

PUBLIC DISCLOSURE COPY

Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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.**2018****Open to Public Inspection**

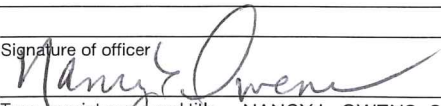

A For the 2018 calendar year, or tax year beginning , 2018, and ending , 20																										
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization NATIONAL COUNCIL OF YMCAS OF THE USA</td> <td rowspan="2">D Employer identification number 36-3258696</td> </tr> <tr> <td colspan="2">Doing business as YMCA OF THE USA</td> </tr> <tr> <td colspan="2">Number and street (or P.O. box if mail is not delivered to street address) Room/suite 101 N WACKER DRIVE</td> <td rowspan="2">E Telephone number (312) 977-0031</td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code CHICAGO, IL 60606</td> </tr> <tr> <td colspan="3">F Name and address of principal officer: KEVIN WASHINGTON SAME AS C ABOVE</td> </tr> <tr> <td colspan="3"> I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 </td> </tr> <tr> <td colspan="3">J Website: WWW.YMCA.NET</td> </tr> <tr> <td colspan="3"> K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ </td> </tr> <tr> <td colspan="2">L Year of formation: 1982</td> <td>M State of legal domicile: IL</td> </tr> </table>	C Name of organization NATIONAL COUNCIL OF YMCAS OF THE USA		D Employer identification number 36-3258696	Doing business as YMCA OF THE USA		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 101 N WACKER DRIVE		E Telephone number (312) 977-0031	City or town, state or province, country, and ZIP or foreign postal code CHICAGO, IL 60606		F Name and address of principal officer: KEVIN WASHINGTON SAME AS C ABOVE			I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			J Website: WWW.YMCA.NET			K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1982		M State of legal domicile: IL
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Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: YMCA OF THE USA (Y-USA) IS THE NATIONAL RESOURCE OFFICE FOR THE NATION'S 2,700 YS, WHICH STRENGTHEN COMMUNITY BY NURTURING THE POTENTIAL OF KIDS, PROMOTING HEALTHY LIVING FOR ALL, AND FOSTERING SOCIAL RESPONSIBILITY.
	2	Check this box <input type="checkbox"/> 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 25
	4	Number of independent voting members of the governing body (Part VI, line 1b) 4 25
	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 485
	6	Total number of volunteers (estimate if necessary) 6 3,400
	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 38 7b 245,203	
Revenue	8	Contributions and grants (Part VIII, line 1h) 44,118,077 34,366,213
	9	Program service revenue (Part VIII, line 2g) 79,417,908 83,052,150
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) 4,408,282 15,419,155
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 3,188,460 1,789,690
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 131,132,727 134,627,208
	Expenses	13
14		Benefits paid to or for members (Part IX, column (A), line 4) 0
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 59,600,152 65,941,067
16a		Professional fundraising fees (Part IX, column (A), line 11e) 0 0
b		Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,203,966
17		Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 48,984,173 49,132,759
18		Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 136,856,789 146,669,639
19	Revenue less expenses. Subtract line 18 from line 12 (5,724,062) (12,042,431)	
Net Assets or Fund Balances	20	Total assets (Part X, line 16) 175,679,060 151,779,650
	21	Total liabilities (Part X, line 26) 23,036,699 30,694,723
	22	Net assets or fund balances. Subtract line 21 from line 20 152,642,361 121,084,927

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	Signature of officer 	Date		
	Type or print name and title NANCY L. OWENS, SR. VP & CHIEF FINANCIAL OFFICER			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	BRIDGET T. ROCHE		3/9/19	P00666837
	Firm's name ▶ GRANT THORNTON LLP	Firm's EIN ▶ 36-6055558		
Firm's address ▶ 171 N. CLARK STREET, SUITE 200, CHICAGO, IL 60601			Phone no. (312) 856-0200	

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form **990** (2018)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐ ☒**1** Briefly describe the organization's mission:

YMCA OF THE USA (Y-USA) IS THE NATIONAL RESOURCE OFFICE FOR THE NATION'S 2,700 YS, WHICH STRENGTHEN COMMUNITY BY NURTURING THE POTENTIAL OF KIDS, PROMOTING HEALTHY LIVING FOR ALL AND FOSTERING SOCIAL RESPONSIBILITY.

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 \$ 57,858,476 including grants of \$ 22,094,593) (Revenue \$ 23,748,981)

YOUTH DEVELOPMENT: NURTURING THE POTENTIAL OF CHILDREN AND TEENS. THE Y BELIEVES THAT ALL YOUTH DESERVE THE OPPORTUNITY TO LEARN, GROW AND THRIVE. PART OF STRENGTHENING COMMUNITIES IS DONE BY HELPING TO ENSURE THE BASIC NEEDS OF CHILDREN ARE MET, INCLUDING ACCESS TO HEALTHY MEALS AND SNACKS YEAR-ROUND. THE Y FEEDS KIDS, OUR YEAR-ROUND FOOD PROGRAM, WORKED IN COLLABORATION WITH THE WALMART FOUNDATION AND LOCAL PARTNERS TO DELIVER 22 MILLION HEALTHY MEALS AND SNACKS TO MORE THAN 570,000 CHILDREN AT 5,000 SITES ACROSS THE COUNTRY IN 2018. THE Y ALSO PROVIDES OPPORTUNITY TO ENGAGE YOUTH IN TRANSFORMATIONAL SUMMER CAMP EXPERIENCES. OUR RESIDENT CAMP ACCESS PROJECT, A RE-GRANT OPPORTUNITY FUNDED BY Y-USA'S STRATEGIC INITIATIVES FUND (SIF), PROVIDED SCHOLARSHIPS TO 6,244 FIRST-TIME CAMPERS IN 2018 (AND 28,000 FIRST-TIME CAMPERS SINCE 2014). ADDRESSING CHILD HUNGER AND PROVIDING MEANINGFUL CAMP EXPERIENCES ARE JUST TWO OF THE WAYS THE Y IS STRENGTHENING COMMUNITY BY HELPING ALL YOUTH TO REACH THEIR FULL POTENTIAL.

4b (Code:) (Expenses \$ 39,422,578 including grants of \$ 6,155,712) (Revenue \$ 38,540,360)

SOCIAL RESPONSIBILITY: GIVING BACK AND PROVIDING SUPPORT TO NEIGHBORS. THE Y RESPONDS TO PRESSING SOCIAL ISSUES NATIONWIDE-AND WORLDWIDE-BY ACTIVATING RESOURCES AND UNITING PEOPLE FROM DIVERSE BACKGROUNDS FOR INDIVIDUAL AND COLLECTIVE ACTION. IN 2018, TO STRENGTHEN THE CAPACITY OF YS TO ENGAGE, ADVOCATE FOR, AND SERVE ALL MEMBERS OF OUR CHANGING COMMUNITIES, PARTICULARLY THOSE WHO ARE MOST MARGINALIZED, Y-USA EXPANDED ITS DIVERSITY, INCLUSION AND GLOBAL INNOVATION NETWORK TO 82 YMCA ASSOCIATIONS (SERVING HUNDREDS OF COMMUNITIES, INCLUDING 20 OF THE 25 MOST POPULOUS U.S. CITIES). TO STRENGTHEN THE Y'S ORGANIZATIONAL CAPACITY TO ADDRESS THE NEEDS OF THE LGBTQ POPULATION, Y-USA LAUNCHED THE LGBTQ INCLUSION & EQUITY INITIATIVE IN PARTNERSHIP WITH THE BIDEN FOUNDATION AND TEN YMCA ASSOCIATIONS. TO HELP NEWCOMERS INTEGRATE SUCCESSFULLY INTO THEIR RECEIVING COMMUNITIES, THE Y'S NEW AMERICAN WELCOME CENTERS PILOT EXPANDED TO INCLUDE 15 YMCA ASSOCIATIONS, WHICH PROVIDED DIRECT SERVICES, REFERRAL SERVICES AND COMMUNITY BRIDGE BUILDING ACTIVITIES THAT REACHED MORE THAN (CONTINUED ON SCHEDULE O)

4c (Code:) (Expenses \$ 28,134,531 including grants of \$ 3,345,508) (Revenue \$ 20,762,809)

HEALTHY LIVING: IMPROVING THE NATION'S HEALTH AND WELL-BEING
THE Y IS COMMITTED TO IMPROVING THE NATION'S HEALTH, WHICH IS WHY IT HAS CONTINUALLY PROMOTED WELLNESS, HELPED PEOPLE REDUCE THEIR RISK FOR CHRONIC DISEASES, AND PROVIDED TOOLS FOR RECLAIMING AND SUSTAINING HEALTH. DIABETES RANKS AS ONE OF THE MOST WIDESPREAD AND DEVASTATING CHRONIC DISEASES IN THE UNITED STATES, WITH MORE THAN 30 MILLION PEOPLE DIAGNOSED WITH THE DISEASE. TO ADDRESS THIS CRITICAL SOCIAL ISSUE, 210 YMCA ASSOCIATIONS OFFER THE YMCA'S DIABETES PREVENTION PROGRAM. ACCORDING TO A NATIONAL INSTITUTES OF HEALTH STUDY, PROGRAMS LIKE THIS REDUCE THE NUMBER OF NEW CASES OF TYPE 2 DIABETES IN ADULTS BY UP TO 58%. YMCA'S DIABETES PREVENTION PROGRAMS, SUPPORTED BY DONORS SUCH AS MERCK AND THE CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC), HELPED MORE THAN 4,700 PARTICIPANTS REDUCE THEIR RISK FOR THE DISEASE IN 2018 (AND MORE THAN 63,000 SINCE 2008). TO HELP CANCER SURVIVORS RECLAIM THEIR HEALTH, THE Y EXPANDED ITS LIVESTRONG AT THE YMCA PROGRAM TO 20 MORE YMCA (CONTINUED ON SCHEDULE O)

4d Other program services (Describe in Schedule O.)

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

4e Total program service expenses ► 125,415,585

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 ✓	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2 ✓	
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	✓
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 ✓	
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	✓
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	✓
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	✓
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	✓
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 ✓	
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 ✓	
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 ✓	
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	✓
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 ✓	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e ✓	
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 ✓	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a ✓	
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	✓
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	✓
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	✓
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 ✓	
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 ✓	
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	✓
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	✓
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	✓
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	✓
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	✓
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 ✓	

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 ✓	
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 ✓	
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	✓
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	✓
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	✓
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26	✓
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	✓
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	✓
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	✓
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	✓
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29 ✓	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	✓
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	✓
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	✓
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 ✓	
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 ✓	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a ✓	
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	✓
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	✓
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 ✓	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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 28	
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)

		Yes	No
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	485
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	✓
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	✓
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	✓
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	✓
b	If "Yes," enter the name of the foreign country: IS 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	✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	✓
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	✓
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	✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	✓
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	✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	✓
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	✓
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	✓
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	✓

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 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 25		
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 25		
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		✓
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		✓
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		✓
5 Did the organization become aware during the year of a significant diversion of the organization's assets? . . .	5		✓
6 Did the organization have members or stockholders? . . .	6		✓
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		✓
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		✓
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body? . . .	8a	✓	
b Each committee with authority to act on behalf of the governing body? . . .	8b	✓	
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		✓

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		✓
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	✓	
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	✓	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	✓	
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	✓	
13 Did the organization have a written whistleblower policy? . . .	13	✓	
14 Did the organization have a written document retention and destruction policy? . . .	14	✓	
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	✓	
b Other officers or key employees of the organization . . .	15b	✓	
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		✓
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 ► [AK, AL, AR, AZ, \(CONTINUED ON SCHEDULE O\)](#)

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 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 ►
 NANCY L OWENS, 101 N WACKER DRIVE, CHICAGO, IL 60606, (312) 977-0031

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PAMELA DAVIES CHAIR-ELECT	3.0	✓		✓				0	0	0
(2) MATTHEW HYDE CHAIR	4.0	✓		✓				0	0	0
(3) CARLA MORADI TREASURER	4.0	✓		✓				0	0	0
(4) JANICE REALS ELLIG SECRETARY	4.0	✓		✓				0	0	0
(5) VALERIE ASHBY, PH.D. BOARD MEMBER	2.0	✓						0	0	0
(6) JOHN BAIRD BOARD MEMBER	2.0	✓						0	0	0
(7) DAVID A BARAHONA BOARD MEMBER	2.0	✓						0	0	0
(8) JED BERNSTEIN BOARD MEMBER	2.0	✓						0	0	0
(9) KEVIN BOLDING BOARD MEMBER BEGINNING 02/2018	2.0	✓						0	0	0
(10) HELEN BREÑA BOARD MEMBER THROUGH 02/2018	2.0	✓						0	0	0
(11) JENNIE CARLSON BOARD MEMBER	2.0	✓						0	0	0
(12) GARY COBBS BOARD MEMBER	2.0	✓						0	0	0
(13) JANET COLLINS, PH.D. BOARD MEMBER THROUGH 02/2018	2.0	✓						0	0	0
(14) JOHN G CONLEY BOARD MEMBER	2.0	✓						0	0	0

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			
(15) ANNE DERBER BOARD MEMBER	2.0	<input checked="" type="checkbox"/>						0	0	0
(16) MICHAEL C EICHER BOARD MEMBER	2.0	<input checked="" type="checkbox"/>						0	0	0
(17) HUGH A FITZPATRICK BOARD MEMBER	2.0	<input checked="" type="checkbox"/>						0	0	0
(18) GLEN GUNDERSON BOARD MEMBER BEGINNING 08/2018	2.0	<input checked="" type="checkbox"/>						0	0	0
(19) TRENT HAYWOOD, MD BOARD MEMBER	2.0	<input checked="" type="checkbox"/>						0	0	0
(20) JAMES JOHNSON JR., PH.D. BOARD MEMBER	2.0	<input checked="" type="checkbox"/>						0	0	0
(21) HON. RICHARD A JONES BOARD MEMBER	2.0	<input checked="" type="checkbox"/>						0	0	0
(22) WRIGHT L LASSITER, III BOARD MEMBER	2.0	<input checked="" type="checkbox"/>						0	0	0
(23) STEVEN J MALCOLM BOARD MEMBER	2.0	<input checked="" type="checkbox"/>						0	0	0
(24) CHRISTINE MARCKS BOARD MEMBER THROUGH 02/2018	2.0	<input checked="" type="checkbox"/>						0	0	0
(25) (SEE STATEMENT)										
1b Sub-total								0	0	0
c Total from continuation sheets to Part VII, Section A								3,573,728	0	375,752
d Total (add lines 1b and 1c)								3,573,728	0	375,752

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 **▶** 180

- | | Yes | No |
|--|-------------------------------------|-------------------------------------|
| 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> | | <input checked="" type="checkbox"/> |
| 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? <i>If "Yes," complete Schedule J for such individual</i> | <input checked="" type="checkbox"/> | |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> | | <input checked="" type="checkbox"/> |

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
DROGA5, LLC, 120 WALL ST., 11TH FLOOR, NEW YORK, NY 10005	CREATIVE DEVELOPMENT AND PRODUCTION	2,464,398
PRAESIDIUM, INC., 624 SIX FLAGS DRIVE, SUITE 110, ARLINGTON, TX 76011	CHILD SAFETY INITIATIVE	1,213,843
CATALYST PUBLIC RELATIONS, LLC, 1360 EAST 9TH STREET, SUITE 100, CLEVELAND, OH 44114-1782	PUBLIC RELATIONS STRATEGY AND ACTIVATION	1,138,965
CHILD TRENDS INCORPORATED, 7315 WISCONSIN AVENUE, BETHESDA, MD 20814	TECH. ASSIST. FOR CHARACTER DEVELOPMENT LEARNII	783,658
CROWE, 225 W WACKER DR, CHICAGO, IL 60606	SOFTWARE AND SERVICES	659,735

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 **▶** 40

Part VIII Statement of RevenueCheck 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	0			
	b	Membership dues	1b	0			
	c	Fundraising events	1c	0			
	d	Related organizations	1d	0			
	e	Government grants (contributions)	1e	5,206,296			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	29,159,917			
	g	Noncash contributions included in lines 1a-1f: \$		79,690			
	h	Total. Add lines 1a-1f		34,366,213			
Program Service Revenue			Business Code				
	2a	SOCIAL RESPONSIBILITY	813410	38,540,360	38,540,360		
	b	YOUTH DEVELOPMENT	813410	23,748,981	23,748,981		
	c	HEALTHY LIVING	813410	20,762,809	20,762,809		
	d						
	e						
	f	All other program service revenue		0	0	0	0
	g	Total. Add lines 2a-2f		83,052,150			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		1,026,875	0	0	1,026,875
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties		298,160	0	0	298,160
			(i) Real	(ii) Personal			
	6a	Gross rents					
	b	Less: rental expenses					
	c	Rental income or (loss)	0	0			
	d	Net rental income or (loss)					
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
			112,956,285				
	b	Less: cost or other basis and sales expenses		98,564,005			
	c	Gain or (loss)		14,392,280	0		
	d	Net gain or (loss)		14,392,280			14,392,280
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a				
	b	Less: direct expenses	b				
	c	Net income or (loss) from fundraising events					
	9a	Gross income from gaming activities. See Part IV, line 19	a				
	b	Less: direct expenses	b				
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less: cost of goods sold	b				
	c	Net income or (loss) from sales of inventory					
		Miscellaneous Revenue	Business Code				
11a	REIMB. OF FROM VARIOUS Y ORGS.	900099	711,978	0	0	711,978	
b	VENDOR BOOTH REVENUE	900004	499,702	0	0	499,702	
c	REBATE REVENUE	900099	257,395	0	0	257,395	
d	All other revenue	900099	22,455	0	0	22,455	
e	Total. Add lines 11a-11d		1,491,530				
12	Total revenue. See instructions		134,627,208	83,052,150	0	17,208,845	

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	29,789,889	29,789,889		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	42,599	42,599		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	1,763,325	1,763,325		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	1,433,614	516,636	663,115	253,863
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7 Other salaries and wages	48,226,680	39,294,797	7,720,556	1,211,327
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	5,680,966	4,161,949	1,371,438	147,579
9 Other employee benefits	6,753,195	5,020,575	1,615,480	117,140
10 Payroll taxes	3,846,612	2,910,357	854,487	81,768
11 Fees for services (non-employees):				
a Management	0	0	0	0
b Legal	533,897	460,259	73,638	0
c Accounting	452,155	0	452,155	0
d Lobbying	400,000	400,000	0	0
e Professional fundraising services. See Part IV, line 17	0			0
f Investment management fees	600,272	0	600,272	0
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	13,343,268	11,628,473	1,714,795	0
12 Advertising and promotion	8,253,238	8,253,238	0	0
13 Office expenses	2,742,318	1,874,598	822,454	45,266
14 Information technology	3,138,559	2,871,874	266,685	0
15 Royalties	0	0	0	0
16 Occupancy	2,905,359	2,425,160	355,368	124,831
17 Travel	6,901,647	5,864,960	814,495	222,192
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19 Conferences, conventions, and meetings	5,536,998	4,955,627	581,371	0
20 Interest	155,858	146,179	9,679	0
21 Payments to affiliates	0	0	0	0
22 Depreciation, depletion, and amortization	1,663,739	1,438,422	225,317	0
23 Insurance	840,322	726,519	113,803	0
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 ORGANIZATIONAL DUES	752,096	73,247	678,849	0
b PROV. FOR UNCOLLECTIBLES	913,033	796,902	116,131	0
c				
d				
e All other expenses	0	0	0	0
25 Total functional expenses. Add lines 1 through 24e	146,669,639	125,415,585	19,050,088	2,203,966
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	500	1	500
	2 Savings and temporary cash investments	17,357,146	2	18,644,038
	3 Pledges and grants receivable, net	30,026,628	3	21,414,934
	4 Accounts receivable, net	11,710,902	4	9,658,533
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	0
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	1,379,442	9	1,245,031
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 33,505,707		
	b Less: accumulated depreciation	10b 24,982,259		
	11 Investments—publicly traded securities	8,021,842	10c	8,523,448
	12 Investments—other securities. See Part IV, line 11	74,688,066	11	59,245,651
	13 Investments—program-related. See Part IV, line 11	23,870,058	12	24,455,401
	14 Intangible assets	1,000	13	1,000
	15 Other assets. See Part IV, line 11		14	
16 Total assets. Add lines 1 through 15 (must equal line 34)	8,623,476	15	8,591,114	
Liabilities	17 Accounts payable and accrued expenses	175,679,060	16	151,779,650
	18 Grants payable	9,273,130	17	14,798,104
	19 Deferred revenue	0	18	0
	20 Tax-exempt bond liabilities	1,243,496	19	1,169,520
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	20	0
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	21	0
	23 Secured mortgages and notes payable to unrelated third parties		22	0
	24 Unsecured notes and loans payable to unrelated third parties	0	23	0
	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	6,500,000	24	9,500,000
	26 Total liabilities. Add lines 17 through 25	6,020,073	25	5,227,099
Net Assets or Fund Balances	27 Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.	23,036,699	26	30,694,723
	28 Unrestricted net assets			
	29 Temporarily restricted net assets	50,858,500	27	30,314,391
	30 Permanently restricted net assets	81,736,451	28	70,689,351
	31 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.	20,047,410	29	20,081,185
	32 Capital stock or trust principal, or current funds		30	
	33 Paid-in or capital surplus, or land, building, or equipment fund		31	
	34 Retained earnings, endowment, accumulated income, or other funds		32	
	35 Total net assets or fund balances	152,642,361	33	121,084,927
	36 Total liabilities and net assets/fund balances	175,679,060	34	151,779,650

Part XI Reconciliation of Net AssetsCheck 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	134,627,208
2	Total expenses (must equal Part IX, column (A), line 25)	2	146,669,639
3	Revenue less expenses. Subtract line 2 from line 1	3	(12,042,431)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	152,642,361
5	Net unrealized gains (losses) on investments	5	(19,515,003)
6	Donated services and use of facilities	6	0
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	121,084,927

Part XII Financial Statements and ReportingCheck 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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? . . . 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		✓
b Were the organization's financial statements audited by an independent accountant? . . . 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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> 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? 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? . . .	✓	
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.	✓	

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 (Check all that apply)						(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			
(25) CHRISTOPHER PADILLA ----- BOARD MEMBER	2.0 -----	✓						0	0	0
(26) CICI ROJAS ----- BOARD MEMBER	2.0 -----	✓						0	0	0
(27) LILIANA GIL VALLETTA ----- BOARD MEMBER	2.0 -----	✓						0	0	0
(28) CARRIE WALL ----- BOARD MEMBER	2.0 -----	✓						0	0	0
(29) KEVIN WASHINGTON ----- PRESIDENT AND CEO	50.0 -----			✓				713,020	0	50,330
(30) NANCY L OWENS ----- SENIOR VICE PRESIDENT, CHIEF FINANCIAL OFFICER	50.0 -----			✓				335,879	0	45,879
(31) KARYN BOSTON ----- EXECUTIVE VICE PRESIDENT & GENERAL COUNSEL	50.0 -----			✓				245,441	0	43,065
(32) PAUL MCENTIRE ----- EXECUTIVE VICE PRESIDENT, CHIEF OPERATING OFFICER	50.0 -----					✓		424,453	0	46,925
(33) KENT D JOHNSON ----- EXECUTIVE VICE PRESIDENT, CHIEF OPERATIONS OFFICER	50.0 -----					✓		627,253	0	49,318
(34) ANDREW CALHOUN ----- SR. VP, LARGE YMCA RESOURCES	50.0 -----					✓		412,903	0	46,788
(35) JONATHAN A LEVER ----- EXECUTIVE VICE PRESIDENT/CHIEF MEMBERSHIP AND PROGRAMS OFFICER	50.0 -----					✓		376,085	0	46,354
(36) HELENE WEIR ----- VICE PRESIDENT, LARGE YMCA RESOURCES	50.0 -----					✓		438,694	0	47,093

SCHEDULE A
(Form 990 or 990-EZ)

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

2018

**Open to Public
Inspection**

Name of the organization

NATIONAL COUNCIL OF YMCAS OF THE USA

Employer identification number

36-3258696

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 **section 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 33 $\frac{1}{3}$ % 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 33 $\frac{1}{3}$ % 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
- 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?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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 fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	%
16a 33⅓% support test—2018. If the organization did not check the box on line 13, and line 14 is 33⅓% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33⅓% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33⅓% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
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 <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	31,862,881	51,659,936	46,110,629	29,285,867	31,542,023	190,461,336
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	62,503,576	69,629,903	79,701,816	79,417,908	83,052,150	374,305,353
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 Total. Add lines 1 through 5	94,366,457	121,289,839	125,812,445	108,703,775	114,594,173	564,766,689
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	102,421	78,308	93,394	126,284	104,183	504,590
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	0	0	0	0	0	0
c Add lines 7a and 7b	102,421	78,308	93,394	126,284	104,183	504,590
8 Public support. (Subtract line 7c from line 6.)						564,262,099

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6	94,366,457	121,289,839	125,812,445	108,703,775	114,594,173	564,766,689
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	11,574,329	16,195,623	13,639,805	16,130,232	4,249,175	61,789,164
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	0	0	0	0
c Add lines 10a and 10b	11,574,329	16,195,623	13,639,805	16,130,232	4,249,175	61,789,164
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	1,182,540	1,359,941	2,316,963	2,891,214	1,491,530	9,242,188
13 Total support. (Add lines 9, 10c, 11, and 12.)	107,123,326	138,845,403	141,769,213	127,725,221	120,334,878	635,798,041
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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	88.75 %
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	86.95 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	9.72 %
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	10.60 %
19a 33 1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
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? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

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?		
b A family member of a person described in (a) above?		
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 .		

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.		
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.		

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).		

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?		
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).		
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.		

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 <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> 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.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			

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):			
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 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

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

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

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

Part VI

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.)

Return Reference - Identifier	Explanation						
SCHEDULE A, PART III, LINE 12 - OTHER INCOME	Other Income Type	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	(1)REIMBURSEMENT FROM OTHER YMCA ORGS.	368,804	656,552	645,155	1,260,533	711,978	3,643,022
	(2)VENDOR BOOTH REVENUE	288,930	347,150	1,153,100	413,291	499,702	2,702,173
	(3)REBATES	218,078	232,879	518,708	207,259	257,395	1,434,319
	(4)REIMBURSEMENT OF PRIOR YEAR ITEMS	306,728	123,360	0	10,131	22,455	462,674
	(5)ARBITRATION AWARD	0	0	0	1,000,000	0	1,000,000

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

► **Attach to Form 990, Form 990-EZ, or Form 990-PF.**
► **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2018

Name of the organization

NATIONAL COUNCIL OF YMCAS OF THE USA

Employer identification number

36-3258696

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(**3**) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- ☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 $\frac{1}{3}$ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ► \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

NATIONAL COUNCIL OF YMCAS OF THE USA

Employer identification number

36-3258696

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 9,059,753	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 6,000,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 4,568,968	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 3,047,136	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 1,407,211	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 1,203,509	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

NATIONAL COUNCIL OF YMCAS OF THE USA

Employer identification number

36-3258696

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 1,033,809	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 822,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 750,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ 500,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11		\$ 500,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12		\$ 401,233	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NATIONAL COUNCIL OF YMCAS OF THE USA	Employer identification number 36-3258696
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$ 375,861	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14		\$ 375,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15		\$ 325,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16		\$ 236,744	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17		\$ 213,495	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18		\$ 200,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

NATIONAL COUNCIL OF YMCAS OF THE USA

Employer identification number

36-3258696

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$ 200,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20		\$ 152,657	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21		\$ 150,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22		\$ 108,221	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23		\$ 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24		\$ 94,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NATIONAL COUNCIL OF YMCAS OF THE USA	Employer identification number 36-3258696
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>25</u>		\$ <u>65,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>26</u>		\$ <u>50,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>27</u>		\$ <u>47,367</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>28</u>		\$ <u>40,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>29</u>		\$ <u>35,511</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>30</u>		\$ <u>31,187</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

NATIONAL COUNCIL OF YMCAS OF THE USA

Employer identification number

36-3258696

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31		\$ 26,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32		\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33		\$ 21,332	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34		\$ 19,115	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35		\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36		\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

NATIONAL COUNCIL OF YMCAS OF THE USA

Employer identification number

36-3258696

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37		\$ 11,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38		\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39		\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40		\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41		\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42		\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NATIONAL COUNCIL OF YMCAS OF THE USA	Employer identification number 36-3258696
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43		\$ 7,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44		\$ 7,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45		\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46		\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47		\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48		\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NATIONAL COUNCIL OF YMCAS OF THE USA	Employer identification number 36-3258696
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49		\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50		\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51		\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

NATIONAL COUNCIL OF YMCAS OF THE USA

Employer identification number

36-3258696

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- ----- -----	\$ -----	-----

Name of organization

NATIONAL COUNCIL OF YMCAS OF THE USA

Employer identification number

36-3258696

Part III **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ► \$ _____

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	----- ----- -----	----- ----- -----	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	----- ----- -----	----- ----- -----	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	----- ----- -----	----- ----- -----	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	----- ----- -----	----- ----- -----	

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

2018

**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 organization NATIONAL COUNCIL OF YMCAS OF THE USA	Employer identification number 36-3258696
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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)	0													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	400,000													
c	Total lobbying expenditures (add lines 1a and 1b)	400,000													
d	Other exempt purpose expenditures	125,065,585													
e	Total exempt purpose expenditures (add lines 1c and 1d)	125,465,585													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		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.		
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)	250,000													
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0													
i	Subtract line 1f from line 1c. If zero or less, enter -0-	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?	<input type="checkbox"/> Yes <input type="checkbox"/> No													

4-Year Averaging Period Under Section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column (e))					6,000,000
c Total lobbying expenditures	390,000	390,000	390,000	400,000	1,570,000
d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures	0	0	0	0	0

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)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
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)?			
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 campaign activity 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.

**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

2018

**Open to Public
Inspection**

Name of the organization

NATIONAL COUNCIL OF YMCAS OF THE USA

Employer identification number

36-3258696

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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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). <input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) <input type="checkbox"/> Preservation of a historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> 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 Tax 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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)?	<input type="checkbox"/> Yes <input type="checkbox"/> 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 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		
(2) Closely-held equity interests		
(3) Other COMMINGLED FUNDS	12,508,925	END OF YEAR MARKET VALUE
(A) LIMITED PARTNERSHIPS	11,946,476	END OF YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ►	24,455,401	

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) UNEMPLOYMENT TRUST	26,471
(2) INTEREST IN PERPETUAL TRUSTS	8,564,643
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ►	8,591,114

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		
(2) DEFERRED RENT	5,227,099	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	5,227,099	

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	172,976,305
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	(19,515,003)
b	Donated services and use of facilities	2b	58,464,372
c	Recoveries of prior year grants	2c	0
d	Other (Describe in Part XIII.)	2d	0
e	Add lines 2a through 2d	2e	38,949,369
3	Subtract line 2e from line 1	3	134,026,936
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	600,272
b	Other (Describe in Part XIII.)	4b	0
c	Add lines 4a and 4b	4c	600,272
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	134,627,208

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	204,533,739
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	58,464,372
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	0
e	Add lines 2a through 2d	2e	58,464,372
3	Subtract line 2e from line 1	3	146,069,367
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	600,272
b	Other (Describe in Part XIII.)	4b	0
c	Add lines 4a and 4b	4c	600,272
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	146,669,639

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.

[SEE STATEMENT](#)

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 - Identifier	Explanation
SCHEDULE D, PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUNDS	Y-USA USES ITS NET INVESTMENT INCOME AND THE NET PROCEEDS FROM THESE ACTIVITIES PRIMARILY TO MAKE GRANTS IN SUPPORT OF THE CHARITABLE ACTIVITIES OF Y-USA AND OTHER WORLDWIDE YMCA ORGANIZATIONS.
SCHEDULE D, PART X, LINE 2 - FIN 48 (ASC 740) FOOTNOTE	Y-USA HAS RECEIVED A FAVORABLE DETERMINATION LETTER FROM THE INTERNAL REVENUE SERVICE STATING THAT THEY WE ARE EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(A) OF THE INTERNAL REVENUE CODE OF 1986 (IRC), AS AN ORGANIZATION DESCRIBED IN SECTION 501(C)(3), EXCEPT FOR INCOME TAXES PERTAINING TO UNRELATED BUSINESS INCOME. THE FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ISSUED GUIDANCE THAT REQUIRES TAX EFFECTS FROM UNCERTAIN TAX POSITIONS TO BE RECOGNIZED IN THE FINANCIAL STATEMENTS ONLY IF THE POSITION IS MORE LIKELY THAN NOT TO BE SUSTAINED IF THE POSITION WERE TO BE CHALLENGED BY A TAXING AUTHORITY. MANAGEMENT HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN POSITIONS THAT REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS. ADDITIONALLY, NO PROVISION FOR INCOME TAXES IS REFLECTED IN THESE FINANCIAL STATEMENTS, AND THERE ARE NO INTEREST OR PENALTIES RECOGNIZED IN THE STATEMENTS OF ACTIVITIES OR STATEMENTS OF FINANCIAL POSITION.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization

NATIONAL COUNCIL OF YMCAS OF THE USA

Employer identification number

36-3258696

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 Activities 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 the 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
(1) CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANTMAKING		389,615
(2) EAST ASIA AND THE PACIFIC	0	0	GRANTMAKING		57,400
(3) EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	GRANTMAKING		262,555
(4) MIDDLE EAST AND NORTH AFRICA	0	0	GRANTMAKING		263,377
(5) NORTH AMERICA (CANADA & MEXICO ONLY)	0	0	GRANTMAKING		3,320
(6) RUSSIA AND NEIGHBORING STATES	0	0	GRANTMAKING		53,877
(7) SOUTH AMERICA	0	0	GRANTMAKING		234,006
(8) SOUTH ASIA	0	0	GRANTMAKING		26,300
(9) SUB-SAHARAN AFRICA	0	0	GRANTMAKING		472,875
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal	0	0			1,763,325
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			1,763,325

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)
			MIDDLE EAST AND NORTH AFRICA	PROGRAM SUPPORT	240,903	WIRE TRANSFER			
			EUROPE (INCLUDING ICELAND AND GREENLAND)	PROGRAM SUPPORT	196,390	WIRE TRANSFER			
			CENTRAL AMERICA AND THE CARIBBEAN	PROGRAM SUPPORT	173,188	WIRE TRANSFER			
			SUB-SAHARAN AFRICA	PROGRAM SUPPORT	115,761	WIRE TRANSFER			
			SUB-SAHARAN AFRICA	PROGRAM SUPPORT	109,151	WIRE TRANSFER			
			SUB-SAHARAN AFRICA	PROGRAM SUPPORT	109,000	WIRE TRANSFER			
			CENTRAL AMERICA AND THE CARIBBEAN	PROGRAM SUPPORT	99,121	WIRE TRANSFER			
			SOUTH AMERICA	PROGRAM SUPPORT	60,920	WIRE TRANSFER			
			SUB-SAHARAN AFRICA	PROGRAM SUPPORT	57,000	WIRE TRANSFER			
			SOUTH AMERICA	PROGRAM SUPPORT	52,000	WIRE TRANSFER			
			CENTRAL AMERICA AND THE CARIBBEAN	PROGRAM SUPPORT	49,306	WIRE TRANSFER			
			SOUTH AMERICA	PROGRAM SUPPORT	43,486	WIRE TRANSFER			
			EAST ASIA AND THE PACIFIC	PROGRAM SUPPORT	42,270	WIRE TRANSFER			
			CENTRAL AMERICA AND THE CARIBBEAN	PROGRAM SUPPORT	32,000	WIRE TRANSFER			
			RUSSIA AND NEIGHBORING STATES	PROGRAM SUPPORT	30,000	WIRE TRANSFER			
			(SEE STATEMENT)						

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 ▶

36

3 Enter total number of other organizations or entities ▶

0

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

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ☐ Yes ☒ No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* ☐ Yes ☒ No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* ☐ Yes ☒ No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* ☐ Yes ☒ No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* ☐ Yes ☒ No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* ☐ Yes ☒ No

Part II**Grants and Other Assistance to Organizations or Entities Outside the United States** (continued)

(a) Name of Organization	(b) IRS code section and EIN	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(16)		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	28,000	WIRE TRANSFER			
(17)		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	25,413	WIRE TRANSFER			
(18)		SOUTH ASIA	PROGRAM SUPPORT	24,300	WIRE TRANSFER			
(19)		RUSSIA AND NEIGHBORING STATES	PROGRAM SUPPORT	23,877	WIRE TRANSFER			
(20)		MIDDLE EAST AND NORTH AFRICA	PROGRAM SUPPORT	22,350	WIRE TRANSFER			
(21)		CENTRAL AMERICA AND THE CARIBBEAN	PROGRAM SUPPORT	21,000	WIRE TRANSFER			
(22)		SOUTH AMERICA	PROGRAM SUPPORT	20,000	WIRE TRANSFER			
(23)		EUROPE (INCLUDING ICELAND AND GREENLAND)	PROGRAM SUPPORT	19,210	WIRE TRANSFER			
(24)		SOUTH AMERICA	PROGRAM SUPPORT	16,000	WIRE TRANSFER			
(25)		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	15,550	WIRE TRANSFER			
(26)		SOUTH AMERICA	PROGRAM SUPPORT	14,000	WIRE TRANSFER			
(27)		SOUTH AMERICA	PROGRAM SUPPORT	13,000	WIRE TRANSFER			
(28)		EUROPE (INCLUDING ICELAND AND GREENLAND)	PROGRAM SUPPORT	12,477	WIRE TRANSFER			
(29)		CENTRAL AMERICA AND THE CARIBBEAN	PROGRAM SUPPORT	10,000	WIRE TRANSFER			
(30)		EUROPE (INCLUDING ICELAND AND GREENLAND)	PROGRAM SUPPORT	10,000	WIRE TRANSFER			
(31)		EUROPE (INCLUDING ICELAND AND GREENLAND)	PROGRAM SUPPORT	10,000	WIRE TRANSFER			
(32)		SOUTH AMERICA	PROGRAM SUPPORT	10,000	WIRE TRANSFER			
(33)		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	10,000	WIRE TRANSFER			
(34)		EUROPE (INCLUDING ICELAND AND GREENLAND)	PROGRAM SUPPORT	8,478	WIRE TRANSFER			
(35)		EAST ASIA AND THE PACIFIC	PROGRAM SUPPORT	6,080	WIRE TRANSFER			
(36)		EUROPE (INCLUDING ICELAND AND GREENLAND)	PROGRAM SUPPORT	6,000	WIRE TRANSFER			

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).

Return Reference - Identifier	Explanation
SCHEDULE F, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS	GRANTS ARE ONLY PROVIDED TO YMCAS OR AFFILIATED MEMBERS OF THE WORLD ALLIANCE OF YMCAS. EACH PROPOSAL RECEIVED IS EVALUATED BY APPROPRIATE STAFF TO ENSURE IT IS WITHIN THE INTERNATIONAL GROUP PRIORITIES AND BUDGET ALLOCATION. THE STAFF RECOMMENDATIONS ARE THEN PRESENTED TO THE INTERNATIONAL COMMITTEE AND/OR VICE PRESIDENT OF INTERNATIONAL GROUP FOR APPROVAL.
SCHEDULE F, PART I, LINE 3 - METHOD TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS	CENTRAL AMERICA AND THE CARIBBEAN: ACCRUAL EAST ASIA AND THE PACIFIC: ACCRUAL EUROPE (INCLUDING ICELAND AND GREENLAND): ACCRUAL MIDDLE EAST AND NORTH AFRICA: ACCRUAL NORTH AMERICA (CANADA & MEXICO ONLY): ACCRUAL RUSSIA AND NEIGHBORING STATES: ACCRUAL SOUTH AMERICA: ACCRUAL SOUTH ASIA: ACCRUAL SUB-SAHARAN AFRICA: ACCRUAL
SCHEDULE F, PART II, LINE 1 - METHOD TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS	CENTRAL AMERICA AND THE CARIBBEAN: ACCRUAL EAST ASIA AND THE PACIFIC: ACCRUAL EUROPE (INCLUDING ICELAND AND GREENLAND): ACCRUAL MIDDLE EAST AND NORTH AFRICA: ACCRUAL RUSSIA AND NEIGHBORING STATES: ACCRUAL SOUTH AMERICA: ACCRUAL SOUTH ASIA: ACCRUAL SUB-SAHARAN AFRICA: ACCRUAL

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization

NATIONAL COUNCIL OF YMCAS OF THE USA

Employer identification number

36-3258696

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.

1 (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) YMCA OF THE GREATER TWIN CITIES 651 NICOLLETT MALL, MINNEAPOLIS, MN 55402	91-0827958	501 (C)(3)	2,207,529				PROGRAM SUPPORT
(2) ARMED SERVICES YMCA OF THE USA 14040 CENTRAL LOOP, WOODBRIDGE, VA 22193	91-1883466	501 (C)(3)	1,959,285				ARMED SERVICES WORK
(3) YMCA OF SAN FRANCISCO 50 CALIFORNIA ST, SAN FRANCISCO, CA 94111	94-1156319	501 (C)(3)	493,541				PROGRAM SUPPORT
(4) YMCA OF GREATER SEATTLE 831 228TH AVE SE, SAMMAMISH, WA 98075	57-0314425	501 (C)(3)	265,224				PROGRAM SUPPORT
(5) YMCA OF METROPOLITAN DALLAS 601 N AKARD ST, DALLAS, TX 75201-3303	84-0402696	501 (C)(3)	246,805				PROGRAM SUPPORT
(6) VALLEY OF THE SUN YMCA 350 N 1ST AVE, PHOENIX, AZ 85003-1513	25-0965625	501 (C)(3)	234,616				PROGRAM SUPPORT
(7) YMCA OF THE TRIANGLE AREA 801 CORPORATE CTR DR, RALEIGH, NC 27607-5073	37-0661257	501 (C)(3)	233,529				PROGRAM SUPPORT
(8) YMCA OF THE GREATER HOUSTON AREA 2600 NORTH LOOP WEST, HOUSTON, TX 77092	23-7045379	501 (C)(3)	212,523				PROGRAM SUPPORT
(9) YMCA OF GREATER BOSTON 316 HUNTINGTON AVE, BOSTON, MA 02115-5019	23-1365994	501 (C)(3)	204,488				PROGRAM SUPPORT
(10) YMCA OF GREATER GRAND RAPIDS 475 LAKEMICH. DRNW, GRANDRAPIDS, MI 49504	35-0868211	501 (C)(3)	200,030				PROGRAM SUPPORT
(11) YMCA OF GREATER LOUISVILLE 545 SOUTH 2ND STREET, LOUISVILLE, KY 40202	63-0288885	501 (C)(3)	192,154				PROGRAM SUPPORT
(12) (SEE STATEMENT)							

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 610
- 3 Enter total number of other organizations listed in the line 1 table ▶ 1

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

Cat. No. 50055P

Schedule I (Form 990) (2018)

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 SCHOLARSHIPS	29	42,599			
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.
----------------	--

(SEE STATEMENT)

Part II**Grants and Other Assistance to Governments and Organizations in the United States (continued)**

(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
(12) YMCA OF METROPOLITAN DENVER 2625 S COLORADO BLVD, DENVER, CO 80222-5108	38-1358055	501 (C)(3)	188,888				PROGRAM SUPPORT
(13) YMCA OF HONOLULU 1335 KALIHI STREET, HONOLULU, HI 96819	71-0236925	501 (C)(3)	185,970				PROGRAM SUPPORT
(14) YMCA OF MIDDLE TENNESSEE 3700 ASHLAND CITY HIGHWAY, NASHVILLE, TN 37218	45-0237612	501 (C)(3)	185,094				PROGRAM SUPPORT
(15) YMCA OF GREATER ROCHESTER 444 EAST MAIN ST, ROCHESTER, NY 14604	74-1109634	501 (C)(3)	183,556				PROGRAM SUPPORT
(16) YMCA OF METROPOLITAN ATLANTA INC. 101 MARIETTA STREET NW, SUITE 1100, ATLANTA, GA 30303	62-0475699	501 (C)(3)	175,715				PROGRAM SUPPORT
(17) YMCA OF PIERCE AND KITSAP COUNTIES 4717 S 19TH ST STE 201, TACOMA, WA 98405	35-1404478	501 (C)(3)	173,930				PROGRAM SUPPORT
(18) YMCA OF SOUTHEASTERN NORTH CAROLINA P.O.BOX 3467, WILMINGTON, NC 28406	86-0101237	501 (C)(3)	173,250				PROGRAM SUPPORT
(19) YMCA OF GREATER SAN ANTONIO 231 E RHAPSODY, SAN ANTONIO, TX 78216	91-0482710	501 (C)(3)	167,686				PROGRAM SUPPORT
(20) YMCA OF GREATER NEW YORK 5 W 63RD STREET, 6TH FLOOR, NEW YORK, NY 10023	73-0579270	501 (C)(3)	167,117				PROGRAM SUPPORT
(21) YMCA OF METROPOLITAN MILWAUKEE INC. 161 W WISCONSIN AVE STE 4000, MILWAUKEE, WI 53203-2607	53-0207403	501 (C)(3)	166,750				PROGRAM SUPPORT
(22) YMCA OF SILICON VALLEY 80 SARATOGA AVE., SANTA CLARA, CA 95051	91-0565561	501 (C)(3)	165,395				PROGRAM SUPPORT
(23) YMCA OF DELAWARE 100 W. 10TH STREET, SUITE 1100, WILMINGTON, DE 19801-6605	93-0395593	501 (C)(3)	163,985				PROGRAM SUPPORT
(24) YMCA OF METROPOLITAN FORT WORTH 512 LAMAR STREET, SUITE 400, FORT WORTH, TX 76102-3717	06-0881325	501 (C)(3)	158,218				PROGRAM SUPPORT
(25) YMCA OF METROPOLITAN LOS ANGELES 625 SOUTH NEW HAMPSHIRE AVE, LOS ANGELES, CA 90005	39-0806314	501 (C)(3)	157,905				PROGRAM SUPPORT
(26) YMCA OF GREATER KANSAS CITY 3100 BROADWAY ST., STE. 1020, KANSAS CITY, MO 64111-2413	95-1643396	501 (C)(3)	157,389				PROGRAM SUPPORT
(27) YMCA OF GREATER CHARLOTTE 400 E. MOREHEAD ST., CHARLOTTE, NC 28202	31-0537178	501 (C)(3)	156,498				PROGRAM SUPPORT

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(28) SOUTH SHORE YMCA 91 LONGWATER CIRCLE, SUITE 101, NORWELL, MA 02061	91-0586473	501 (C)(3)	156,327				PROGRAM SUPPORT
(29) YMCA OF RAPID CITY SOUTH DAKOTA 815 KANSAS CITY ST, RAPID CITY, SD 57701-2605	41-0695614	501 (C)(3)	156,000				PROGRAM SUPPORT
(30) YMCA OF CENTRAL KENTUCKY 381 WEST LOUDON AVENUE, LEXINGTON, KY 40508-1409	52-0591699	501 (C)(3)	154,423				PROGRAM SUPPORT
(31) LA CROSSE AREA FAMILY YMCA 1140 MAIN ST, LA CROSSE, WI 54601-4124	39-0806172	501 (C)(3)	153,385				PROGRAM SUPPORT
(32) YMCA OF CASS AND CLAY COUNTIES 400 1ST AVE S, FARGO, ND 58103	56-0928743	501 (C)(3)	153,292				PROGRAM SUPPORT
(33) WILKES-BARRE FAMILY YMCA 382 CAMP KRESGE LANE, WHITE HAVEN, PA 18661	54-0663046	501 (C)(3)	151,597				PROGRAM SUPPORT
(34) MCGAW YMCA 1000 GROVE ST, EVANSTON, IL 60201-4294	36-2169194	501 (C)(3)	150,292				PROGRAM SUPPORT
(35) YMCA OF THE INLAND NORTHWEST 1126 N MONROE, SPOKANE, WA 99201	04-2104913	501 (C)(3)	147,495				PROGRAM SUPPORT
(36) THE GRANITE YMCA 30 MECHANIC ST, MANCHESTER, NH 03101-1972	59-2498619	501 (C)(3)	146,616				PROGRAM SUPPORT
(37) OLD COLONY YMCA 320 MAIN STREET, BROCKTON, MA 02301- 5323	16-0743241	501 (C)(3)	145,929				PROGRAM SUPPORT
(38) YMCA OF METROPOLITAN DETROIT 1401 BROADWAY ST, SUITE 3A, DETROIT, MI 48226	75-0827471	501 (C)(3)	145,571				PROGRAM SUPPORT
(39) YMCA OF METROPOLITAN HARTFORD 50 STATE HOUSE SQUARE, SECOND FLOOR, HARTFORD, CT 06103	58-2058795	501 (C)(3)	145,473				PROGRAM SUPPORT
(40) YMCA OF GREATER INDIANAPOLIS 615 N ALABAMA ST, SUITE 200, INDIANAPOLIS, IN 46204-1359	38-1360592	501 (C)(3)	144,128				PROGRAM SUPPORT
(41) FLORIDA'S FIRST COAST YMCA - METROPOLITAN 40 EAST ADAMS STREET, SUITE 210, JACKSONVILLE, FL 32202	59-0638514	501 (C)(3)	139,675				PROGRAM SUPPORT
(42) YMCA OF HOT SPRINGS ARKANSAS INC. 130 WERNER ST, HOT SPRINGS, AR 71913- 6443	82-0222174	501 (C)(3)	139,138				PROGRAM SUPPORT
(43) YMCA OF GREATER MONTGOMERY PO BOX 629, FORT CAMPBELL, KY 42223	72-0423890	501 (C)(3)	133,720				PROGRAM SUPPORT
(44) YMCA OF METROPOLITAN CHATTANOOGA 301 W 6TH ST, CHATTANOOGA, TN 37402- 1110	36-2179782	501 (C)(3)	130,750				PROGRAM SUPPORT
(45) YMCA OF WESTERN NORTH CAROLINA INC. 201 BEAVERDAM RD, ASHEVILLE, NC 28804	34-0719180	501 (C)(3)	129,450				PROGRAM SUPPORT

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(46) YMCA OF METROPOLITAN HUNTSVILLE AL 500 WATER ST, JACKSONVILLE, FL 32202	38-1359576	501 (C)(3)	127,229				PROGRAM SUPPORT
(47) YMCA OF GREATER CINCINNATI 1105 ELM ST, CINCINNATI, OH 45202-7513	34-0714728	501 (C)(3)	126,950				PROGRAM SUPPORT
(48) YMCA OF BOISE INC. 1177 W. STATE STREET, BOISE, ID 83702	84-0459944	501 (C)(3)	126,799				PROGRAM SUPPORT
(49) BIRMINGHAM METROPOLITAN YMCA 3551 MONTGOMERY HW, BIRMINGHAM, AL 35209	63-0299894	501 (C)(3)	126,511				PROGRAM SUPPORT
(50) YMCA OF CENTRAL MARYLAND 303 W. CHESAPEAKE AVE., BALTIMORE, MD 21204	04-2105885	501 (C)(3)	124,443				PROGRAM SUPPORT
(51) YMCA OF GREATER NEW ORLEANS 320 METAIRIE HAMMOND HWY, SUITE 321, METAIRIE, LA 70005	13-1624228	501 (C)(3)	123,442				PROGRAM SUPPORT
(52) YMCA OF GREATER TOLEDO 1500 N SUPERIOR ST, 2ND FLOOR, TOLEDO, OH 43604	73-0579269	501 (C)(3)	119,097				PROGRAM SUPPORT
(53) YMCA OF COLUMBIA-WILLAMETTE ASSOCIATION SERVICES 9500 SW BARBUR BLVD STE 200, PORTLAND, OR 97219-5426	25-1032621	501 (C)(3)	118,965				PROGRAM SUPPORT
(54) YMCA SOUTHCOAST 128 UNION STREET SUITE 304, NEW BEDFORD, MA 02740	58-0566129	501 (C)(3)	118,931				PROGRAM SUPPORT
(55) GOLDSBORO FAMILY YMCA 1105 PKWY DR, GOLDSBORO, NC 27532-0355	56-1285595	501 (C)(3)	117,183				PROGRAM SUPPORT
(56) YMCA OF SAN DIEGO COUNTY 3708 RUFFIN RD, SAN DIEGO, CA 92123-1641	94-0997140	501 (C)(3)	116,772				PROGRAM SUPPORT
(57) THE WEST COOK YMCAS 255 S MARION ST, OAK PARK, IL 60302-3103	52-0591699	501 (C)(3)	116,615				PROGRAM SUPPORT
(58) YMCA OF METROPOLITAN WASHINGTON 1112 16TH ST NW, SUITE 720, WASHINGTON, DC 20036-4824	22-1487616	501 (C)(3)	115,721				PROGRAM SUPPORT
(59) SHEBOYGAN COUNTY YMCA 812 BROUGHTON DRIVE, SHEBOYGAN, WI 53081	83-0186708	501 (C)(3)	114,500				PROGRAM SUPPORT
(60) AUSTIN METROPOLITAN YMCA 3208 RED RIVER, SUITE 200, AUSTIN, TX 78705	74-1193464	501 (C)(3)	113,449				PROGRAM SUPPORT
(61) GATEWAY REGION YMCA 326 S. 21ST STREET, 4TH FL, ST. LOUIS, MO 63103	43-0653616	501 (C)(3)	112,782				PROGRAM SUPPORT
(62) EASTERN CAROLINA YOUNG MEN'S CHRISTIAN ASSOCIATION, INC. 100 YMCA LANE, NEW BERN, NC 28560-5400	58-1402035	501 (C)(3)	109,500				PROGRAM SUPPORT

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(63) YMCA OF THE PIKES PEAK REGION 316 N. TEJON STREET, COLORADO SPRINGS, CO 80903	94-1156318	501 (C)(3)	108,050				PROGRAM SUPPORT
(64) YMCA OF GREATER RICHMOND 2 WEST FRANKLIN ST, RICHMOND, VA 23220-5006	16-0743242	501 (C)(3)	106,783				PROGRAM SUPPORT
(65) YMCA OF GREATER BRANDYWINE ONE EAST CHESTNUT ST, WEST CHESTER, PA 19380	56-1045299	501 (C)(3)	106,716				PROGRAM SUPPORT
(66) YMCA OF GREATER NASHUA 6 HENRY CLAY DR., MERRIMACK, NH 03054	34-0714727	501 (C)(3)	105,715				PROGRAM SUPPORT
(67) SAN JUAN - PUERTO RICO YMCA PO BOX 360590, SAN JUAN, PR 00936-0590	95-2147727	501 (C)(3)	104,871				PROGRAM SUPPORT
(68) ALLIANCE OF NEW YORK STATE YMCAS 465 NEW KARNER RD, 1ST FLOOR, ALBANY, NY 12205	14-1726531	501 (C)(3)	104,543				PROGRAM SUPPORT
(69) OHIO ALLIANCE OF YMCAS 40 WEST LONG STREET, COLUMBUS, OH 43215	04-2125014	501 (C)(3)	101,790				PROGRAM SUPPORT
(70) YMCA OF SUPERIOR CALIFORNIA 1926 V STREET, SACRAMENTO, CA 95758	38-1358417	501 (C)(3)	101,450				PROGRAM SUPPORT
(71) CAMP SEA GULL YMCA 218 SEA GULL LANDING, ARAPAHOE, NC 28510-0001	56-0591307	501 (C)(3)	100,000				PROGRAM SUPPORT
(72) YMCA OF THE SANDHILLS 2717 FORT BRAGG RD, FAYETTEVILLE, NC 28303-4720	59-0810731	501 (C)(3)	100,000				PROGRAM SUPPORT
(73) LANCASTER FAMILY YMCA 252 HARRISBURG AVE, LANCASTER, PA 17603-2937	23-1243970	501 (C)(3)	99,267				PROGRAM SUPPORT
(74) YMCA OF GREATER OKLAHOMA CITY 500 N BROADWAY STE 500, OKLAHOMA CITY, OK 73102-6210	47-0376586	501 (C)(3)	98,293				PROGRAM SUPPORT
(75) YMCA OF GREATER ERIE 31 W 10TH ST, ERIE, PA 16501-1488	38-1358056	501 (C)(3)	97,148				PROGRAM SUPPORT
(76) MONROE FAMILY YMCA 1111 W ELM AVE, MONROE, MI 48162-2801	38-1508585	501 (C)(3)	95,875				PROGRAM SUPPORT
(77) PHILADELPHIA FREEDOM VALLEY YMCA 400 FAYETTE STREET APT 250, CONSHOHOCKEN, PA 19428	57-0405623	501 (C)(3)	95,358				PROGRAM SUPPORT
(78) UPPER PALMETTO YMCA 151 S OAKLAND AVE, ROCK HILL, SC 29730	58-1052279	501 (C)(3)	95,343				PROGRAM SUPPORT
(79) BOYS & GIRLS CLUBS OF GARDEN GROVE 10540 CHAPMAN AVE., GARDEN GROVE, CA 92840	95-6112702	501 (C)(3)	95,000				PROGRAM SUPPORT
(80) YMCA OF CENTRAL OHIO 1907 LEONARD AVE STE 150, COLUMBUS, OH 43215-2891	34-0714392	501 (C)(3)	94,714				PROGRAM SUPPORT

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(81) YMCA OF SNOHOMISH COUNTY 2720 ROCKEFELLER AVE, EVERETT, WA 98201-3523	59-0624464	501 (C)(3)	94,051				PROGRAM SUPPORT
(82) YMCA OF GRAYS HARBOR 2500 SIMPSON AVE, HOQUIAM, WA 98550	22-1739117	501 (C)(3)	93,500				PROGRAM SUPPORT
(83) YMCA OF GREATER DAYTON 118 W FIRST ST, SUITE 300, DAYTON, OH 45402	42-0680438	501 (C)(3)	91,966				PROGRAM SUPPORT
(84) YMCA ALLIANCE OF MAINE 17 SECOND STREET, BANGOR, ME 04401-4799	54-0505987	501 (C)(3)	91,790				PROGRAM SUPPORT
(85) YMCA OF PUEBLO 3200 E. SPAULDING AVENUE, PUEBLO, CO 81008-2279	46-0227218	501 (C)(3)	89,865				PROGRAM SUPPORT
(86) DULUTH AREA FAMILY YMCA 302 W 1ST ST, DULUTH, MN 55802-1694	41-0693931	501 (C)(3)	89,000				PROGRAM SUPPORT
(87) YMCA OF CENTRAL TEXAS 6800 HARVEY DR, PO BOX 20515, WACO, TX 76702	54-0505924	501 (C)(3)	87,250				PROGRAM SUPPORT
(88) CENTRAL FLORIDA METRO YMCA 433 N MILLS AVE, ORLANDO, FL 32803-5798	59-0624430	501 (C)(3)	87,182				PROGRAM SUPPORT
(89) THE ALABAMA ALLIANCE AND MISSISSIPPI ALLIANCE OF YMCAS 1810 GOVERNMENT ST., OCEANS SPRINGS, MS 39564	21-0635051	501 (C)(3)	85,000				PROGRAM SUPPORT
(90) YMCA OF GREATER WATERTVILLE 126 NORTH ST, WATERTVILLE, ME 04901-4954	39-0847658	501 (C)(3)	83,292				PROGRAM SUPPORT
(91) YMCA OF GREATER LONG BEACH 820 LONG BEACH BLVD, LONG BEACH, CA 90813	61-0444843	501 (C)(3)	81,449				PROGRAM SUPPORT
(92) YMCA OF GREATER PITTSBURGH 420 FT. DUQUESNE BLVD. STE 625, PITTSBURGH, PA 15222	54-0505986	501 (C)(3)	80,674				PROGRAM SUPPORT
(93) YORK & YORK COUNTY YMCA 90 N. NEWBERRY STREET, YORK, PA 17401	94-1156317	501 (C)(3)	80,250				PROGRAM SUPPORT
(94) GENERAL CONVENTION OF SIOUX YMCAS PO BOX 218, 1 B STREET, DUPREE, SD 57623-0218	46-0336514	501 (C)(3)	80,021				PROGRAM SUPPORT
(95) BOYS & GIRLS CLUBS OF GREATER ST. LOUIS INC. 2901 N. GRAND AVE, SAINT LOUIS, MO 63107-2608	43-6061693	501 (C)(3)	80,000				PROGRAM SUPPORT
(96) ANN ARBOR YMCA 400 W. WASHINGTON ST., ANN ARBOR, MI 48103	38-1525162	501 (C)(3)	79,993				PROGRAM SUPPORT
(97) YMCA OF GREATER CLEVELAND 1801 SUPERIOR AVE SUITE 130, CLEVELAND, OH 44114	31-0537517	501 (C)(3)	79,675				PROGRAM SUPPORT
(98) MUSKEGON YMCA 1115 THIRD STREET, MUSKEGON, MI 49441	38-2000172	501 (C)(3)	77,461				PROGRAM SUPPORT

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(99) SHERMAN LAKE YMCA OUTDOOR CENTER 6225 N 39TH ST, AUGUSTA, MI 49012-9722	38-1359577	501 (C)(3)	76,050				PROGRAM SUPPORT
(100) YMCA OF NORTHWEST NORTH CAROLINA 301 N MAIN ST., STE. 1900, WINSTON SALEM, NC 27101-2402	36-2470895	501 (C)(3)	75,713				PROGRAM SUPPORT
(101) YMCA OF THE CAPITAL AREA 1735 THOMAS DELPIT DR., BATON ROUGE, LA 70802	42-0680306	501 (C)(3)	75,550				PROGRAM SUPPORT
(102) JAMESTOWN YMCA 101 E 4TH ST, JAMESTOWN, NY 14701-5301	16-0743238	501 (C)(3)	75,000				PROGRAM SUPPORT
(103) THE SOUTHWEST REGIONAL ALLIANCE OF YMCAS 350 N. 1ST AVE., PHOENIX, AZ 85003	36-2179780	501 (C)(3)	75,000				PROGRAM SUPPORT
(104) YMCA OF LONG ISLAND 121 DOSORIS LANE, GLEN COVE, NY 11542-1216	22-1487385	501 (C)(3)	74,162				PROGRAM SUPPORT
(105) YMCA OF CENTRAL STARK COUNTY 1201 30TH STREET NW, SUITE 200, CANTON, OH 44709-1705	74-2668685	501 (C)(3)	73,734				PROGRAM SUPPORT
(106) YMCA OF WICHITA KANSAS 402 N. MARKET, WICHITA, KS 67202	91-0568717	501 (C)(3)	73,528				PROGRAM SUPPORT
(107) YMCA OF METROPOLITAN LANSING P.O. BOX 100, LANSING, MI 48632	95-1644052	501 (C)(3)	73,018				PROGRAM SUPPORT
(108) SCOTT COUNTY FAMILY YMCA 606 W 2ND ST, DAVENPORT, IA 52801-1095	86-0096799	501 (C)(3)	72,500				PROGRAM SUPPORT
(109) YMCA OF METROPOLITAN CHICAGO 1030 W. VAN BUREN ST., CHICAGO, IL 60607	75-0800696	501 (C)(3)	71,867				PROGRAM SUPPORT
(110) CAPE COD YOUNG MEN'S CHRISTIAN ASSOCIATION 2245 IYANNOUGH, WEST BARNSTABLE, MA 02668	04-2394925	501 (C)(3)	71,609				PROGRAM SUPPORT
(111) YMCA OF BURBANK CALIFORNIA 321 E MAGNOLIA BLVD, BURBANK, CA 91502-1132	37-0748000	501 (C)(3)	70,155				PROGRAM SUPPORT
(112) WATERTOWN FAMILY YMCA 585 RAND DRIVE, WATERTOWN, NY 13601	77-0202335	501 (C)(3)	70,143				PROGRAM SUPPORT
(113) MERRIMACK VALLEY YMCA INC. 101 AMESBURY ST., 4TH FLOOR, LAWRENCE, MA 01840	04-2104378	501 (C)(3)	69,991				PROGRAM SUPPORT
(114) CONNECTICUT STATE ALLIANCE 50 STATE HOUSE SQUARE, 2ND FLOOR, HARTFORD, CT 06103	06-0646905	501 (C)(3)	69,480				PROGRAM SUPPORT
(115) YMCA OF GREATER TULSA 420 S MAIN ST., STE 200, TULSA, OK 74103	01-0283465	501 (C)(3)	69,094				PROGRAM SUPPORT
(116) CAMP MANITO-WISH YMCA INC. PO BOX 246, BOULDER JUNCTION, WI 54512-0246	39-1136315	501 (C)(3)	68,750				PROGRAM SUPPORT

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(117) YMCA CAMP HIGH HARBOUR AT LAKE ALLATOONA 40 OLD SANDTOWN RD, CARTERSVILLE, GA 30121	58-0566253	501 (C)(3)	68,750				PROGRAM SUPPORT
(118) YMCA CAMP ST. CROIX 532 COUNTY ROAD F, HUDSON, WI 54016	42-0680306	501 (C)(3)	68,750				PROGRAM SUPPORT
(119) GREATER BURLINGTON YMCA 266 COLLEGE ST, BURLINGTON, VT 05401-8318	03-0185810	501 (C)(3)	67,785				PROGRAM SUPPORT
(120) METROWEST YMCA INC. 280 OLD CONNECTICUT PATH, FRAMINGHAM, MA 01701-4539	04-2281530	501 (C)(3)	67,328				PROGRAM SUPPORT
(121) MALDEN YMCA 99 DARTMOUTH ST, MALDEN, MA 02148-4906	04-2105874	501 (C)(3)	67,124				PROGRAM SUPPORT
(122) FROST VALLEY YMCA 2000 FROST VALLEY RD, CLARYVILLE, NY 12725	22-1625176	501 (C)(3)	67,000				PROGRAM SUPPORT
(123) YMCA OF NORTHERN UTAH 3216 HIGHLAND DR 200, SALT LAKE CITY, UT 84106	59-0624465	501 (C)(3)	63,771				PROGRAM SUPPORT
(124) GREATER GREEN BAY YMCA INC. 235 N JEFFERSON ST, GREEN BAY, WI 54301-5126	39-0813466	501 (C)(3)	63,750				PROGRAM SUPPORT
(125) BEAUFORT-JASPER YMCA OF THE LOWCOUNTRY 1801 RICHMOND AVE, PORT ROYAL, SC 29935-2014	57-0910326	501 (C)(3)	63,000				PROGRAM SUPPORT
(126) BERWICK AREA YMCA 231 W 3RD ST, BERWICK, PA 18603-3629	24-0813665	501 (C)(3)	61,811				PROGRAM SUPPORT
(127) YMCA OF CENTRAL MASSACHUSETTS 766 MAIN ST, WORCESTER, MA 01610	31-4379594	501 (C)(3)	61,701				PROGRAM SUPPORT
(128) NORTHERN MIDDLESEX COUNTY YMCA 99 UNION ST, MIDDLETOWN, CT 06457-3430	39-0806314	501 (C)(3)	61,500				PROGRAM SUPPORT
(129) YMCA OF YONKERS INC. 17 RIVERDALE AVE, YONKERS, NY 10701-3646	34-0714730	501 (C)(3)	61,397				PROGRAM SUPPORT
(130) YMCA OF SOUTH FLORIDA, INC 900 SE 3RD AVE, FORT LAUDERDALE, FL 33316	54-0445205	501 (C)(3)	61,267				PROGRAM SUPPORT
(131) DOOR COUNTY YMCA 1900 MICHIGAN ST, STURGEON BAY, WI 54235-3706	39-1738982	501 (C)(3)	61,000				PROGRAM SUPPORT
(132) BEAVER COUNTY YMCA 2236 THIRD AVE, NEW BRIGHTON, PA 15066-3205	25-0993391	501 (C)(3)	59,500				PROGRAM SUPPORT
(133) YMCA OF GREATER FLINT 411 E 3RD ST, FLINT, MI 48503-2098	35-0886850	501 (C)(3)	59,481				PROGRAM SUPPORT
(134) YMCA OF GREATER DES MOINES IOWA 501 GRAND AVE., DES MOINES, IA 50309	74-1109880	501 (C)(3)	59,000				PROGRAM SUPPORT

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(135) YMCA OF GREATER KALAMAZOO 2900 W CENTRE AVE, PORTAGE, MI 49024	44-0546002	501 (C)(3)	58,167				PROGRAM SUPPORT
(136) WABASH COUNTY YMCA 500 S. CASS ST., WABASH, IN 46992	58-0566253	501 (C)(3)	57,500				PROGRAM SUPPORT
(137) METROPOLITAN YMCA OF THE ORANGES 139 E MCCLELLAN AVE, LIVINGSTON, NJ 07039	22-1487387	501 (C)(3)	57,356				PROGRAM SUPPORT
(138) CENTRAL COAST YMCA 500 LINCOLN AVENUE, SALINAS, CA 93901-2705	77-0202335	501 (C)(3)	57,031				PROGRAM SUPPORT
(139) OCEAN COMMUNITY YMCA 95 HIGH ST, WESTERLY, RI 02891-1812	26-3456264	501 (C)(3)	56,802				PROGRAM SUPPORT
(140) CAMP KON-O-KWEE BRANCH YMCA 126 NAGEL ROAD, FOMBELL, PA 16123-1198	25-0969497	501 (C)(3)	56,250				PROGRAM SUPPORT
(141) TWO RIVERS YMCA 2040 53RD ST, MOLINE, IL 61265-3698	25-0965631	501 (C)(3)	55,000				PROGRAM SUPPORT
(142) SUMMERVILLE FAMILY YMCA 140 S CEDAR ST, SUMMERVILLE, SC 29483-6014	58-0566253	501 (C)(3)	53,643				PROGRAM SUPPORT
(143) BLOOMSBURG AREA YMCA 30 E 7TH ST, BLOOMSBURG, PA 17815-2728	23-2085257	501 (C)(3)	53,500				PROGRAM SUPPORT
(144) STATELINE FAMILY YMCA OF БЕЛОIT, INC. 1865 RIVERSIDE DR, БЕЛОIT, WI 53511	54-0506438	501 (C)(3)	53,500				PROGRAM SUPPORT
(145) YMCA CAMP HIGH HARBOUR AT LAKE BURTON 200 MAIN ST STE 108, GAINESVILLE, GA 30501	06-0662195	501 (C)(3)	52,500				PROGRAM SUPPORT
(146) GREATER SCRANTON YMCA 706 N BLAKELY ST, DUNMORE, PA 18512	24-0795516	501 (C)(3)	52,415				PROGRAM SUPPORT
(147) GREATER SYRACUSE YMCA 340 MONTGOMERY ST, SYRACUSE, NY 13202-2015	15-0532278	501 (C)(3)	51,909				PROGRAM SUPPORT
(148) DOW BAY AREA FAMILY YMCA 225 WASHINGTON AVENUE, BAY CITY, MI 48708-6432	38-1358415	501 (C)(3)	51,500				PROGRAM SUPPORT
(149) BANGOR YMCA 17 SECOND STREET, BANGOR, ME 04401-4799	01-0211485	501 (C)(3)	51,461				PROGRAM SUPPORT
(150) ALAMANCE COUNTY COMMUNITY YMCA 1346 S MAIN ST, BURLINGTON, NC 27215-5604	56-0611575	501 (C)(3)	50,000				PROGRAM SUPPORT
(151) CAMP EDWARDS BRANCH YMCA N8901 ARMY LAKE ROAD, EAST TROY, WI 53120-0016	36-2169193	501 (C)(3)	50,000				PROGRAM SUPPORT
(152) CAMP U-NAH-LI-YA YMCA CENTER 13654 S SHORE DR, SURING, WI 54174-9331	39-0813466	501 (C)(3)	50,000				PROGRAM SUPPORT

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(153) YMCA OF FREDERICK COUNTY MD INC. 1000 N. MARKET STREET, FREDERICK, MD 21701-4628	35-0886981	501 (C)(3)	49,356				PROGRAM SUPPORT
(154) YMCA OF GREATER WHITTIER 12510 E HADLEY ST 2ND FL, WHITTIER, CA 90601-3942	56-0543243	501 (C)(3)	49,115				PROGRAM SUPPORT
(155) YMCA OF METRO NORTH, INC. 20 NEPTUNE BLVD, LYNN, MA 01902-4421	58-0566253	501 (C)(3)	48,925				PROGRAM SUPPORT
(156) METROPOLITAN AUGUSTA YMCA 1058 CLAUSEN RD SUITE 100, AUGUSTA, GA 30907	58-0566254	501 (C)(3)	48,571				PROGRAM SUPPORT
(157) YMCA OF PORTAGE TOWNSHIP INC. 3100 WILLOWCREEK RD, PORTAGE, IN 46368-4424	84-0404925	501 (C)(3)	48,160				PROGRAM SUPPORT
(158) TAMPA METROPOLITAN AREA YMCA 110 E OAK AVE, TAMPA, FL 33602	61-6000619	501 (C)(3)	48,007				PROGRAM SUPPORT
(159) PROVIDENCE METROPOLITAN YMCA 371 PINE STREET, STE 302, PROVIDENCE, RI 02903	52-1759564	501 (C)(3)	47,889				PROGRAM SUPPORT
(160) YMCA OF SOUTH HAMPTON ROADS 920 CORPORATE LANE, CHESAPEAKE, VA 23320	59-1416281	501 (C)(3)	47,755				PROGRAM SUPPORT
(161) CADILLAC AREA YMCA 9845 CAMPUS DRIVE, CADILLAC, MI 49601	30-0013507	501 (C)(3)	47,500				PROGRAM SUPPORT
(162) WILLIAMS YMCA OF AVERY COUNTY PO BOX 707, LINVILLE, NC 28646	38-1358058	501 (C)(3)	47,500				PROGRAM SUPPORT
(163) YMCA OF SAGINAW 1915 FORDNEY ST, SAGINAW, MI 48601-2809	95-2039198	501 (C)(3)	46,455				PROGRAM SUPPORT
(164) YMCA BUFFALO NIAGARA 150 TECH DRIVE, AMHERST, NY 14221	22-1508752	501 (C)(3)	46,045				PROGRAM SUPPORT
(165) YMCA OF DUBUQUE IOWA 35 N BOOTH ST, DUBUQUE, IA 52001-7397	62-1616170	501 (C)(3)	45,700				PROGRAM SUPPORT
(166) RICHARD G. SNYDER YMCA CAMPUS 138 N WATER ST, KITTANNING, PA 16201-1516	24-0795698	501 (C)(3)	45,643				PROGRAM SUPPORT
(167) YMCA NEWARK AND VICINITY 600 BROAD ST, NEWARK, NJ 07102-4504	02-0222250	501 (C)(3)	45,638				PROGRAM SUPPORT
(168) YMCA OF RYE NY 21 LOCUST AVE, RYE, NY 10580-2959	38-1360594	501 (C)(3)	43,463				PROGRAM SUPPORT
(169) YMCA OF THE EAST BAY 2111 MARTIN LUTHER KING WAY, BERKLEY, CA 94704	95-1684787	501 (C)(3)	43,460				PROGRAM SUPPORT
(170) YMCA OF GREENVILLE 723 CLEVELAND ST, GREENVILLE, SC 29601	06-0646976	501 (C)(3)	43,454				PROGRAM SUPPORT
(171) GREATER JOLIET AREA YMCA 749 HOUBOLT RD, JOLIET, IL 60431-9319	36-2169197	501 (C)(3)	43,448				PROGRAM SUPPORT

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(172) YMCA OF CENTRAL VIRGINIA 801 WYNDHURST DRIVE, LYNCHBURG, VA 24502	57-0314423	501 (C)(3)	43,350				PROGRAM SUPPORT
(173) SHASTA COUNTY YMCA 1155 N COURT ST, REDDING, CA 96001-0437	39-0830271	501 (C)(3)	43,195				PROGRAM SUPPORT
(174) YMCA OF ROCK RIVER VALLEY 220 EAST STATE STREET, ROCKFORD, IL 61104	31-4379806	501 (C)(3)	42,613				PROGRAM SUPPORT
(175) PAWTUCKET & CENTRAL FALLS METRO BD. YMCA 660 ROOSEVELT AVE, PAWTUCKET, RI 02860	54-0524905	501 (C)(3)	42,608				PROGRAM SUPPORT
(176) ROME-FLOYD COUNTY YMCA 810 E 2ND AVE, ROME, GA 30161	94-0997140	501 (C)(3)	42,500				PROGRAM SUPPORT
(177) YMCA OF SOUTHERN NEVADA 4141 MEADOWS LN, LAS VEGAS, NV 89107-3105	55-0464596	501 (C)(3)	42,151				PROGRAM SUPPORT
(178) YMCA OF DANE COUNTY INC. 711 COTTAGE GROVE RD, MADISON, WI 53716	37-0662604	501 (C)(3)	42,072				PROGRAM SUPPORT
(179) CORONA-NORCO FAMILY YMCA 1331 RIVER RD, CORONA, CA 92880-1213	95-2879893	501 (C)(3)	42,058				PROGRAM SUPPORT
(180) YMCA OF BROOME COUNTY 61 SUSQUEHANNA ST, BINGHAMTON, NY 13901-3705	34-4479386	501 (C)(3)	42,000				PROGRAM SUPPORT
(181) YMCA OF ANAHEIM 240 S EUCLID ST, ANAHEIM, CA 92802-1047	92-0034878	501 (C)(3)	41,695				PROGRAM SUPPORT
(182) YMCA OF THE GREATER TRI-VALLEY 301 W. BLOOMFIELD STREET, ROME, NY 13442	45-2563299	501 (C)(3)	41,001				PROGRAM SUPPORT
(183) ATHENS-MCMINN FAMILY YMCA PO BOX 376, ATHENS, TN 37371	62-0586361	501 (C)(3)	40,700				PROGRAM SUPPORT
(184) EUGENE FAMILY YMCA 2055 PATTERSON ST, EUGENE, OR 97405-2958	93-0500679	501 (C)(3)	40,327				PROGRAM SUPPORT
(185) GIRLS INCORPORATED OF METRO DENVER 1499 JULIAN ST., DENVER, CO 80204	74-2277668	501 (C)(3)	40,000				PROGRAM SUPPORT
(186) KENTUCKY YMCA YOUTH ASSOCIATION INC. 91 C MICHAEL DAVENPORT BLVD, PO BOX 4285, FRANKFORT, KY 40604	61-0444841	501 (C)(3)	40,000				PROGRAM SUPPORT
(187) THE LICKING COUNTY FAMILY YMCA 470 W CHURCH ST, NEWARK, OH 43055-4293	06-0853258	501 (C)(3)	40,000				PROGRAM SUPPORT
(188) YMCA OF GRANTS PASS OREGON 1000 REDWOOD AVE, PO BOX 5439, GRANTS PASS, OR 97527-0439	91-1984900	501 (C)(3)	40,000				PROGRAM SUPPORT
(189) YMCA OF GREATER SPARTANBURG 151 RIBALT, SPARTENBURG, SC 29302	04-1859893	501 (C)(3)	39,143				PROGRAM SUPPORT

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(190) YMCA CAMPING SERVICES PO BOX 2440, JULIAN, CA 92036-2440	45-2563299	501 (C)(3)	38,750				PROGRAM SUPPORT
(191) MERCER COUNTY FAMILY YMCA 401 SW 2ND AVE, ALEDO, IL 61231-1904	36-3832360	501 (C)(3)	38,593				PROGRAM SUPPORT
(192) CENTRAL BUCKS FAMILY YMCA 2500 LOWER STATE RD, DOYLESTOWN, PA 18901-2634	23-1903158	501 (C)(3)	38,000				PROGRAM SUPPORT
(193) WHATCOM FAMILY YMCA 1256 N STATE ST, BELLINGHAM, WA 98225-5016	45-2563299	501 (C)(3)	37,046				PROGRAM SUPPORT
(194) YMCA OF BUCYRUS-TIFFIN 180 SUMMIT ST, TIFFIN, OH 44883-3199	95-1664139	501 (C)(3)	37,000				PROGRAM SUPPORT
(195) STERLING-ROCK FALLS FAMILY YMCA 2505 YMCA WAY, STERLING, IL 61081-9063	39-1102612	501 (C)(3)	36,750				PROGRAM SUPPORT
(196) YMCA OF EAST TENNESSEE 12133 S. NORTHSORE DRIVE, KNOXVILLE, TN 37922	22-1487381	501 (C)(3)	36,500				PROGRAM SUPPORT
(197) UNIONTOWN AREA YMCA ONE YMCA DR, UNIONTOWN, PA 15401-4174	57-0335422	501 (C)(3)	35,686				PROGRAM SUPPORT
(198) NORTH SUBURBAN YMCA 2705 TECHNY RD, NORTHBROOK, IL 60062-5963	39-0806253	501 (C)(3)	35,580				PROGRAM SUPPORT
(199) TIFTAREA YMCA INC. 1657 S CARPENTER ROAD, TIFTON, GA 31793-2400	25-0969498	501 (C)(3)	35,500				PROGRAM SUPPORT
(200) MISSISSIPPI GULF COAST YMCA 1810 GOVERNMENT ST, OCEAN SPRINGS, MS 39564-3931	64-0584648	501 (C)(3)	35,195				PROGRAM SUPPORT
(201) BRAINERD FAMILY YMCA INC. 602 OAK ST, BRAINERD, MN 56401-3611	41-0693938	501 (C)(3)	35,000				PROGRAM SUPPORT
(202) CLALLAM COUNTY YMCA INC. 302 S FRANCIS ST, PORT ANGELES, WA 98362	91-0652924	501 (C)(3)	35,000				PROGRAM SUPPORT
(203) COMMUNITY SERVICES YMCA 301 W 1ST ST., DULUTH, MN 55802	41-0693931	501 (C)(3)	35,000				PROGRAM SUPPORT
(204) YMCA OF LENAWEE COUNTY 638 W MAUMEE ST, ADRIAN, MI 49221-2030	47-0376578	501 (C)(3)	35,000				PROGRAM SUPPORT
(205) YMCA OF MINOT NORTH DAKOTA PO BOX 69, 3515 16TH ST SW, MINOT, ND 58702-0069	87-0212472	501 (C)(3)	34,540				PROGRAM SUPPORT
(206) YMCA OF EAU CLAIRE WISCONSIN 700 GRAHAM AVE, EAU CLAIRE, WI 54701-3896	22-1589199	501 (C)(3)	34,250				PROGRAM SUPPORT
(207) RAPPAHANNOCK AREA YMCA 212 BUTLER RD, FALMOUTH, VA 22405-2441	22-1494457	501 (C)(3)	33,789				PROGRAM SUPPORT
(208) YMCA OF THE CEDAR RAPIDS METROPOLITAN AREA 207 7TH AVE SE, CEDAR RAPIDS, IA 52401	74-1211670	501 (C)(3)	33,565				PROGRAM SUPPORT

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(209) FAMILY YMCA OF GLENS FALLS AREA 600 GLEN ST, GLENS FALLS, NY 12801-2020	14-1340008	501 (C)(3)	33,500				PROGRAM SUPPORT
(210) YMCA OF SOUTHERN ARIZONA 60 W ALAMEDA ST, PO BOX 1111, TUCSON, AZ 85702	01-0211568	501 (C)(3)	33,043				PROGRAM SUPPORT
(211) YMCA OF OTTUMWA IOWA 611 N HANCOCK ST, OTTUMWA, IA 52501-4278	22-1487389	501 (C)(3)	33,000				PROGRAM SUPPORT
(212) GOLDEN STATE YMCA 320 N. AKERS STREET, VISALIA, CA 93291-5119	94-1459198	501 (C)(3)	32,997				PROGRAM SUPPORT
(213) CAMP ICAGHOWAN BRANCH YMCA 889A 115TH STREET, AMERY, MN 54001	45-2563299	501 (C)(3)	32,500				PROGRAM SUPPORT
(214) WILLIAM A. HUNTON FAMILY YMCA 1139 EAST CHARLOTTE ST, NORFOLK, VA 23504-4299	56-0530015	501 (C)(3)	32,500				PROGRAM SUPPORT
(215) KENOSHA YMCA 720-59TH PL, KENOSHA, WI 53140	39-0826296	501 (C)(3)	32,000				PROGRAM SUPPORT
(216) MARION FAMILY YMCA 645 BARKS RD E, MARION, OH 43302	31-4380058	501 (C)(3)	32,000				PROGRAM SUPPORT
(217) ABERDEEN FAMILY YMCA 5 SOUTH STATE STREET, ABERDEEN, SD 57401	46-0255779	501 (C)(3)	31,916				PROGRAM SUPPORT
(218) YMCA OF CUMBERLAND MD 601 KELLY RD, CUMBERLAND, MD 21502-2878	39-0806253	501 (C)(3)	31,903				PROGRAM SUPPORT
(219) YMCA OF ST. JOSEPH MISSOURI 315 S SIXTH ST, ST JOSEPH, MO 64501-2291	06-0646985	501 (C)(3)	31,750				PROGRAM SUPPORT
(220) THE SKY FAMILY YMCA, INC. 701 CENTER RD, VENICE, FL 34285-4813	86-0096799	501 (C)(3)	31,535				PROGRAM SUPPORT
(221) CUMBERLAND CAPE ATLANTIC YMCA 1159 E LANDIS AVE, VINELAND, NJ 08360-4220	21-0635053	501 (C)(3)	31,474				PROGRAM SUPPORT
(222) SOUTHEAST VENTURA COUNTY YMCA 100 E THOUSANDS OAKS, BLVD STE 187, THOUSAND OAKS, CA 91360-4238	74-1193464	501 (C)(3)	31,467				PROGRAM SUPPORT
(223) YMCA CAMP OLSON 4160 LITTLE BOY RD NE, LONGVILLE, MN 56655	45-2563299	501 (C)(3)	31,250				PROGRAM SUPPORT
(224) WEST END YMCA 10970 ARROW ROUTE, STE 106, RANCHO CUCAMONGA, CA 91730	62-0475700	501 (C)(3)	31,211				PROGRAM SUPPORT
(225) FAMILY YMCA OF BLACK HAWK COUNTY 669 S HACKETT RD, WATERLOO, IA 50701-5632	42-0681109	501 (C)(3)	31,000				PROGRAM SUPPORT
(226) FLORIDA STATE ALLIANCE OF YMCAS 600 1ST AVE. N, SUITE 201, ST. PETERSBURG, FL 33701	59-1158144	501 (C)(3)	30,790				PROGRAM SUPPORT

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(227) ALBANY YMCA 1701 GILLIONVILLE RD, ALBANY, GA 31707-3797	58-0610051	501 (C)(3)	30,000				PROGRAM SUPPORT
(228) YMCA OF ANCHORAGE ALASKA 5353 LAKE OTIS PKWY, ANCHORAGE, AK 99507-1709	93-0386976	501 (C)(3)	29,540				PROGRAM SUPPORT
(229) SOMERSET COUNTY YMCA 140 MOUNT AIRY ROAD, BASKING RIDGE, NJ 07920	94-1265049	501 (C)(3)	29,253				PROGRAM SUPPORT
(230) FAMILY YMCA OF MARION AND POLK COUNTIES 685 COURT ST NE, SALEM, OR 97301-3844	93-0386982	501 (C)(3)	28,931				PROGRAM SUPPORT
(231) THE COMMUNITY YMCA 170 PATTERSON AVENUE, SHREWSBURY, NJ 07702	73-0599309	501 (C)(3)	28,792				PROGRAM SUPPORT
(232) YMCA OF BOULDER VALLEY 2800 DAGNY WAY, LAFAYETTE, CO 80026	15-0532282	501 (C)(3)	28,783				PROGRAM SUPPORT
(233) YMCA OF KOKOMO INDIANA 200 N UNION ST, KOKOMO, IN 46901-4697	35-0886851	501 (C)(3)	28,763				PROGRAM SUPPORT
(234) YMCA CAMP HI-ROCK 162 EAST STREET, MOUNT WASHINGTON, MA 01258	56-0591307	501 (C)(3)	28,750				PROGRAM SUPPORT
(235) YMCA OF GREATER EL PASO TX & RIO GRANDE VALLEY 810 WYOMING, EL PASO, TX 79902	25-0965621	501 (C)(3)	28,628				PROGRAM SUPPORT
(236) YMCA OF THE NORTH SHORE 245 CABOT ST, BEVERLY, MA 01915	43-0653616	501 (C)(3)	28,311				PROGRAM SUPPORT
(237) ARLINGTON-MANSFIELD AREA YMCA 1148 W. PIONEER PARKWAY, SUITE H, ARLINGTON, TX 76013-6243	75-1000839	501 (C)(3)	28,129				PROGRAM SUPPORT
(238) THE FAMILY YMCA 1450 IRIS ST, LOS ALAMOS, NM 87544-3114	02-0222248	501 (C)(3)	28,111				PROGRAM SUPPORT
(239) CAMP OCKANICKON YMCA 1303 STOKES RD, MEDFORD, NJ 08055-8632	21-0635054	501 (C)(3)	28,000				PROGRAM SUPPORT
(240) TWIN PIKE FAMILY YMCA INC. 614 KELLY LN, LOUISIANA, MO 63353-2409	36-2169199	501 (C)(3)	27,833				PROGRAM SUPPORT
(241) GLOUCESTER COUNTY YMCA 235 E RED BANK AVE, WOODBURY, NJ 08096-1398	21-0649032	501 (C)(3)	27,703				PROGRAM SUPPORT
(242) HOCKOMOCK AREA YMCA 40 BALCOM STREET, MANSFIELD, MA 02048	04-2131749	501 (C)(3)	27,699				PROGRAM SUPPORT
(243) PIKEVILLE AREA FAMILY YMCA 424 BOB AMOS DR, PIKEVILLE, KY 41501-2035	66-0204831	501 (C)(3)	27,500				PROGRAM SUPPORT
(244) YMCA OF GREATER WAUKESHA COUNTY 320 E BROADWAY, WAUKESHA, WI 53186-5060	95-1684795	501 (C)(3)	27,171				PROGRAM SUPPORT

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(245) VALLEY POINTS FAMILY YMCA 800 CONSTITUTION BLVD, NEW KENSINGTON, PA 15068	95-1643379	501 (C)(3)	26,930				PROGRAM SUPPORT
(246) YMCA OF MEMPHIS & THE MID-SOUTH PO BOX 111313, MEMPHIS, TN 38111	04-2105883	501 (C)(3)	26,732				PROGRAM SUPPORT
(247) GEORGIA MOUNTAINS YMCA 2455 HOWARD RD, STE. 201, GAINESVILLE, GA 30501	58-2203268	501 (C)(3)	26,643				PROGRAM SUPPORT
(248) BURLINGTON AREA YMCA 2410 MOUNT PLEASANT ST, BURLINGTON, IA 52601-2764	13-4289848	501 (C)(3)	26,500				PROGRAM SUPPORT
(249) YMCA OF THE SUNCOAST 2469 ENTERPRISE ROAD, CLEARWATER, FL 33763-1607	56-0591307	501 (C)(3)	26,328				PROGRAM SUPPORT
(250) CAMP CARSON YMCA 2034 E. LAKE ROAD, PRINCETON, IN 47670	35-0869074	501 (C)(3)	26,250				PROGRAM SUPPORT
(251) CAMP MENOGYN BRANCH YMCA 55 MENOGYN TRAIL, GRAND MARAIS, MN 55604	45-2563299	501 (C)(3)	26,250				PROGRAM SUPPORT
(252) CAMP MOHAWK YMCA INC. 246 GREAT HILL RD, PO BOX 1209, LITCHFIELD, CT 06759-1209	06-0646565	501 (C)(3)	26,250				PROGRAM SUPPORT
(253) YMCA CAMP WEONA 4025 POPLAR TREE ROAD, GAINESVILLE, NY 14066	31-4379594	501 (C)(3)	26,250				PROGRAM SUPPORT
(254) YMCA OF GREATER ST. PETERSBURG 3200 1ST AVENUE SOUTH, ST. PETERSBURG, FL 33712	34-4428262	501 (C)(3)	26,244				PROGRAM SUPPORT
(255) NEWPORT COUNTY YMCA 792 VALLEY RD, MIDDLETOWN, RI 02842-7095	95-1644055	501 (C)(3)	26,054				PROGRAM SUPPORT
(256) YMCA OF EASTERN UNION COUNTY 144 MADISON AVE, ELIZABETH, NJ 07201-2420	39-0806351	501 (C)(3)	26,000				PROGRAM SUPPORT
(257) YMCA OF MICHIANA INC. 1201 NORTHSIDE BLVD, SOUTH BEND, IN 46615-3921	62-0476243	501 (C)(3)	25,974				PROGRAM SUPPORT
(258) GREATER MISSOULA FAMILY YMCA 3000 S RUSSELL ST, MISSOULA, MT 59801-8547	81-0300829	501 (C)(3)	25,790				PROGRAM SUPPORT
(259) MARTINSVILLE & HENRY COUNTY FAMILY YMCA 3 STARLING AVE, MARTINSVILLE, VA 24112-2921	54-0839746	501 (C)(3)	25,763				PROGRAM SUPPORT
(260) BOGALUSA YMCA 411 AVE B, BOGALUSA, LA 70427	72-0441354	501 (C)(3)	25,535				PROGRAM SUPPORT
(261) GRAND RIVER AREA FAMILY YMCA INC. 1725 LOCUST ST, CHILLICOTHE, MO 64601-1405	43-1493664	501 (C)(3)	25,500				PROGRAM SUPPORT
(262) YMCA OF THE ROCKIES 2515 TUNNEL RD, ESTES PARK, CO 80511	56-0582025	501 (C)(3)	25,352				PROGRAM SUPPORT

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(263) YMCA OF SAN JOAQUIN COUNTY 2105 W MARCH LANE, #1, STOCKTON, CA 95207	94-1156318	501 (C)(3)	25,144				PROGRAM SUPPORT
(264) FAIR ACRES FAMILY YMCA 2600 S GRAND AVE, CARTHAGE, MO 64836-3535	43-1558437	501 (C)(3)	25,000				PROGRAM SUPPORT
(265) INDIANA COUNTY YMCA 60 N BEN FRANKLIN RD, INDIANA, PA 15701	25-1191545	501 (C)(3)	25,000				PROGRAM SUPPORT
(266) TRENTON AREA FAMILY YMCA 431 PENNINGTON AVE, TRENTON, NJ 08618-3104	04-2105872	501 (C)(3)	25,000				PROGRAM SUPPORT
(267) WAUSAU - WOODSON YMCA 707 3RD ST, WAUSAU, WI 54403-4703	74-1109737	501 (C)(3)	25,000				PROGRAM SUPPORT
(268) YMCA AT VIRGINIA TECH 403 WASHINGTON ST SW, BLACKSBURG, VA 24060-4747	16-0743231	501 (C)(3)	25,000				PROGRAM SUPPORT
(269) VOLUSIA/FLAGLER FAMILY YMCA 761 E. INTERNATIONAL SPEEDWAY BLVD, DELAND, FL 32721-1940	35-0733765	501 (C)(3)	24,849				PROGRAM SUPPORT
(270) JUNIUS WARD JOHNSON YMCA 267 YMCA PLACE, VICKSBURG, MS 39180-2935	64-0303115	501 (C)(3)	24,814				PROGRAM SUPPORT
(271) YMCA OF DOUGLAS COUNTY 1151 NW STEWART PARKWAY, ROSEBURG, OR 97470-1902	42-0934471	501 (C)(3)	24,800				PROGRAM SUPPORT
(272) SOUTH SOUND YMCA 1530 YELM HWY SE, OLYMPIA, WA 98501-4680	31-0537517	501 (C)(3)	24,782				PROGRAM SUPPORT
(273) ATHOL YMCA 545 MAIN ST, ATHOL, MA 01331-1886	04-2103727	501 (C)(3)	24,750				PROGRAM SUPPORT
(274) BEDFORD AREA FAMILY YMCA PO BOX 1026, BEDFORD, VA 24523-1026	54-1140513	501 (C)(3)	24,500				PROGRAM SUPPORT
(275) CENTRAL LINCOLN COUNTY YMCA 525 MAIN STREET, DAMARISCOTTA, ME 04543-9801	22-2978129	501 (C)(3)	24,500				PROGRAM SUPPORT
(276) MANITOWOC-TWO RIVERS AREA YMCA PO BOX 471, 205 MARITIME DRIVE, MANITOWOC, WI 54221-0471	39-1028773	501 (C)(3)	24,500				PROGRAM SUPPORT
(277) YMCA OF AKRON OHIO INC. 50 S. MAIN ST., LL100, AKRON, OH 44308-1037	95-1709299	501 (C)(3)	24,232				PROGRAM SUPPORT
(278) CAMP KITAKI BRANCH YMCA 570 FALLBROOK BLVD, SUITE 210, LINCOLN, NE 68521	47-0376578	501 (C)(3)	23,750				PROGRAM SUPPORT
(279) NEW YORK YMCA CAMP 160 BIG POND ROAD, HUGEUNOT, NY 12746-0622	05-0258916	501 (C)(3)	23,750				PROGRAM SUPPORT
(280) YMCA CAMP GREENVILLE 100 YMCA CAMP ROAD, CLEVELAND, SC 29635	58-0566253	501 (C)(3)	23,750				PROGRAM SUPPORT

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(281) SARASOTA FAMILY YMCA, INC ONE SOUTH SCHOOL AVE STE 301, SARASOTA, FL 34237-8133	35-1876673	501 (C)(3)	23,562				PROGRAM SUPPORT
(282) CAMP RALPH S. MASON YMCA 23 BIRCH RIDGE RD, HARDWICK, NJ 07825-9502	22-1625643	501 (C)(3)	23,550				PROGRAM SUPPORT
(283) CAMP FOSTER YMCA PO BOX 296, SPIRIT LAKE, IA 51360-0296	42-0958909	501 (C)(3)	23,500				PROGRAM SUPPORT
(284) THE DENNY PRICE FAMILY YMCA OF ENID, OKLAHOMA 415 W CHEROKEE AVE, ENID, OK 73701-5502	85-0130054	501 (C)(3)	23,500				PROGRAM SUPPORT
(285) WOOD RIVER COMMUNITY YMCA P.O. BOX 6801, 101 SADDLE ROAD, KETCHUM, ID 83340	31-0537517	501 (C)(3)	23,500				PROGRAM SUPPORT
(286) YMCA OF GREATER OMAHA 430 S 20TH ST, OMAHA, NE 68102	25-0969497	501 (C)(3)	23,488				PROGRAM SUPPORT
(287) GREATER PEORIA FAMILY YMCA 7000 N FLEMING LN, PEORIA, IL 61614-1236	37-0662605	501 (C)(3)	23,375				PROGRAM SUPPORT
(288) YMCA OF YOUNGSTOWN OHIO 17 N CHAMPION ST, YOUNGSTOWN, OH 44503-1602	04-2104749	501 (C)(3)	23,287				PROGRAM SUPPORT
(289) YMCA CAMP COLLINS 3001 SE OXBOW PKWY, GRESHAM, OR 97080-8916	04-3357821	501 (C)(3)	23,250				PROGRAM SUPPORT
(290) YMCA OF THE REDWOODS 16275 HIGHWAY 9, BOULDER CREEK, CA 95006	84-0404913	501 (C)(3)	23,250				PROGRAM SUPPORT
(291) WENATCHEE VALLEY YMCA 217 ORONDO AVE, WENATCHEE, WA 98801	39-0806253	501 (C)(3)	23,225				PROGRAM SUPPORT
(292) HARRISBURG AREA METROPOLITAN YMCA 112 MARKET STREET, STE 422, HARRISBURG, PA 17101	23-1665437	501 (C)(3)	23,172				PROGRAM SUPPORT
(293) YMCA OF SOUTHERN MAINE 70 FOREST AVE, PORTLAND, ME 04104-1078	88-0059266	501 (C)(3)	23,112				PROGRAM SUPPORT
(294) RIVER VALLEY REGIONAL YMCA 641 WALNUT STREET, WILLIAMSPORT, PA 17701	13-1740513	501 (C)(3)	23,018				PROGRAM SUPPORT
(295) YMCA OF PATERSON NJ 128 WARD ST, PATERSON, NJ 07505-1997	91-0565562	501 (C)(3)	23,000				PROGRAM SUPPORT
(296) YMCA OF SOUTH PALM BEACH COUNTY 6631 PALMETTO CIR S, BOCA RATON, FL 33433-3549	74-1143027	501 (C)(3)	22,957				PROGRAM SUPPORT
(297) KANDIYOHI COUNTY AREA FAMILY YMCA P.O. BOX 757, WILLMAR, MN 56201	41-1908049	501 (C)(3)	22,750				PROGRAM SUPPORT
(298) CAMP WAKONDA 22237 LAWRENCE 2080, ASH GROVE, MO 65604-7147	44-0545283	501 (C)(3)	22,500				PROGRAM SUPPORT

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(299) SPRINGFIELD COLLEGE 263 ALDEN STREET, SPRINGFIELD, MA 01109-3797	45-2563299	501 (C)(3)	22,500				PROGRAM SUPPORT
(300) YMCA OF BARRY COUNTY PO BOX 252, HASTINGS, MI 49058-0252	36-2287520	501 (C)(3)	22,500				PROGRAM SUPPORT
(301) YMCA OF CANTON 1325 E ASH ST, CANTON, IL 61520-1504	14-1726531	501 (C)(3)	22,500				PROGRAM SUPPORT
(302) YMCA OF METUCHEN 483 MIDDLESEX AVE, METUCHEN, NJ 08840-2399	35-0868216	501 (C)(3)	22,123				PROGRAM SUPPORT
(303) SHERIDAN COUNTY YMCA 417 N JEFFERSON ST, SHERIDAN, WY 82801-3827	38-3167869	501 (C)(3)	22,040				PROGRAM SUPPORT
(304) YMCA OF THE FOOTHILLS 1930 FOOTHILL BLVD, LA CANADA FLINTRIDGE, CA 91011-1933	39-0806191	501 (C)(3)	22,000				PROGRAM SUPPORT
(305) PONCE YMCA ACCOUNTS PAYABLE, PONCE, PR 00717-1005	05-0258878	501 (C)(3)	21,378				PROGRAM SUPPORT
(306) DRYADES YMCA 2220 ORETHA CASTLE HALEY BLVD, PO BOX 56217, NEW ORLEANS, LA 70113	72-0428019	501 (C)(3)	21,261				PROGRAM SUPPORT
(307) CAMP HAZEN YMCA 204 W MAIN ST, CHESTER, CT 06412-1013	06-0860014	501 (C)(3)	21,250				PROGRAM SUPPORT
(308) JOPLIN FAMILY YMCA 510 WALL ST, P.O. BOX 227, JOPLIN, MO 64802-0227	44-0552026	501 (C)(3)	21,242				PROGRAM SUPPORT
(309) KIPS BAY BOYS AND GIRLS CLUB 1930 RANDALL AVE., BRONX, NY 10473	13-1623850	501 (C)(3)	20,688				PROGRAM SUPPORT
(310) PUBLIC ALLIES, INC. 735 N. WATER STREET, SUITE 550, MILWAUKEE, WI 53202	39-0807254	501 (C)(3)	20,500				PROGRAM SUPPORT
(311) SUPERIOR-DOUGLAS COUNTY FAMILY YMCA 9 N 21ST ST, SUPERIOR, WI 54880-5299	02-0222246	501 (C)(3)	20,500				PROGRAM SUPPORT
(312) YMCA OF IDAHO FALLS INC. 155 N CORNER ST, IDAHO FALLS, ID 83402-4031	36-2239384	501 (C)(3)	20,397				PROGRAM SUPPORT
(313) YMCA OF THE EAST VALLEY 500 E. CITRUS AVENUE, REDLANDS, CA 92373-5248	95-1976183	501 (C)(3)	20,350				PROGRAM SUPPORT
(314) NEW CASTLE COMMUNITY YMCA 20 W WASHINGTON ST, NEW CASTLE, PA 16101-3991	22-1487392	501 (C)(3)	20,350				PROGRAM SUPPORT
(315) GREAT MIAMI VALLEY YMCA 105 N 2ND ST, HAMILTON, OH 45011	31-0536719	501 (C)(3)	20,250				PROGRAM SUPPORT
(316) CAMP JORN YMCA INC. 13591 ZENNER LANE, MANITOWISH WATERS, WI 54545	54-2184387	501 (C)(3)	20,050				PROGRAM SUPPORT
(317) DECATUR COUNTY FAMILY YMCA INC. 1301 W KATHY'S WAY, GREENSBURG, IN 47240-3408	35-0919345	501 (C)(3)	20,000				PROGRAM SUPPORT

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(318) FOX VALLEY FAMILY YMCA INC. 3875 ELDAMAIN RD, PLANO, IL 60545-9583	36-3028169	501 (C)(3)	20,000				PROGRAM SUPPORT
(319) ITHACA & TOMPKINS COUNTY YMCA 50 GRAHAM ROAD WEST, ITHACA, NY 14850-1085	15-0545415	501 (C)(3)	20,000				PROGRAM SUPPORT
(320) MIAMI COUNTY YMCA 34 E 6TH ST, PERU, IN 46970-2350	35-0893512	501 (C)(3)	20,000				PROGRAM SUPPORT
(321) MUSCATINE COMMUNITY YMCA 1823 LOGAN ST, MUSCATINE, IA 52761-2434	42-0680340	501 (C)(3)	20,000				PROGRAM SUPPORT
(322) NEW CANAAN COMMUNITY YMCA 564 SOUTH AVE, NEW CANAAN, CT 06840-6322	25-0969496	501 (C)(3)	20,000				PROGRAM SUPPORT
(323) PALESTINE YMCA 5500 N LOOP 256, PALESTINE, TX 75801-4832	95-2039198	501 (C)(3)	20,000				PROGRAM SUPPORT
(324) RACINE FAMILY YMCA 725 LAKE AVE, RACINE, WI 53403	54-0965826	501 (C)(3)	20,000				PROGRAM SUPPORT
(325) WAPAKONETA FAMILY YMCA 1100 DEFIANCE ST., WAPAKONETA, OH 45895-1022	35-2097432	501 (C)(3)	20,000				PROGRAM SUPPORT
(326) YMCA CAMP MILLER 89382 E FRONTAGE RD, STURGEON LAKE, MN 55783	39-0806191	501 (C)(3)	20,000				PROGRAM SUPPORT
(327) JEFFERSON CITY AREA YMCA 525 ELLIS BLVD, JEFFERSON CITY, MO 65101	43-0953286	501 (C)(3)	19,790				PROGRAM SUPPORT
(328) BILLINGS FAMILY YMCA 402 N 32ND ST, BILLINGS, MT 59101-1273	81-0229386	501 (C)(3)	19,750				PROGRAM SUPPORT
(329) SHIAWASSEE FAMILY YMCA 515 W MAIN ST, OWOSSO, MI 48867-2608	84-0404913	501 (C)(3)	19,500				PROGRAM SUPPORT
(330) YMCA OF AUSTIN MINNESOTA 704 1ST DR NW, AUSTIN, MN 55912-3099	38-1358059	501 (C)(3)	19,115				PROGRAM SUPPORT
(331) STAUNTON-AUGUSTA YMCA 708 N COALTER ST, STAUNTON, VA 24402-2746	36-2225496	501 (C)(3)	19,073				PROGRAM SUPPORT
(332) ALBERT LEA FAMILY YMCA 2021 W MAIN ST, ALBERT LEA, MN 56007-4399	41-1000679	501 (C)(3)	19,000				PROGRAM SUPPORT
(333) YMCA OF LINCOLN NEBRASKA 8700 YANKEE WOODS DRIVE STE B, LINCOLN, NE 68526	11-1649914	501 (C)(3)	18,790				PROGRAM SUPPORT
(334) CAMP ABE LINCOLN 1624 FRONT ST, BLUE GRASS, IA 52726-9658	42-0703278	501 (C)(3)	18,750				PROGRAM SUPPORT
(335) CAMP HANES YMCA 1225 CAMP HANES RD, KING, NC 27021-7545	56-0530015	501 (C)(3)	18,750				PROGRAM SUPPORT
(336) CAMP HAYO-WENT-HA YMCA 919 N EAST TORCH LAKE DR, CENTRAL LAKE, MI 49622-9628	38-1358418	501 (C)(3)	18,750				PROGRAM SUPPORT

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(337) CAMP NISSOKONE 6836 F 41, OSCODA, MI 48750-9608	38-1358055	501 (C)(3)	18,750				PROGRAM SUPPORT
(338) DOWNTOWN SPOKANE YMCA 930 N MONROE ST, SPOKANE, WA 99201	91-0827958	501 (C)(3)	18,750				PROGRAM SUPPORT
(339) FITCH BRANCH YMCA 12600 ABELS ROAD, NORTH SPRINGFIELD, PA 16430	34-0714730	501 (C)(3)	18,750				PROGRAM SUPPORT
(340) MYSTIC LAKE CAMP BRANCH YMCA 9505 LUDINGTON DR, LAKE, MI 48632-9568	38-1359576	501 (C)(3)	18,750				PROGRAM SUPPORT
(341) TAKODAH YMCA 32 LAKE ST., SWANZEY, NH 03431	59-1742909	501 (C)(3)	18,750				PROGRAM SUPPORT
(342) YMCA CAMP WILLSON 2732 COUNTY RD 11, BELLEFONTAINE, OH 43311-9306	95-2039198	501 (C)(3)	18,750				PROGRAM SUPPORT
(343) YMCA OF THE EAST BAY 2350 BROADWAY, OAKLAND, CA 94612	31-0537517	501 (C)(3)	18,250				PROGRAM SUPPORT
(344) LAKELAND HILLS FAMILY YMCA 100 FANNY RD, MOUNTAIN LAKES, NJ 07046-1021	22-1559438	501 (C)(3)	18,000				PROGRAM SUPPORT
(345) YMCA OF THE COASTAL BEND 417 S UPPER BROADWAY ST, CORPUS CHRISTI, TX 78401-3431	94-1156635	501 (C)(3)	17,848				PROGRAM SUPPORT
(346) YMCA OF NORTHWEST FLORIDA P.O. BOX 13170, PENSACOLA, FL 32591	36-2169195	501 (C)(3)	17,697				PROGRAM SUPPORT
(347) YMCA OF CAPITAL DISTRICT 465 NEW KRANER ROAD, 1ST FLOOR, ALBANY, NY 12205	45-0232096	501 (C)(3)	17,632				PROGRAM SUPPORT
(348) GREATER WATERBURY YMCA 136 W MAIN ST, WATERBURY, CT 06702-2099	06-0646988	501 (C)(3)	17,511				PROGRAM SUPPORT
(349) YMCA OF GRANT COUNTY 123 SUTTER WAY, MARION, IN 46952	93-0848122	501 (C)(3)	17,500				PROGRAM SUPPORT
(350) WEST SUBURBAN YMCA 276 CHURCH ST, NEWTON, MA 02458-1992	91-0482690	501 (C)(3)	17,305				PROGRAM SUPPORT
(351) YMCA OF ATTLEBORO 63 N MAIN ST, ATTLEBORO, MA 02703-2219	41-0718359	501 (C)(3)	17,132				PROGRAM SUPPORT
(352) SONOMA COUNTY FAMILY YMCA 1111 COLLEGE AVE, SANTA ROSA, CA 95404-3905	47-3049199	501 (C)(3)	17,068				PROGRAM SUPPORT
(353) YMCA OF SOUTHWESTERN INDIANA 222 NW 6TH STREET, EVANSVILLE, IN 47708-1308	44-0552491	501 (C)(3)	17,053				PROGRAM SUPPORT
(354) YMCA OF WEST CENTRAL ILLINOIS 3101 MAINE ST, QUINCY, IL 62301-4495	56-0530013	501 (C)(3)	17,000				PROGRAM SUPPORT
(355) YMCA OF ORANGE COUNTY 2300 UNIVERSITY DR., NEWPORT BEACH, CA 92660	42-0725202	501 (C)(3)	16,915				PROGRAM SUPPORT
(356) YMCA OF GREATER SPRINGFIELD INC. 275 CHESTNUT STREET, STE. 1, SPRINGFIELD, MA 01104-3474	59-0624468	501 (C)(3)	16,906				PROGRAM SUPPORT

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(357) ANDERSON AREA YMCA 201 E REED RD, ANDERSON, SC 29621	57-0314465	501 (C)(3)	16,750				PROGRAM SUPPORT
(358) GREENWOOD YMCA 1760 CALHOUN RD, GREENWOOD, SC 29649-8909	57-0365088	501 (C)(3)	16,643				PROGRAM SUPPORT
(359) YMCA OF GREATER FORT WAYNE CENTRAL BRANCH YMCA, 1020 BARR STREET, FORT WAYNE, IN 46802	38-1358058	501 (C)(3)	16,572				PROGRAM SUPPORT
(360) KETTLE MORaine YMCA INC. 1111 W. WASHINGTON ST, WEST BEND, WI 53095-2433	39-1175559	501 (C)(3)	16,500				PROGRAM SUPPORT
(361) LOS CERRITOS BRANCH YMCA 15530 WOODRUFF AVE, BELLFLOWER, CA 90706-4096	95-1643396	501 (C)(3)	16,500				PROGRAM SUPPORT
(362) SAN FRANCISCO-CAMP JONES GULCH YMCA 11000 PESCADERO RD, LA HONDA, CA 94020-9711	66-0190784	501 (C)(3)	16,500				PROGRAM SUPPORT
(363) TITUSVILLE YMCA 505 W. WALNUT STREET, TITUSVILLE, PA 16354-1654	95-1644052	501 (C)(3)	16,000				PROGRAM SUPPORT
(364) GREATER HOLYOKE YMCA 171 PINE STREET, HOLYOKE, MA 01040-4065	04-2192693	501 (C)(3)	15,965				PROGRAM SUPPORT
(365) YMCA OF RIDGEWOOD 112 OAK STREET, RIDGEWOOD, NJ 07450	41-0807581	501 (C)(3)	15,815				PROGRAM SUPPORT
(366) MASSACHUSETTS ALLIANCE OF YMCAS 6 BEACON STREET, SUITE 312, BOSTON, MA 02108	04-3176393	501 (C)(4)	15,790				PROGRAM SUPPORT
(367) MAUI FAMILY YMCA 250 KANALOA AVE, KAHULUI, HI 96732-1100	99-0105206	501 (C)(3)	15,790				PROGRAM SUPPORT
(368) NEW JERSEY STATE ALLIANCE OF YMCAS 425 GREENWOOD AVENUE, TRENTON, NJ 08609	13-1624228	501 (C)(3)	15,790				PROGRAM SUPPORT
(369) OAHE YMCA INC. 900 E CHURCH ST, PIERRE, SD 57501-2219	05-0268126	501 (C)(3)	15,790				PROGRAM SUPPORT
(370) PENNSLYANIA STATE ALLIANCE 230 KEYSTONE DR, MIDDLETOWN, PA 17057	23-1243965	501 (C)(3)	15,790				PROGRAM SUPPORT
(371) SOUTH CAROLINA ALLIANCE OF YMCAS 1420 SUMTER STREET, COLUMBIA, SC 29201	23-2239399	501 (C)(3)	15,790				PROGRAM SUPPORT
(372) WATSONVILLE FAMILY YMCA 27 SUDDEN ST, WATSONVILLE, CA 95076-4322	39-0808463	501 (C)(3)	15,513				PROGRAM SUPPORT
(373) OLEAN-BRADFORD AREA YMCA 1020 REED STREET, OLEAN, NY 14760	43-1706486	501 (C)(3)	15,500				PROGRAM SUPPORT
(374) PICKENS COUNTY YMCA 201 BURNS RD, EASLEY, SC 29640-3713	54-1717336	501 (C)(3)	15,500				PROGRAM SUPPORT

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(375) GRAND TRAVERSE BAY YMCA 3700 SILVER LAKE RD, TRAVERSE CITY, MI 49684	38-1709640	501 (C)(3)	15,319				PROGRAM SUPPORT
(376) YMCA OF GREENWICH INC. 50 E PUTNAM AVE, GREENWICH, CT 06830-5696	81-0231815	501 (C)(3)	15,250				PROGRAM SUPPORT
(377) YMCA OF SOUTHERN WEST VIRGINIA, INC. 121 EAST MAIN STREET, BECKLEY, WV 25801-4705	35-0869074	501 (C)(3)	15,000				PROGRAM SUPPORT
(378) OZARKS REGIONAL YMCA 417 S JEFFERSON AVE, SPRINGFIELD, MO 65806-2387	75-0975622	501 (C)(3)	14,611				PROGRAM SUPPORT
(379) THE RIVERBROOK REGIONAL YMCA 404 DANBURY RD, WILTON, CT 06897-2095	59-1629660	501 (C)(3)	14,540				PROGRAM SUPPORT
(380) ASHTABULA COUNTY FAMILY YMCA 263 W PROSPECT RD, ASHTABULA, OH 44004-5841	34-0726066	501 (C)(3)	14,500				PROGRAM SUPPORT
(381) J.A. HENRY BRANCH YMCA 301 W. 6TH ST, CHATTANOOGA, TN 37402	62-0475699	501 (C)(3)	14,500				PROGRAM SUPPORT
(382) MEADVILLE YMCA 356 CHESTNUT ST, MEADVILLE, PA 16335-3285	25-0969495	501 (C)(3)	14,500				PROGRAM SUPPORT
(383) YMCAS OF WAYCROSS GA INC. 1634 PLANT AVE, WAYCROSS, GA 31501-5247	23-1352600	501 (C)(3)	14,500				PROGRAM SUPPORT
(384) CAMP WOOD YMCA 1101 CAMP WOOD ROAD, ELMDALE, KS 66850-9801	48-0908238	501 (C)(3)	14,000				PROGRAM SUPPORT
(385) GASTON COUNTY FAMILY YMCA 201 S CLAY ST, GASTONIA, NC 28052	56-0655420	501 (C)(3)	14,000				PROGRAM SUPPORT
(386) THE YMCA OF KLAMATH FALLS 1221 S ALAMEDA AVE, KLAMATH FALLS, OR 97603-3696	74-1368574	501 (C)(3)	14,000				PROGRAM SUPPORT
(387) YMCA OF ROSS COUNTY 100 MILL STREET, CHILLICOTHE, OH 45601-1694	13-1740515	501 (C)(3)	14,000				PROGRAM SUPPORT
(388) THE YMCA OF THE GOLDEN CRESCENT INC. 1806 N NIMITZ ST, VICTORIA, TX 77901-5534	58-2383631	501 (C)(3)	13,750				PROGRAM SUPPORT
(389) YMCA OF SOUTHEAST TEXAS 6760 9TH AVE, PORT ARTHUR, TX 77642-6413	56-0532317	501 (C)(3)	13,750				PROGRAM SUPPORT
(390) YMCA OF HELENA INC. 1200 N LAST CHANCE GULCH, HELENA, MT 59601-2995	99-0073533	501 (C)(3)	13,507				PROGRAM SUPPORT
(391) YMCA OF MARSHALLTOWN IOWA 108 WASHINGTON STREET, MARSHALLTOWN, IA 50158	62-0476304	501 (C)(3)	13,500				PROGRAM SUPPORT
(392) YMCA OF MARQUETTE COUNTY 1420 PINE ST, MARQUETTE, MI 49855-0441	42-1478611	501 (C)(3)	13,395				PROGRAM SUPPORT

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(393) YMCA OF COLUMBIA 1612 MARION STREET, COLUMBIA, SC 29201	93-0386981	501 (C)(3)	13,379				PROGRAM SUPPORT
(394) YMCA OF LA PORTE INDIANA 901 MICHIGAN AVE, LA PORTE, IN 46350-3504	38-1393859	501 (C)(3)	13,300				PROGRAM SUPPORT
(395) CARBONDALE YMCA 82 N MAIN ST, CARBONDALE, PA 18407-1914	24-0795515	501 (C)(3)	13,093				PROGRAM SUPPORT
(396) BOOTHBAY REGION YMCA 261 TOWNSEND AVE, PO BOX 500, BOOTHBAY HARBOR, ME 04538-0500	01-0237912	501 (C)(3)	13,000				PROGRAM SUPPORT
(397) MISSOURI VALLEY FAMILY YMCA P.O. BOX 549, BISMARCK, ND 58502	45-0305520	501 (C)(3)	13,000				PROGRAM SUPPORT
(398) YMCA OF DANVILLE 1111 N VERMILION ST, DANVILLE, IL 61832-3049	51-0065748	501 (C)(3)	13,000				PROGRAM SUPPORT
(399) YMCA OF WESTERN STARK COUNTY 131 TREMONT AVE SE, MASSILLON, OH 44646-6698	48-0554440	501 (C)(3)	13,000				PROGRAM SUPPORT
(400) CENTRAL CONNECTICUT COAST YMCA 1240 CHAPEL ST, NEW HAVEN, CT 06511-4506	06-0662195	501 (C)(3)	12,996				PROGRAM SUPPORT
(401) GREATER VALLEY YMCA 1524 WEST LINDEN STREET SUITE 209, ALLENTOWN, PA 18102	24-0798706	501 (C)(3)	12,872				PROGRAM SUPPORT
(402) BECKET-CHIMNEY CORNERS YMCA CAMPS & OUTDOOR CTR. 748 HAMILTON RD, BECKET, MA 01223-9686	04-2105946	501 (C)(3)	12,500				PROGRAM SUPPORT
(403) CAMP GORHAM BRANCH YMCA 265 DARTS LAKE RD, EAGLE BAY, NY 13331	16-0743242	501 (C)(3)	12,500				PROGRAM SUPPORT
(404) CAMP MACLEAN YMCA 31401 DURAND AVE, BURLINGTON, WI 53105-9401	36-2179782	501 (C)(3)	12,500				PROGRAM SUPPORT
(405) CAMP SLOANE YMCA INC. PO BOX 1950, LAKEVILLE, CT 06039-1950	13-1739939	501 (C)(3)	12,500				PROGRAM SUPPORT
(406) CAMP W HERMAN WEAVER YMCA 4924 TAPAWINGO TRL, GREENSBORO, NC 27406-9072	56-0543243	501 (C)(3)	12,500				PROGRAM SUPPORT
(407) CAMPING SERVICES BRANCH 316 HUNTINGTON AVE, BOSTON, MA 02115-5019	04-2103551	501 (C)(3)	12,500				PROGRAM SUPPORT
(408) GLOW YMCA, INC. 209 E MAIN ST, BATAVIA, NY 14020-2288	16-0743230	501 (C)(3)	12,500				PROGRAM SUPPORT
(409) STATE YMCA OF MAINE 305 WINTHROP CENTER RD, WINTHROP, ME 04364-9761	39-0806449	501 (C)(3)	12,500				PROGRAM SUPPORT
(410) TELFORD COMMUNITY CENTER YMCA 1100 E MAIN ST, RICHMOND, KY 40475-2028	86-0096799	501 (C)(3)	12,500				PROGRAM SUPPORT

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(411) TORRANCE-SOUTH BAY FAMILY YMCA 2900 WEST SEPULVEDA BLVD, TORRANCE, CA 90505	52-0591699	501 (C)(3)	12,500				PROGRAM SUPPORT
(412) YMCA CAMP LETTS PO BOX 208, EDGEWATER, MD 21037-0208	41-0693931	501 (C)(3)	12,500				PROGRAM SUPPORT
(413) YMCA OF RED WING MINNESOTA 434 MAIN ST, RED WING, MN 55066-2354	22-1508752	501 (C)(3)	12,500				PROGRAM SUPPORT
(414) YMCA OF THE FOX CITIES INC 218 E LAWRENCE ST, APPLETON, WI 54911-5724	74-1109737	501 (C)(3)	12,473				PROGRAM SUPPORT
(415) GREATER KINGSPORT FAMILY YMCA 1840 MEADOWVIEW PKWY, KINGSPORT, TN 37660	58-1564232	501 (C)(3)	12,425				PROGRAM SUPPORT
(416) CHANNEL ISLANDS YMCA 105 EAST CARRILLO STREET, SANTA BARBARA, CA 93101	95-1643379	501 (C)(3)	12,271				PROGRAM SUPPORT
(417) AUBURN YMCA-WEIU 27 WILLIAM ST, AUBURN, NY 13021-3786	16-0978301	501 (C)(3)	12,250				PROGRAM SUPPORT
(418) YMCA OF SUMTER 510 MILLER ROAD, SUMTER, SC 29150	94-1156634	501 (C)(3)	12,143				PROGRAM SUPPORT
(419) CARROLL COUNTY AREA YMCA 101 E. RIDGE DR, CARROLLTON, MO 64633	43-1493664	501 (C)(3)	12,000				PROGRAM SUPPORT
(420) STEVENS POINT AREA YMCA 1000 DIVISION ST, STEVENS POINT, WI 54481-2700	94-0997140	501 (C)(3)	11,865				PROGRAM SUPPORT
(421) BREWTON AREA YMCA 1 YMCA DR, BREWTON, AL 36426-1129	63-0999102	501 (C)(3)	11,790				PROGRAM SUPPORT
(422) GOLDEN CORRIDOR FAMILY YMCA 300 W. WISE RD., SCHAUMBURG, IL 60193	36-2169193	501 (C)(3)	11,696				PROGRAM SUPPORT
(423) HAMPSHIRE REGIONAL YMCA 286 PROSPECT ST, NORTHAMPTON, MA 01060-2098	04-2105887	501 (C)(3)	11,507				PROGRAM SUPPORT
(424) NORTH PENN YMCA 2506 NORTH BROAD STREET, SUITE 208, COLMAR, PA 18915	36-2546842	501 (C)(3)	11,494				PROGRAM SUPPORT
(425) GREATER NAPLES YMCA 5450 YMCA RD, NAPLES, FL 34109-5944	23-7039993	501 (C)(3)	11,292				PROGRAM SUPPORT
(426) CAMP WARREN BRANCH YMCA 3726 MILLER TRUNK ROAD, EVELETH, MN 55734	45-2563299	501 (C)(3)	11,250				PROGRAM SUPPORT
(427) YMCA OF STAMFORD 10 BELL ST, STAMFORD, CT 06901	57-0314417	501 (C)(3)	11,109				PROGRAM SUPPORT
(428) BOONSLICK HEARTLAND YMCA 757 3RD ST, BOONVILLE, MO 65233-0104	43-1798929	501 (C)(3)	11,000				PROGRAM SUPPORT
(429) CLEVELAND COUNTY FAMILY YMCA P.O. BOX 2272, SHELBY, NC 28151	58-2016066	501 (C)(3)	11,000				PROGRAM SUPPORT
(430) FRANKLIN/GROVE CITY YMCA 111 WEST PARK STREET, FRANKLIN, PA 16323-1365	25-0995782	501 (C)(3)	11,000				PROGRAM SUPPORT

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(431) YMCA OF DYER COUNTY 120 MCGAUGHEY E, PO BOX 1502, DYERSBURG, TN 38025-1502	62-0475700	501 (C)(3)	11,000				PROGRAM SUPPORT
(432) TUSCALOOSA METROPOLITAN YMCA 2300 13TH STREET, TUSCALOOSA, AL 35401	43-1675923	501 (C)(3)	10,975				PROGRAM SUPPORT
(433) KENNEBEC VALLEY YMCA 31 UNION STREET, AUGUSTA, ME 04330- 5617	01-0211811	501 (C)(3)	10,778				PROGRAM SUPPORT
(434) YMCA OF THE BLUE WATER AREA 1525 THIRD STREET, PORT HURON, MI 48060	72-0408994	501 (C)(3)	10,653				PROGRAM SUPPORT
(435) DUNELAND FAMILY YMCA 215 ROOSEVELT ST, CHESTERTON, IN 46304-2599	35-1404559	501 (C)(3)	10,500				PROGRAM SUPPORT
(436) GREATER SUSQUEHANNA VALLEY YMCA 1150 N 4TH ST, PO BOX 390, SUNBURY, PA 17801	24-0795634	501 (C)(3)	10,500				PROGRAM SUPPORT
(437) HOPKINS COUNTY FAMILY YMCA 150 YMCA DRIVE, MADISONVILLE, KY 42431-9019	61-0904719	501 (C)(3)	10,500				PROGRAM SUPPORT
(438) MOULTRIE YMCA 601 26TH AVE SE, MOULTRIE, GA 31768- 6758	58-0593424	501 (C)(3)	10,500				PROGRAM SUPPORT
(439) PENINSULA METROPOLITAN YMCA 41 OLD OYSTER POINT RD. SUITE C, NEWPORT NEWS, VA 23602	36-3258696	501 (C)(3)	10,487				PROGRAM SUPPORT
(440) SAN LUIS OBISPO COUNTY YMCA 1020 SOUTHWOOD DR, SAN LUIS OBISPO, CA 93401-5813	95-1644055	501 (C)(3)	10,150				PROGRAM SUPPORT
(441) NORM WAITT SR. YMCA 601 RIVERVIEW DR, SOUTH SIOUX CITY, NE 68776	23-1489848	501 (C)(3)	10,115				PROGRAM SUPPORT
(442) TRI-TOWN YMCA 1464 S MAIN ST, ENTRANCE #7, LOMBARD, IL 60148-4554	63-0302189	501 (C)(3)	10,006				PROGRAM SUPPORT
(443) HENRY COUNTY YMCA 300 WITTENBRAKER AVENUE, NEW CASTLE, IN 47362-4637	35-0873347	501 (C)(3)	10,000				PROGRAM SUPPORT
(444) J. SMITH YOUNG FAMILY YMCA 119 W THIRD AVE, LEXINGTON, NC 27293- 0210	56-0576153	501 (C)(3)	10,000				PROGRAM SUPPORT
(445) JACKSON METROPOLITAN YMCA 690 LIBERTY ROAD, FLOWOOD, MS 39232	64-0303099	501 (C)(3)	10,000				PROGRAM SUPPORT
(446) KANKAKEE AREA YMCA 1075 N KENNEDY DR, KANKAKEE, IL 60901- 2032	36-2169198	501 (C)(3)	10,000				PROGRAM SUPPORT
(447) MATTOON AREA FAMILY YMCA 221 N 16TH ST, MATTOON, IL 61938-3076	37-1122559	501 (C)(3)	10,000				PROGRAM SUPPORT

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(448) MCPHERSON FAMILY YMCA 220 N WALNUT ST, MCPHERSON, KS 67460-1066	48-0650061	501 (C)(3)	10,000				PROGRAM SUPPORT
(449) MEADOWLANDS AREA YMCA 436 RIDGE ROAD, NORTH ARLINGTON, NJ 07031	22-1997720	501 (C)(3)	10,000				PROGRAM SUPPORT
(450) MESABI FAMILY YMCA INC. 8367 UNITY DRIVE, VIRGINIA, MN 55792-4005	41-1460551	501 (C)(3)	10,000				PROGRAM SUPPORT
(451) MEXICO AREA FAMILY YMCA 1127 ADAMS ST, MEXICO, MO 65265-2288	43-1147430	501 (C)(3)	10,000				PROGRAM SUPPORT
(452) NORTHWESTERN CONNECTICUT YMCA 259 PROSPECT STREET, TORRINGTON, CT 06790-5315	23-7169291	501 (C)(3)	10,000				PROGRAM SUPPORT
(453) OSWEGO YMCA 265 W. 1ST STREET, OSWEGO, NY 13126	86-0101237	501 (C)(3)	10,000				PROGRAM SUPPORT
(454) SANTA MONICA FAMILY YMCA PO BOX 1160, SANTA MONICA, CA 90406	59-1618413	501 (C)(3)	10,000				PROGRAM SUPPORT
(455) THE GREATER MARCO FAMILY YMCA, INC. 101 SAND HILL ST, PO BOX 2529, MARCO ISLAND, FL 34146	31-6053101	501 (C)(3)	10,000				PROGRAM SUPPORT
(456) VALDOSTA-LOWNDES COUNTY YMCA PO BOX 1301, VALDOSTA, GA 31603-1301	86-0096799	501 (C)(3)	10,000				PROGRAM SUPPORT
(457) YMCA OF BELVIDERE 220 W LOCUST ST, BELVIDERE, IL 61008-3677	82-0200908	501 (C)(3)	10,000				PROGRAM SUPPORT
(458) YMCA OF CORRY 906 N CENTER ST, CORRY, PA 16407-1293	52-0591700	501 (C)(3)	10,000				PROGRAM SUPPORT
(459) YMCA OF KEWANEE 315 W 1ST ST, KEWANEE, IL 61443-2193	37-0661260	501 (C)(3)	10,000				PROGRAM SUPPORT
(460) YMCA OF NORTHWEST ILLINOIS 2998 W PEARL CITY RD, FREEPORT, IL 61032-9338	56-0530015	501 (C)(3)	10,000				PROGRAM SUPPORT
(461) YMCA OF THE UNIVERSITY OF ILLINOIS 1001 S WRIGHT ST, CHAMPAIGN, IL 61820-6225	57-0794011	501 (C)(3)	10,000				PROGRAM SUPPORT
(462) SOUTH MOUNTAIN YMCA CAMPS 201 CUSHION PEAK RD, REINHOLDS, PA 17569	59-0624430	501 (C)(3)	9,800				PROGRAM SUPPORT
(463) YMCA OF CATAWBA VALLEY 701 1ST STREET NW, HICKORY, NC 28601	61-0444842	501 (C)(3)	9,575				PROGRAM SUPPORT
(464) FOND DU LAC FAMILY YMCA 90 W 2ND ST, FOND DU LAC, WI 54935-4199	39-0806436	501 (C)(3)	9,425				PROGRAM SUPPORT
(465) YMCA OF MADISON NJ INC. 111 KINGS ROAD, MADISON, NJ 07940-2654	38-3211419	501 (C)(3)	9,000				PROGRAM SUPPORT
(466) YMCA OF THE UPPER PEE DEE 111 E CAROLINA AVE, HARTSVILLE, SC 29550-4213	37-0661262	501 (C)(3)	8,943				PROGRAM SUPPORT

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(467) YMCA OF NORTHWESTERN DUPAGE COUNTY 49 DEICKE DR, GLEN ELLYN, IL 60137-5665	95-1644055	501 (C)(3)	8,593				PROGRAM SUPPORT
(468) ROCKY MOUNT FAMILY YMCA INC. 1000 INDEPENDENCE DRIVE, ROCKY MOUNT, NC 27803	58-0814549	501 (C)(3)	8,350				PROGRAM SUPPORT
(469) GREENFIELD YMCA 451 MAIN ST, GREENFIELD, MA 01301-3304	04-2149363	501 (C)(3)	8,141				PROGRAM SUPPORT
(470) INTERNATIONAL BRANCH YMCA 5 W 63RD ST 2ND FL, NEW YORK, NY 10023	13-1624228	501 (C)(3)	8,004				PROGRAM SUPPORT
(471) OSAGE PRAIRIE YMCA INC. 500 W HIGHLAND AVE, NEVADA, MO 64772-1067	39-0878909	501 (C)(3)	8,000				PROGRAM SUPPORT
(472) TRI-COMMUNITY YMCA OF SOUTHBRIDGE INC. 43 EVERETT ST, SOUTHBRIDGE, MA 01550	36-2643097	501 (C)(3)	7,667				PROGRAM SUPPORT
(473) YMCA OF YAKIMA 5 N NACHES AVE, YAKIMA, WA 98901-2796	13-1740520	501 (C)(3)	7,647				PROGRAM SUPPORT
(474) REGIONAL YMCA OF WESTERN CONNECTICUT INC 214 FEDERAL RD UNIT B21, BROOKFIELD, CT 06804	56-0530013	501 (C)(3)	7,633				PROGRAM SUPPORT
(475) MARSHFIELD AREA YMCA 410 W MCMILLAN ST, MARSHFIELD, WI 54449-6015	39-1557086	501 (C)(3)	7,250				PROGRAM SUPPORT
(476) YMCA CAMP CONISTON PO BOX 185, GRANTHAM, NH 03753-0185	57-0314424	501 (C)(3)	7,155				PROGRAM SUPPORT
(477) DECATUR FAMILY YMCA 220 W MCKINLEY AVE, DECATUR, IL 62526-5858	37-0661258	501 (C)(3)	7,150				PROGRAM SUPPORT
(478) YMCA OF GREENSBORO 620 GREEN VALLEY ROAD, SUITE 210, GREENSBORO, NC 27408-1331	57-0314424	501 (C)(3)	7,005				PROGRAM SUPPORT
(479) FERGUS FALLS AREA FAMILY YMCA 1164 N FRIBERG AVE, FERGUS FALLS, MN 56537-1580	41-0940250	501 (C)(3)	7,000				PROGRAM SUPPORT
(480) MARSHALL AREA YMCA 200 S A ST, MARSHALL, MN 56258-1700	41-1984589	501 (C)(3)	7,000				PROGRAM SUPPORT
(481) YMCA OF ASHLAND 540 YMCA WAY, ASHLAND, OR 97520-3772	04-2255819	501 (C)(3)	7,000				PROGRAM SUPPORT
(482) YMCA OF KNOX COUNTY 1324 W CARL SANDBURG DR, GALESBURG, IL 61401-1348	35-0893511	501 (C)(3)	7,000				PROGRAM SUPPORT
(483) SCOTT COUNTY FAMILY YMCA 805 W COMMUNITY WAY, SCOTTSBURG, IN 47170	42-0703278	501 (C)(3)	6,750				PROGRAM SUPPORT
(484) OWEN COUNTY FAMILY YMCA 1111 W STATE HWY 46, SPENCER, IN 47460-6610	44-0545283	501 (C)(3)	6,728				PROGRAM SUPPORT
(485) OSHKOSH COMMUNITY YMCA 324 WASHINGTON AVE, OSHKOSH, WI 54901-5042	15-0532272	501 (C)(3)	6,500				PROGRAM SUPPORT

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(486) PIEDMONT FAMILY YMCA INC. 151 MCINTIRE PARK DR, CHAROLLESVILLE, VA 22903	61-1177162	501 (C)(3)	6,500				PROGRAM SUPPORT
(487) FAMILY YMCA OF GREATER LAURENS 410 ANDERSON DR, LAURENS, SC 29360-0426	57-0517776	501 (C)(3)	6,443				PROGRAM SUPPORT
(488) CANNON MEMORIAL YMCA PO BOX 46, KANNAPOLIS, NC 28082-0046	58-1574620	501 (C)(3)	6,375				PROGRAM SUPPORT
(489) ROCKLAND COUNTY YMCA 35 S BROADWAY, NYACK, NY 10960-3189	56-0543251	501 (C)(3)	6,359				PROGRAM SUPPORT
(490) CAMP CHANDLER BRANCH YMCA PO BOX 2336, MONTGOMERY, AL 36102-2336	63-0288885	501 (C)(3)	6,250				PROGRAM SUPPORT
(491) CAMP CROSLEY YMCA 165 EMS T2 LANE, NORTH WEBSTER, IN 46555-9378	35-0868215	501 (C)(3)	6,250				PROGRAM SUPPORT
(492) CAMP KOKOKA YMCA PO BOX 580, 1083 BOYS CAMP RD, KILMARNOCK, VA 22482	54-0524905	501 (C)(3)	6,250				PROGRAM SUPPORT
(493) CAMP KERN BRANCH YMCA 5291 STATE ROUTE 350, OREGONIA, OH 45054-9746	31-0537517	501 (C)(3)	6,250				PROGRAM SUPPORT
(494) CAMP LAKESIDE 1238 DOGWOOD DR, LINCOLNTON, GA 30817	58-0566254	501 (C)(3)	6,250				PROGRAM SUPPORT
(495) CAMP MINIKANI BRANCH YMCA 875 AMY BELLE RD, HUBERTUS, WI 53033-9657	39-0806314	501 (C)(3)	6,250				PROGRAM SUPPORT
(496) CAMP OCOEE BRANCH YMCA 301 W 6TH ST, CHATTANOOGA, TN 37402-1110	62-0475699	501 (C)(3)	6,250				PROGRAM SUPPORT
(497) CAMP ONYAHSA 5411 EAST LAKE RD, DEWITTVILLE, NY 14728	16-0743238	501 (C)(3)	6,250				PROGRAM SUPPORT
(498) CAMP PIOMINGO BRANCH YMCA 1950 OTTER CREEK PARK RD, BRANDENBURG, KY 40108-6437	61-0444843	501 (C)(3)	6,250				PROGRAM SUPPORT
(499) CAMP POTAWOTAMI BRANCH YMCA PO BOX 38, SOUTH MILFORD, IN 46786-0038	35-0886850	501 (C)(3)	6,250				PROGRAM SUPPORT
(500) CAMP SEAFARER YMCA 2744 SEAFARER RD, ARAPAHOE, NC 28510-9595	56-0591307	501 (C)(3)	6,250				PROGRAM SUPPORT
(501) CAMP SHAVER YMCA 303 ROMA AVE NW, SUITE RB00A, ALBUQUERQUE, NM 87102	85-0105592	501 (C)(3)	6,250				PROGRAM SUPPORT
(502) CAMP TWIN LAKES YMCA 204 EAST LITTLE ELM TRAIL, CEDAR PARK, TX 78613	74-2206558	501 (C)(3)	6,250				PROGRAM SUPPORT
(503) DES MOINES YMCA CAMP 1192 166TH DR, BOONE, IA 50036-7222	42-0680438	501 (C)(3)	6,250				PROGRAM SUPPORT

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(504) FAIRVIEW LAKE YMCA CAMPS & CONFERENCE CENTER 1035 FAIRVIEW LAKE RD, NEWTON, NJ 07860-4008	22-1487387	501 (C)(3)	6,250				PROGRAM SUPPORT
(505) HERRING RIDGE YMCA 7901 SOUTH NC HIGHWAY 18, BOOMER, NC 28606	56-1045299	501 (C)(3)	6,250				PROGRAM SUPPORT
(506) KIMBALL CAMP YMCA NATURE CENTER 4502 BERLIN DRIVE, READING, MI 49274	38-1358416	501 (C)(3)	6,250				PROGRAM SUPPORT
(507) SNOW MOUNTAIN RANCH YMCA PO BOX 169, WINTER PARK, CO 80482-0169	22-1559439	501 (C)(3)	6,250				PROGRAM SUPPORT
(508) TOWSON FAMILY CENTER YMCA C/O 303 W. CHESAPEAKE AVE., BALTIMORE, MD 21204	21-0635052	501 (C)(3)	6,250				PROGRAM SUPPORT
(509) YMCA CAMP BERNIE 327 TURKEY TOP RD, PORT MURRAY, NJ 07865-9601	93-0386981	501 (C)(3)	6,250				PROGRAM SUPPORT
(510) YMCA CAMP KANATA 13524 CAMP KANATA ROAD, WAKE FOREST, NC 27587-8078	53-0207403	501 (C)(3)	6,250				PROGRAM SUPPORT
(511) YMCA CAMP NAN A BO SHO 18369 OCONTO LN, LAKEWOOD, WI 54138-9662	41-0967781	501 (C)(3)	6,250				PROGRAM SUPPORT
(512) YMCA CAMP WAPSIE 2174 WAPSI Y RD, COGGON, IA 52218-9710	16-0743231	501 (C)(3)	6,250				PROGRAM SUPPORT
(513) YMCA OF GREATER BERGEN COUNTY 360 MAIN ST, HACKENSACK, NJ 07601-5877	04-2103551	501 (C)(3)	6,250				PROGRAM SUPPORT
(514) YMCA OF THE OZARKS 13528 STATE HIGHWAY AA, POTOSI, MO 63664	84-0404266	501 (C)(3)	6,250				PROGRAM SUPPORT
(515) AHWATUKEE FOOTHILLS YMCA 1030 E LIBERTY LN, PHOENIX, AZ 85048-8461	86-0096799	501 (C)(3)	6,000				PROGRAM SUPPORT
(516) ALBANY YMCA 616 N. PEARL STREET, ALBANY, NY 12204	14-1726531	501 (C)(3)	6,000				PROGRAM SUPPORT
(517) AMERICANA YMCA 4200 LIBERTY WAY, ZACHARY, LA 70791	72-0408994	501 (C)(3)	6,000				PROGRAM SUPPORT
(518) ANDOVER YMCA COMMUNITY CENTER 15200 HANSON BLVD, ANDOVER, MN 55304	45-2563299	501 (C)(3)	6,000				PROGRAM SUPPORT
(519) APPLETON YMCA 218 E LAWRENCE ST, APPLETON, WI 54911-5724	39-0806191	501 (C)(3)	6,000				PROGRAM SUPPORT
(520) ASHEVILLE YMCA 30 WOODFIN ST, ASHEVILLE, NC 28801-3021	56-0530013	501 (C)(3)	6,000				PROGRAM SUPPORT
(521) AUBURN VALLEY BRANCH YMCA 1620 PERIMETER ROAD SW, AUBURN, WA 98001	91-0482710	501 (C)(3)	6,000				PROGRAM SUPPORT

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(522) BETTENDORF FAMILY YMCA 3800 TANGLEFOOT LANE, BETTENDORF, IA 52722	42-0703278	501 (C)(3)	6,000				PROGRAM SUPPORT
(523) BORDER VIEW YMCA 3061 AREY DR, SAN DIEGO, CA 92154	95-2039198	501 (C)(3)	6,000				PROGRAM SUPPORT
(524) CAINE HALTER FAMILY BRANCH 721 CLEVELAND ST, GREENVILLE, SC 29601-4410	57-0314424	501 (C)(3)	6,000				PROGRAM SUPPORT
(525) CARL H. LINDNER FAMILY YMCA 1425B LINN STREET, CINCINNATI, OH 45214	31-0537178	501 (C)(3)	6,000				PROGRAM SUPPORT
(526) CHARLES W CANSLER FAMILY YMCA 616 JESSAMINE ST, KNOXVILLE, TN 37917	62-0475700	501 (C)(3)	6,000				PROGRAM SUPPORT
(527) CLARK COUNTY BRANCH YMCA 11324 NE 51ST CIRCLE, VANCOUVER, WA 98682-6130	93-0386981	501 (C)(3)	6,000				PROGRAM SUPPORT
(528) COPLEY FAMILY YMCA 3901 LANDIS ST, SAN DIEGO, CA 92105-2428	95-2039198	501 (C)(3)	6,000				PROGRAM SUPPORT
(529) CRAIG AND STEVEN HOGAN FAMILY YMCA (0063) 130 PARK SQUARE LANE, MADISON, AL 34952	58-2058795	501 (C)(3)	6,000				PROGRAM SUPPORT
(530) CURRITUCK COUNTY FAMILY YMCA & COMMUNITY CENTER 130 COMMUNITY WAY, BARCO, NC 27917	54-0445205	501 (C)(3)	6,000				PROGRAM SUPPORT
(531) DAVIE FAMILY YMCA 215 CEMETERY ST, MOCKSVILLE, NC 27028-2103	56-0530015	501 (C)(3)	6,000				PROGRAM SUPPORT
(532) DAVIS-SCOTT BRANCH YMCA 1213 IOWA ST, SAN ANTONIO, TX 78203-1852	74-1109634	501 (C)(3)	6,000				PROGRAM SUPPORT
(533) DOWNTOWN BRANCH YMCA 31 W 10TH ST, ERIE, PA 45402-3060	31-0537517	501 (C)(3)	6,000				PROGRAM SUPPORT
(534) DOWNTOWN BRANCH YMCA 316 N WILKINSON ST, DAYTON, OH 16501-1488	25-0965621	501 (C)(3)	6,000				PROGRAM SUPPORT
(535) DOWNTOWN BRANCH YMCA 161 W WISCONSIN AVE STE 4000, MILWAUKEE, WI 53203-2607	39-0806314	501 (C)(3)	6,000				PROGRAM SUPPORT
(536) DOWNTOWN YMCA 1315 CHURCH ST, LYNCHBURG, VA 24504	54-0505924	501 (C)(3)	6,000				PROGRAM SUPPORT
(537) EAST COUNTY YMCA 8881 DALLAS ST, LA MESA, CA 91942-3402	95-2039198	501 (C)(3)	6,000				PROGRAM SUPPORT
(538) EAST SIDE/MOUNT HOPE YMCA 438 HOPE ST, PROVIDENCE, RI 02906-1696	05-0258878	501 (C)(3)	6,000				PROGRAM SUPPORT
(539) EAST VALLEY FAMILY YMCA 1807 S SUNVIEW, MESA, AZ 85206	86-0096799	501 (C)(3)	6,000				PROGRAM SUPPORT
(540) EASTSIDE FAMILY BRANCH YMCA 2101 NAGLE RD, ERIE, PA 16510-2193	25-0965621	501 (C)(3)	6,000				PROGRAM SUPPORT

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(541) EVERETT FAMILY BRANCH YMCA 2720 ROCKEFELLER AVE, EVERETT, WA 98201-3523	91-0565561	501 (C)(3)	6,000				PROGRAM SUPPORT
(542) FAIRBORN BRANCH YMCA 300 S CENTRAL AVE, FAIRBORN, OH 45324-4721	31-0537517	501 (C)(3)	6,000				PROGRAM SUPPORT
(543) GEORGE I. THEISEN FAMILY BRANCH 100 INSPIRATIONAL WAY, TRAVELERS REST, SC 29690	57-0314424	501 (C)(3)	6,000				PROGRAM SUPPORT
(544) GLENDALE/PEORIA YMCA 14711 N 59TH AVE, GLENDALE, AZ 85306-3800	86-0096799	501 (C)(3)	6,000				PROGRAM SUPPORT
(545) HAYS COMMUNITIES FAMILY BRANCH YMCA 465 BUDA SPORTSPLEX DR, BUDA, TX 78610	74-1193464	501 (C)(3)	6,000				PROGRAM SUPPORT
(546) HENDERSONVILLE FAMILY YMCA 810 6TH AVE W, HENDERSONVILLE, NC 28739-4138	56-0530013	501 (C)(3)	6,000				PROGRAM SUPPORT
(547) JAMES WELDON JOHNSON FAMILY BRANCH YMCA 5700 CLEVELAND RD, JACKSONVILLE, FL 32209-2850	59-0638514	501 (C)(3)	6,000				PROGRAM SUPPORT
(548) JERRY LONG FAMILY YMCA 1150 SOUTH PEACE HAVEN RD, CLEMMONS, NC 27012-8909	56-0530015	501 (C)(3)	6,000				PROGRAM SUPPORT
(549) JOE AND MARY MOTTINO YMCA 4701 MESA DR, OCEANSIDE, CA 92056-6568	95-2039198	501 (C)(3)	6,000				PROGRAM SUPPORT
(550) KENNETT AREA YMCA 101 RACE ST, KENNETT SQUARE, PA 19348-3165	23-1365994	501 (C)(3)	6,000				PROGRAM SUPPORT
(551) KERNERSVILLE FAMILY YMCA 1113 W MOUNTAIN ST, KERNERSVILLE, NC 27284-2125	56-0530015	501 (C)(3)	6,000				PROGRAM SUPPORT
(552) KLEPTZ YMCA PO BOX 38, ENGLEWOOD, OH 45322	31-0537517	501 (C)(3)	6,000				PROGRAM SUPPORT
(553) LIGHTHOUSE/CITY BRANCH YMCA 2900 N COLUMBUS BLVD, TUCSON, AZ 85712-1644	86-0101237	501 (C)(3)	6,000				PROGRAM SUPPORT
(554) MAQUOKETA AREA FAMILY YMCA 500 E SUMMIT ST, MAQUOKETA, IA 52060	42-0703278	501 (C)(3)	6,000				PROGRAM SUPPORT
(555) MARY FREE BED BRANCH YMCA 730 FOREST HILL AVE SE, GRAND RAPIDS, MI 49546-2324	38-1358058	501 (C)(3)	6,000				PROGRAM SUPPORT
(556) MARYVALE FAMILY YMCA 3825 N 67TH AVE, PHOENIX, AZ 85033	86-0096799	501 (C)(3)	6,000				PROGRAM SUPPORT
(557) MAYS FAMILY YMCA OF POTRANCO (6603) 8765 HIGHWAY 151 ACCESS, SAN ANTONIO, TX 78250	74-1109634	501 (C)(3)	6,000				PROGRAM SUPPORT

(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
(558) MEREDITH MATHEWS EAST MADISON BRANCH YMCA 1700 23RD AVE, SEATTLE, WA 98122-2922	91-0482710	501 (C)(3)	6,000				PROGRAM SUPPORT
(559) MID VALLEY FAMILY YMCA 6901 LENNOX AVE., VAN NUYS, CA 91405-4093	95-1644052	501 (C)(3)	6,000				PROGRAM SUPPORT
(560) MONTECITO FAMILY YMCA 591 SANTA ROSA LN, SANTA BARBARA, CA 93108-2145	95-1643379	501 (C)(3)	6,000				PROGRAM SUPPORT
(561) MONTY BALLARD YMCA AT CINCO RANCH 22807 WESTHEIMER PKWY, KATY, TX 77494-3599	74-1109737	501 (C)(3)	6,000				PROGRAM SUPPORT
(562) MUKILTEO FAMILY BRANCH YMCA 10601 47TH PL W, MUKILTEO, WA 98275-4709	91-0565561	501 (C)(3)	6,000				PROGRAM SUPPORT
(563) NEIGHBORHOOD DEVELOPMENT CENTERS 506 MAIN STREET, TROTWOOD, OH 45426	06-0763077	501 (C)(3)	6,000				PROGRAM SUPPORT
(564) NEWPORT-MESA FAMILY YMCA 2300 UNIVERSITY DR, NEWPORT BEACH, CA 92660-3313	42-0738980	501 (C)(3)	6,000				PROGRAM SUPPORT
(565) NORTHEAST BRANCH YMCA 1470 DON SIMON DR, SUN PRAIRIE, WI 53590	06-0646981	501 (C)(3)	6,000				PROGRAM SUPPORT
(566) NORTHSIDE BRANCH YMCA 1350 W NORTH AVE, MILWAUKEE, WI 53205-1264	57-0314423	501 (C)(3)	6,000				PROGRAM SUPPORT
(567) NORTHWEST FAMILY YMCA 1501 KENNERLY RD, IRMO, SC 29063	22-2878484	501 (C)(3)	6,000				PROGRAM SUPPORT
(568) OTT BRANCH YMCA 401 S PRUDENCE RD, TUCSON, AZ 85710-3741	35-2017600	501 (C)(3)	6,000				PROGRAM SUPPORT
(569) PALOMAR FAMILY YMCA 1050 N BROADWAY, ESCONDIDO, CA 92026-3044	05-0259114	501 (C)(3)	6,000				PROGRAM SUPPORT
(570) REUTER FAMILY BRANCH YMCA 3 TOWN SQ BLVD, ASHEVILLE, NC 28803	25-1034424	501 (C)(3)	6,000				PROGRAM SUPPORT
(571) SANTA ANA FAMILY YMCA 2100 W. ALTON, SANTA ANA, CA 92704	95-1644052	501 (C)(3)	6,000				PROGRAM SUPPORT
(572) SANTA ANITA FAMILY YMCA 501 S. MOUNTAIN AVENUE, MONROVIA, CA 91016-3655	95-1643380	501 (C)(3)	6,000				PROGRAM SUPPORT
(573) SCOTTSDALE/PARADISE VALLEY YMCA 6869 E SHEA BLVD, SCOTTSDALE, AZ 85254-5245	94-1212141	501 (C)(3)	6,000				PROGRAM SUPPORT
(574) SOUTH ORLANDO YMCA FAMILY CENTER 814 W OAK RIDGE RD, ORLANDO, FL 32809-4805	04-2105881	501 (C)(3)	6,000				PROGRAM SUPPORT

(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
(575) SOUTH YMCA 4545 MARSHALL RD, KETTERING, OH 45429-5716	45-2563299	501 (C)(3)	6,000				PROGRAM SUPPORT
(576) SOUTHDAL YMCA 7355 YORK AVE S, EDINA, MN 55435-4701	58-2058795	501 (C)(3)	6,000				PROGRAM SUPPORT
(577) SOUTHEAST BRANCH YMCA 1000 WEATHERLY RD SE, HUNTSVILLE, AL 35803-1145	95-2305501	501 (C)(3)	6,000				PROGRAM SUPPORT
(578) SOUTHWEST FAMILY BRANCH YMCA 6219 OAKCLAIRE DR, HIGHWAY 290 WEST, AUSTIN, TX 78735-8600	86-0096799	501 (C)(3)	6,000				PROGRAM SUPPORT
(579) SOUTHWEST VALLEY REGIONAL YMCA 2919 N LITCHFIELD RD, GOODYEAR, AZ 85338	04-2104329	501 (C)(3)	6,000				PROGRAM SUPPORT
(580) ST. PAUL EASTSIDE YMCA 875 ARCADE ST, SAINT PAUL, MN 55106-3800	45-2563299	501 (C)(3)	6,000				PROGRAM SUPPORT
(581) ST. PAUL MIDWAY YMCA 1761 UNIVERSITY AVE W, SAINT PAUL, MN 55104-3509	38-1358058	501 (C)(3)	6,000				PROGRAM SUPPORT
(582) STONESTOWN FAMILY BRANCH YMCA 333 EUCALYPTUS DR, SAN FRANCISCO, CA 94132-1526	04-2125014	501 (C)(3)	6,000				PROGRAM SUPPORT
(583) STRIAR YMCA 445 CENTRAL ST, STOUGHTON, MA 02072	95-1644052	501 (C)(3)	6,000				PROGRAM SUPPORT
(584) STUART M. KETCHUM-DOWNTOWN YMCA 401 S HOPE ST, LOS ANGELES, CA 90071	57-0643100	501 (C)(3)	6,000				PROGRAM SUPPORT
(585) SUMMIT FAMILY YMCA 1755 E HIGHWAY 34, NEWNAN, GA 30265	39-0813468	501 (C)(3)	6,000				PROGRAM SUPPORT
(586) TEMPE YMCA 7070 S RURAL RD, TEMPE, AZ 85283-4700	64-0584648	501 (C)(3)	6,000				PROGRAM SUPPORT
(587) THE YMCA IN PASADENA (2560) 26 MAGOTHY BEACH ROAD, PASADENA, MD 21122	93-0386978	501 (C)(3)	6,000				PROGRAM SUPPORT
(588) VENTURA FAMILY YMCA 3760 TELEGRAPH RD, VENTURA, CA 93003-3421	59-3284968	501 (C)(3)	6,000				PROGRAM SUPPORT
(589) WADE WALKER PARK FAMILY YMCA 5605 ROCKBRIDGE RD, STONE MOUNTAIN, GA 30088	74-1109634	501 (C)(3)	6,000				PROGRAM SUPPORT
(590) WALZEM FAMILY YMCA 5538 WALZEM, SAN ANTONIO, TX 78218	31-1568315	501 (C)(3)	6,000				PROGRAM SUPPORT
(591) WEEKLEY FAMILY YMCA 7101 STELLA LINK DR, HOUSTON, TX 77025-1006	95-1644052	501 (C)(3)	6,000				PROGRAM SUPPORT
(592) WEINGART YMCA WELLNESS AND AQUATIC CENTER 9900 S VERMONT AVE, LOS ANGELES, CA 90044	91-0578224	501 (C)(3)	6,000				PROGRAM SUPPORT

(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
(593) WEST BRANCH YMCA 5515 MEDICAL CIR, MADISON, WI 53719-1285	23-1365994	501 (C)(3)	6,000				PROGRAM SUPPORT
(594) WEST CHESTER AREA YMCA 605 AIRPORT ROAD, WEST CHESTER, PA 19380	95-1727678	501 (C)(3)	6,000				PROGRAM SUPPORT
(595) WEST SIDE FAMILY CENTER 400 WINSTON RD, KNOXVILLE, TN 37909-2139	04-2104783	501 (C)(3)	6,000				PROGRAM SUPPORT
(596) WHITE BEAR LAKE AREA SCHOOLS YMCA AQUATIC CENTER 2100 ORCHARD LN, WHITE BEAR LAKE, MN 55110-5495	24-0795638	501 (C)(3)	6,000				PROGRAM SUPPORT
(597) WILLIAM G. WHITE JR. FAMILY YMCA 775 W END BLVD, WINSTON SALEM, NC 27101-2490	20-4910495	501 (C)(3)	6,000				PROGRAM SUPPORT
(598) WOLVERINE WORLD WIDE FAMILY YMCA 6555 JUPITER AVENUE, BELMONT, MI 49306	82-0481436	501 (C)(3)	6,000				PROGRAM SUPPORT
(599) XENIA BRANCH YMCA 135 E CHURCH ST, XENIA, OH 45385-3003	01-0237912	501 (C)(3)	6,000				PROGRAM SUPPORT
(600) YMCA FOREST LAKE (3254) 19845 FOREST ROAD, FOREST LAKE, MN 55402	45-2563299	501 (C)(3)	6,000				PROGRAM SUPPORT
(601) YMCA IN EAGAN 550 OPPERMAN DR, EAGAN, MN 55123-1337	45-2563299	501 (C)(3)	6,000				PROGRAM SUPPORT
(602) YMCA IN LINO LAKES 7690 VILLAGE DR, LINO LAKES, MN 55014	45-2563299	501 (C)(3)	6,000				PROGRAM SUPPORT
(603) YMCA IN SHOREVIEW 3760 LEXINGTON AVE N, SAINT PAUL, MN 55126-2915	45-2563299	501 (C)(3)	6,000				PROGRAM SUPPORT
(604) YMCA IN WOODBURY 2175 RADIO DR, WOODBURY, MN 55125-9453	22-1552820	501 (C)(3)	6,000				PROGRAM SUPPORT
(605) YMCA OF FANWOOD - SCOTCH PLAINS 1340 MARTINE AVE, SCOTCH PLAINS, NJ 07076-2524	52-0607953	501 (C)(3)	6,000				PROGRAM SUPPORT
(606) YMCA OF ROCHESTER INC. 709 1ST AVE SW, ROCHESTER, MN 55902-3354	36-2174838	501 (C)(3)	6,000				PROGRAM SUPPORT
(607) RARITAN VALLEY YMCA 144 TICES LANE, EAST BRUNSWICK, NJ 08816-3524	06-6051610	501 (C)(3)	5,828				PROGRAM SUPPORT
(608) STATE ALLIANCE OF MICHIGAN YMCAS 722 N STATE RD, BELDING, MI 48809	01-0186800	501 (C)(3)	5,800				PROGRAM SUPPORT
(609) BARBARA B. JORDAN YMCA INC. 2039 E MORGAN ST, MARTINSVILLE, IN 46151-1372	35-2019312	501 (C)(3)	5,500				PROGRAM SUPPORT

(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
(610) WASHINGTON COUNTY FAMILY YMCA 1709 NORTH SHELBY ST., SALEM, IN 47167	15-0559207	501 (C)(3)	5,500				PROGRAM SUPPORT
(611) MEETING WATERS YMCA PO BOX 511, BELLOWS FALLS, VT 05101	03-0214294	501 (C)(3)	5,208				PROGRAM SUPPORT

Part IV

Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference - Identifier	Explanation
SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS.	<p>WHEN Y-USA ISSUES GRANTS TO A LOCAL YMCA, THERE ARE TWO METHODS THROUGH WHICH IT MONITORS THE USE OF GRANT FUNDS. FIRST, FOR CERTAIN GRANTS, Y-USA PROGRAM STAFF REGULARLY COMMUNICATE WITH THE LOCAL YMCA GRANTEE AS IT CONDUCTS THE WORK FUNDED. SECOND, Y-USA TYPICALLY REQUIRES A REPORT ON USE OF FUNDING FROM THE LOCAL YMCA GRANTEE. THIS REPORT IS REQUESTED AND STORED THROUGH OUR DATA MANAGEMENT SYSTEMS. REPORTS REQUEST INFORMATION ABOUT HOW THE YMCA USED THE GRANT FUNDS, INCLUDING ACTIVITIES CONDUCTED, PROGRESS TOWARD OBJECTIVES AND OUTCOMES. IN SOME CASES, Y-USA REQUIRES A DETAILED ACCOUNTING OF HOW THE YMCA ALLOCATED THE GRANT FUNDS AND WHETHER ANY OF THESE FUNDS REMAIN. ADDITIONALLY, APPLICANT'S YMCA MUST BE IN COMPLIANCE WITH ARTICLE II, SECTION 2 OF THE NATIONAL COUNCIL OF YMCAS CONSTITUTION (QUALIFICATION FOR MEMBERSHIP).</p> <p>Y-USA AND ITS TALENT MANAGEMENT DEPARTMENT HAVE AVAILABLE A VARIETY OF SCHOLARSHIP OPPORTUNITIES FOR UNDERGRADUATE AND POSTGRADUATE STUDIES. A SELECTION COMMITTEE COMPRISED OF Y-USA AND Y MOVEMENT STAFF REVIEW SCHOLARSHIP APPLICATIONS AND MAKE AWARD DECISIONS. AWARD AMOUNTS ARE DEPENDENT ON AVAILABLE FUNDING EACH YEAR; THERE IS NO GUARANTEED OR SET AMOUNT FOR EACH AWARD EACH YEAR. FUNDING IS AVAILABLE ON AN ANNUAL BASIS. APPLICANTS MAY APPLY EACH YEAR UNTIL COMPLETION OF THEIR DEGREE AND MAY APPLY FOR ANY SCHOLARSHIP FOR WHICH THEY ARE ELIGIBLE. APPLICATIONS ARE SUBMITTED ONLINE VIA THE Y-USA SCHOLARSHIP APPLICATION. APPLICANT'S YMCA MUST BE IN COMPLIANCE WITH ARTICLE II, SECTION 2 OF THE NATIONAL COUNCIL OF YMCAS CONSTITUTION (QUALIFICATION FOR MEMBERSHIP).</p>

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

NATIONAL COUNCIL OF YMCAS OF THE USA

Compensation Information

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

- Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Employer identification number

36-3258696

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input checked="" type="checkbox"/> First-class or charter travel <input checked="" type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as 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 ✓	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2 ✓	
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. <input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> 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? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.	4a ✓ 4b 4c ✓	✓ ✓ ✓
Only section 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? b Any related organization? If "Yes" on line 5a or 5b, describe in Part III.	5a 5b	✓ ✓
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? b Any related organization? If "Yes" on line 6a or 6b, describe in Part III.	6a 6b	✓ ✓
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.	7	✓
8 Were any amounts reported on Form 990, Part VII, paid or accrued 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	✓
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 aren't 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				
1	KEVIN WASHINGTON	(i) 709,720	(ii) 0	(iii) 3,300	31,200	19,130	763,350	0
	PRESIDENT AND CEO	(ii) 0	(ii) 0	(iii) 0	0	0	0	0
2	NANCY L OWENS	(i) 335,879	(ii) 0	(iii) 0	31,200	14,679	381,758	0
	SENIOR VICE PRESIDENT, CHIEF FINANCIAL OFFICER	(ii) 0	(ii) 0	(iii) 0	0	0	0	0
3	KARYN BOSTON	(i) 245,441	(ii) 0	(iii) 0	29,453	13,612	288,506	0
	EXECUTIVE VICE PRESIDENT & GENERAL COUNSEL	(ii) 0	(ii) 0	(iii) 0	0	0	0	0
4	PAUL MCENTIRE	(i) 424,453	(ii) 0	(iii) 0	31,200	15,725	471,378	0
	EXECUTIVE VICE PRESIDENT, CHIEF OPERATING OFFICER	(ii) 0	(ii) 0	(iii) 0	0	0	0	0
5	KENT D JOHNSON	(i) 304,458	(ii) 0	(iii) 322,795	31,200	18,118	676,571	0
	EXECUTIVE VICE PRESIDENT, CHIEF OPERATIONS OFFICER	(ii) 0	(ii) 0	(iii) 0	0	0	0	0
6	ANDREW CALHOUN	(i) 288,581	(ii) 0	(iii) 124,322	31,200	15,588	459,691	0
	SR. VP, LARGE YMCA RESOURCES	(ii) 0	(ii) 0	(iii) 0	0	0	0	0
7	JONATHAN A LEVER	(i) 242,791	(ii) 0	(iii) 133,294	31,200	15,154	422,439	0
	EXECUTIVE VICE PRESIDENT/CHIEF MEMBERSHIP AND PROGRAMS OFFICER	(ii) 0	(ii) 0	(iii) 0	0	0	0	0
8	HELENE WEIR	(i) 269,079	(ii) 0	(iii) 169,615	31,200	15,893	485,787	0
	VICE PRESIDENT, LARGE YMCA RESOURCES	(ii) 0	(ii) 0	(iii) 0	0	0	0	0
9		(i)	(ii)	(iii)				
		(ii)						
10		(i)	(ii)	(iii)				
		(ii)						
11		(i)	(ii)	(iii)				
		(ii)						
12		(i)	(ii)	(iii)				
		(ii)						
13		(i)	(ii)	(iii)				
		(ii)						
14		(i)	(ii)	(iii)				
		(ii)						
15		(i)	(ii)	(iii)				
		(ii)						
16		(i)	(ii)	(iii)				
		(ii)						

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 - Identifier	Explanation
SCHEDULE J, PART I, LINE 1A - FIRST-CLASS OR CHARTER TRAVEL	FIRST CLASS TRAVEL IS NOT TYPICALLY OFFERED TO ANY Y-USA EMPLOYEES EXCEPT IN EXTREME CIRCUMSTANCES AND WHEN APPROVED BY A MEMBER OF THE LEADERSHIP TEAM.
SCHEDULE J, PART I, LINE 1A - TRAVEL FOR COMPANIONS	Y-USA PROVIDED TRAVEL FOR KEVIN WASHINGTON'S SPOUSE TO ATTEND KEY EVENTS AND MEETINGS IN 2018. THIS BENEFIT WAS INCLUDED IN COLUMN B(III)- OTHER REPORTABLE COMPENSATION. THE AMOUNT REPORTED IS \$3,300 AND WAS TREATED AS TAXABLE COMPENSATION REPORTED ON HIS W-2.
SCHEDULE J, PART I, LINE 4A - SEVERANCE OR CHANGE-OF-CONTROL PAYMENT	<p>CALHOUN - \$124,322 JOHNSON - \$322,795 LEVER - \$133,294 WEIR - \$169,615</p> <p>SEVERANCE AMOUNTS FOR ALL STAFF ARE DERIVED BASED ON AN ORGANIZATIONAL SCHEDULE DICTATED BY THE EMPLOYEE'S GRADE SCALE. THIS WAS INCLUDED IN COLUMN B(III)- OTHER REPORTABLE COMPENSATION.</p>

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization

NATIONAL COUNCIL OF YMCAS OF THE USA

Employer identification number

36-3258696

Part I **Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	✓	5	48,503	MARKET VALUE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (SOFTWARE)	✓	1	31,187	MARKET VALUE
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement			29	0
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?				Yes No 30a ✓
b If "Yes," describe the arrangement in Part II.				
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?				31 ✓
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?				32a ✓
b If "Yes," describe in Part II.				
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.				

Part II

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference - Identifier	Explanation
SCHEDULE M, PART I - EXPLANATIONS OF REPORTING METHOD FOR NUMBER OF CONTRIBUTIONS	SECURITIES - PUBLICLY TRADED - THIS AMOUNT REPRESENTS THE NUMBER OF NON-CASH CONTRIBUTIONS WE RECEIVED IN THE FORM OF PUBLICLY-TRADED SECURITIES. OTHER - SOFTWARE THIS AMOUNT REPRESENTS THE NUMBER OF NON-CASH CONTRIBUTIONS WE RECEIVED IN THE FORM OF SOFTWARE.

**SCHEDULE O
(Form 990 or 990-EZ)**Department of Treasury Internal
Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

- ▶ Attach to Form 990 or 990-EZ.
- ▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the Organization

NATIONAL COUNCIL OF YMCAS OF THE USA

Employer Identification Number

36-3258696

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 4B - PROGRAM SERVICE DESCRIPTION	40,000 NEW IMMIGRANTS AND RECEIVING COMMUNITY MEMBERS. IN ADDITION, MORE THAN 770 YMCA LOCATIONS ACROSS 40 STATES PARTICIPATED IN NATIONAL WELCOMING WEEK (SEPTEMBER 14-23, 2018) BY HOSTING THOUSANDS OF COMMUNITY EVENTS THAT PROMOTED CROSS-CULTURAL UNDERSTANDING AND UNITY BETWEEN IMMIGRANTS AND U.S.-BORN NEIGHBORS. GLOBALLY, Y-USA'S WORLD SERVICE CAMPAIGN RAISED MORE THAN \$1.6 MILLION IN 2018 AND LEVERAGED AN ADDITIONAL \$1.7 MILLION IN TECHNICAL AND FINANCIAL ASSISTANCE TO STRENGTHEN YMCAS, WITH A FOCUS ON DEVELOPING NATIONS. THIS SUPPORT ENABLED YMCAS IN MORE THAN 45 COUNTRIES TO REACH HUNDREDS OF THOUSANDS OF MORE PEOPLE WITH LIFE-CHANGING SERVICES AND TO HELP BREAK THE CYCLE OF POVERTY.
FORM 990, PART III, LINE 4C - PROGRAM SERVICE DESCRIPTION	ASSOCIATIONS IN 2018, BRINGING THE TOTAL TO 267 ASSOCIATIONS SERVING 735 COMMUNITIES. WITH THE SUPPORT OF THE LIVESTRONG FOUNDATION AND CDC, THESE PROGRAMS SERVED MORE THAN 10,000 PEOPLE IN 2018 (AND MORE THAN 62,000 SINCE THE PROGRAM BEGAN 10 YEARS AGO). PROGRAMS LIKE THESE BRING HEALTH CARE TO NON-CLINICAL SETTINGS, MAKING PREVENTIVE SERVICES MORE AVAILABLE TO COMMUNITIES NATIONWIDE.
FORM 990, PART VI, LINE 1A - EXPLANATION OF YMCA OF THE USA EXECUTIVE COMMITTEE	PURSUANT TO ARTICLE VI, SECTION 6 OF ITS CONSTITUTION, Y-USA HAS AN EXECUTIVE COMMITTEE THAT HAS THE AUTHORITY TO ACT ON BEHALF OF THE NATIONAL BOARD. THE EXECUTIVE COMMITTEE CONSISTS OF THE CHAIR, CHAIR-ELECT, TREASURER, SECRETARY AND THE IMMEDIATE PAST CHAIR. MEETING MINUTES ARE KEPT FOR ANY MEETINGS OF THE EXECUTIVE COMMITTEE, AND THEY ARE SHARED WITH AND APPROVED BY THE ENTIRE NATIONAL BOARD.
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	STAFF PREPARED THE FORM 990 AND FORWARDED THE RETURN TO OUR OUTSIDE AUDITORS FOR REVIEW. ONCE ALL MODIFICATIONS WERE MADE THE RETURN WAS FORWARDED TO AND REVIEWED BY OUR AUDIT & FINANCE COMMITTEE AS AUTHORIZED BY THE BOARD OF DIRECTORS. AFTER THE AUDIT COMMITTEE REVIEWED THE FORM 990 ON 04/09/2019, A COPY WAS PROVIDED TO EACH MEMBER OF THE BOARD OF DIRECTORS WHERE IT WAS APPROVED ON 05/02/2019 PRIOR TO FILING.
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	ANNUALLY, Y-USA PROVIDES ITS DIRECTORS, OFFICERS, NATIONAL BOARD COMMITTEE MEMBERS AND SELECT STAFF WITH THE CONFLICT OF INTEREST POLICY. EACH PERSON IS REQUIRED TO COMPLETE THE STATEMENT OF DISCLOSURE AND RETURN IT TO THE OFFICE OF THE GENERAL COUNSEL. THE RESULTS ARE THEN SHARED WITH Y-USA'S AUDIT COMMITTEE, AND FOLLOW UP IS CONDUCTED AS NECESSARY. POTENTIAL CONFLICTS THAT ARISE BETWEEN DISCLOSURE STATEMENTS ARE TO BE DISCLOSED TO THE OFFICE OF THE GENERAL COUNSEL OR THE CHIEF COMPLIANCE OFFICER IMMEDIATELY. EACH OCCURRENCE IS SEPARATELY REVIEWED AND MANAGED, SUCH AS HAVING BOARD MEMBERS RECUSE THEMSELVES OR HAVING EMPLOYEES LIMIT THE NATURE OF THEIR OUTSIDE WORK TO AVOID ANY YMCA-RELATED WORK.
FORM 990, PART VI, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	Y-USA'S HUMAN RESOURCES STAFF PERFORMED A MARKET DATA STUDY IN DECEMBER 2018 TO DETERMINE IF OUR PAY WAS EQUITABLE FOR THE CEO AND CABINET POSITIONS. WE USED AT LEAST FOUR DATA SOURCES. ALONG WITH THE PERFORMANCE RATING OF THE STAFF, WE CALCULATED THE MERIT INCREASE USING THE SAME CRITERIA USED FOR ALL Y-USA STAFF. THE EXECUTIVE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS OF Y-USA MET WITH THE CEO AND THE EXECUTIVE V.P. OF HUMAN RESOURCES. UNANIMOUS APPROVAL WAS GIVEN. ALL COMPENSATION DECISIONS AND REPORTS ARE CONTEMPORANEOUSLY DOCUMENTED IN THE MINUTES OF THE MEETING WHEN THE EXECUTIVE COMPENSATION COMMITTEE OF THE NATIONAL BOARD OF DIRECTORS MAKES THOSE DECISIONS.
FORM 990, PART VI, LINE 15B - PROCESS TO ESTABLISH COMPENSATION OF OTHER EMPLOYEES	THE AFOREMENTIONED PROCESS TO ESTABLISH COMPENSATION WAS USED FOR Y-USA'S OFFICERS AS WELL AS ALL OTHER MEMBERS OF Y-USA'S LEADERSHIP GROUP.
FORM 990, PART VI, LINE 17 - STATES WITH WHICH A COPY OF THIS FORM 990 IS REQUIRED TO BE FILED	CA, CO, CT, DC, FL, GA, HI, IL, IN, KS, KY, MA, MD, ME, MI, MN, MS, MT, ND, NH, NJ, NM, NV, NY, OH, OK, OR, PA, RI, SC, TN, TX, UT, VA, WA, WI, WV
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	OUR AUDITED FINANCIAL STATEMENTS AND FORM 1023 ARE LOCATED ON OUR WEB SITE. OUR CONSTITUTION, BY-LAWS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

NATIONAL COUNCIL OF YMCAS OF THE USA

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Employer identification number

36-3258696

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
(1) NORTH AMERICAN YMCA DEVELOPMENT ORGANIZATION (20-0568333) 101 N WACKER DRIVE, CHICAGO, IL 60606	PHILANTHROPY	IL	1,548,108	1,051,691	YMCA OF THE USA
(2)					
(3)					
(4)					
(5)					
(6)					

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.

(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
(1) NATIONAL YMCA EMPLOYEE BENEFITS TRUST (36-6736628) 101 N WACKER DR, CHICAGO, IL 60606	PROVIDE HEALTH AND WELFARE BENEFITS TO EMPLOYEES	IL	501(C)(9)		YMCA OF THE USA	✓	
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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) Disproportionate 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	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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	No
(1) (SEE STATEMENT)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	✓
b Gift, grant, or capital contribution to related organization(s)	1b	✓
c Gift, grant, or capital contribution from related organization(s)	1c	✓
d Loans or loan guarantees to or for related organization(s)	1d	✓
e Loans or loan guarantees by related organization(s)	1e	✓
f Dividends from related organization(s)	1f	✓
g Sale of assets to related organization(s)	1g	✓
h Purchase of assets from related organization(s)	1h	✓
i Exchange of assets with related organization(s)	1i	✓
j Lease of facilities, equipment, or other assets to related organization(s)	1j	✓
k Lease of facilities, equipment, or other assets from related organization(s)	1k	✓
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	✓
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	✓
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	✓
o Sharing of paid employees with related organization(s)	1o	✓
p Reimbursement paid to related organization(s) for expenses	1p	✓
q Reimbursement paid by related organization(s) for expenses	1q	✓
r Other transfer of cash or property to related organization(s)	1r	✓
s Other transfer of cash or property from related organization(s)	1s	✓

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
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

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

Part IV**Identification of Related Organizations Taxable as a Corporation or Trust** (continued)

(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	No
(1) YMCA SERVICES CORP. (75-2179517) 101 N WACKER DRIVE, CHICAGO, IL 60606	RISK MANAGEMENT	IL	YMCA OF THE USA	C CORPORATION	0	0	100.00	<input checked="" type="checkbox"/>	

Form **8453-EO****Exempt Organization Declaration and Signature for
Electronic Filing**

OMB No. 1545-1879

For calendar year 2018, or tax year beginning _____, 2018, and ending _____, 20_____

2018Department of the Treasury
Internal Revenue Service

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

Name of exempt organization

NATIONAL COUNCIL OF YMCAS OF THE USA

Employer identification number

36-3258696**Part I Type of Return and Return Information (Whole Dollars Only)**

Check the box for the type of return being filed with Form 8453-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

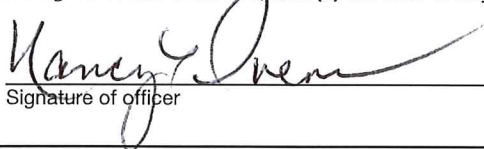
1a Form 990 check here <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b 134,627,208
2a Form 990-EZ check here <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b
3a Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b
4a Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b
5a Form 8868 check here <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b

Part II Declaration of Officer

6 ☐ I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

☐ If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.

Sign
Here

Signature of officer

Date

05/03/2019**SR. VP & CHIEF FINANCIAL OFFICER**

Title

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

**ERO's
Use
Only**ERO's
signatureFirm's name (or
yours if self-employed),
address, and ZIP code

Date

Check if
also paid
preparer ☐Check if
self-
employed ☐

ERO's SSN or PTIN

EIN

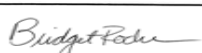
Phone no.

**Paid
Preparer
Use Only**

Print/Type preparer's name

BRIDGET T. ROCHE

Preparer's signature



Date

05/03/2019Check if
self-
employed ☐

PTIN

P00666837Firm's name **GRANT THORNTON LLP**Firm's EIN **36-6055558**Firm's address **171 N. CLARK STREET, SUITE 200, CHICAGO, IL 60601**Phone no. **(312) 856-0200**