CHARITABLE DISTRIBUTIONS - 248965; ROUNDING - -438; |

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493315051570

# 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

**2019**

**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 |
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**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 |
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**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) Disproprtionate allocations? No | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? Yes | (j) General or managing partner? No | (k) Percentage ownership |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
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**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) Section 512(b)(13) controlled entity? No |
|---|---|---|---|---|---|---|---|---|---|
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**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 |
|---|---|---|---|
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**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 | |
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## 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 781 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:** 19010655
**Software Version:** 2019v5.0
**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 | No |
| PO BOX 446<br>WINTHROP, ME 043640446<br>01-0186800 | SOCIAL SERVICE | ME | 501(c)(3) | 10 | NA | | No |
| 21 PARK ST<br>BAR HARBOR, ME 04609<br>01-0211486 | SOCIAL SERVICE | ME | 501(c)(3) | 10 | NA | | No |
| 62 TURNER STREET<br>AUBURN, ME 042105953<br>01-0211567 | SOCIAL SERVICE | ME | 501(c)(3) | 10 | NA | | No |
| 70 FOREST AVENUE<br>PORTLAND, ME 041012813<br>01-0211568 | SOCIAL SERVICE | ME | 501(c)(3) | 10 | NA | | No |
| 31 UNION STREET<br>AUGUSTA, ME 04330<br>01-0211811 | SOCIAL SERVICE | ME | 501(c)(3) | 10 | NA | | No |
| 303 CENTRE ST<br>BATH, ME 045302089<br>01-0211812 | SOCIAL SERVICE | ME | 501(c)(3) | 10 | NA | | No |
| PO BOX 840<br>ROCKPORT, ME 04856<br>01-0211813 | SOCIAL SERVICE | ME | 501(c)(3) | 10 | NA | | No |
| PO BOX 249<br>SANFORD, ME 04073<br>01-0211814 | SOCIAL SERVICE | ME | 501(c)(3) | 10 | NA | | No |
| PO BOX 500<br>BOOTHBAY HARBOR, ME 045380500<br>01-0237912 | SOCIAL SERVICE | ME | 501(c)(3) | 10 | NA | | No |
| PO BOX 25<br>ELLSWORTH, ME 046050025<br>01-0412269 | SOCIAL SERVICE | ME | 501(c)(3) | 10 | NA | | No |
| 157 LINCOLNVILLE AVENUE<br>BELFAST, ME 049151535<br>01-0493123 | SOCIAL SERVICE | ME | 501(c)(3) | 10 | NA | | No |
| 32 LAKE ST<br>NORTH SWANZEY, NH 034314451<br>02-0222246 | SOCIAL SERVICE | NH | 501(c)(3) | 10 | NA | | No |
| 200 SUMMIT RD<br>KEENE, NH 034311760<br>02-0222247 | SOCIAL SERVICE | NH | 501(c)(3) | 10 | NA | | No |
| 30 MECHANIC STREET<br>MANCHESTER, NH 031011923<br>02-0222248 | SOCIAL SERVICE | NH | 501(c)(3) | 10 | NA | | No |
| 6 HENRY CLAY DRIVE<br>MERRIMACK, NH 030544848<br>02-0222250 | SOCIAL SERVICE | NH | 501(c)(3) | 10 | NA | | No |
| 15 NORTH STATE STREET<br>CONCORD, NH 03301<br>02-0223358 | SOCIAL SERVICE | NH | 501(c)(3) | 10 | NA | | No |
| 17 CAMP HUCKINS ROAD<br>FREEDOM, NH 03836<br>02-6001065 | SOCIAL SERVICE | NH | 501(c)(3) | 10 | NA | | No |
| 266 COLLEGE ST<br>BURLINGTON, VT 054018318<br>03-0185810 | SOCIAL SERVICE | VT | 501(c)(3) | 10 | NA | | No |
| 49 The Square<br>BELLOWS FALLS, VT 051011134<br>03-0214294 | SOCIAL SERVICE | VT | 501(c)(3) | 10 | NA | | No |
| 275 CHESTNUT STREET STE 1<br>SPRINGFIELD, MA 011043474<br>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<br>BOSTON, MA 021155018<br>04-2103551 | SOCIAL SERVICE | MA | 501(c)(3) | 10 | NA | | No |
| 101 HIGHLAND AVE<br>SOMERVILLE, MA 021431661<br>04-2103853 | SOCIAL SERVICE | MA | 501(c)(3) | 10 | NA | | No |
| 820 MASSACHUSETTS AVENUE<br>CAMBRIDGE, MA 021393206<br>04-2103960 | SOCIAL SERVICE | MA | 501(c)(3) | 10 | NA | | No |
| 101 AMESBURY STREET 4TH FL<br>LAWRENCE, MA 01840<br>04-2104378 | SOCIAL SERVICE | MA | 501(c)(3) | 10 | NA | | No |
| 18 S WATER ST<br>NEW BEDFORD, MA 02740<br>04-2104749 | SOCIAL SERVICE | MA | 501(c)(3) | 10 | NA | | No |
| 276 CHURCH STREET<br>NEWTON, MA 021581992<br>04-2104783 | SOCIAL SERVICE | MA | 501(c)(3) | 10 | NA | | No |
| 292 NORTH STREET<br>PITTSFIELD, MA 012014604<br>04-2104837 | SOCIAL SERVICE | MA | 501(c)(3) | 10 | NA | | No |
| 35 YMCA DRIVE<br>LOWELL, MA 018524005<br>04-2104898 | SOCIAL SERVICE | MA | 501(c)(3) | 10 | NA | | No |
| 245 CABOT STREET<br>BEVERLY, MA 019154519<br>04-2104913 | SOCIAL SERVICE | MA | 501(c)(3) | 10 | NA | | No |
| 99 DARTMOUTH<br>MALDEN, MA 02148<br>04-2105874 | SOCIAL SERVICE | MA | 501(c)(3) | 10 | NA | | No |
| 91 LONGWATER CIRCLE<br>NORWELL, MA 02061<br>04-2105881 | SOCIAL SERVICE | MA | 501(c)(3) | 10 | NA | | No |
| 2 CENTENNIAL DR STE 4A<br>PEABODY, MA 019607919<br>04-2105883 | SOCIAL SERVICE | MA | 501(c)(3) | 10 | NA | | No |
| 766 MAIN STREET<br>WORCESTER, MA 01610<br>04-2105885 | SOCIAL SERVICE | MA | 501(c)(3) | 10 | NA | | No |
| 286 PROSPECT ST<br>NORTHAMPTON, MA 010602035<br>04-2105887 | SOCIAL SERVICE | MA | 501(c)(3) | 10 | NA | | No |
| 748 HAMILTON ROAD<br>BECKET, MA 012239686<br>04-2105946 | SOCIAL SERVICE | MA | 501(c)(3) | 10 | NA | | No |
| 67 COURT STREET<br>WESTFIELD, MA 010853530<br>04-2126585 | SOCIAL SERVICE | MA | 501(c)(3) | 10 | NA | | No |
| 300 ELMWOOD STREET<br>NORTH ATTLEBORO, MA 027601304<br>04-2131749 | SOCIAL SERVICE | MA | 501(c)(3) | 10 | NA | | No |
| 451 MAIN ST<br>GREENFIELD, MA 013013304<br>04-2149363 | SOCIAL SERVICE | MA | 501(c)(3) | 10 | NA | | No |
| 155 CENTRAL STREET<br>WINCHENDON, MA 01475<br>04-2173363 | SOCIAL SERVICE | MA | 501(c)(3) | 10 | NA | | No |
| 171 PINE STREET<br>HOLYOKE, MA 010404065<br>04-2192693 | 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 |
| 63 N MAIN ST<br>ATTLEBORO, MA 027032219<br>04-2255819 | SOCIAL SERVICE | MA | 501(c)(3) | 10 | NA | | No |
| 280 OLD CONNECTICUT PATH<br>FRAMINGHAM, MA 017014539<br>04-2281530 | SOCIAL SERVICE | MA | 501(c)(3) | 10 | NA | | No |
| 34 PICKERING STREET<br>DANVERS, MA 019232019<br>04-2308404 | SOCIAL SERVICE | MA | 501(c)(3) | 10 | NA | | No |
| 2245 Iyannough Road<br>WEST BARNSTABLE, MA 026688153<br>04-2394925 | SOCIAL SERVICE | MA | 501(c)(3) | 10 | NA | | No |
| 111 EDGARTOWN VINEYARD HAVEN RD<br>VINEYARD HAVEN, MA 025684036<br>04-3293959 | SOCIAL SERVICE | MA | 501(c)(3) | 10 | NA | | No |
| 11 Chase Point Road<br>MIRROR LAKE, NH 03584<br>04-3356887 | SOCIAL SERVICE | NH | 501(c)(3) | 10 | NA | | No |
| PO BOX 185<br>GRANTHAM, NH 037533018<br>04-3357821 | SOCIAL SERVICE | NH | 501(c)(3) | 10 | NA | | No |
| 56 Linden Street<br>EXETER, NH 038333419<br>04-3383996 | SOCIAL SERVICE | NH | 501(c)(3) | 10 | NA | | No |
| 371 PINE STREET<br>PROVIDENCE, RI 02903<br>05-0258878 | SOCIAL SERVICE | RI | 501(c)(3) | 10 | NA | | No |
| 792 VALLEY ROAD<br>MIDDLETOWN, RI 028427095<br>05-0258916 | SOCIAL SERVICE | RI | 501(c)(3) | 10 | NA | | No |
| 660 ROOSEVELT AVE LEVEL 2<br>PAWTUCKET, RI 02860<br>05-0259114 | SOCIAL SERVICE | RI | 501(c)(3) | 10 | NA | | No |
| 95 HIGH STREET<br>WESTERLY, RI 02891<br>05-0268126 | SOCIAL SERVICE | RI | 501(c)(3) | 10 | NA | | No |
| PO BOX 1209<br>LITCHFIELD, CT 06759<br>06-0646565 | SOCIAL SERVICE | CT | 501(c)(3) | 10 | NA | | No |
| 284 CHURCH STREET<br>NAUGATUCK, CT 067704122<br>06-0646770 | SOCIAL SERVICE | CT | 501(c)(3) | 10 | NA | | No |
| 29 HIGH ST<br>SOUTHINGTON, CT 064893126<br>06-0646905 | SOCIAL SERVICE | CT | 501(c)(3) | 10 | NA | | No |
| 110 WEST MAIN STREET<br>MERIDEN, CT 064514142<br>06-0646977 | SOCIAL SERVICE | CT | 501(c)(3) | 10 | NA | | No |
| P O BOX 694<br>WESTBROOK, CT 06498<br>06-0646979 | SOCIAL SERVICE | CT | 501(c)(3) | 10 | NA | | No |
| 99 UNION STREET<br>MIDDLETOWN, CT 064573483<br>06-0646981 | SOCIAL SERVICE | CT | 501(c)(3) | 10 | NA | | No |
| 909 WASHINGTON BOULEVARD<br>STAMFORD, CT 069012916<br>06-0646985 | SOCIAL SERVICE | CT | 501(c)(3) | 10 | NA | | No |
| 81 SOUTH ELM STREET<br>WALLINGFORD, CT 06492<br>06-0646987 | SOCIAL SERVICE | CT | 501(c)(3) | 10 | NA | | No |

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|---|---|---|---|---|---|---|---|
| | | | | | | Yes | No |
| 136 W MAIN ST<br>WATERBURY, CT 067022005<br>06-0646988 | SOCIAL SERVICE | CT | 501(c)(3) | 10 | NA | | No |
| 14 Allen Raymond Lane<br>WESTPORT, CT 06880<br>06-0646989 | SOCIAL SERVICE | CT | 501(c)(3) | 10 | NA | | No |
| 1240 CHAPEL STREET<br>NEW HAVEN, CT 06511<br>06-0662195 | SOCIAL SERVICE | CT | 501(c)(3) | 10 | NA | | No |
| 564 SOUTH AVENUE<br>NEW CANAAN, CT 068406399<br>06-0763077 | SOCIAL SERVICE | CT | 501(c)(3) | 10 | NA | | No |
| 404 DANBURY ROAD<br>WILTON, CT 06897<br>06-0853258 | SOCIAL SERVICE | CT | 501(c)(3) | 10 | NA | | No |
| 2420 POST ROAD<br>DARIEN, CT 068205699<br>06-0859795 | SOCIAL SERVICE | CT | 501(c)(3) | 10 | NA | | No |
| 204 WEST MAIN STREET<br>CHESTER, CT 06412<br>06-0860014 | SOCIAL SERVICE | CT | 501(c)(3) | 10 | NA | | No |
| 50 State House Square 2nd Floor<br>HARTFORD, CT 061033390<br>06-0881325 | SOCIAL SERVICE | CT | 501(c)(3) | 10 | NA | | No |
| 2 HUCKLEBERRY HILL ROAD<br>BROOKFIELD, CT 06804<br>06-6051610 | SOCIAL SERVICE | CT | 501(c)(3) | 10 | NA | | No |
| 121 DOSORIS LN<br>GLEN COVE, NY 11542<br>11-1649914 | SOCIAL SERVICE | NY | 501(c)(3) | 10 | NA | | No |
| 106 GRATTON RD<br>TAZEWELL, VA 24651<br>11-3774789 | SOCIAL SERVICE | VA | 501(c)(3) | 10 | NA | | No |
| 5 WEST 63RD STREET 5TH FLOOR<br>NEW YORK, NY 10023<br>13-1624228 | SOCIAL SERVICE | NY | 501(c)(3) | 10 | NA | | No |
| 124 INDIAN MOUNTAIN RD<br>LAKEVILLE, CT 06039<br>13-1739939 | SOCIAL SERVICE | CT | 501(c)(3) | 10 | NA | | No |
| 35 SOUTH BROADWAY<br>NYACK, NY 109603122<br>13-1740513 | SOCIAL SERVICE | NY | 501(c)(3) | 10 | NA | | No |
| 21 LOCUST AVE<br>RYE, NY 105802959<br>13-1740515 | SOCIAL SERVICE | NY | 501(c)(3) | 10 | NA | | No |
| 250 MAMARONECK AVE<br>WHITE PLAINS, NY 106051302<br>13-1740518 | SOCIAL SERVICE | NY | 501(c)(3) | 10 | NA | | No |
| 17 RIVERDALE AVENUE<br>YONKERS, NY 107013646<br>13-1740520 | SOCIAL SERVICE | NY | 501(c)(3) | 10 | NA | | No |
| 50 WEYMAN AVENUE<br>NEW ROCHELLE, NY 108051411<br>13-1740542 | SOCIAL SERVICE | NY | 501(c)(3) | 10 | NA | | No |
| 2410 MOUNT PLEASANT STREET<br>BURLINGTON, IA 526012764<br>13-4289848 | SOCIAL SERVICE | IA | 501(c)(3) | 10 | NA | | No |
| 87 SILVER BAY RD<br>SILVER BAY, NY 128749708<br>13-5604788 | SOCIAL SERVICE | NY | 501(c)(3) | 10 | NA | | No |

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|---|---|---|---|---|---|---|---|
| | | | | | | Yes | No |
| 507 BROADWAY<br>KINGSTON, NY 124013919<br>14-1338342 | SOCIAL SERVICE | NY | 501(c)(3) | 10 | NA | | No |
| 600 UPPER GLEN STREET<br>GLENS FALLS, NY 12801<br>14-1340008 | SOCIAL SERVICE | NY | 501(c)(3) | 10 | NA | | No |
| 17 OAK STREET<br>PLATTSBURGH, NY 129012810<br>14-1340011 | SOCIAL SERVICE | NY | 501(c)(3) | 10 | NA | | No |
| 81 HIGHLAND AVENUE<br>MIDDLETOWN, NY 109405413<br>14-1340134 | SOCIAL SERVICE | NY | 501(c)(3) | 10 | NA | | No |
| 213 HARRISON STREET PO BOX 629<br>JOHNSTOWN, NY 12095<br>14-1374493 | SOCIAL SERVICE | NY | 501(c)(3) | 10 | NA | | No |
| 290 West Avenue<br>SARATOGA SPRINGS, NY 128666590<br>14-1427442 | SOCIAL SERVICE | NY | 501(c)(3) | 10 | NA | | No |
| 465 NEW KARNER ROAD 2ND FLOOR<br>ALBANY, NY 12205<br>14-1726531 | SOCIAL SERVICE | NY | 501(c)(3) | 10 | NA | | No |
| 20-26 FORD AVENUE<br>ONEONTA, NY 138201818<br>15-0532270 | SOCIAL SERVICE | NY | 501(c)(3) | 10 | NA | | No |
| 340 MONTGOMERY ST<br>SYRACUSE, NY 132022094<br>15-0532278 | SOCIAL SERVICE | NY | 501(c)(3) | 10 | NA | | No |
| 61 SUSQUEHANNA ST<br>BINGHAMTON, NY 139013705<br>15-0532282 | SOCIAL SERVICE | NY | 501(c)(3) | 10 | NA | | No |
| 22 TOMPKINS STREET<br>CORTLAND, NY 13045<br>15-0533570 | SOCIAL SERVICE | NY | 501(c)(3) | 10 | NA | | No |
| GRAHAM ROAD WEST<br>ITHACA, NY 14850<br>15-0545415 | SOCIAL SERVICE | NY | 501(c)(3) | 10 | NA | | No |
| 68 NORTH BROAD STREET<br>NORWICH, NY 138151332<br>15-0550177 | SOCIAL SERVICE | NY | 501(c)(3) | 10 | NA | | No |
| 209 E MAIN ST<br>BATAVIA, NY 140202205<br>16-0743230 | SOCIAL SERVICE | NY | 501(c)(3) | 10 | NA | | No |
| 301 CAYUGA ROAD SUITE 100<br>BUFFALO, NY 14225<br>16-0743231 | SOCIAL SERVICE | NY | 501(c)(3) | 10 | NA | | No |
| 18 CENTER STREET<br>HORNELL, NY 148431911<br>16-0743237 | SOCIAL SERVICE | NY | 501(c)(3) | 10 | NA | | No |
| 101 E 4TH STREET<br>JAMESTOWN, NY 147015301<br>16-0743238 | SOCIAL SERVICE | NY | 501(c)(3) | 10 | NA | | No |
| 1020 REED STREET<br>OLEAN, NY 14760<br>16-0743241 | SOCIAL SERVICE | NY | 501(c)(3) | 10 | NA | | No |
| 444 EAST MAIN STREET<br>ROCHESTER, NY 146042595<br>16-0743242 | SOCIAL SERVICE | NY | 501(c)(3) | 10 | NA | | No |
| 32 NORTH MAIN STREET<br>CANANDAIGUA, NY 14424<br>16-0755898 | SOCIAL SERVICE | NY | 501(c)(3) | 10 | NA | | No |

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|---|---|---|---|---|---|---|---|
| | | | | | | Yes | No |
| 27-29 WILLIAM STREET<br>AUBURN, NY 130213707<br>16-0978301 | SOCIAL SERVICE | NY | 501(c)(3) | 10 | NA | | No |
| 5 CRANE ST<br>CLIFTON SPRINGS, NY 14432<br>16-6000962 | SOCIAL SERVICE | NY | 501(c)(3) | 10 | NA | | No |
| 1315 Butterfield Road Suite 218<br>DOWNERS GROVE, IL 605155562<br>20-0270050 | SOCIAL SERVICE | IL | 501(c)(3) | 10 | NA | | No |
| 50 BRAD AKINS DRIVE<br>WINDER, GA 30680<br>20-1759275 | SOCIAL SERVICE | GA | 501(c)(3) | 10 | NA | | No |
| 110 KARL DRIVE<br>ALEXANDRIA, MN 56308<br>20-2231427 | SOCIAL SERVICE | MN | 501(c)(3) | 10 | NA | | No |
| PO BOX 707<br>LINVILLE, NC 28646<br>20-4910495 | SOCIAL SERVICE | NC | 501(c)(3) | 10 | NA | | No |
| 170 PATTERSON AVE STE 4<br>SHREWSBURY, NJ 077024167<br>21-0635051 | SOCIAL SERVICE | NJ | 501(c)(3) | 10 | NA | | No |
| 431 PENNINGTON AVE<br>TRENTON, NJ 086183104<br>21-0635052 | SOCIAL SERVICE | NJ | 501(c)(3) | 10 | NA | | No |
| 1159 EAST LANDIS AVENUE<br>VINELAND, NJ 08360<br>21-0635053 | SOCIAL SERVICE | NJ | 501(c)(3) | 10 | NA | | No |
| 1303 STOKES ROAD<br>MEDFORD, NJ 080558632<br>21-0635054 | SOCIAL SERVICE | NJ | 501(c)(3) | 10 | NA | | No |
| PAUL ROBESON PLACE<br>PRINCETON, NJ 08540<br>21-0639890 | SOCIAL SERVICE | NJ | 501(c)(3) | 10 | NA | | No |
| 235 EAST RED BANK AVENUE<br>WOODBURY, NJ 08096<br>21-0649032 | SOCIAL SERVICE | NJ | 501(c)(3) | 10 | NA | | No |
| 1315 WHITEHORSE-MERCERVILLE RD<br>HAMILTON, NJ 086193815<br>21-0702879 | SOCIAL SERVICE | NJ | 501(c)(3) | 10 | NA | | No |
| 144 MADISON AVENUE<br>ELIZABETH, NJ 07201<br>22-1487381 | SOCIAL SERVICE | NJ | 501(c)(3) | 10 | NA | | No |
| 111 KINGS ROAD<br>MADISON, NJ 07940<br>22-1487385 | SOCIAL SERVICE | NJ | 501(c)(3) | 10 | NA | | No |
| 139 EAST MCCLELLAN AVENUE<br>LIVINGSTON, NJ 07039<br>22-1487387 | SOCIAL SERVICE | NJ | 501(c)(3) | 10 | NA | | No |
| 128 WARD ST<br>PATERSON, NJ 075051904<br>22-1487389 | SOCIAL SERVICE | NJ | 501(c)(3) | 10 | NA | | No |
| 365 NEW BRUNSWICK AVENUE PO BOX 148<br>PERTH AMBOY, NJ 08862<br>22-1487390 | SOCIAL SERVICE | NJ | 501(c)(3) | 10 | NA | | No |
| 490 MORRIS AVE<br>SUMMIT, NJ 07901<br>22-1487392 | SOCIAL SERVICE | NJ | 501(c)(3) | 10 | NA | | No |
| 220 CLARK ST<br>WESTFIELD, NJ 070904029<br>22-1487393 | SOCIAL SERVICE | NJ | 501(c)(3) | 10 | NA | | No |

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|---|---|---|---|---|---|---|---|
| | | | | | | Yes | No |
| 483 MIDDLESEX AVE<br>METUCHEN, NJ 08840<br>22-1487616 | SOCIAL SERVICE | NJ | 501(c)(3) | 10 | NA | | No |
| 25 PARK STREET<br>MONTCLAIR, NJ 07042<br>22-1487617 | SOCIAL SERVICE | NJ | 501(c)(3) | 10 | NA | | No |
| 79 HORSEHILL ROAD<br>CEDAR KNOLLS, NJ 079272003<br>22-1487618 | SOCIAL SERVICE | NJ | 501(c)(3) | 10 | NA | | No |
| 144 TICES LANE<br>EAST BRUNSWICK, NJ 08816<br>22-1494457 | SOCIAL SERVICE | NJ | 501(c)(3) | 10 | NA | | No |
| 112 Oak Street<br>RIDGEWOOD, NJ 074502509<br>22-1508752 | SOCIAL SERVICE | NJ | 501(c)(3) | 10 | NA | | No |
| 144 W WOODSCHURCH RD<br>FLEMINGTON, NJ 088227016<br>22-1524183 | SOCIAL SERVICE | NJ | 501(c)(3) | 10 | NA | | No |
| 600 BROAD STREET<br>NEWARK, NJ 071024504<br>22-1552820 | SOCIAL SERVICE | NJ | 501(c)(3) | 10 | NA | | No |
| 100 FANNY RD<br>MOUNTAIN LAKES, NJ 07046<br>22-1559438 | SOCIAL SERVICE | NJ | 501(c)(3) | 10 | NA | | No |
| 140 MOUNT AIRY RD<br>BASKING RIDGE, NJ 079202098<br>22-1559439 | SOCIAL SERVICE | NJ | 501(c)(3) | 10 | NA | | No |
| 1340 MARTINE AVENUE<br>SCOTCH PLAINS, NJ 07076<br>22-1589199 | SOCIAL SERVICE | NJ | 501(c)(3) | 10 | NA | | No |
| 14 DOVER-CHESTER RD<br>RANDOLPH, NJ 07869<br>22-1601259 | SOCIAL SERVICE | NJ | 501(c)(3) | 10 | NA | | No |
| 2000 FROST VALLEY ROAD<br>CLARYVILLE, NY 127259600<br>22-1625176 | SOCIAL SERVICE | NY | 501(c)(3) | 10 | NA | | No |
| 23 BIRCH RIDGE ROAD<br>HARDWICK, NJ 078259502<br>22-1625643 | SOCIAL SERVICE | NJ | 501(c)(3) | 10 | NA | | No |
| 1088 W WHITTY RD<br>TOMS RIVER, NJ 078553278<br>22-1900146 | SOCIAL SERVICE | NJ | 501(c)(3) | 10 | NA | | No |
| PO BOX 252<br>RUTHERFORD, NJ 070700252<br>22-1997720 | SOCIAL SERVICE | NJ | 501(c)(3) | 10 | NA | | No |
| 691 WYCKOFF AVENUE<br>WYCKOFF, NJ 074811524<br>22-2011431 | SOCIAL SERVICE | NJ | 501(c)(3) | 10 | NA | | No |
| 33 OUTWATER LANE<br>GARFIELD, NJ 07026<br>22-2324697 | SOCIAL SERVICE | NJ | 501(c)(3) | 10 | NA | | No |
| 48 PARK STREET<br>DOVERFOXCROFT, ME 04426<br>22-2592628 | SOCIAL SERVICE | ME | 501(c)(3) | 10 | NA | | No |
| 259 PROSPECT ST<br>TORRINGTON, CT 067905315<br>22-2878484 | SOCIAL SERVICE | CT | 501(c)(3) | 10 | NA | | No |
| PO BOX 787<br>DAMARISCOTTA, ME 045430787<br>22-2978129 | SOCIAL SERVICE | ME | 501(c)(3) | 10 | NA | | No |

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|---|---|---|---|---|---|---|---|
| | | | | | | Yes | No |
| 470 E FREEHOLD RD<br>FREEHOLD, NJ 077287722<br>22-6069158 | SOCIAL SERVICE | NJ | 501(c)(3) | 10 | NA | | No |
| 400 Fayette Street Suite 250<br>CONSHOHOCKEN, PA 194288190<br>23-1243965 | SOCIAL SERVICE | PA | 501(c)(3) | 10 | NA | | No |
| 265 HARRISBURG AVE<br>LANCASTER, PA 17603<br>23-1243970 | SOCIAL SERVICE | PA | 501(c)(3) | 10 | NA | | No |
| 201 N 7TH ST<br>LEBANON, PA 170465007<br>23-1243980 | SOCIAL SERVICE | PA | 501(c)(3) | 10 | NA | | No |
| PO BOX 1622<br>READING, PA 19603<br>23-1244009 | SOCIAL SERVICE | PA | 501(c)(3) | 10 | NA | | No |
| 90 N NEWBERRY STREET<br>YORK, PA 17401<br>23-1352600 | SOCIAL SERVICE | PA | 501(c)(3) | 10 | NA | | No |
| 810 E MAIN ST<br>WAYNESBORO, PA 17268<br>23-1352601 | SOCIAL SERVICE | PA | 501(c)(3) | 10 | NA | | No |
| 1111 HEWIT STREETS<br>HOLLIDAYSBURG, PA 16648<br>23-1352603 | SOCIAL SERVICE | PA | 501(c)(3) | 10 | NA | | No |
| 112 MARKET STREET SUITE 415<br>HARRISBURG, PA 171011201<br>23-1365990 | SOCIAL SERVICE | PA | 501(c)(3) | 10 | NA | | No |
| 1 EAST CHESTNUT STREET<br>WEST CHESTER, PA 19380<br>23-1365994 | SOCIAL SERVICE | PA | 501(c)(3) | 10 | NA | | No |
| 311 S WEST ST<br>CARLISLE, PA 17013<br>23-1386198 | SOCIAL SERVICE | PA | 501(c)(3) | 10 | NA | | No |
| 570 E MCKINLEY ST<br>CHAMBERSBURG, PA 172013402<br>23-1476339 | SOCIAL SERVICE | PA | 501(c)(3) | 10 | NA | | No |
| 608 E MAIN ST<br>LANSDALE, PA 194462970<br>23-1489848 | SOCIAL SERVICE | PA | 501(c)(3) | 10 | NA | | No |
| 2110 GARRETT ROAD<br>LANSDOWNE, PA 190501090<br>23-1614045 | SOCIAL SERVICE | PA | 501(c)(3) | 10 | NA | | No |
| 123 FORSTER STREET<br>HARRISBURG, PA 171023409<br>23-1665437 | SOCIAL SERVICE | PA | 501(c)(3) | 10 | NA | | No |
| 105 FIRST AVE<br>BURNHAM, PA 17009<br>23-1879734 | SOCIAL SERVICE | PA | 501(c)(3) | 10 | NA | | No |
| 2500 LOWER STATE RD<br>DOYLESTOWN, PA 189012668<br>23-1903158 | SOCIAL SERVICE | PA | 501(c)(3) | 10 | NA | | No |
| 30 EAST SEVENTH STREET<br>BLOOMSBURG, PA 178152728<br>23-2085257 | SOCIAL SERVICE | PA | 501(c)(3) | 10 | NA | | No |
| PO BOX 147<br>WERNERSVILLE, PA 195650147<br>23-2239299 | SOCIAL SERVICE | PA | 501(c)(3) | 10 | NA | | No |
| 520 NORTH CENTRE ST<br>POTTSVILLE, PA 17901<br>23-2825683 | SOCIAL SERVICE | PA | 501(c)(3) | 10 | NA | | No |

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|---|---|---|---|---|---|---|---|
| | | | | | | Yes | No |
| 5450 YMCA ROAD<br>NAPLES, FL 34109<br>23-7039993 | SOCIAL SERVICE | FL | 501(c)(3) | 10 | NA | | No |
| PO BOX 233<br>KENDALLVILLE, IN 467550233<br>23-7077600 | SOCIAL SERVICE | IN | 501(c)(3) | 10 | NA | | No |
| 900 EAST CHURCH STREET<br>PIERRE, SD 575012219<br>23-7169291 | SOCIAL SERVICE | SD | 501(c)(3) | 10 | NA | | No |
| 500 N GEORGE ST<br>HANOVER, PA 173311452<br>23-7172265 | SOCIAL SERVICE | PA | 501(c)(3) | 10 | NA | | No |
| PO BOX 1667<br>MUSKEGON, MI 494433166<br>23-7229622 | SOCIAL SERVICE | MI | 501(c)(3) | 10 | NA | | No |
| 12635 W TECUMSEH BEND RD<br>BROOKSTON, IN 47923<br>23-7331099 | SOCIAL SERVICE | IN | 501(c)(3) | 10 | NA | | No |
| PO BOX 301<br>PENNINGTON, NJ 08534<br>23-7380624 | SOCIAL SERVICE | NJ | 501(c)(3) | 10 | NA | | No |
| 82 N MAIN ST<br>CARBONDALE, PA 184071914<br>24-0795515 | SOCIAL SERVICE | PA | 501(c)(3) | 10 | NA | | No |
| 706 NORTH BLAKELY STREET<br>DUNMORE, PA 18512<br>24-0795516 | SOCIAL SERVICE | PA | 501(c)(3) | 10 | NA | | No |
| 809 MAIN STREET<br>STROUDSBURG, PA 18360<br>24-0795519 | SOCIAL SERVICE | PA | 501(c)(3) | 10 | NA | | No |
| 1150 N 4TH ST<br>SUNBURY, PA 17801<br>24-0795634 | SOCIAL SERVICE | PA | 501(c)(3) | 10 | NA | | No |
| 40 WEST NORTHAMPTON STREET<br>WILKESBARRE, PA 18701<br>24-0795638 | SOCIAL SERVICE | PA | 501(c)(3) | 10 | NA | | No |
| 641 WALNUT STREET<br>WILLIAMSPORT, PA 17701<br>24-0795698 | SOCIAL SERVICE | PA | 501(c)(3) | 10 | NA | | No |
| 600 FRONT STREET PO BOX 6<br>FREELAND, PA 18224<br>24-0796037 | SOCIAL SERVICE | PA | 501(c)(3) | 10 | NA | | No |
| 10 NORTH MAIN STREET<br>PITTSTON, PA 18640<br>24-0796039 | SOCIAL SERVICE | PA | 501(c)(3) | 10 | NA | | No |
| 1524 WEST LINDEN YMCA<br>ALLENTOWN, PA 18102<br>24-0798706 | SOCIAL SERVICE | PA | 501(c)(3) | 10 | NA | | No |
| 125 W HIGH STREET<br>BELLEFONTE, PA 16823<br>24-0802437 | SOCIAL SERVICE | PA | 501(c)(3) | 10 | NA | | No |
| 231 W 3RD STREET<br>BERWICK, PA 18603<br>24-0813665 | SOCIAL SERVICE | PA | 501(c)(3) | 10 | NA | | No |
| 490 BESSEMER ROAD<br>MT PLEASANT, PA 15666<br>25-0965554 | SOCIAL SERVICE | PA | 501(c)(3) | 10 | NA | | No |
| 339 N WASHINGTON STREET<br>BUTLER, PA 16001<br>25-0965619 | SOCIAL SERVICE | PA | 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 |
| 21 NORTH SECOND STREET<br>CLEARFIELD, PA 16830<br>25-0965620 | SOCIAL SERVICE | PA | 501(c)(3) | 10 | NA | | No |
| 31 W 10TH STREET<br>ERIE, PA 165011401<br>25-0965621 | SOCIAL SERVICE | PA | 501(c)(3) | 10 | NA | | No |
| 101 SOUTH MAPLE AVENUE<br>GREENSBURG, PA 156013215<br>25-0965622 | SOCIAL SERVICE | PA | 501(c)(3) | 10 | NA | | No |
| 100 HAYNES STREET<br>JOHNSTOWN, PA 159012526<br>25-0965623 | SOCIAL SERVICE | PA | 501(c)(3) | 10 | NA | | No |
| 800 CONSTITUTION BLVD<br>NEW KENSINGTON, PA 15068<br>25-0965625 | SOCIAL SERVICE | PA | 501(c)(3) | 10 | NA | | No |
| 7 PETROLEUM STREET<br>OIL CITY, PA 163012744<br>25-0965626 | SOCIAL SERVICE | PA | 501(c)(3) | 10 | NA | | No |
| 34 N BROAD ST<br>RIDGWAY, PA 15853<br>25-0965629 | SOCIAL SERVICE | PA | 501(c)(3) | 10 | NA | | No |
| ONE YMCA DRIVE<br>UNIONTOWN, PA 15401<br>25-0965631 | SOCIAL SERVICE | PA | 501(c)(3) | 10 | NA | | No |
| 25 PARKWAY DRIVE<br>DU BOIS, PA 15801<br>25-0969494 | SOCIAL SERVICE | PA | 501(c)(3) | 10 | NA | | No |
| 356 CHESTNUT STREET<br>MEADVILLE, PA 163353211<br>25-0969495 | SOCIAL SERVICE | PA | 501(c)(3) | 10 | NA | | No |
| 20 WEST WASHINGTON STREET<br>NEW CASTLE, PA 16101<br>25-0969496 | SOCIAL SERVICE | PA | 501(c)(3) | 10 | NA | | No |
| 420 FORT DUQUESNE BLVD SUITE 625<br>PITTSBURGH, PA 15222<br>25-0969497 | SOCIAL SERVICE | PA | 501(c)(3) | 10 | NA | | No |
| 201 W SPRING STREET<br>TITUSVILLE, PA 16354<br>25-0969498 | SOCIAL SERVICE | PA | 501(c)(3) | 10 | NA | | No |
| 625 BLACKBURN ROAD<br>SEWICKLEY, PA 15143<br>25-0979384 | SOCIAL SERVICE | PA | 501(c)(3) | 10 | NA | | No |
| 2236 THIRD AVENUE<br>NEW BRIGHTON, PA 15066<br>25-0993391 | SOCIAL SERVICE | PA | 501(c)(3) | 10 | NA | | No |
| 111 W PARK ST<br>FRANKLIN, PA 16323<br>25-0995782 | SOCIAL SERVICE | PA | 501(c)(3) | 10 | NA | | No |
| 212 LEXINGTON AVENUE<br>WARREN, PA 163652822<br>25-0995783 | SOCIAL SERVICE | PA | 501(c)(3) | 10 | NA | | No |
| 125 MAIN STREET<br>BROOKVILLE, PA 15825<br>25-1028128 | SOCIAL SERVICE | PA | 501(c)(3) | 10 | NA | | No |
| 906 N CENTER ST<br>CORRY, PA 16407<br>25-1032621 | SOCIAL SERVICE | PA | 501(c)(3) | 10 | NA | | No |
| 1150 NORTH WATER STREET<br>KITTANNING, PA 162011516<br>25-1034424 | SOCIAL SERVICE | PA | 501(c)(3) | 10 | NA | | No |

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|---|---|---|---|---|---|---|---|
| | | | | | | Yes | No |
| 925 NORTH HERMITAGE ROAD<br>HERMITAGE, PA 161483219<br>25-1113698 | SOCIAL SERVICE | PA | 501(c)(3) | 10 | NA | | No |
| 60 BEN FRANKLIN RD N<br>INDIANA, PA 157011593<br>25-1191545 | SOCIAL SERVICE | PA | 501(c)(3) | 10 | NA | | No |
| 110 W CHURCH ST<br>LIGONIER, PA 156581223<br>25-1428011 | SOCIAL SERVICE | PA | 501(c)(3) | 10 | NA | | No |
| 9845 CAMPUS DRIVE<br>CADILLAC, MI 49601<br>30-0013507 | SOCIAL SERVICE | MI | 501(c)(3) | 10 | NA | | No |
| 105 N 2ND STREET<br>HAMILTON, OH 450112701<br>31-0536719 | SOCIAL SERVICE | OH | 501(c)(3) | 10 | NA | | No |
| 300 SOUTH LIMESTONE STREET<br>SPRINGFIELD, OH 455051071<br>31-0537169 | SOCIAL SERVICE | OH | 501(c)(3) | 10 | NA | | No |
| 223 WEST HIGH STREET<br>PIQUA, OH 45356<br>31-0537179 | SOCIAL SERVICE | OH | 501(c)(3) | 10 | NA | | No |
| 118 WEST 1ST STREET SUITE 300<br>DAYTON, OH 454022111<br>31-0537517 | SOCIAL SERVICE | OH | 501(c)(3) | 10 | NA | | No |
| 465 W SIXTH AVE<br>LANCASTER, OH 431302547<br>31-1132606 | SOCIAL SERVICE | OH | 501(c)(3) | 10 | NA | | No |
| PO BOX 692<br>WEST CHESTER, OH 450690692<br>31-1223296 | SOCIAL SERVICE | OH | 501(c)(3) | 10 | NA | | No |
| 1150 CHARLES LANE<br>MARYSVILLE, OH 430409797<br>31-1355370 | SOCIAL SERVICE | OH | 501(c)(3) | 10 | NA | | No |
| 191 COMMUNITY DR<br>URBANA, OH 430786001<br>31-1506457 | SOCIAL SERVICE | OH | 501(c)(3) | 10 | NA | | No |
| 1105 ELM STREET<br>CINCINNATI, OH 45202<br>31-1537178 | SOCIAL SERVICE | OH | 501(c)(3) | 10 | NA | | No |
| 1100 DEFIANCE STREET<br>WAPAKONETA, OH 45895<br>31-1568315 | SOCIAL SERVICE | OH | 501(c)(3) | 10 | NA | | No |
| 400 PRIDE DRIVE<br>WAVERLY, OH 45690<br>31-1665134 | SOCIAL SERVICE | OH | 501(c)(3) | 10 | NA | | No |
| 1861 ADAMS LANE PO BOX 8108<br>ZANESVILLE, OH 437028108<br>31-1694045 | SOCIAL SERVICE | OH | 501(c)(3) | 10 | NA | | No |
| 40 W LONG ST<br>COLUMBUS, OH 432152891<br>31-4379594 | SOCIAL SERVICE | OH | 501(c)(3) | 10 | NA | | No |
| 100 MILL ST<br>CHILLICOTHE, OH 45601<br>31-4379806 | SOCIAL SERVICE | OH | 501(c)(3) | 10 | NA | | No |
| 645 BARKS ROAD E<br>MARION, OH 43302<br>31-4380058 | SOCIAL SERVICE | OH | 501(c)(3) | 10 | NA | | No |
| 300 N 7TH ST<br>MARIETTA, OH 45750<br>31-4386270 | SOCIAL SERVICE | OH | 501(c)(3) | 10 | NA | | No |

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|---|---|---|---|---|---|---|---|
| | | | | | | Yes | No |
| 470 W CHURCH STREET<br>NEWARK, OH 43055<br>31-6053101 | SOCIAL SERVICE | OH | 501(c)(3) | 10 | NA | | No |
| 1201 30TH ST NW<br>CANTON, OH 44709<br>34-0714392 | SOCIAL SERVICE | OH | 501(c)(3) | 10 | NA | | No |
| 50 S MAIN ST STE 100<br>AKRON, OH 443081847<br>34-0714727 | SOCIAL SERVICE | OH | 501(c)(3) | 10 | NA | | No |
| 1801 SUPERIOR AVENUE SUITE 130<br>CLEVELAND, OH 441144213<br>34-0714728 | SOCIAL SERVICE | OH | 501(c)(3) | 10 | NA | | No |
| 17 N CHAMPION ST PO BOX 1287<br>YOUNGSTOWN, OH 445031602<br>34-0714730 | SOCIAL SERVICE | OH | 501(c)(3) | 10 | NA | | No |
| 207 MILLER STREET<br>ASHLAND, OH 44805<br>34-0714793 | SOCIAL SERVICE | OH | 501(c)(3) | 10 | NA | | No |
| 15655 ST RT 170<br>EAST LIVERPOOL, OH 43920<br>34-0714794 | SOCIAL SERVICE | OH | 501(c)(3) | 10 | NA | | No |
| 750 SCHOLL ROAD<br>MANSFIELD, OH 44907<br>34-0714795 | SOCIAL SERVICE | OH | 501(c)(3) | 10 | NA | | No |
| 933 MENTOR AVENUE<br>PAINESVILLE, OH 440772519<br>34-0714796 | SOCIAL SERVICE | OH | 501(c)(3) | 10 | NA | | No |
| 600 MONROE ST<br>DOVER, OH 446222047<br>34-0714797 | SOCIAL SERVICE | OH | 501(c)(3) | 10 | NA | | No |
| 131 TREMONT AVENUE SE<br>MASSILLON, OH 446466698<br>34-0719180 | SOCIAL SERVICE | OH | 501(c)(3) | 10 | NA | | No |
| 263 PROSPECT ROAD<br>ASHTABULA, OH 440045841<br>34-0726066 | SOCIAL SERVICE | OH | 501(c)(3) | 10 | NA | | No |
| 680 WOODLAND AVE<br>WOOSTER, OH 446912743<br>34-0766172 | SOCIAL SERVICE | OH | 501(c)(3) | 10 | NA | | No |
| 111 W SMILEY AVE<br>SHELBY, OH 448752112<br>34-0792928 | SOCIAL SERVICE | OH | 501(c)(3) | 10 | NA | | No |
| 301 WAGNER AVE<br>GREENVILLE, OH 453312534<br>34-0969422 | SOCIAL SERVICE | OH | 501(c)(3) | 10 | NA | | No |
| 1599 PALMER DRIVE<br>DEFIANCE, OH 435123419<br>34-1014167 | SOCIAL SERVICE | OH | 501(c)(3) | 10 | NA | | No |
| 918 WEST FRANKLIN STREET<br>KENTON, OH 43326<br>34-1262702 | SOCIAL SERVICE | OH | 501(c)(3) | 10 | NA | | No |
| 500 GILL AVENUE<br>GALION, OH 448331213<br>34-1267646 | SOCIAL SERVICE | OH | 501(c)(3) | 10 | NA | | No |
| 7590 STATE ROUTE 703<br>CELINA, OH 458222919<br>34-1371829 | SOCIAL SERVICE | OH | 501(c)(3) | 10 | NA | | No |
| ONE FABER DRIVE<br>BRYAN, OH 43506<br>34-1448529 | SOCIAL SERVICE | OH | 501(c)(3) | 10 | NA | | No |

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|---|---|---|---|---|---|---|---|
| | | | | | | Yes | No |
| PO BOX 442<br>OTTAWA, OH 45875<br>34-1946813 | SOCIAL SERVICE | OH | 501(c)(3) | 10 | NA | | No |
| 1500 N SUPERIOR ST 2ND FL<br>TOLEDO, OH 43604<br>34-4428262 | SOCIAL SERVICE | OH | 501(c)(3) | 10 | NA | | No |
| 300 EAST LINCOLN STREET<br>FINDLAY, OH 458404943<br>34-4428263 | SOCIAL SERVICE | OH | 501(c)(3) | 10 | NA | | No |
| 241 WEST MAIN STREET<br>VAN WERT, OH 458911636<br>34-4428264 | SOCIAL SERVICE | OH | 501(c)(3) | 10 | NA | | No |
| 345 SOUTH ELIZABETH STREET<br>LIMA, OH 45801<br>34-4431173 | SOCIAL SERVICE | OH | 501(c)(3) | 10 | NA | | No |
| 154 WEST CENTER STREET<br>FOSTORIA, OH 448302201<br>34-4439890 | SOCIAL SERVICE | OH | 501(c)(3) | 10 | NA | | No |
| 1000 NORTH STREET<br>FREMONT, OH 43420<br>34-4444246 | SOCIAL SERVICE | OH | 501(c)(3) | 10 | NA | | No |
| 180 SUMMIT STREET<br>TIFFIN, OH 44883<br>34-4479386 | SOCIAL SERVICE | OH | 501(c)(3) | 10 | NA | | No |
| 300 EAST PARKWOOD STREET<br>SIDNEY, OH 453651667<br>34-6596911 | SOCIAL SERVICE | OH | 501(c)(3) | 10 | NA | | No |
| 500 SOUTH CASS STREET<br>WABASH, IN 46992<br>35-0733765 | SOCIAL SERVICE | IN | 501(c)(3) | 10 | NA | | No |
| 28 W 12TH ST PO BOX 527<br>ANDERSON, IN 460150527<br>35-0868206 | SOCIAL SERVICE | IN | 501(c)(3) | 10 | NA | | No |
| 225 E KRUZAN<br>BRAZIL, IN 47834<br>35-0868207 | SOCIAL SERVICE | IN | 501(c)(3) | 10 | NA | | No |
| 615 NORTH ALABAMA STREET STE 200<br>INDIANAPOLIS, IN 462041430<br>35-0868211 | SOCIAL SERVICE | IN | 501(c)(3) | 10 | NA | | No |
| 1950 S 18TH ST<br>LAFAYETTE, IN 479052099<br>35-0868213 | SOCIAL SERVICE | IN | 501(c)(3) | 10 | NA | | No |
| 500 SOUTH MULBERRY STREET<br>MUNCIE, IN 473052493<br>35-0868215 | SOCIAL SERVICE | IN | 501(c)(3) | 10 | NA | | No |
| 1201 NORTHSIDE BOULEVARD<br>SOUTH BEND, IN 466153921<br>35-0868216 | SOCIAL SERVICE | IN | 501(c)(3) | 10 | NA | | No |
| 2010 COLLEGE AVE<br>VINCENNES, IN 475915631<br>35-0868218 | SOCIAL SERVICE | IN | 501(c)(3) | 10 | NA | | No |
| 310 N MAIN ST<br>AUBURN, IN 467061828<br>35-0868958 | SOCIAL SERVICE | IN | 501(c)(3) | 10 | NA | | No |
| 222 NW 6TH STREET<br>EVANSVILLE, IN 477081308<br>35-0869074 | SOCIAL SERVICE | IN | 501(c)(3) | 10 | NA | | No |
| 300 WITTENBRAKER AVENUE<br>NEW CASTLE, IN 47362<br>35-0873347 | SOCIAL SERVICE | IN | 501(c)(3) | 10 | NA | | No |

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|---|---|---|---|---|---|---|---|
| | | | | | | Yes | No |
| 905 EAST BROADWAY<br>LOGANSPORT, IN 469473184<br>35-0874281 | SOCIAL SERVICE | IN | 501(c)(3) | 10 | NA | | No |
| 1201 CUMBERLAND CROSS DRIVE<br>VALPARAISO, IN 46383<br>35-0876401 | SOCIAL SERVICE | IN | 501(c)(3) | 10 | NA | | No |
| 347 W BERRY STREET SUITE 500<br>FORT WAYNE, IN 46802<br>35-0886850 | SOCIAL SERVICE | IN | 501(c)(3) | 10 | NA | | No |
| 901 S MICHIGAN AVE<br>LA PORTE, IN 463503504<br>35-0886851 | SOCIAL SERVICE | IN | 501(c)(3) | 10 | NA | | No |
| 123 SUTTER WAY<br>MARION, IN 469524401<br>35-0886981 | SOCIAL SERVICE | IN | 501(c)(3) | 10 | NA | | No |
| 200 NORTH UNION STREET<br>KOKOMO, IN 469014614<br>35-0893511 | SOCIAL SERVICE | IN | 501(c)(3) | 10 | NA | | No |
| 34 E 6TH ST<br>PERU, IN 469702350<br>35-0893512 | SOCIAL SERVICE | IN | 501(c)(3) | 10 | NA | | No |
| 1160 W 500 N<br>HUNTINGTON, IN 46750<br>35-0905959 | SOCIAL SERVICE | IN | 501(c)(3) | 10 | NA | | No |
| 1301 KATHYS WAY<br>GREENSBURG, IN 472401798<br>35-0919345 | SOCIAL SERVICE | IN | 501(c)(3) | 10 | NA | | No |
| 2023 CHESTER BLVD<br>RICHMOND, IN 47374<br>35-0984030 | SOCIAL SERVICE | IN | 501(c)(3) | 10 | NA | | No |
| 405 NE 3RD ST<br>WASHINGTON, IN 475012062<br>35-1050606 | SOCIAL SERVICE | IN | 501(c)(3) | 10 | NA | | No |
| 1305 MARINERS DRIVE<br>WARSAW, IN 46582<br>35-1068182 | SOCIAL SERVICE | IN | 501(c)(3) | 10 | NA | | No |
| 201 NORTH GRIFFITH BOULEVARD<br>GRIFFITH, IN 463199219<br>35-1369437 | SOCIAL SERVICE | IN | 501(c)(3) | 10 | NA | | No |
| 2125 S HIGHLAND AVE<br>BLOOMINGTON, IN 474022598<br>35-1384859 | SOCIAL SERVICE | IN | 501(c)(3) | 10 | NA | | No |
| 3100 WILLOWCREEK ROAD<br>PORTAGE, IN 463683516<br>35-1404478 | SOCIAL SERVICE | IN | 501(c)(3) | 10 | NA | | No |
| 215 ROOSEVELT STREET<br>CHESTERTON, IN 463042530<br>35-1404559 | SOCIAL SERVICE | IN | 501(c)(3) | 10 | NA | | No |
| 950 SOUTH MAISH ROAD<br>FRANKFORT, IN 460412838<br>35-1636774 | SOCIAL SERVICE | IN | 501(c)(3) | 10 | NA | | No |
| 30 STATE RD 129 S<br>BATESVILLE, IN 470069227<br>35-1855594 | SOCIAL SERVICE | IN | 501(c)(3) | 10 | NA | | No |
| 805 COMMUNITY WAY<br>SCOTTSBURG, IN 47170<br>35-1876673 | SOCIAL SERVICE | IN | 501(c)(3) | 10 | NA | | No |
| 500 E HARCOURT<br>ANGOLA, IN 46703<br>35-1999599 | SOCIAL SERVICE | IN | 501(c)(3) | 10 | NA | | No |

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|---|---|---|---|---|---|---|---|
| | | | | | | Yes | No |
| 1111 W STATE HIGHWAY 46<br>SPENCER, IN 47460<br>35-2017600 | SOCIAL SERVICE | IN | 501(c)(3) | 10 | NA | | No |
| 2039 E MORGAN STREET<br>MARTINSVILLE, IN 46151<br>35-2019312 | SOCIAL SERVICE | IN | 501(c)(3) | 10 | NA | | No |
| 105 WILLOW STREET<br>NASHVILLE, IN 474487913<br>35-2038783 | SOCIAL SERVICE | IN | 501(c)(3) | 10 | NA | | No |
| 735 HIGHWAY 56 PO BOX 113<br>VEVAY, IN 47043<br>35-2090419 | SOCIAL SERVICE | IN | 501(c)(3) | 10 | NA | | No |
| 1709 NORTH SHELBY STREET<br>SALEM, IN 47167<br>35-2097432 | SOCIAL SERVICE | IN | 501(c)(3) | 10 | NA | | No |
| 198 JENKINS CT NE<br>CORYDON, IN 47112<br>35-2122124 | SOCIAL SERVICE | IN | 501(c)(3) | 10 | NA | | No |
| PO BOX 171<br>FERDINAND, IN 47532<br>35-2216734 | SOCIAL SERVICE | IN | 501(c)(3) | 10 | NA | | No |
| 1000 GROVE ST<br>EVANSTON, IL 602014294<br>36-2169194 | SOCIAL SERVICE | IL | 501(c)(3) | 10 | NA | | No |
| 2998 W PEARL CITY RD<br>FREEPORT, IL 610329338<br>36-2169195 | SOCIAL SERVICE | IL | 501(c)(3) | 10 | NA | | No |
| 749 HOUBOLT ROAD<br>JOLIET, IL 60431<br>36-2169197 | SOCIAL SERVICE | IL | 501(c)(3) | 10 | NA | | No |
| 1075 KENNEDY DR<br>KANKAKEE, IL 609012032<br>36-2169198 | SOCIAL SERVICE | IL | 501(c)(3) | 10 | NA | | No |
| 2040 53RD STREET<br>MOLINE, IL 612653650<br>36-2169199 | SOCIAL SERVICE | IL | 501(c)(3) | 10 | NA | | No |
| 220 EAST STATE STREET 4TH FLOOR<br>ROCKFORD, IL 61104<br>36-2174838 | SOCIAL SERVICE | IL | 501(c)(3) | 10 | NA | | No |
| 255 SOUTH MARION STREET<br>OAK PARK, IL 603023103<br>36-2179780 | SOCIAL SERVICE | IL | 501(c)(3) | 10 | NA | | No |
| 1030 WEST VAN BUREN STREET<br>CHICAGO, IL 606077291<br>36-2179782 | SOCIAL SERVICE | IL | 501(c)(3) | 10 | NA | | No |
| 10 OAKLEY AVENUE<br>STREATOR, IL 61364<br>36-2205999 | SOCIAL SERVICE | IL | 501(c)(3) | 10 | NA | | No |
| 2505 YMCA WAY<br>STERLING, IL 610813603<br>36-2225496 | SOCIAL SERVICE | IL | 501(c)(3) | 10 | NA | | No |
| 315 WEST FIRST STREET<br>KEWANEE, IL 614432103<br>36-2239384 | SOCIAL SERVICE | IL | 501(c)(3) | 10 | NA | | No |
| 220 WEST LOCUST STREET<br>BELVIDERE, IL 610083621<br>36-2287520 | SOCIAL SERVICE | IL | 501(c)(3) | 10 | NA | | No |
| 201 E JACKSON ST<br>OTTAWA, IL 613502246<br>36-2337893 | SOCIAL SERVICE | IL | 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 |
| 2500 W BETHANY ROAD<br>SYCAMORE, IL 60178<br>36-2379649 | SOCIAL SERVICE | IL | 501(c)(3) | 10 | NA | | No |
| 49 DEICKE DR<br>GLEN ELLYN, IL 601375665<br>36-2470895 | SOCIAL SERVICE | IL | 501(c)(3) | 10 | NA | | No |
| 110 NORTH GALENA AVENUE<br>DIXON, IL 610212198<br>36-2487927 | SOCIAL SERVICE | IL | 501(c)(3) | 10 | NA | | No |
| 2705 TECHNY ROAD<br>NORTHBROOK, IL 600625963<br>36-2546842 | SOCIAL SERVICE | IL | 501(c)(3) | 10 | NA | | No |
| 1464 S MAIN ST<br>LOMBARD, IL 60148<br>36-2643097 | SOCIAL SERVICE | IL | 501(c)(3) | 10 | NA | | No |
| 2947 OAK PARK AVENUE<br>BERWYN, IL 604023048<br>36-2702522 | SOCIAL SERVICE | IL | 501(c)(3) | 10 | NA | | No |
| 3875 ELDAMAIN RD<br>PLANO, IL 605459711<br>36-3028169 | SOCIAL SERVICE | IL | 501(c)(3) | 10 | NA | | No |
| 50 NORTH MCLEAN BOULEVARD<br>ELGIN, IL 60123<br>36-3234727 | SOCIAL SERVICE | IL | 501(c)(3) | 10 | NA | | No |
| 101 N WACKER DR STE1400<br>CHICAGO, IL 606067386<br>36-3256696 | SOCIAL SERVICE | IL | 501(c)(3) | 10 | NA | | No |
| 401 SW SECOND AVENUE<br>ALEDO, IL 61231<br>36-3832360 | SOCIAL SERVICE | IL | 501(c)(3) | 10 | NA | | No |
| 300 WALNUT DRIVE<br>PERU, IL 613541946<br>36-6218217 | SOCIAL SERVICE | IL | 501(c)(3) | 10 | NA | | No |
| 1001 SOUTH WRIGHT STREET<br>CHAMPAIGN, IL 618206225<br>37-0661257 | SOCIAL SERVICE | IL | 501(c)(3) | 10 | NA | | No |
| 220 WEST MCKINLEY AVENUE<br>DECATUR, IL 62526<br>37-0661258 | SOCIAL SERVICE | IL | 501(c)(3) | 10 | NA | | No |
| 1200 ESIC DRIVE<br>EDWARDSVILLE, IL 620253818<br>37-0661259 | SOCIAL SERVICE | IL | 501(c)(3) | 10 | NA | | No |
| 1324 W CARL SANDBURG DR<br>GALESBURG, IL 614011347<br>37-0661260 | SOCIAL SERVICE | IL | 501(c)(3) | 10 | NA | | No |
| 1000 SHERWOOD LANE<br>JACKSONVILLE, IL 626502700<br>37-0661261 | SOCIAL SERVICE | IL | 501(c)(3) | 10 | NA | | No |
| 3101 MAINE STREET<br>QUINCY, IL 623014418<br>37-0661262 | SOCIAL SERVICE | IL | 501(c)(3) | 10 | NA | | No |
| PO BOX 155<br>SPRINGFIELD, IL 62705<br>37-0661263 | SOCIAL SERVICE | IL | 501(c)(3) | 10 | NA | | No |
| 602 SOUTH MAIN STREET<br>BLOOMINGTON, IL 617015135<br>37-0662603 | SOCIAL SERVICE | IL | 501(c)(3) | 10 | NA | | No |
| 1111 N VERMILION ST<br>DANVILLE, IL 618323049<br>37-0662604 | SOCIAL SERVICE | IL | 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 |
| 7000 N FLEMING LANE<br>PEORIA, IL 616141236<br>37-0662605 | SOCIAL SERVICE | IL | 501(c)(3) | 10 | NA | | No |
| PO BOX 527<br>MONMOUTH, IL 614620527<br>37-0663575 | SOCIAL SERVICE | IL | 501(c)(3) | 10 | NA | | No |
| 2501 FIELDS SOUTH DR<br>CHAMPAIGN, IL 618223733<br>37-0673564 | SOCIAL SERVICE | IL | 501(c)(3) | 10 | NA | | No |
| 1325 E ASH STREET<br>CANTON, IL 615201504<br>37-0748000 | SOCIAL SERVICE | IL | 501(c)(3) | 10 | NA | | No |
| 400 EAST CALHOUN STREET<br>MACOMB, IL 614552366<br>37-0792409 | SOCIAL SERVICE | IL | 501(c)(3) | 10 | NA | | No |
| 417 SOUTH ALEXANDER STREET<br>CLINTON, IL 617272348<br>37-0812114 | SOCIAL SERVICE | IL | 501(c)(3) | 10 | NA | | No |
| 1304 BROADWAY<br>MOUNT VERNON, IL 62864<br>37-0863227 | SOCIAL SERVICE | IL | 501(c)(3) | 10 | NA | | No |
| 900 MCADAM DRIVE<br>TAYLORVILLE, IL 625689635<br>37-1071231 | SOCIAL SERVICE | IL | 501(c)(3) | 10 | NA | | No |
| PO BOX 875<br>MATTOON, IL 619380875<br>37-1122559 | SOCIAL SERVICE | IL | 501(c)(3) | 10 | NA | | No |
| 604 BROADWAY STREET SUITE 1<br>LINCOLN, IL 62656<br>37-1353644 | SOCIAL SERVICE | IL | 501(c)(3) | 10 | NA | | No |
| 1401 BROADWAY STREET SUITE 3A<br>DETROIT, MI 48226<br>38-1358055 | SOCIAL SERVICE | MI | 501(c)(3) | 10 | NA | | No |
| 411 EAST THIRD STREET<br>FLINT, MI 485032006<br>38-1358056 | SOCIAL SERVICE | MI | 501(c)(3) | 10 | NA | | No |
| 475 LAKE MICHIGAN DR NW<br>GRAND RAPIDS, MI 49504<br>38-1358058 | SOCIAL SERVICE | MI | 501(c)(3) | 10 | NA | | No |
| PO BOX 252<br>HASTINGS, MI 490580252<br>38-1358059 | SOCIAL SERVICE | MI | 501(c)(3) | 10 | NA | | No |
| 905 NORTH FRONT STREET<br>NILES, MI 49120<br>38-1358236 | SOCIAL SERVICE | MI | 501(c)(3) | 10 | NA | | No |
| 4444 LONG LAKE ROAD<br>READING, MI 492749303<br>38-1358416 | SOCIAL SERVICE | MI | 501(c)(3) | 10 | NA | | No |
| 1525 THIRD STREET<br>PORT HURON, MI 48060<br>38-1358417 | SOCIAL SERVICE | MI | 501(c)(3) | 10 | NA | | No |
| 919 NE TORCH LAKE DRIVE<br>CENTRAL LAKE, MI 496229628<br>38-1358418 | SOCIAL SERVICE | MI | 501(c)(3) | 10 | NA | | No |
| 119 N WASHINGTON SQUARE<br>LANSING, MI 48933<br>38-1359576 | SOCIAL SERVICE | MI | 501(c)(3) | 10 | NA | | No |
| 515 WEST MAIN STREET<br>OWOSSO, MI 488672608<br>38-1359577 | SOCIAL SERVICE | MI | 501(c)(3) | 10 | NA | | No |

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|---|---|---|---|---|---|---|---|
| | | | | | | Yes | No |
| 1001 W MAPLE ST<br>KALAMAZOO, MI 490081885<br>38-1360592 | SOCIAL SERVICE | MI | 501(c)(3) | 10 | NA | | No |
| 1915 FORDNEY STREET<br>SAGINAW, MI 486012809<br>38-1360594 | SOCIAL SERVICE | MI | 501(c)(3) | 10 | NA | | No |
| 127 WEST WESLEY AVENUE<br>JACKSON, MI 492012226<br>38-1381139 | SOCIAL SERVICE | MI | 501(c)(3) | 10 | NA | | No |
| 638 W MAUMEE ST<br>ADRIAN, MI 492212030<br>38-1393859 | SOCIAL SERVICE | MI | 501(c)(3) | 10 | NA | | No |
| 1111 W ELM AVENUE<br>MONROE, MI 481622801<br>38-1508585 | SOCIAL SERVICE | MI | 501(c)(3) | 10 | NA | | No |
| 400 W WASHINGTON<br>ANN ARBOR, MI 48103<br>38-1525162 | SOCIAL SERVICE | MI | 501(c)(3) | 10 | NA | | No |
| 3700 SILVER LAKE ROAD<br>TRAVERSE CITY, MI 496844899<br>38-1709640 | SOCIAL SERVICE | MI | 501(c)(3) | 10 | NA | | No |
| 1 Y DR<br>GRAND HAVEN, MI 494171768<br>38-1717502 | SOCIAL SERVICE | MI | 501(c)(3) | 10 | NA | | No |
| 182 CAPITAL AVENUE NE<br>BATTLE CREEK, MI 490173925<br>38-1986068 | SOCIAL SERVICE | MI | 501(c)(3) | 10 | NA | | No |
| PO BOX 602<br>ESCANABA, MI 498290602<br>38-2615035 | SOCIAL SERVICE | MI | 501(c)(3) | 10 | NA | | No |
| 6225 N 39TH ST<br>AUGUSTA, MI 490129722<br>38-3167869 | SOCIAL SERVICE | MI | 501(c)(3) | 10 | NA | | No |
| 1420 PINE STREET<br>MARQUETTE, MI 498550441<br>38-3211419 | SOCIAL SERVICE | MI | 501(c)(3) | 10 | NA | | No |
| 1600 WEST DRIVE<br>MENOMINEE, MI 498582238<br>38-6119445 | SOCIAL SERVICE | MI | 501(c)(3) | 10 | NA | | No |
| 1140 MAIN ST<br>LA CROSSE, WI 546014190<br>39-0806172 | SOCIAL SERVICE | WI | 501(c)(3) | 10 | NA | | No |
| 229 E COLLEGE AVE<br>APPLETON, WI 54911<br>39-0806191 | SOCIAL SERVICE | WI | 501(c)(3) | 10 | NA | | No |
| 711 COTTAGE GROVE ROAD<br>MADISON, WI 537166119<br>39-0806253 | SOCIAL SERVICE | WI | 501(c)(3) | 10 | NA | | No |
| 161 W WISCONSIN AVENUE SUITE 4000<br>MILWAUKEE, WI 532032601<br>39-0806314 | SOCIAL SERVICE | WI | 501(c)(3) | 10 | NA | | No |
| 700 GRAHAM AVENUE<br>EAU CLAIRE, WI 547013840<br>39-0806351 | SOCIAL SERVICE | WI | 501(c)(3) | 10 | NA | | No |
| 221 DODGE STREET<br>JANESVILLE, WI 53548<br>39-0806368 | SOCIAL SERVICE | WI | 501(c)(3) | 10 | NA | | No |
| 1750 VALLEY ROAD<br>OCONOMOWOC, WI 53066<br>39-0806378 | SOCIAL SERVICE | WI | 501(c)(3) | 10 | NA | | No |

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|---|---|---|---|---|---|---|---|
| | | | | | | Yes | No |
| 90 W SECOND ST<br>FOND DU LAC, WI 549354141<br>39-0806436 | SOCIAL SERVICE | WI | 501(c)(3) | 10 | NA | | No |
| 1865 RIVERSIDE DRIVE<br>BELOIT, WI 535113521<br>39-0806449 | SOCIAL SERVICE | WI | 501(c)(3) | 10 | NA | | No |
| 725 LAKE AVE<br>RACINE, WI 534031207<br>39-0807254 | SOCIAL SERVICE | WI | 501(c)(3) | 10 | NA | | No |
| 707 THIRD ST<br>WAUSAU, WI 544034703<br>39-0808463 | SOCIAL SERVICE | WI | 501(c)(3) | 10 | NA | | No |
| 235 NORTH JEFFERSON STREET<br>GREEN BAY, WI 543015126<br>39-0813466 | SOCIAL SERVICE | WI | 501(c)(3) | 10 | NA | | No |
| 9 N 21ST ST<br>SUPERIOR, WI 54880<br>39-0813468 | SOCIAL SERVICE | WI | 501(c)(3) | 10 | NA | | No |
| 203 WELLS STREET<br>LAKE GENEVA, WI 531472022<br>39-0816867 | SOCIAL SERVICE | WI | 501(c)(3) | 10 | NA | | No |
| 7101 53RD STREET<br>KENOSHA, WI 53144<br>39-0826296 | SOCIAL SERVICE | WI | 501(c)(3) | 10 | NA | | No |
| 812 BROUGHTON DRIVE<br>SHEBOYGAN, WI 530811411<br>39-0830271 | SOCIAL SERVICE | WI | 501(c)(3) | 10 | NA | | No |
| 320 EAST BROADWAY<br>WAUKESHA, WI 53186<br>39-0847658 | SOCIAL SERVICE | WI | 501(c)(3) | 10 | NA | | No |
| 324 WASHINGTON AVENUE<br>OSHKOSH, WI 54901<br>39-0878909 | SOCIAL SERVICE | WI | 501(c)(3) | 10 | NA | | No |
| 211 WISCONSIN RIVER DR<br>PORT EDWARDS, WI 544691437<br>39-0929462 | SOCIAL SERVICE | WI | 501(c)(3) | 10 | NA | | No |
| 220 CORPORATE DRIVE<br>BEAVER DAM, WI 53916<br>39-0975426 | SOCIAL SERVICE | WI | 501(c)(3) | 10 | NA | | No |
| PO BOX 471<br>MANITOWOC, WI 542210471<br>39-1028773 | SOCIAL SERVICE | WI | 501(c)(3) | 10 | NA | | No |
| PO BOX 246<br>BOULDER JUNCTION, WI 545120246<br>39-1136315 | SOCIAL SERVICE | WI | 501(c)(3) | 10 | NA | | No |
| 1111 W WASHINGTON ST<br>WEST BEND, WI 530952433<br>39-1175559 | SOCIAL SERVICE | WI | 501(c)(3) | 10 | NA | | No |
| 611 JEFFERSON AVENUE<br>CHIPPEWA FALLS, WI 54729<br>39-1308377 | SOCIAL SERVICE | WI | 501(c)(3) | 10 | NA | | No |
| 1307 SECOND STREET<br>MONROE, WI 535661169<br>39-1405623 | SOCIAL SERVICE | WI | 501(c)(3) | 10 | NA | | No |
| S 110 W30240 YMCA CAMP ROAD<br>MUKWONAGO, WI 53149<br>39-1501649 | SOCIAL SERVICE | WI | 501(c)(3) | 10 | NA | | No |
| 410 WEST MCMILLAN STREET<br>MARSHFIELD, WI 54449<br>39-1557086 | SOCIAL SERVICE | WI | 501(c)(3) | 10 | NA | | No |

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|---|---|---|---|---|---|---|---|
| | | | | | | Yes | No |
| 1900 MICHIGAN ST<br>STURGEON BAY, WI 54235<br>39-1738982 | SOCIAL SERVICE | WI | 501(c)(3) | 10 | NA | | No |
| 2003 WINNEBAGO STREET - EAST<br>RHINELANDER, WI 54501<br>39-1942168 | SOCIAL SERVICE | WI | 501(c)(3) | 10 | NA | | No |
| 207 WINONA STREET<br>WINONA, MN 55987<br>41-0693890 | SOCIAL SERVICE | MN | 501(c)(3) | 10 | NA | | No |
| 302 W FIRST ST<br>DULUTH, MN 558021606<br>41-0693931 | SOCIAL SERVICE | MN | 501(c)(3) | 10 | NA | | No |
| 602 OAK STREET<br>BRAINERD, MN 564013611<br>41-0693938 | SOCIAL SERVICE | MN | 501(c)(3) | 10 | NA | | No |
| 434 MAIN ST<br>RED WING, MN 55066<br>41-0695614 | SOCIAL SERVICE | MN | 501(c)(3) | 10 | NA | | No |
| 704 FIRST DR NW<br>AUSTIN, MN 559123099<br>41-0718359 | SOCIAL SERVICE | MN | 501(c)(3) | 10 | NA | | No |
| 1401 SOUTH RIVERFRONT DRIVE<br>MANKATO, MN 560012413<br>41-0739108 | SOCIAL SERVICE | MN | 501(c)(3) | 10 | NA | | No |
| 1164 N FRIBERG AVENUE<br>FERGUS FALLS, MN 565371580<br>41-0940250 | SOCIAL SERVICE | MN | 501(c)(3) | 10 | NA | | No |
| 2001 STOCKINGER DRIVE<br>SAINT CLOUD, MN 563033124<br>41-0952420 | SOCIAL SERVICE | MN | 501(c)(3) | 10 | NA | | No |
| PO BOX 118<br>LONGVILLE, MN 566550118<br>41-0967781 | SOCIAL SERVICE | MN | 501(c)(3) | 10 | NA | | No |
| 2021 WEST MAIN STREET<br>ALBERT LEA, MN 560074335<br>41-1000679 | SOCIAL SERVICE | MN | 501(c)(3) | 10 | NA | | No |
| 400 RIVER RD<br>GRAND RAPIDS, MN 557443784<br>41-1358634 | SOCIAL SERVICE | MN | 501(c)(3) | 10 | NA | | No |
| 8367 Unity Drive<br>VIRGINIA, MN 557923604<br>41-1460551 | SOCIAL SERVICE | MN | 501(c)(3) | 10 | NA | | No |
| PO BOX 757<br>WILLMAR, MN 562010757<br>41-1908049 | SOCIAL SERVICE | MN | 501(c)(3) | 10 | NA | | No |
| 200 SOUTH A STREET<br>MARSHALL, MN 56258<br>41-1984589 | SOCIAL SERVICE | MN | 501(c)(3) | 10 | NA | | No |
| 1501 COLLEGEWAY<br>WORTHINGTON, MN 561873028<br>41-6007569 | SOCIAL SERVICE | MN | 501(c)(3) | 10 | NA | | No |
| 207 7TH AVENUE SE<br>CEDAR RAPIDS, IA 52401<br>42-0680306 | SOCIAL SERVICE | IA | 501(c)(3) | 10 | NA | | No |
| 800 HULIN STREET<br>CHARLES CITY, IA 506162149<br>42-0680309 | SOCIAL SERVICE | IA | 501(c)(3) | 10 | NA | | No |
| 1840 SOUTH MONROE AVENUE<br>MASON CITY, IA 504013402<br>42-0680330 | SOCIAL SERVICE | IA | 501(c)(3) | 10 | NA | | No |

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|---|---|---|---|---|---|---|---|
| | | | | | | Yes | No |
| 1823 LOGAN STREET PO BOX 978<br>MUSCATINE, IA 527610017<br>42-0680340 | SOCIAL SERVICE | IA | 501(c)(3) | 10 | NA | | No |
| 501 GRAND AVENUE<br>DES MOINES, IA 503091720<br>42-0680438 | SOCIAL SERVICE | IA | 501(c)(3) | 10 | NA | | No |
| 669 SOUTH HACKETT ROAD<br>WATERLOO, IA 507015632<br>42-0681109 | SOCIAL SERVICE | IA | 501(c)(3) | 10 | NA | | No |
| 2126 PLANK ROAD<br>KEOKUK, IA 526322899<br>42-0690393 | SOCIAL SERVICE | IA | 501(c)(3) | 10 | NA | | No |
| 121 E MAIN ST<br>WASHINGTON, IA 523532012<br>42-0698186 | SOCIAL SERVICE | IA | 501(c)(3) | 10 | NA | | No |
| 1701 S 8TH AVE E<br>NEWTON, IA 502085055<br>42-0703250 | SOCIAL SERVICE | IA | 501(c)(3) | 10 | NA | | No |
| 606 W 2ND ST<br>DAVENPORT, IA 52801<br>42-0703278 | SOCIAL SERVICE | IA | 501(c)(3) | 10 | NA | | No |
| 611-621 NORTH HANCOCK STREET<br>OTTUMWA, IA 525014233<br>42-0725202 | SOCIAL SERVICE | IA | 501(c)(3) | 10 | NA | | No |
| 601 RIVERVIEW DR<br>SOUTH SIOUX CITY, NE 68776<br>42-0738980 | SOCIAL SERVICE | NE | 501(c)(3) | 10 | NA | | No |
| 414 N 3RD STREET<br>OSKALOOSA, IA 525772216<br>42-0741010 | SOCIAL SERVICE | IA | 501(c)(3) | 10 | NA | | No |
| PO BOX 212<br>SPENCER, IA 513010212<br>42-0820570 | SOCIAL SERVICE | IA | 501(c)(3) | 10 | NA | | No |
| 1100 MAPLE STREET<br>ATLANTIC, IA 50022<br>42-0844143 | SOCIAL SERVICE | IA | 501(c)(3) | 10 | NA | | No |
| 35 N BOOTH ST<br>DUBUQUE, IA 520017332<br>42-0934471 | SOCIAL SERVICE | IA | 501(c)(3) | 10 | NA | | No |
| PO BOX 296<br>SPIRIT LAKE, IA 513600296<br>42-0958909 | SOCIAL SERVICE | IA | 501(c)(3) | 10 | NA | | No |
| 2101 E MCGREGOR STREET<br>ALGONA, IA 505113000<br>42-1225829 | SOCIAL SERVICE | IA | 501(c)(3) | 10 | NA | | No |
| 916 WEST I STREET<br>FOREST CITY, IA 504361739<br>42-1257332 | SOCIAL SERVICE | IA | 501(c)(3) | 10 | NA | | No |
| PO BOX 41<br>LE MARS, IA 51031<br>42-1413807 | SOCIAL SERVICE | IA | 501(c)(3) | 10 | NA | | No |
| 101 E CHERRY STREET<br>RED OAK, IA 515661004<br>42-1433436 | SOCIAL SERVICE | IA | 501(c)(3) | 10 | NA | | No |
| 1201 WEST TOWNLINE STREET<br>CRESTON, IA 508011036<br>42-1436507 | SOCIAL SERVICE | IA | 501(c)(3) | 10 | NA | | No |
| 108 WASHINGTON STREET<br>MARSHALL, IA 50158<br>42-1478611 | SOCIAL SERVICE | IA | 501(c)(3) | 10 | NA | | No |

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|---|---|---|---|---|---|---|---|
| | | | | | | Yes | No |
| 220 26TH STREET<br>FORT MADISON, IA 526272204<br>42-6080176 | SOCIAL SERVICE | IA | 501(c)(3) | 10 | NA | | No |
| 326 SOUTH 21ST STREET SUITE 400<br>ST LOUIS, MO 63103<br>43-0653616 | SOCIAL SERVICE | MO | 501(c)(3) | 10 | NA | | No |
| 1 YMCA DRIVE<br>HANNIBAL, MO 634012270<br>43-0663323 | SOCIAL SERVICE | MO | 501(c)(3) | 10 | NA | | No |
| 1708 S JAMISON<br>KIRKSVILLE, MO 635010644<br>43-0811428 | SOCIAL SERVICE | MO | 501(c)(3) | 10 | NA | | No |
| PO BOX 104176<br>JEFFERSON CITY, MO 651104176<br>43-0953286 | SOCIAL SERVICE | MO | 501(c)(3) | 10 | NA | | No |
| PO BOX 751<br>CHILLICHOTHE, MO 64601<br>43-1493664 | SOCIAL SERVICE | MO | 501(c)(3) | 10 | NA | | No |
| 1715 WOOD STREET<br>FULTON, MO 65251<br>43-1552855 | SOCIAL SERVICE | MO | 501(c)(3) | 10 | NA | | No |
| 2600 S GRAND AVE<br>CARTHAGE, MO 648363535<br>43-1558437 | SOCIAL SERVICE | MO | 501(c)(3) | 10 | NA | | No |
| 1 YMCA DRIVE<br>MOUNTAIN GROVE, MO 65711<br>43-1617662 | SOCIAL SERVICE | MO | 501(c)(3) | 10 | NA | | No |
| 602 TANNER STREET<br>SIKESTON, MO 63801<br>43-1666987 | SOCIAL SERVICE | MO | 501(c)(3) | 10 | NA | | No |
| 614 KELLY LANE<br>LOUISIANA, MO 63353<br>43-1675923 | SOCIAL SERVICE | MO | 501(c)(3) | 10 | NA | | No |
| 500 W HIGHLAND<br>NEVADA, MO 64772<br>43-1706486 | SOCIAL SERVICE | MO | 501(c)(3) | 10 | NA | | No |
| 740 E YERBY<br>MARSHALL, MO 653400157<br>43-1710180 | SOCIAL SERVICE | MO | 501(c)(3) | 10 | NA | | No |
| 4701 CHOUTEAU AVENUE<br>NEOSHO, MO 64850<br>43-1729473 | SOCIAL SERVICE | MO | 501(c)(3) | 10 | NA | | No |
| 1304 S MISSOURI STREET<br>MACON, MO 63552<br>43-1761240 | SOCIAL SERVICE | MO | 501(c)(3) | 10 | NA | | No |
| PO BOX 104<br>BOONVILLE, MO 65233<br>43-1798929 | SOCIAL SERVICE | MO | 501(c)(3) | 10 | NA | | No |
| 1903 NORTH WALNUT STREET<br>CAMERON, MO 644299856<br>43-1933672 | SOCIAL SERVICE | MO | 501(c)(3) | 10 | NA | | No |
| 417 S JEFFERSON ST<br>SPRINGFIELD, MO 65806<br>44-0545283 | SOCIAL SERVICE | MO | 501(c)(3) | 10 | NA | | No |
| 3100 BROADWAY 1020<br>KANSAS CITY, MO 641112413<br>44-0546002 | SOCIAL SERVICE | MO | 501(c)(3) | 10 | NA | | No |
| 510 WALL STREET<br>JOPLIN, MO 64801<br>44-0552026 | SOCIAL SERVICE | MO | 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 |
| 315 S 6TH ST<br>SAINT JOSEPH, MO 64501<br>44-0552491 | SOCIAL SERVICE | MO | 501(c)(3) | 10 | NA | | No |
| PO BOX 13177<br>GRAND FORKS, ND 582083177<br>45-0226434 | SOCIAL SERVICE | ND | 501(c)(3) | 10 | NA | | No |
| 400 FIRST AVE S<br>FARGO, ND 581031998<br>45-0232096 | SOCIAL SERVICE | ND | 501(c)(3) | 10 | NA | | No |
| PO BOX 69<br>MINOT, ND 587020069<br>45-0237612 | SOCIAL SERVICE | ND | 501(c)(3) | 10 | NA | | No |
| 1608 N WASHINGTON ST<br>BISMARCK, ND 585012675<br>45-0305520 | SOCIAL SERVICE | ND | 501(c)(3) | 10 | NA | | No |
| 651 NICOLLET MALL SUITE 500<br>MINNEAPOLIS, MN 55402<br>45-2563299 | SOCIAL SERVICE | MN | 501(c)(3) | 10 | NA | | No |
| 220 S MINNESOTA AVE<br>SIOUX FALLS, SD 571046314<br>46-0225021 | SOCIAL SERVICE | SD | 501(c)(3) | 10 | NA | | No |
| 815 KANSAS CITY ST<br>RAPID CITY, SD 577012605<br>46-0227218 | SOCIAL SERVICE | SD | 501(c)(3) | 10 | NA | | No |
| 5 SOUTH STATE STREET<br>ABERDEEN, SD 57401<br>46-0255779 | SOCIAL SERVICE | SD | 501(c)(3) | 10 | NA | | No |
| PO BOX 218<br>DUPREE, SD 576230218<br>46-0336514 | SOCIAL SERVICE | SD | 501(c)(3) | 10 | NA | | No |
| 301 W BENJAMIN AVE<br>NORFOLK, NE 687012910<br>47-0376546 | SOCIAL SERVICE | NE | 501(c)(3) | 10 | NA | | No |
| 570 FALLBROOK BLVD SUITE 210<br>LINCOLN, NE 68521<br>47-0376578 | SOCIAL SERVICE | NE | 501(c)(3) | 10 | NA | | No |
| 430 S 20TH ST<br>OMAHA, NE 681022506<br>47-0376586 | SOCIAL SERVICE | NE | 501(c)(3) | 10 | NA | | No |
| 810 N LINCOLN AVE<br>FREMONT, NE 680254488<br>47-0376600 | SOCIAL SERVICE | NE | 501(c)(3) | 10 | NA | | No |
| PO BOX 1065<br>HASTINGS, NE 689021065<br>47-0376607 | SOCIAL SERVICE | NE | 501(c)(3) | 10 | NA | | No |
| PO BOX 408<br>MCCOOK, NE 69001<br>47-0377999 | SOCIAL SERVICE | NE | 501(c)(3) | 10 | NA | | No |
| 3912 38TH STREET<br>COLUMBUS, NE 686011636<br>47-0398817 | SOCIAL SERVICE | NE | 501(c)(3) | 10 | NA | | No |
| 1801 SCOTT STREET<br>BEATRICE, NE 68310<br>47-0415814 | SOCIAL SERVICE | NE | 501(c)(3) | 10 | NA | | No |
| 221 EAST SOUTH FRONT ST<br>GRAND ISLAND, NE 68801<br>47-0425015 | SOCIAL SERVICE | NE | 501(c)(3) | 10 | NA | | No |
| PO BOX 2423<br>SCOTTSBLUFF, NE 693632423<br>47-0439999 | SOCIAL SERVICE | NE | 501(c)(3) | 10 | NA | | No |

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|---|---|---|---|---|---|---|---|
| | | | | | | Yes | No |
| 4500 6TH AVE<br>KEARNEY, NE 68847<br>47-0720055 | SOCIAL SERVICE | NE | 501(c)(3) | 10 | NA | | No |
| 1278 WILBUR STREET<br>BLAIR, NE 680082373<br>47-0782711 | SOCIAL SERVICE | NE | 501(c)(3) | 10 | NA | | No |
| P O BOX 618<br>HOLDREGE, NE 68949<br>47-0807617 | SOCIAL SERVICE | NE | 501(c)(3) | 10 | NA | | No |
| 421 VAN BUREN STREET<br>TOPEKA, KS 666033331<br>48-0543757 | SOCIAL SERVICE | KS | 501(c)(3) | 10 | NA | | No |
| PO BOX 973<br>SALINA, KS 674010973<br>48-0544573 | SOCIAL SERVICE | KS | 501(c)(3) | 10 | NA | | No |
| 402 NORTH MARKET<br>WICHITA, KS 67202<br>48-0554440 | SOCIAL SERVICE | KS | 501(c)(3) | 10 | NA | | No |
| 716 EAST 13TH STREET<br>HUTCHINSON, KS 675015856<br>48-0556722 | SOCIAL SERVICE | KS | 501(c)(3) | 10 | NA | | No |
| 220 N WALNUT PO BOX 1066<br>MCPHERSON, KS 674601066<br>48-0650061 | SOCIAL SERVICE | KS | 501(c)(3) | 10 | NA | | No |
| PO BOX 113<br>JUNCTION CITY, KS 664410113<br>48-0677789 | SOCIAL SERVICE | KS | 501(c)(3) | 10 | NA | | No |
| 1224 CENTER ST<br>GARDEN CITY, KS 678464643<br>48-0693241 | SOCIAL SERVICE | KS | 501(c)(3) | 10 | NA | | No |
| 1101 CAMP WOOD RD<br>ELMDALE, KS 668509784<br>48-0908238 | SOCIAL SERVICE | KS | 501(c)(3) | 10 | NA | | No |
| 100 WEST 10TH STREET SUITE 1100<br>WILMINGTON, DE 19801<br>51-0065748 | SOCIAL SERVICE | DE | 501(c)(3) | 10 | NA | | No |
| 1699 DEERFIELD ROAD<br>LEBANON, OH 450360617<br>51-0181689 | SOCIAL SERVICE | OH | 501(c)(3) | 10 | NA | | No |
| 472 STILLWATER STREET<br>OLD TOWN, ME 044682133<br>51-0201156 | SOCIAL SERVICE | ME | 501(c)(3) | 10 | NA | | No |
| 303 W CHESAPEAKE AVENUE<br>BALTIMORE, MD 21204<br>52-0591699 | SOCIAL SERVICE | MD | 501(c)(3) | 10 | NA | | No |
| 601 KELLY ROAD<br>CUMBERLAND, MD 21502<br>52-0591700 | SOCIAL SERVICE | MD | 501(c)(3) | 10 | NA | | No |
| 1100 EASTERN BLVD NORTH PO BOX 1857<br>HAGERSTOWN, MD 21742<br>52-0591701 | SOCIAL SERVICE | MD | 501(c)(3) | 10 | NA | | No |
| 1000 N MARKET STREET<br>FREDERICK, MD 217014628<br>52-0607953 | SOCIAL SERVICE | MD | 501(c)(3) | 10 | NA | | No |
| 202 PEACHBLOSSOM ROAD<br>EASTON, MD 216012545<br>52-0646895 | SOCIAL SERVICE | MD | 501(c)(3) | 10 | NA | | No |
| 1112 16TH ST NW 720<br>WASHINGTON, DC 200364823<br>53-0207403 | SOCIAL SERVICE | DC | 501(c)(3) | 10 | NA | | No |

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|---|---|---|---|---|---|---|---|
| | | | | | | Yes | No |
| 920 COPORATE LANE<br>CHESAPEAKE, VA 23320<br>54-0445205 | SOCIAL SERVICE | VA | 501(c)(3) | 10 | NA | | No |
| 1307-1309 CHURCH STREET<br>LYNCHBURG, VA 24504<br>54-0505924 | SOCIAL SERVICE | VA | 501(c)(3) | 10 | NA | | No |
| 215 RIVERSIDE DRIVE<br>DANVILLE, VA 245400460<br>54-0505982 | SOCIAL SERVICE | VA | 501(c)(3) | 10 | NA | | No |
| 615 OAKHURST AVE<br>PULASKI, VA 24301<br>54-0505984 | SOCIAL SERVICE | VA | 501(c)(3) | 10 | NA | | No |
| 2 WEST FRANKLIN STREET<br>RICHMOND, VA 232205006<br>54-0505986 | SOCIAL SERVICE | VA | 501(c)(3) | 10 | NA | | No |
| PO BOX 2746<br>STAUNTON, VA 244012746<br>54-0506438 | SOCIAL SERVICE | VA | 501(c)(3) | 10 | NA | | No |
| PO BOX 2130<br>ROANOKE, VA 24009<br>54-0515736 | SOCIAL SERVICE | VA | 501(c)(3) | 10 | NA | | No |
| 101 LONG GREEN BLVD<br>YORKTOWN, VA 23693<br>54-0524905 | SOCIAL SERVICE | VA | 501(c)(3) | 10 | NA | | No |
| 648 SOUTH WAYNE AVENUE<br>WAYNESBORO, VA 229804838<br>54-0633243 | SOCIAL SERVICE | VA | 501(c)(3) | 10 | NA | | No |
| 3 STARLING AVENUE<br>MARTINSVILLE, VA 24112<br>54-0839746 | SOCIAL SERVICE | VA | 501(c)(3) | 10 | NA | | No |
| PO BOX 10365<br>LYNCHBURG, VA 245060365<br>54-0881950 | SOCIAL SERVICE | VA | 501(c)(3) | 10 | NA | | No |
| PO BOX 149<br>ALTAVISTA, VA 245170149<br>54-0895639 | SOCIAL SERVICE | VA | 501(c)(3) | 10 | NA | | No |
| 212 BUTLER ROAD<br>FREDERICKSBURG, VA 224052441<br>54-0965826 | SOCIAL SERVICE | VA | 501(c)(3) | 10 | NA | | No |
| PO BOX 1026<br>BEDFORD, VA 24523<br>54-1140513 | SOCIAL SERVICE | VA | 501(c)(3) | 10 | NA | | No |
| 1567 NOBLIN FARM RD<br>CLARKSVILLE, VA 239273137<br>54-1351309 | SOCIAL SERVICE | VA | 501(c)(3) | 10 | NA | | No |
| 101 YMCA WAY<br>COVINGTON, VA 24426<br>54-1637131 | SOCIAL SERVICE | VA | 501(c)(3) | 10 | NA | | No |
| 151 MCINTIRE PARK DRIVE<br>CHARLOTTESVILLE, VA 229022450<br>54-1717336 | SOCIAL SERVICE | VA | 501(c)(3) | 10 | NA | | No |
| 235 TECHNOLOGY DRIVE PO BOX 720<br>ROCKY MOUNT, VA 24151<br>54-1740065 | SOCIAL SERVICE | VA | 501(c)(3) | 10 | NA | | No |
| 212 WEAVER AVENUE<br>EMPORIA, VA 23847<br>54-2005981 | SOCIAL SERVICE | VA | 501(c)(3) | 10 | NA | | No |
| PO BOX 430<br>MANITOWISH WATERS, WI 54545<br>54-2184387 | SOCIAL SERVICE | WI | 501(c)(3) | 10 | NA | | No |

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|---|---|---|---|---|---|---|---|
| | | | | | | Yes | No |
| 100 YMCA DRIVE<br>CHARLESTOWN, WV 25311<br>55-0357058 | SOCIAL SERVICE | WV | 501(c)(3) | 10 | NA | | No |
| 1800 30TH ST<br>PARKERSBURG, WV 26104<br>55-0357059 | SOCIAL SERVICE | WV | 501(c)(3) | 10 | NA | | No |
| PO BOX 6537<br>WHEELING, WV 260036537<br>55-0357071 | SOCIAL SERVICE | WV | 501(c)(3) | 10 | NA | | No |
| 121 EAST MAIN STREET<br>BECKLEY, WV 258014705<br>55-0464596 | SOCIAL SERVICE | WV | 501(c)(3) | 10 | NA | | No |
| PO BOX 688<br>CLARKSBURG, WV 26301<br>55-0486791 | SOCIAL SERVICE | WV | 501(c)(3) | 10 | NA | | No |
| PO BOX 737<br>SCOTT DEPOT, WV 255600737<br>55-0702900 | SOCIAL SERVICE | WV | 501(c)(3) | 10 | NA | | No |
| 53 ASHELAND AVENUE SUITE 105<br>ASHEVILLE, NC 28801<br>56-0530013 | SOCIAL SERVICE | NC | 501(c)(3) | 10 | NA | | No |
| PO BOX 6258<br>HIGH POINT, NC 272626258<br>56-0530014 | SOCIAL SERVICE | NC | 501(c)(3) | 10 | NA | | No |
| 84 BLUE RIDGE CIRCLE<br>BLACK MOUNTAIN, NC 287111975<br>56-0532130 | SOCIAL SERVICE | NC | 501(c)(3) | 10 | NA | | No |
| 301 NORTH MAIN STREET SUITE 1900<br>WINSTONSALEM, NC 27101<br>56-0530015 | SOCIAL SERVICE | NC | 501(c)(3) | 10 | NA | | No |
| 2710 MARKET STREET<br>WILMINGTON, NC 284031218<br>56-0532317 | SOCIAL SERVICE | NC | 501(c)(3) | 10 | NA | | No |
| 620 GREEN VALLEY ROAD SUITE 210<br>GREENSBORO, NC 27408<br>56-0543243 | SOCIAL SERVICE | NC | 501(c)(3) | 10 | NA | | No |
| PO BOX 4063<br>ROCKY MOUNT, NC 278030063<br>56-0543251 | SOCIAL SERVICE | NC | 501(c)(3) | 10 | NA | | No |
| 119 W THIRD AVENUE<br>LEXINGTON, NC 27292<br>56-0576153 | SOCIAL SERVICE | NC | 501(c)(3) | 10 | NA | | No |
| 2717 FORT BRAGG ROAD<br>FAYETTEVILLE, NC 283034720<br>56-0582025 | SOCIAL SERVICE | NC | 501(c)(3) | 10 | NA | | No |
| 801 CORP CENTER DR SUITE 200<br>RALEIGH, NC 27607<br>56-0591307 | SOCIAL SERVICE | NC | 501(c)(3) | 10 | NA | | No |
| PO BOX 1575<br>SALISBURY, NC 281441575<br>56-0606313 | SOCIAL SERVICE | NC | 501(c)(3) | 10 | NA | | No |
| 1346 SOUTH MAIN STREET<br>BURLINGTON, NC 272155604<br>56-0611575 | SOCIAL SERVICE | NC | 501(c)(3) | 10 | NA | | No |
| 201 S CLAY STREET<br>GASTONIA, NC 280523828<br>56-0655420 | SOCIAL SERVICE | NC | 501(c)(3) | 10 | NA | | No |
| 701 1ST STREET NW<br>HICKORY, NC 286011376<br>56-0928743 | SOCIAL SERVICE | NC | 501(c)(3) | 10 | NA | | No |

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|---|---|---|---|---|---|---|---|
| | | | | | | Yes | No |
| PO BOX 1152<br>ASHEBORO, NC 272031152<br>56-0991786 | SOCIAL SERVICE | NC | 501(c)(3) | 10 | NA | | No |
| 1010 MENDENHALL ROAD<br>THOMASVILLE, NC 273602546<br>56-1004370 | SOCIAL SERVICE | NC | 501(c)(3) | 10 | NA | | No |
| 400 E MOREHEAD ST<br>CHARLOTTE, NC 282022269<br>56-1045299 | SOCIAL SERVICE | NC | 501(c)(3) | 10 | NA | | No |
| PO BOX 10355<br>GOLDSBORO, NC 27530<br>56-1285595 | SOCIAL SERVICE | NC | 501(c)(3) | 10 | NA | | No |
| PO BOX 834<br>WINDSOR, NC 279830834<br>56-1738475 | SOCIAL SERVICE | NC | 501(c)(3) | 10 | NA | | No |
| 3436C AIRPORT BLVD<br>WILSON, NC 27896<br>56-2220375 | SOCIAL SERVICE | NC | 501(c)(3) | 10 | NA | | No |
| 510 MILLER ROAD<br>SUMTER, SC 29150<br>57-0314417 | SOCIAL SERVICE | SC | 501(c)(3) | 10 | NA | | No |
| 1612 MARION ST STE 100<br>COLUMBIA, SC 292012939<br>57-0314423 | SOCIAL SERVICE | SC | 501(c)(3) | 10 | NA | | No |
| 723 CLEVELAND STREET<br>GREENVILLE, SC 296012945<br>57-0314424 | SOCIAL SERVICE | SC | 501(c)(3) | 10 | NA | | No |
| 151 RIBAULT STREET<br>SPARTANBURG, SC 29302<br>57-0314425 | SOCIAL SERVICE | SC | 501(c)(3) | 10 | NA | | No |
| 201 E REED ROAD<br>ANDERSON, SC 296212095<br>57-0314465 | SOCIAL SERVICE | SC | 501(c)(3) | 10 | NA | | No |
| 361 CHARLOTTE AVENUE<br>ROCK HILL, SC 29730<br>57-0335422 | SOCIAL SERVICE | SC | 501(c)(3) | 10 | NA | | No |
| 1760 CALHOUN ROAD<br>GREENWOOD, SC 29649<br>57-0365055 | SOCIAL SERVICE | SC | 501(c)(3) | 10 | NA | | No |
| 201 BURNS ROAD<br>EASLEY, SC 29640<br>57-0405623 | SOCIAL SERVICE | SC | 501(c)(3) | 10 | NA | | No |
| PO BOX 492<br>CLINTON, SC 293250492<br>57-0506273 | SOCIAL SERVICE | SC | 501(c)(3) | 10 | NA | | No |
| 1700 SOUTH RUTHERFORD ROAD<br>FLORENCE, SC 29505<br>57-0516770 | SOCIAL SERVICE | SC | 501(c)(3) | 10 | NA | | No |
| 390 WHELCHEL RD<br>GAFFNEY, SC 293413408<br>57-0557200 | SOCIAL SERVICE | SC | 501(c)(3) | 10 | NA | | No |
| 140 S CEDAR STREET<br>SUMMERVILLE, SC 29483<br>57-0643100 | SOCIAL SERVICE | SC | 501(c)(3) | 10 | NA | | No |
| PO BOX 7338<br>MYRTLE BEACH, SC 295722001<br>57-0747196 | SOCIAL SERVICE | SC | 501(c)(3) | 10 | NA | | No |
| PO BOX 662<br>NEWBERRY, SC 29108<br>57-0783484 | SOCIAL SERVICE | SC | 501(c)(3) | 10 | NA | | No |

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|---|---|---|---|---|---|---|---|
| | | | | | | Yes | No |
| 111 EAST CAROLINA AVENUE<br>HARTSVILLE, SC 29550<br>57-0794011 | SOCIAL SERVICE | SC | 501(c)(3) | 10 | NA | | No |
| 106 LAKESIDE DRIVE<br>UNION, SC 293791939<br>57-0832992 | SOCIAL SERVICE | SC | 501(c)(3) | 10 | NA | | No |
| 1801 RICHMOND AVE<br>PORT ROYAL, SC 29935<br>57-0910326 | SOCIAL SERVICE | SC | 501(c)(3) | 10 | NA | | No |
| 621 NORTH TOWNVILLE STREET<br>SENECA, SC 296788264<br>57-0934024 | SOCIAL SERVICE | SC | 501(c)(3) | 10 | NA | | No |
| 61 CANNON STREET<br>CHARLESTON, SC 29403<br>57-0935533 | SOCIAL SERVICE | SC | 501(c)(3) | 10 | NA | | No |
| 1634 PLANT AVENUE<br>WAYCROSS, GA 31501<br>58-0566129 | SOCIAL SERVICE | GA | 501(c)(3) | 10 | NA | | No |
| PO BOX 820<br>MCDONOUGH, GA 30253<br>58-0566244 | SOCIAL SERVICE | GA | 501(c)(3) | 10 | NA | | No |
| 101 MARIETTA STREET NW SUITE 1100<br>ATLANTA, GA 303033272<br>58-0566253 | SOCIAL SERVICE | GA | 501(c)(3) | 10 | NA | | No |
| 3570 WHEELER ROAD<br>AUGUSTA, GA 30909<br>58-0566254 | SOCIAL SERVICE | GA | 501(c)(3) | 10 | NA | | No |
| PO BOX 1037<br>THOMASVILLE, GA 317991037<br>58-0566255 | SOCIAL SERVICE | GA | 501(c)(3) | 10 | NA | | No |
| 601 26TH AVENUE SE<br>MOULTRIE, GA 31768<br>58-0593424 | SOCIAL SERVICE | GA | 501(c)(3) | 10 | NA | | No |
| 915 HAWTHORNE AVE<br>ATHENS, GA 30606<br>58-0593443 | SOCIAL SERVICE | GA | 501(c)(3) | 10 | NA | | No |
| 6400 HABERSHAM STREET SUITE A<br>SAVANNAH, GA 314055594<br>58-0603160 | SOCIAL SERVICE | GA | 501(c)(3) | 10 | NA | | No |
| 1701 GILLIONVILLE ROAD<br>ALBANY, GA 31707<br>58-0610051 | SOCIAL SERVICE | GA | 501(c)(3) | 10 | NA | | No |
| PO BOX 1640<br>COLUMBUS, GA 31902<br>58-0648697 | SOCIAL SERVICE | GA | 501(c)(3) | 10 | NA | | No |
| 810 E 2ND AVE<br>ROME, GA 30161<br>58-0814549 | SOCIAL SERVICE | GA | 501(c)(3) | 10 | NA | | No |
| 100 YMCA LANE<br>NEW BERN, NC 285605400<br>58-1402035 | SOCIAL SERVICE | NC | 501(c)(3) | 10 | NA | | No |
| 380 RUIN CREEK ROAD<br>HENDERSON, NC 275362955<br>58-1406066 | SOCIAL SERVICE | NC | 501(c)(3) | 10 | NA | | No |
| 1840 MEADOWVIEW PARKWAY<br>KINGSPORT, TN 37660<br>58-1564232 | SOCIAL SERVICE | TN | 501(c)(3) | 10 | NA | | No |
| PO BOX 46<br>KANNAPOLIS, NC 280820046<br>58-1574620 | SOCIAL SERVICE | NC | 501(c)(3) | 10 | NA | | No |

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|---|---|---|---|---|---|---|---|
| | | | | | | Yes | No |
| 427 N 1ST ST<br>ALBEMARLE, NC 280013906<br>58-1582063 | SOCIAL SERVICE | NC | 501(c)(3) | 10 | NA | | No |
| 1818 EAST SHOTWELL STREET<br>BAINBRIDGE, GA 317174352<br>58-1608613 | SOCIAL SERVICE | GA | 501(c)(3) | 10 | NA | | No |
| 800 E FARREL RD<br>LAFAYETTE, LA 70508<br>58-1640136 | SOCIAL SERVICE | LA | 501(c)(3) | 10 | NA | | No |
| PO BOX 2272<br>SHELBY, NC 281512272<br>58-2016066 | SOCIAL SERVICE | NC | 501(c)(3) | 10 | NA | | No |
| 120 HOLMES AVENUE SUITE 405<br>HUNTSVILLE, AL 35801<br>58-2058795 | SOCIAL SERVICE | AL | 501(c)(3) | 10 | NA | | No |
| 2455 HOWARD ROAD<br>GAINESVILLE, GA 30507<br>58-2203268 | SOCIAL SERVICE | GA | 501(c)(3) | 10 | NA | | No |
| 1657 S CARPENTER RD<br>TIFTON, GA 31794<br>58-2383631 | SOCIAL SERVICE | GA | 501(c)(3) | 10 | NA | | No |
| 433 NORTH MILLS AVENUE<br>ORLANDO, FL 328035798<br>59-0624430 | SOCIAL SERVICE | FL | 501(c)(3) | 10 | NA | | No |
| 730 NW 107TH AVE SUITE 200<br>MIAMI, FL 33172<br>59-0624464 | SOCIAL SERVICE | FL | 501(c)(3) | 10 | NA | | No |
| PO BOX 13170<br>PENSACOLA, FL 325911317<br>59-0624465 | SOCIAL SERVICE | FL | 501(c)(3) | 10 | NA | | No |
| 600 1ST AVENUE SUITE 201<br>ST PETERSBURG, FL 33701<br>59-0624468 | SOCIAL SERVICE | FL | 501(c)(3) | 10 | NA | | No |
| 2085 SOUTH CONGRESS AVENUE<br>WEST PALM BEACH, FL 334067601<br>59-0624470 | SOCIAL SERVICE | FL | 501(c)(3) | 10 | NA | | No |
| 40 EAST ADAMS STREET SUITE 210<br>JACKSONVILLE, FL 322022335<br>59-0638514 | SOCIAL SERVICE | FL | 501(c)(3) | 10 | NA | | No |
| 2469 ENTERPRISE ROAD<br>CLEARWATER, FL 33763<br>59-0810731 | SOCIAL SERVICE | FL | 501(c)(3) | 10 | NA | | No |
| 3620 CLEVELAND HEIGHTS BOULEVARD<br>LAKELAND, FL 33803<br>59-1158144 | SOCIAL SERVICE | FL | 501(c)(3) | 10 | NA | | No |
| 6631 PALMETTO CIRCLE SOUTH<br>BOCA RATON, FL 33433<br>59-1416281 | SOCIAL SERVICE | FL | 501(c)(3) | 10 | NA | | No |
| ONE S SCHOOL AVENUE SUITE 301<br>SARASOTA, FL 34237<br>59-1618413 | SOCIAL SERVICE | FL | 501(c)(3) | 10 | NA | | No |
| 1023 MANATEE AVENUE WEST 6<br>BRADENTON, FL 342055781<br>59-1626905 | SOCIAL SERVICE | FL | 501(c)(3) | 10 | NA | | No |
| 701 CENTER ROAD<br>VENICE, FL 34285<br>59-1629660 | SOCIAL SERVICE | FL | 501(c)(3) | 10 | NA | | No |
| 1001 BURNS AVENUE<br>LAKE WALES, FL 33853<br>59-1741481 | SOCIAL SERVICE | FL | 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 |
| 110 E OAK AVENUE<br>TAMPA, FL 33602<br>59-1742909 | SOCIAL SERVICE | FL | 501(c)(3) | 10 | NA | | No |
| 1700 SE MONTEREY RD<br>STUART, FL 349964109<br>59-1911653 | SOCIAL SERVICE | FL | 501(c)(3) | 10 | NA | | No |
| PO BOX 2529<br>MARCO ISLAND, FL 339692529<br>59-2498619 | SOCIAL SERVICE | FL | 501(c)(3) | 10 | NA | | No |
| 100 YMCA LN<br>SEBRING, FL 33875<br>59-2859656 | SOCIAL SERVICE | FL | 501(c)(3) | 10 | NA | | No |
| 761 EAST INTL SPEEDWAY BLVD<br>DELAND, FL 32724<br>59-3284968 | SOCIAL SERVICE | FL | 501(c)(3) | 10 | NA | | No |
| 1501 HONEY LOCUST DRIVE<br>NORTHFIELD, MN 550577497<br>59-3817686 | SOCIAL SERVICE | MN | 501(c)(3) | 10 | NA | | No |
| 3232 OLD 13TH STREET<br>ASHLAND, KY 411025454<br>61-0444836 | SOCIAL SERVICE | KY | 501(c)(3) | 10 | NA | | No |
| 91 C MICHAEL DAVENPORT BOULEVARD<br>FRANKFORT, KY 406011432<br>61-0444841 | SOCIAL SERVICE | KY | 501(c)(3) | 10 | NA | | No |
| 239 E HIGH ST<br>LEXINGTON, KY 405071409<br>61-0444842 | SOCIAL SERVICE | KY | 501(c)(3) | 10 | NA | | No |
| 545 SOUTH SECOND STREET<br>LOUISVILLE, KY 402022186<br>61-0444843 | SOCIAL SERVICE | KY | 501(c)(3) | 10 | NA | | No |
| 900 KENTUCKY PARKWAY<br>OWENSBORO, KY 423015423<br>61-0561344 | SOCIAL SERVICE | KY | 501(c)(3) | 10 | NA | | No |
| 460 KLUTEY PARK PLAZA<br>HENDERSON, KY 424203348<br>61-0597114 | SOCIAL SERVICE | KY | 501(c)(3) | 10 | NA | | No |
| 917 MAIN STREET<br>PARIS, KY 40361<br>61-0676727 | SOCIAL SERVICE | KY | 501(c)(3) | 10 | NA | | No |
| 150 YMCA DRIVE<br>MADISONVILLE, KY 424319936<br>61-0904719 | SOCIAL SERVICE | KY | 501(c)(3) | 10 | NA | | No |
| 1080 US ROUTE 68<br>MAYSVILLE, KY 41056<br>61-1080836 | SOCIAL SERVICE | KY | 501(c)(3) | 10 | NA | | No |
| PO BOX 603<br>MORGANFIELD, KY 424370603<br>61-1173801 | SOCIAL SERVICE | KY | 501(c)(3) | 10 | NA | | No |
| 424 BOB AMUS DRIVE<br>PIKEVILLE, KY 41501<br>61-1177162 | SOCIAL SERVICE | KY | 501(c)(3) | 10 | NA | | No |
| PO BOX 402<br>MAYFIELD, KY 420660402<br>61-1204017 | SOCIAL SERVICE | KY | 501(c)(3) | 10 | NA | | No |
| 7805 EAGLE WAY<br>HOPKINSVILLE, KY 42240<br>61-1297293 | SOCIAL SERVICE | KY | 501(c)(3) | 10 | NA | | No |
| PO BOX 1021<br>WASHINGTON CH, OH 43160<br>61-1416843 | SOCIAL SERVICE | OH | 501(c)(3) | 10 | NA | | No |

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|---|---|---|---|---|---|---|---|
| | | | | | | Yes | No |
| 1100 E MAIN STREET<br>RICHMOND, KY 404752027<br>61-6000619 | SOCIAL SERVICE | KY | 501(c)(3) | 10 | NA | | No |
| 301 WEST SIXTH STREET<br>CHATTANOOGA, TN 374021108<br>62-0475699 | SOCIAL SERVICE | TN | 501(c)(3) | 10 | NA | | No |
| 616 JESSAMINE STREET<br>KNOXVILLE, TN 37917<br>62-0475700 | SOCIAL SERVICE | TN | 501(c)(3) | 10 | NA | | No |
| 1000 CHURCH STREET<br>NASHVILLE, TN 37203<br>62-0476243 | SOCIAL SERVICE | TN | 501(c)(3) | 10 | NA | | No |
| 6373 QUAIL HOLLOW ROAD SUITE 201<br>MEMPHIS, TN 38120<br>62-0476304 | SOCIAL SERVICE | TN | 501(c)(3) | 10 | NA | | No |
| 7405 ALBAN STATION CT STEB215<br>SPRINGFIELD, VA 221502318<br>62-0491361 | SOCIAL SERVICE | VA | 501(c)(3) | 10 | NA | | No |
| 400 M L KING JR BLVD<br>BRISTOL, TN 37620<br>62-0521204 | SOCIAL SERVICE | TN | 501(c)(3) | 10 | NA | | No |
| 404 Y STREET<br>GREENEVILLE, TN 377456243<br>62-0809014 | SOCIAL SERVICE | TN | 501(c)(3) | 10 | NA | | No |
| 5207 INDUSTRIAL DR<br>MILAN, TN 38358<br>62-1547529 | SOCIAL SERVICE | TN | 501(c)(3) | 10 | NA | | No |
| PO BOX 1502<br>DYERSBURG, TN 380251502<br>62-1616172 | SOCIAL SERVICE | TN | 501(c)(3) | 10 | NA | | No |
| 1501 FOURTH AVE SW<br>BESSEMER, AL 350236016<br>63-0288881 | SOCIAL SERVICE | AL | 501(c)(3) | 10 | NA | | No |
| PO BOX 2336<br>MONTGOMERY, AL 361032336<br>63-0288885 | SOCIAL SERVICE | AL | 501(c)(3) | 10 | NA | | No |
| 2101 FOURTH AVE N<br>BIRMINGHAM, AL 35203<br>63-0299894 | SOCIAL SERVICE | AL | 501(c)(3) | 10 | NA | | No |
| PO BOX 2272<br>MOBILE, AL 366911506<br>63-0302187 | SOCIAL SERVICE | AL | 501(c)(3) | 10 | NA | | No |
| 2300 13TH STREET<br>TUSCALOOSA, AL 354011292<br>63-0302189 | SOCIAL SERVICE | AL | 501(c)(3) | 10 | NA | | No |
| 29 W 14TH ST PO BOX 1649<br>ANNISTON, AL 362011649<br>63-0332253 | SOCIAL SERVICE | AL | 501(c)(3) | 10 | NA | | No |
| 1 YMCA DRIVE<br>SELMA, AL 367017770<br>63-0414814 | SOCIAL SERVICE | AL | 501(c)(3) | 10 | NA | | No |
| 100 WALNUT STREET<br>GADSDEN, AL 359015253<br>63-0436456 | SOCIAL SERVICE | AL | 501(c)(3) | 10 | NA | | No |
| 2121 HELTON DRIVE<br>FLORENCE, AL 356301448<br>63-0545200 | SOCIAL SERVICE | AL | 501(c)(3) | 10 | NA | | No |
| PO BOX 310700<br>ENTERPRISE, AL 36331<br>63-0589262 | SOCIAL SERVICE | AL | 501(c)(3) | 10 | NA | | No |

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|---|---|---|---|---|---|---|---|
| | | | | | | Yes | No |
| 1 YMCA DRIVE<br>BREWTON, AL 36426<br>63-0999102 | SOCIAL SERVICE | AL | 501(c)(3) | 10 | NA | | No |
| PO BOX 680009<br>PRATTVILLE, AL 360680009<br>63-6052425 | SOCIAL SERVICE | AL | 501(c)(3) | 10 | NA | | No |
| 800 E RIVER PLACE<br>JACKSON, MS 39202<br>64-0303099 | SOCIAL SERVICE | MS | 501(c)(3) | 10 | NA | | No |
| 267 YMCA PLACE<br>VICKSBURG, MS 39180<br>64-0303115 | SOCIAL SERVICE | MS | 501(c)(3) | 10 | NA | | No |
| 1688 FAIRGROUND ROAD<br>GREENVILLE, MS 38703<br>64-0306257 | SOCIAL SERVICE | MS | 501(c)(3) | 10 | NA | | No |
| 3719 VETERANS MEMORIAL DRIVE<br>HATTIESBURG, MS 39401<br>64-0340760 | SOCIAL SERVICE | MS | 501(c)(3) | 10 | NA | | No |
| 1810 GOVERNMENT ST<br>OCEAN SPRINGS, MS 395643931<br>64-0584648 | SOCIAL SERVICE | MS | 501(c)(3) | 10 | NA | | No |
| 602 NORTH SECOND AVENUE<br>COLUMBUS, MS 39701<br>64-6025994 | SOCIAL SERVICE | MS | 501(c)(3) | 10 | NA | | No |
| 2197 S MT PLEASANT AVE<br>MONROEVILLE, AL 36460<br>65-1058521 | SOCIAL SERVICE | AL | 501(c)(3) | 10 | NA | | No |
| 800 BLVD SAGRADO CORAZON ESQ<br>SAN JUAN, PR 009093333<br>66-0190784 | SOCIAL SERVICE | PR | 501(c)(3) | 10 | NA | | No |
| 7843 NAZARET STREET<br>PONCE, PR 00717<br>66-0204831 | SOCIAL SERVICE | PR | 501(c)(3) | 10 | NA | | No |
| 350 FOOTHILL DRIVE<br>YREKA, CA 960972627<br>68-0294653 | SOCIAL SERVICE | CA | 501(c)(3) | 10 | NA | | No |
| 207 NORTH MAIN STREET<br>WARREN, AR 716712716<br>70-0275848 | SOCIAL SERVICE | AR | 501(c)(3) | 10 | NA | | No |
| 415 W CHEROKEE<br>ENID, OK 73701<br>70-0599309 | SOCIAL SERVICE | OK | 501(c)(3) | 10 | NA | | No |
| 130 WERNER STREET<br>HOT SPRINGS, AR 719136443<br>71-0236925 | SOCIAL SERVICE | AR | 501(c)(3) | 10 | NA | | No |
| 350 SOUTH FOSTER DRIVE<br>BATON ROUGE, LA 708064105<br>72-0408994 | SOCIAL SERVICE | LA | 501(c)(3) | 10 | NA | | No |
| PO BOX 566<br>SHREVEPORT, LA 711620566<br>72-0408997 | SOCIAL SERVICE | LA | 501(c)(3) | 10 | NA | | No |
| 6691 RIVERSIDE DR<br>MATAIRIE, LA 70003<br>72-0423490 | SOCIAL SERVICE | LA | 501(c)(3) | 10 | NA | | No |
| PO BOX 56217<br>NEW ORLEANS, LA 701566217<br>72-0428019 | SOCIAL SERVICE | LA | 501(c)(3) | 10 | NA | | No |
| 103 VALHI BOULEVARD<br>HOUMA, LA 703606280<br>72-0880478 | SOCIAL SERVICE | LA | 501(c)(3) | 10 | NA | | No |

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|---|---|---|---|---|---|---|---|
| | | | | | | Yes | No |
| 106 WEST 13TH STREET<br>OKMULGEE, OK 74447<br>73-0106247 | SOCIAL SERVICE | OK | 501(c)(3) | 10 | NA | | No |
| 1400 AIRPORT ROAD<br>WEATHERFORD, OK 73096<br>73-0149048 | SOCIAL SERVICE | OK | 501(c)(3) | 10 | NA | | No |
| 101 NORTH OSAGE<br>BARTLESVILLE, OK 74003<br>73-0521535 | SOCIAL SERVICE | OK | 501(c)(3) | 10 | NA | | No |
| 420 S MAIN STREET<br>TULSA, OK 74103<br>73-0579269 | SOCIAL SERVICE | OK | 501(c)(3) | 10 | NA | | No |
| 500 N BROADWAY AVE SUITE 500<br>OKLAHOMA CITY, OK 731026298<br>73-0579270 | SOCIAL SERVICE | OK | 501(c)(3) | 10 | NA | | No |
| 700 W SARATOGA<br>SHAWNEE, OK 74804<br>73-0602462 | SOCIAL SERVICE | OK | 501(c)(3) | 10 | NA | | No |
| 920 15TH ST NW<br>ARDMORE, OK 73401<br>73-0603523 | SOCIAL SERVICE | OK | 501(c)(3) | 10 | NA | | No |
| 702 E GRAND AVE<br>PONCA CITY, OK 746015514<br>73-0634724 | SOCIAL SERVICE | OK | 501(c)(3) | 10 | NA | | No |
| 5 SW FIFTH STREET<br>LAWTON, OK 73501<br>73-0642616 | SOCIAL SERVICE | OK | 501(c)(3) | 10 | NA | | No |
| 107 N SEVENTH STREET<br>PERRY, OK 73077<br>73-1099310 | SOCIAL SERVICE | OK | 501(c)(3) | 10 | NA | | No |
| 1350 LEXINGTON AVENUE<br>NORMAN, OK 73069<br>73-1149824 | SOCIAL SERVICE | OK | 501(c)(3) | 10 | NA | | No |
| 1602 NORTH OKLAHOMA<br>GUYON, OK 73942<br>73-1464310 | SOCIAL SERVICE | OK | 501(c)(3) | 10 | NA | | No |
| 1600 N MORLEY STREET STE 110A<br>MOBERLEY, MO 65270<br>73-1663479 | SOCIAL SERVICE | MO | 501(c)(3) | 10 | NA | | No |
| 231 EAST RHAPSODY DRIVE<br>SAN ANTONIO, TX 782166311<br>74-1109634 | SOCIAL SERVICE | TX | 501(c)(3) | 10 | NA | | No |
| PO BOX 3007<br>HOUSTON, TX 772533007<br>74-1109737 | SOCIAL SERVICE | TX | 501(c)(3) | 10 | NA | | No |
| 810 WYOMING AVENUE<br>EL PASO, TX 799025339<br>74-1109880 | SOCIAL SERVICE | TX | 501(c)(3) | 10 | NA | | No |
| 6760 NINTH AVENUE<br>PORT ARTHUR, TX 776426413<br>74-1143027 | SOCIAL SERVICE | TX | 501(c)(3) | 10 | NA | | No |
| 3208 RED RIVER STREET SUITE 100<br>AUSTIN, TX 787055265<br>74-1193464 | SOCIAL SERVICE | TX | 501(c)(3) | 10 | NA | | No |
| 417 S UPPER BROADWAY ST<br>CORPUS CHRISTI, TX 784013431<br>74-1211670 | SOCIAL SERVICE | TX | 501(c)(3) | 10 | NA | | No |
| 1806 NORTH NIMITZ STREET<br>VICTORIA, TX 779015534<br>74-1368574 | SOCIAL SERVICE | TX | 501(c)(3) | 10 | NA | | No |

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|---|---|---|---|---|---|---|---|
| | | | | | | Yes | No |
| PO BOX 819<br>ROUND ROCK, TX 786800819<br>74-2206558 | SOCIAL SERVICE | TX | 501(c)(3) | 10 | NA | | No |
| PO BOX 20515<br>WACO, TX 767020515<br>74-2668685 | SOCIAL SERVICE | TX | 501(c)(3) | 10 | NA | | No |
| 601 N AKARD ST<br>DALLAS, TX 752013303<br>75-0800696 | SOCIAL SERVICE | TX | 501(c)(3) | 10 | NA | | No |
| 353 S RANDOLPH ST<br>SAN ANGELO, TX 769036427<br>75-0800698 | SOCIAL SERVICE | TX | 501(c)(3) | 10 | NA | | No |
| 400 OAKLAWN<br>CORSICANA, TX 75110<br>75-0808817 | SOCIAL SERVICE | TX | 501(c)(3) | 10 | NA | | No |
| 1010 NINTH STREET<br>WICHITA FALLS, TX 763013212<br>75-0808818 | SOCIAL SERVICE | TX | 501(c)(3) | 10 | NA | | No |
| PO BOX 1428<br>BIG SPRING, TX 797211428<br>75-0827470 | SOCIAL SERVICE | TX | 501(c)(3) | 10 | NA | | No |
| 512 LAMAR STREET SUITE 400<br>FORT WORTH, TX 76102<br>75-0827471 | SOCIAL SERVICE | TX | 501(c)(3) | 10 | NA | | No |
| PO BOX 3137<br>ABILENE, TX 79604<br>75-0855638 | SOCIAL SERVICE | TX | 501(c)(3) | 10 | NA | | No |
| PO BOX 954<br>MIDLAND, TX 797020954<br>75-0871732 | SOCIAL SERVICE | TX | 501(c)(3) | 10 | NA | | No |
| 5500 N LOOP 256<br>PALESTINE, TX 75801<br>75-0975622 | SOCIAL SERVICE | TX | 501(c)(3) | 10 | NA | | No |
| 1148 W PIONEER PKWY SUITE H<br>ARLINGTON, TX 76013<br>75-1000839 | SOCIAL SERVICE | TX | 501(c)(3) | 10 | NA | | No |
| 1400 SOUTH MADDOX AVENUE<br>DUMAS, TX 790295722<br>75-1073132 | SOCIAL SERVICE | TX | 501(c)(3) | 10 | NA | | No |
| 3001 E UNIVERSITY BLVD<br>ODESSA, TX 79762<br>75-1187026 | SOCIAL SERVICE | TX | 501(c)(3) | 10 | NA | | No |
| PO BOX 1286<br>PLAINVIEW, TX 790731286<br>75-6042150 | SOCIAL SERVICE | TX | 501(c)(3) | 10 | NA | | No |
| 500 LINCOLN AVENUE<br>SALINAS, CA 93901<br>77-0202335 | SOCIAL SERVICE | CA | 501(c)(3) | 10 | NA | | No |
| 402 N 32ND ST<br>BILLINGS, MT 591011215<br>81-0229368 | SOCIAL SERVICE | MT | 501(c)(3) | 10 | NA | | No |
| 1200 NORTH MAIN<br>HELENA, MT 596012906<br>81-0231815 | SOCIAL SERVICE | MT | 501(c)(3) | 10 | NA | | No |
| 2975 WASHOE ST<br>BUTTE, MT 597013236<br>81-0233504 | SOCIAL SERVICE | MT | 501(c)(3) | 10 | NA | | No |
| 3000 RUSSELL ST<br>MISSOULA, MT 598018547<br>81-0300829 | SOCIAL SERVICE | MT | 501(c)(3) | 10 | NA | | No |

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|---|---|---|---|---|---|---|---|
| | | | | | | Yes | No |
| 75 SWENSON WAY<br>DILLON, MT 59725<br>81-0486053 | SOCIAL SERVICE | MT | 501(c)(3) | 10 | NA | | No |
| PO BOX 10158<br>BOZEMAN, MT 59719<br>81-0542574 | SOCIAL SERVICE | MT | 501(c)(3) | 10 | NA | | No |
| 1177 W STATE STREET<br>BOISE, ID 83702<br>82-0200908 | SOCIAL SERVICE | ID | 501(c)(3) | 10 | NA | | No |
| 155 NORTH CORNER<br>IDAHO FALLS, ID 83402<br>82-0222174 | SOCIAL SERVICE | ID | 501(c)(3) | 10 | NA | | No |
| 1751 ELIZABETH BLVD<br>TWIN FALLS, ID 83301<br>82-0255460 | SOCIAL SERVICE | ID | 501(c)(3) | 10 | NA | | No |
| POST OFFICE BOX 6801<br>KETCHUM, ID 83340<br>82-0481436 | SOCIAL SERVICE | ID | 501(c)(3) | 10 | NA | | No |
| 1426 E LINCOLNWAY<br>CHEYENNE, WY 82001<br>83-0179528 | SOCIAL SERVICE | WY | 501(c)(3) | 10 | NA | | No |
| 315 EAST 15TH STREET<br>CASPER, WY 82602<br>83-0197773 | SOCIAL SERVICE | WY | 501(c)(3) | 10 | NA | | No |
| 101 SOUTH KLONDIKE DRIVE<br>BUFFALO, WY 82834<br>83-0237890 | SOCIAL SERVICE | WY | 501(c)(3) | 10 | NA | | No |
| 2625 SOUTH COLORADO BLVD<br>DENVER, CO 80222<br>84-0402696 | SOCIAL SERVICE | CO | 501(c)(3) | 10 | NA | | No |
| 316 NORTH TEJON STREET<br>COLORADO SPRINGS, CO 80903<br>84-0404266 | SOCIAL SERVICE | CO | 501(c)(3) | 10 | NA | | No |
| PO BOX 20800<br>ESTES PARK, CO 805112800<br>84-0404913 | SOCIAL SERVICE | CO | 501(c)(3) | 10 | NA | | No |
| 3200 SPAULDING AVENUE<br>PUEBLO, CO 81008<br>84-0404925 | SOCIAL SERVICE | CO | 501(c)(3) | 10 | NA | | No |
| 2850 MAPLETON AVE<br>BOULDER, CO 803011122<br>84-0459944 | SOCIAL SERVICE | CO | 501(c)(3) | 10 | NA | | No |
| 4901 INDIAN SCHOOL ROAD NE<br>ALBUQUERQUE, NM 87110<br>85-0105592 | SOCIAL SERVICE | NM | 501(c)(3) | 10 | NA | | No |
| 1450 IRIS ST<br>LOS ALAMOS, NM 875443056<br>85-0130054 | SOCIAL SERVICE | NM | 501(c)(3) | 10 | NA | | No |
| 60 W ALAMEDA ST<br>TUCSON, AZ 857011307<br>86-0101237 | SOCIAL SERVICE | AZ | 501(c)(3) | 10 | NA | | No |
| 750 WHIPPLE STREET<br>PRESCOTT, AZ 863011718<br>86-0119151 | SOCIAL SERVICE | AZ | 501(c)(3) | 10 | NA | | No |
| 3098 S HIGHLAND DRIVE SUITE 290<br>SALT LAKE CITY, UT 84106<br>87-0212472 | SOCIAL SERVICE | UT | 501(c)(3) | 10 | NA | | No |
| 4141 MEADOWS LANE<br>LAS VEGAS, NV 891073105<br>88-0059266 | SOCIAL SERVICE | NV | 501(c)(3) | 10 | NA | | No |

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|---|---|---|---|---|---|---|---|
| | | | | | | Yes | No |
| 1256 N STATE STREET<br>BELLINGHAM, WA 98225<br>91-0482690 | SOCIAL SERVICE | WA | 501(c)(3) | 10 | NA | | No |
| 909 FOURTH AVENUE<br>SEATTLE, WA 981041194<br>91-0482710 | SOCIAL SERVICE | WA | 501(c)(3) | 10 | NA | | No |
| PO BOX 698<br>LONGVIEW, WA 98632<br>91-0565021 | SOCIAL SERVICE | WA | 501(c)(3) | 10 | NA | | No |
| 215 E FULTON ST<br>MOUNT VERNON, WA 982733309<br>91-0565022 | SOCIAL SERVICE | WA | 501(c)(3) | 10 | NA | | No |
| 2720 ROCKEFELLER AVE<br>EVERETT, WA 982013523<br>91-0565561 | SOCIAL SERVICE | WA | 501(c)(3) | 10 | NA | | No |
| 1614 SOUTH MILDRED SUITE 1<br>TACOMA, WA 98465<br>91-0565562 | SOCIAL SERVICE | WA | 501(c)(3) | 10 | NA | | No |
| 5 NORTH NACHES AVENUE<br>YAKIMA, WA 98901<br>91-0568717 | SOCIAL SERVICE | WA | 501(c)(3) | 10 | NA | | No |
| 105 NE SPRING ST<br>PULLMAN, WA 991647230<br>91-0573117 | SOCIAL SERVICE | WA | 501(c)(3) | 10 | NA | | No |
| 217 ORONDO AVE<br>WENATCHEE, WA 988012209<br>91-0578224 | SOCIAL SERVICE | WA | 501(c)(3) | 10 | NA | | No |
| PO BOX 1637<br>WALLA WALLA, WA 993620359<br>91-0580856 | SOCIAL SERVICE | WA | 501(c)(3) | 10 | NA | | No |
| 1530 YELM HWY SE<br>OLYMPIA, WA 98501<br>91-0586473 | SOCIAL SERVICE | WA | 501(c)(3) | 10 | NA | | No |
| 302 S FRANCIS ST<br>PORT ANGELES, WA 98362<br>91-0652924 | SOCIAL SERVICE | WA | 501(c)(3) | 10 | NA | | No |
| 1126 N MONROE<br>SPOKANE, WA 99201<br>91-0827958 | SOCIAL SERVICE | WA | 501(c)(3) | 10 | NA | | No |
| 1234 COLUMBIA PARK TRAIL<br>RICHLAND, WA 993523853<br>91-1655754 | SOCIAL SERVICE | WA | 501(c)(3) | 10 | NA | | No |
| 2500 SIMPSON AVENUE<br>HOQUIAM, WA 985503937<br>91-1984900 | SOCIAL SERVICE | WA | 501(c)(3) | 10 | NA | | No |
| 5353 LAKE OTIS PARKWAY<br>ANCHORAGE, AK 995071709<br>92-0034878 | SOCIAL SERVICE | AK | 501(c)(3) | 10 | NA | | No |
| 1221 S ALAMEDA<br>KLAMATH FALLS, OR 976033657<br>93-0386978 | SOCIAL SERVICE | OR | 501(c)(3) | 10 | NA | | No |
| 9500 SW BARBUR BLVD STE 200<br>PORTLAND, OR 972195426<br>93-0386981 | SOCIAL SERVICE | OR | 501(c)(3) | 10 | NA | | No |
| 685 COURT STREET NE<br>SALEM, OR 973013844<br>93-0386982 | SOCIAL SERVICE | OR | 501(c)(3) | 10 | NA | | No |
| 522 WEST SIXTH STREET<br>MEDFORD, OR 975012735<br>93-0391645 | SOCIAL SERVICE | OR | 501(c)(3) | 10 | NA | | No |

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|---|---|---|---|---|---|---|---|
| | | | | | | Yes | No |
| 1151 STEWART PARKWAY<br>ROSEBURG, OR 974701902<br>93-0395593 | SOCIAL SERVICE | OR | 501(c)(3) | 10 | NA | | No |
| 610 STILLWELL ST<br>TILLAMOOK, OR 97141<br>93-0457167 | SOCIAL SERVICE | OR | 501(c)(3) | 10 | NA | | No |
| 3311 S PACIFIC BLVD<br>ALBANY, OR 973217797<br>93-0479079 | SOCIAL SERVICE | OR | 501(c)(3) | 10 | NA | | No |
| 2055 PATTERSON STREET<br>EUGENE, OR 974052958<br>93-0500679 | SOCIAL SERVICE | OR | 501(c)(3) | 10 | NA | | No |
| 3715 POCAHONTAS ROAD SUITE 101<br>BAKER CITY, OR 978144141<br>93-0621433 | SOCIAL SERVICE | OR | 501(c)(3) | 10 | NA | | No |
| PO BOX 5439<br>GRANTS PASS, OR 97527<br>93-0848122 | SOCIAL SERVICE | OR | 501(c)(3) | 10 | NA | | No |
| 50 CALIFORNIA STREET SUITE 650<br>SAN FRANCISCO, CA 94111<br>94-0997140 | SOCIAL SERVICE | CA | 501(c)(3) | 10 | NA | | No |
| 80 SARATOGA AVE<br>SANTA CLARA, CA 950517398<br>94-1156318 | SOCIAL SERVICE | CA | 501(c)(3) | 10 | NA | | No |
| 2105 WEST MARCH LANE SUITE 1<br>STOCKTON, CA 952077642<br>94-1156319 | SOCIAL SERVICE | CA | 501(c)(3) | 10 | NA | | No |
| 2021 W STREET<br>SACRAMENTO, CA 958181624<br>94-1156634 | SOCIAL SERVICE | CA | 501(c)(3) | 10 | NA | | No |
| 2111 MARTIN LUTHER KING JR WAY<br>BERKELEY, CA 94704<br>94-1156635 | SOCIAL SERVICE | CA | 501(c)(3) | 10 | NA | | No |
| 1155 N COURT STREET<br>REDDING, CA 960010437<br>94-1212141 | SOCIAL SERVICE | CA | 501(c)(3) | 10 | NA | | No |
| 1111 COLLEGE AVENUE<br>SANTA ROSA, CA 954043905<br>94-1265049 | SOCIAL SERVICE | CA | 501(c)(3) | 10 | NA | | No |
| 320 NORTH AKERS STREET<br>VISALIA, CA 932911511<br>94-1459198 | SOCIAL SERVICE | CA | 501(c)(3) | 10 | NA | | No |
| 2555 3RD ST STE 215<br>SACRAMENTO, CA 958181100<br>94-3360482 | SOCIAL SERVICE | CA | 501(c)(3) | 10 | NA | | No |
| 105 E CARRILLO ST<br>SANTA BARBARA, CA 931012110<br>95-1643379 | SOCIAL SERVICE | CA | 501(c)(3) | 10 | NA | | No |
| 1332 SIXTH STREET<br>SANTA MONICA, CA 90401<br>95-1643380 | SOCIAL SERVICE | CA | 501(c)(3) | 10 | NA | | No |
| 3605 LONG BEACH BOULEVARD SUITE 210<br>LONG BEACH, CA 908077601<br>95-1643396 | SOCIAL SERVICE | CA | 501(c)(3) | 10 | NA | | No |
| 401 EAST CORTO STREET<br>ALHAMBRA, CA 91801<br>95-1644051 | SOCIAL SERVICE | CA | 501(c)(3) | 10 | NA | | No |
| 625 S NEW HAMPSHIRE AVE<br>LOS ANGELES, CA 900051371<br>95-1644052 | SOCIAL SERVICE | CA | 501(c)(3) | 10 | NA | | No |

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|---|---|---|---|---|---|---|---|
| | | | | | | Yes | No |
| 13821 NEWPORT AVE 200<br>TUSTIN, CA 927807803<br>95-1644055 | SOCIAL SERVICE | CA | 501(c)(3) | 10 | NA | | No |
| 321 EAST MAGNOLIA BOULEVARD<br>BURBANK, CA 915021132<br>95-1664139 | SOCIAL SERVICE | CA | 501(c)(3) | 10 | NA | | No |
| 500 E CITRUS AVE<br>REDLANDS, CA 923735221<br>95-1684787 | SOCIAL SERVICE | CA | 501(c)(3) | 10 | NA | | No |
| 12510 E HADLEY ST 201<br>WHITTIER, CA 90601<br>95-1684795 | SOCIAL SERVICE | CA | 501(c)(3) | 10 | NA | | No |
| 240 S EUCLID STREET<br>ANAHEIM, CA 92802<br>95-1709299 | SOCIAL SERVICE | CA | 501(c)(3) | 10 | NA | | No |
| 10970 ARROW ROUTE SUITE 106<br>RANCHO CUCAMONGA, CA 91730<br>95-1727678 | SOCIAL SERVICE | CA | 501(c)(3) | 10 | NA | | No |
| 1930 FOOTHILL BLVD<br>LA CANADA, CA 91011<br>95-1976183 | SOCIAL SERVICE | CA | 501(c)(3) | 10 | NA | | No |
| 3708 RUFFIN RD<br>SAN DIEGO, CA 92123<br>95-2039198 | SOCIAL SERVICE | CA | 501(c)(3) | 10 | NA | | No |
| 1020 SOUTHWOOD DRIVE<br>SAN LUIS OBISPO, CA 93401<br>95-2147727 | SOCIAL SERVICE | CA | 501(c)(3) | 10 | NA | | No |
| 3400 SKYWAY DRIVE<br>SANTA MARIA, CA 934552504<br>95-2158363 | SOCIAL SERVICE | CA | 501(c)(3) | 10 | NA | | No |
| 100 E THOUSAND OAKS BLVD SUITE 295<br>THOUSAND OAKS, CA 91360<br>95-2305501 | SOCIAL SERVICE | CA | 501(c)(3) | 10 | NA | | No |
| 1331 RIVER ROAD<br>CORONA, CA 91720<br>95-2879893 | SOCIAL SERVICE | CA | 501(c)(3) | 10 | NA | | No |
| 43-930 SAN PABLO AVE<br>PALM DESERT, CA 92260<br>95-3673295 | SOCIAL SERVICE | CA | 501(c)(3) | 10 | NA | | No |
| 1441 PALI HWY<br>HONOLULU, HI 968132050<br>99-0073533 | SOCIAL SERVICE | HI | 501(c)(3) | 10 | NA | | No |
| PO BOX 1786<br>LIHUE, HI 96766<br>99-0074494 | SOCIAL SERVICE | HI | 501(c)(3) | 10 | NA | | No |
| 250 KANALOA AVE<br>KAHULUI, HI 96732<br>99-0105206 | SOCIAL SERVICE | HI | 501(c)(3) | 10 | NA | | No |
| 465 NEW KARNER ROAD 1ST FLOOR<br>ALBANY, NY 12205<br>01-0567018 | SOCIAL SERVICE | NY | 501(c)(3) | 10 | NA | | No |
| 545 MAIN STREET<br>ATHOL, MA 01331<br>04-2103727 | SOCIAL SERVICE | MA | 501(c)(3) | 10 | NA | | No |
| 320 MAIN STREET<br>BROCKTON, MA 02301<br>04-2125014 | SOCIAL SERVICE | MA | 501(c)(3) | 10 | NA | | No |
| 105 PARK STREET<br>HONESDALE, PA 18431<br>23-2122456 | SOCIAL SERVICE | PA | 501(c)(3) | 10 | NA | | No |

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|---|---|---|---|---|---|---|---|
| | | | | | | Yes | No |
| 1000 DIVISION STREET<br>STEVENS POINT, WI 54481<br>39-1102612 | SOCIAL SERVICE | WI | 501(c)(3) | 10 | NA | | No |
| PO BOX 60<br>ERWIN, TN 376500060<br>62-0478092 | SOCIAL SERVICE | TN | 501(c)(3) | 10 | NA | | No |
| 580 COMMERCE RD<br>FARMVILLE, VA 23901<br>62-1487256 | SOCIAL SERVICE | VA | 501(c)(3) | 10 | NA | | No |
| 350 NORTH FIRST AVENUE<br>PHOENIX, AZ 850031513<br>86-0096799 | SOCIAL SERVICE | AZ | 501(c)(3) | 10 | NA | | No |
| 1952 ASHLAND AVE<br>ASHLAND, OR 97520<br>93-0386976 | SOCIAL SERVICE | OR | 501(c)(3) | 10 | NA | | No |
| 140 N LOUISE STREET<br>GLENDALE, CA 912064226<br>95-1661118 | SOCIAL SERVICE | CA | 501(c)(3) | 10 | NA | | No |
| 111 HWY 70 E<br>DICKSON, TN 37055<br>47-1215122 | SOCIAL SERVICE | TN | 501(c)(3) | 10 | NA | | No |
| 235 CAVALIER DRIVE<br>COOKEVILLE, TN 385013623<br>46-5501752 | SOCIAL SERVICE | TN | 501(c)(3) | 10 | NA | | No |
| 50 E PUTNAM AVENUE<br>GREENWICH, CT 068305696<br>06-0646976 | SOCIAL SERVICE | CT | 501(c)(3) | 10 | NA | | No |
| 708 SOUTH MAIN STREET<br>CENTERVILLE, IA 525442422<br>26-2927214 | SOCIAL SERVICE | IA | 501(c)(3) | 10 | NA | | No |
| 407 Greenwood Avenue<br>Trenton, NJ 08609<br>56-2467563 | SOCIAL SERVICE | NJ | 501(c)(3) | 10 | NA | | No |
| 127 HAMMOND STREET<br>BANGOR, ME 044011470<br>01-0211485 | SOCIAL SERVICE | ME | 501(c)(3) | 10 | NA | | No |
| 230 Keystone Drive<br>Middletown, PA 170577560<br>81-2214509 | SOCIAL SERVICE | PA | 501(c)(3) | 10 | NA | | No |
| 301 W BLOOMFIELD STREET<br>ROME, NY 134404117<br>23-7045379 | SOCIAL SERVICE | NY | 501(c)(3) | 10 | NA | | No |
| 1000 N MAIN STREET<br>LOS ANGELES, CA 900121830<br>47-1924794 | SOCIAL SERVICE | CA | 501(c)(3) | 10 | NA | | No |
| 405 OLLIE AVENUE<br>CLANTON, AL 350452828<br>63-0921199 | SOCIAL SERVICE | AL | 501(c)(3) | 10 | NA | | No |
| 15 Deerfield Dr<br>PO Box 363<br>Greenville, RI 028280363<br>00-2366199 | SOCIAL SERVICE | RI | 501(c)(3) | 10 | NA | | No |
| 6 Beacon St Ste 312<br>Boston, MA 021083843<br>04-3170393 | SOCIAL SERVICE | MA | 501(c)(3) | 10 | NA | | No |
| 4496 Havenwood Dr<br>Decatur, IL 625261176<br>47-1468519 | SOCIAL SERVICE | IL | 501(c)(3) | 10 | NA | | No |
| 25 YMCA Blvd<br>Elkton, MD 219214719<br>52-0620245 | SOCIAL SERVICE | MD | 501(c)(3) | 10 | NA | | No |

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|---|---|---|---|---|---|---|---|
| | | | | | | **Yes** | **No** |
| 7365 N Noffke Dr<br>Caledonia, MI 493168820<br>81-2010263 | SOCIAL SERVICE | MI | 501(c)(3) | 10 | NA | | No |