PUBLIC DISCLOSURE COPY

Form 990 Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2025

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2025 calendar year, or tax year beginning , 2025, and ending , 20

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

C Name of organization NATIONAL COUNCIL OF YMCAS OF THE USA
Doing business as YMCA OF THE USA
Number and street (or P.O. box if mail is not delivered to street address) 101 N WACKER DRIVE
Room/suite
City or town, state or province, country, and ZIP or foreign postal code CHICAGO, IL 60606

D Employer identification number 36-3258696

E Telephone number (312) 977-0031

G Gross receipts $ 291,554,397

F Name and address of principal officer: SUZANNE MCCORMICK
SAME AS C ABOVE

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

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

H(c) Group exemption number

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

J Website: WWW.YMCA.ORG

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

L Year of formation: 1982

M State of legal domicile: IL

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 NEARLY 2,600 YS, WHICH STRENGTHEN COMMUNITY BY NURTURING THE POTENTIAL OF KIDS, PROMOTING HEALTHY LIVING FOR ALL AND FOSTERING SOCIAL RESPONSIBILITY.

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	29
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	29
5	Total number of individuals employed in calendar year 2025 (Part V, line 2a)	5	370
6	Total number of volunteers (estimate if necessary)	6	3,099
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	114,414
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	93,711

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	91,242,399	60,286,542
9	Program service revenue (Part VIII, line 2g)	97,787,525	88,837,159
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,826,232	6,189,272
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,575,299	6,789,589
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	198,431,455	162,102,562

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	47,387,410	25,502,783
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	47,301,219	55,782,468
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) 4,086,700		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	74,965,027	75,185,369
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	169,653,656	156,470,620
19	Revenue less expenses. Subtract line 18 from line 12	28,777,799	5,631,942

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	260,481,687	276,629,880
21	Total liabilities (Part X, line 26)	62,896,932	67,154,098
22	Net assets or fund balances. Subtract line 21 from line 20	197,584,755	209,475,782

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

GREG WAIBEL WAIBEL, CHIEF OPERATING OFFICER
Type or print name and title

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
BRIDGET T. ROCHE				P00666837

Firm's name GRANT THORNTON ADVISORS LLC — Firm's EIN 99-1856619
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** (2025) Created 4/30/25

Part III **Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:

YMCA OF THE USA (Y-USA) IS THE NATIONAL RESOURCE OFFICE SUPPORTING THE NATION'S 2,600+ YS. ACROSS 10,000 COMMUNITIES, THE Y OFFERS EXPERIENCES THAT BRING PEOPLE TOGETHER TO PURSUE GOALS, BUILD RELATIONSHIPS AND FIND A SENSE OF BELONGING. COLLECTIVELY, THE Y SERVES 6.5 MILLION YOUTH UNDER THE AGE OF 18 AND 11.3 MILLION ADULTS.

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 $ 58,596,377 including grants of $ 8,076,707) (Revenue $ 40,305,821)

SOCIAL RESPONSIBILITY: FOR 175 YEARS, THE Y HAS RESPONDED TO OUR NATION'S MOST PRESSING CHALLENGES BY MEETING IMMEDIATE NEEDS THROUGH COMMUNITY-BASED PROGRAMS THAT HELP PEOPLE CONNECT WITH AND SUPPORT ONE ANOTHER. FOR EXAMPLE, 1 IN 5 CHILDREN IN THE UNITED STATES DO NOT KNOW WHERE THEIR NEXT MEAL IS COMING FROM. IN RESPONSE, Y PROGRAMS ACROSS THE NATION PROVIDE NUTRITIOUS MEALS AND SNACKS - SERVING 2.3 MILLION CHILDREN IN 2025. LAST YEAR, THE Y SERVED 289,000 MILITARY PERSONNEL AND FAMILIES THROUGH CHILD CARE, EDUCATION, HEALTH AND FINANCIAL ASSISTANCE PROGRAMS THAT REDUCE ISOLATION AND STRENGTHEN COMMUNITY TIES.

4b (Code:) (Expenses $ 48,258,640 including grants of $ 13,882,886) (Revenue $ 25,305,864)

YOUTH DEVELOPMENT: AT THE Y, WE EQUIP THE NATION'S YOUNG PEOPLE WITH THE SKILLS AND SUPPORT TO CREATE THE COMMUNITIES THAT WE ALL WANT TO LIVE IN. THIS INCLUDES INSPIRING THIS NEXT GENERATION TO BE GLOBALLY MINDED, CIVICALLY-ENGAGED PROBLEM SOLVERS. THE Y'S YOUTH AND GOVERNMENT PROGRAM CONTINUED TO PROVIDE THOUSANDS OF TEENS NATIONWIDE WITH THE OPPORTUNITY TO IMMERSE THEMSELVES IN EXPERIENTIAL CIVIC ENGAGEMENT AND PRACTICE DEMOCRACY IN THEIR COMMUNITIES. THE Y PROVIDED THIS SUPPORT TO MILLIONS OF CHILDREN THROUGH ITS MANY YOUTH OFFERINGS, INCLUDING AFTERSCHOOL PROGRAMS, CHILD CARE, HEAD START PROGRAMS, SPORTS, SWIM LESSONS AND MORE. THESE ACTIVITIES PROVIDED A HEALTHY OUTLET FOR CHILDREN TO GAIN NEW SKILLS, DEVELOP RELATIONSHIPS, AND CONNECT WITH POSITIVE ROLE MODELS.

4c (Code:) (Expenses $ 30,414,570 including grants of $ 3,543,190) (Revenue $ 23,225,474)

HEALTHY LIVING: THE Y IS COMMITTED TO IMPROVING THE NATION'S HEALTH, WHICH IS WHY YS OFFER A VARIETY OF CHRONIC DISEASE PROGRAMS-IN-PERSON AND VIRTUALLY-DESIGNED TO HELP PEOPLE REDUCE THEIR RISK FOR OR MANAGE CHRONIC DISEASES. COLLECTIVELY, YS SERVED MORE THAN 240,000 PARTICIPANTS AT MORE THAN 466 ASSOCIATIONS IN PROGRAMS SUCH AS THE YMCA'S DIABETES PREVENTION PROGRAM, YMCA'S BLOOD PRESSURE SELF-MONITORING (BLOOD PRESSURE MANAGEMENT), CANCER SURVIVORSHIP PROGRAMS, HEALTHY WEIGHT AND YOUR CHILD (FAMILY WEIGHT MANAGEMENT), AND ENHANCE®FITNESS (ARTHRITIS MANAGEMENT).

NATIONALLY, THE Y CONTINUED DEVELOPING ITS COMMUNITY CARE MODEL OF MENTAL HEALTH AND REFINING MENTAL HEALTH TOOLS THAT HELP Y STAFF CARE FOR THEMSELVES AND THEIR COMMUNITY.

4d Other program services (Describe on Schedule O.)
(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses 137,269,587

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 Rev. Proc. 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 donor-restricted endowments or in 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 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		✔
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		✔
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		✔
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		✔
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		✔
29	Did the organization receive more than $25,000 in noncash 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 on 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 Compliance

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

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	70		
b	Enter the number of Forms W-2G included on 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	370		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		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 on 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 on 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 the 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		✔
17	**Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.		17		

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 on 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 . . 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 on Schedule O.	1a	29		
b	Enter the number of voting members included on line 1a, above, who are independent .	1b	29		
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, 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 on 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 on 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 on 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 on 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 on Schedule O)*

19 Describe on 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.

GREG WAIBEL, 101 N WACKER DRIVE, CHICAGO, IL 60606, (312) 977-0031

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

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

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

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's **current** key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(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) SUZANNE MCCORMICK PRESIDENT AND CHIEF EXECUTIVE OFFICER	50.0			✔				895,863	0	230,796
(2) EMMANUEL CESAR SILVA EXECUTIVE VICE PRESIDENT, CHIEF ADMINISTRATIVE OFFICER (THROUGH 06/2025)	50.0			✔				632,937	0	56,867
(3) CHRISTINA MACVEIGH EXECUTIVE VICE PRESIDENT, STRATEGIC INITIATIVES	50.0					✔		584,631	0	154,783
(4) ABIGAIL ROGERS EXECUTIVE VICE PRESIDENT, CHIEF DEVELOPMENT OFFICER	50.0					✔		565,365	0	151,574
(5) KARYN KIRK EXECUTIVE VICE PRESIDENT, CHIEF LEGAL OFFICER	50.0			✔				562,934	0	152,438
(6) SHAWN BORZELLERI EXECUTIVE VICE PRESIDENT, CHIEF NETWORK EXPERIENCE OFFICER	50.0					✔		548,507	0	149,231
(7) LYNDA GONZALES SENIOR VICE PRESIDENT, CHIEF GLOBAL RELATIONS AND COMMUNITY ENGAGEMENT OFFICER	50.0					✔		441,748	0	116,543
(8) THOMAS GARDNER SENIOR VICE PRESIDENT, CHIEF INFORMATION OFFICER	50.0					✔		348,417	0	59,890
(9) GREGORY WAIBEL CHIEF OPERATING OFFICER (EFFECTIVE 08/2025)	50.0			✔				274,297	0	53,940
(10) GEORGE LEIS CHAIR	4.0	✔		✔				0	0	0
(11) RUBEN DARIO TABRODA CHAIR-ELECT	4.0	✔		✔				0	0	0
(12) JEREMY WELLAND TREASURER	4.0	✔		✔				0	0	0
(13) SHARON CATES-WILLIAMS SECRETARY	4.0	✔		✔				0	0	0
(14) CICI ROJAS PAST CHAIR	4.0	✔		✔				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/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(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) ANTHONY WALTERS	2.0									
BOARD MEMBER (THROUGH 01/2025)		✔						0	0	0
(16) BRAD TOFT	2.0									
BOARD MEMBER (EFFECTIVE 4/2025)		✔						0	0	0
(17) BRYAN PRESTON	2.0									
BOARD MEMBER		✔						0	0	0
(18) CRAIG FENNEMAN	2.0									
BOARD MEMBER		✔						0	0	0
(19) DAN KRAEMER	2.0									
BOARD MEMBER (THROUGH 09/2025)		✔						0	0	0
(20) ERIC HUFFMAN	2.0									
BOARD MEMBER		✔						0	0	0
(21) GEORGE WILSON II	2.0									
BOARD MEMBER		✔						0	0	0
(22) HON, J. MICHELLE CHILDS	2.0									
BOARD MEMBER		✔						0	0	0
(23) IAN HOLDER	2.0									
BOARD MEMBER		✔						0	0	0
(24) JIM SANDGREN	2.0									
BOARD MEMBER		✔						0	0	0
(25) (SEE PART VII CONTINUATION SHEET)										
1b Subtotal								4,854,699	0	1,126,062
c Total from continuation sheets to Part VII, Section A								0	0	0
d Total (add lines 1b and 1c)								4,854,699	0	1,126,062

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 174

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

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
THE MARTIN AGENCY, ONE SHOCKHOE PLAZA, RICHMOND, VA 23219	ADVERTISING	3,840,341
PRAESIDIUM, INC., 624 SIX FLAGS DRIVE, SUITE 110, ARLINGTON, TX 76011	CHILD SAFETY INITIATIVE	3,484,424
LD HUMAN CAPITAL CONSULTING, LLC, 2125 SHARON LANE, CHARLOTTE, NC 28211	HR & EXECUTIVE CONSULTANTS	1,987,050
GRANT THORNTON ADVISORS LLC, 33562 TREASURY CENTER, CHICAGO, IL 60694	ADVISORY AND ACCOUNTING	1,899,885
AQUENT, 90503 COLLECTION CENTER, CHICAGO, IL 60693	AGENCY STAFFING	1,873,924

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 86

Part VIII Statement of Revenue

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

					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Contributions, Gifts, Grants, and Other Similar Amounts	1a	Federated campaigns	1a	0				
	b	Membership dues	1b	0				
	c	Fundraising events	1c	0				
	d	Related organizations	1d	0				
	e	Government grants (contributions)	1e	5,368,213				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	54,918,329				
	g	Noncash contributions included in lines 1a–1f	1g	$ 2,519,350				
	h	**Total.** Add lines 1a–1f			60,286,542			
Program Service Revenue			Business Code					
	2a	SOCIAL RESPONSIBILITY			42,032,133	42,032,133		
	b	YOUTH DEVELOPMENT			24,442,625	24,442,625		
	c	HEALTHY LIVING			22,362,401	22,362,401		
	d							
	e							
	f	All other program service revenue			0	0	0	0
	g	**Total.** Add lines 2a–2f			88,837,159			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			4,225,340	0	114,396	4,110,944
	4	Income from investment of tax-exempt bond proceeds			0	0	0	0
	5	Royalties			847,848	0	0	847,848
			(i) Real	(ii) Personal				
	6a	Gross rents 6a	1,863,237	0				
	b	Less: rental expenses 6b	1,751,324	0				
	c	Rental income or (loss) 6c	111,913	0				
	d	Net rental income or (loss)			111,913			111,913
			(i) Securities	(ii) Other				
	7a	Gross amount from sales of assets other than inventory 7a	129,664,443	0				
	b	Less: cost or other basis and sales expenses 7b	127,700,511	0				
	c	Gain or (loss) 7c	1,963,932	0				
	d	Net gain or (loss)			1,963,932	0	18	1,963,914
	8a	Gross income from fundraising events (not including $ 0 of contributions reported on line 1c). See Part IV, line 18	8a	0				
	b	Less: direct expenses	8b	0				
	c	Net income or (loss) from fundraising events			0		0	0
	9a	Gross income from gaming activities. See Part IV, line 19	9a	0				
	b	Less: direct expenses	9b	0				
	c	Net income or (loss) from gaming activities			0	0	0	0
	10a	Gross sales of inventory, less returns and allowances	10a	0				
	b	Less: cost of goods sold	10b	0				
	c	Net income or (loss) from sales of inventory			0	0	0	0
Miscellaneous Revenue			Business Code					
	11a	YESS REVENUE	900099		4,965,022	0	0	4,965,022
	b	YESS THIRD PARTY PAY	900099		454,598	0	0	454,598
	c	REIMB. OF FROM VARIOUS Y ORGS.	900099		262,310	0	0	262,310
	d	All other revenue	900099		147,898	0	0	147,898
	e	**Total.** Add lines 11a–11d			5,829,828			
	12	**Total revenue.** See instructions			162,102,562	88,837,159	114,414	12,864,447

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	22,721,615	22,721,615		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	43,389	43,389		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	2,737,779	2,737,779		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	4,456,552	2,738,923	1,367,172	350,457
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	37,340,982	33,815,943	990,972	2,534,067
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3,893,821	3,471,498	223,558	198,765
9 Other employee benefits	7,105,847	6,534,056	282,800	288,991
10 Payroll taxes	2,985,266	2,834,302	8,867	142,097
11 Fees for services (nonemployees):				
a Management	0	0	0	0
b Legal	1,938,497	971,180	967,317	0
c Accounting	305,210	64,510	240,700	0
d Lobbying	440,000	440,000	0	0
e Professional fundraising services. See Part IV, line 17	0			0
f Investment management fees	300,060	0	300,060	0
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	32,342,631	28,857,450	3,485,181	0
12 Advertising and promotion	3,969,483	3,969,067	416	0
13 Office expenses	3,967,878	3,805,641	120,391	41,846
14 Information technology	11,851,352	9,920,055	1,931,297	0
15 Royalties	0	0	0	0
16 Occupancy	3,436,554	2,364,489	915,947	156,118
17 Travel	4,819,606	3,492,409	952,838	374,359
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19 Conferences, conventions, and meetings	3,370,025	3,048,428	321,597	0
20 Interest	1,756,713	677,986	1,078,727	0
21 Payments to affiliates	0	0	0	0
22 Depreciation, depletion, and amortization	3,596,945	3,433,900	163,045	0
23 Insurance	1,374,410	1,253,513	120,897	0
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a ORGANIZATIONAL DUES	1,010,496	73,454	937,042	0
b PROV. FOR UNCOLLECTIBLES	689,878	0	689,878	0
c INCOME TAX EXPENSE	15,631	0	15,631	0
d				
e All other expenses	0	0	0	0
25 **Total functional expenses.** Add lines 1 through 24e	156,470,620	137,269,587	15,114,333	4,086,700
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		0	1	0
	2	Savings and temporary cash investments		75,793,950	2	69,107,165
	3	Pledges and grants receivable, net		24,951,391	3	26,143,036
	4	Accounts receivable, net		2,014,769	4	3,533,729
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		0	6	0
	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use		0	8	0
	9	Prepaid expenses and deferred charges		3,416,985	9	5,970,213
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 50,111,993			
	b	Less: accumulated depreciation	10b 41,191,800	14,108,204	10c	8,920,193
	11	Investments—publicly traded securities		89,149,680	11	100,288,813
	12	Investments—other securities. See Part IV, line 11		32,816,848	12	44,854,960
	13	Investments—program-related. See Part IV, line 11		1,000	13	1,000
	14	Intangible assets		7,876,545	14	6,533,330
	15	Other assets. See Part IV, line 11		10,352,315	15	11,277,441
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		260,481,687	16	276,629,880
Liabilities	17	Accounts payable and accrued expenses		26,342,942	17	30,392,178
	18	Grants payable		0	18	0
	19	Deferred revenue		978,042	19	1,800,755
	20	Tax-exempt bond liabilities		0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		0	21	0
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		15,000,000	23	13,850,000
	24	Unsecured notes and loans payable to unrelated third parties		0	24	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		20,575,948	25	21,111,165
	26	**Total liabilities.** Add lines 17 through 25		62,896,932	26	67,154,098
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ☐ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		46,542,070	27	35,131,651
	28	Net assets with donor restrictions		151,042,685	28	174,344,131
		Organizations that do not follow FASB ASC 958, check here ☐ and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		0	29	0
	30	Paid-in or capital surplus, or land, building, or equipment fund		0	30	0
	31	Retained earnings, endowment, accumulated income, or other funds		0	31	0
	32	Total net assets or fund balances		197,584,755	32	209,475,782
	33	Total liabilities and net assets/fund balances		260,481,687	33	276,629,880

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	162,102,562
2	Total expenses (must equal Part IX, column (A), line 25)	2	156,470,620
3	Revenue less expenses. Subtract line 2 from line 1	3	5,631,942
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	197,584,755
5	Net unrealized gains (losses) on investments	5	13,264,671
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain on Schedule O)	9	(7,005,586)
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	209,475,782

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		✔
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both.			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	✔	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both.			
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	✔	
	If the organization changed either its oversight process or selection process during the tax year, explain on 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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a	✔	
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 on Schedule O and describe any steps taken to undergo such audits	3b	✔	

(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) JIMMY CHOW BOARD MEMBER	2.0	✓						0	0	0
(26) JOANNA DIAZ SOFFER BOARD MEMBER	2.0	✓						0	0	0
(27) JOHN CONLEY BOARD MEMBER	2.0	✓						0	0	0
(28) JOHN MIKOS BOARD MEMBER	2.0	✓						0	0	0
(29) JULIE SILLS-MOLOCK BOARD MEMBER	2.0	✓						0	0	0
(30) KAREN DEBLIEUX BOARD MEMBER	2.0	✓						0	0	0
(31) KATHY LONOWSKI BOARD MEMBER	2.0	✓						0	0	0
(32) LAURIE GOGANZER BOARD MEMBER (EFFECTIVE 4/2025)	2.0	✓						0	0	0
(33) MAGGIE CONNELLY ROSENBACH BOARD MEMBER	2.0	✓						0	0	0
(34) MARK DIBBLE BOARD MEMBER	2.0	✓						0	0	0
(35) RHONDA ANDERSON BOARD MEMBER	2.0	✓						0	0	0
(36) RHONDA ROBSON BOARD MEMBER (EFFECTIVE 4/2025)	2.0	✓						0	0	0
(37) SARAH BRAYTON BOARD MEMBER	2.0	✓						0	0	0
(38) SCOTT LEWIS BOARD MEMBER	2.0	✓						0	0	0
(39) TROY VINCENT BOARD MEMBER	2.0	✓						0	0	0
(40) WENDY BART BOARD MEMBER	2.0	✓						0	0	0

SCHEDULE A (Form 990)

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

2025

Open to Public Inspection

Name of the organization	Employer identification number
NATIONAL COUNCIL OF YMCAS OF THE USA	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).)

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 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 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 on 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 must generally 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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(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) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(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) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(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 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2025 (line 6, column (f), divided by line 11, column (f)) . . . . **14** %

15 Public support percentage from 2024 Schedule A, Part II, line 14 . . . . . **15** %

16a **33 1/3% support test—2025.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . . ☐

b **33 1/3% support test—2024.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . . ☐

17a **10%-facts-and-circumstances test—2025.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here**. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . . ☐

b **10%-facts-and-circumstances test—2024.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here**. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . . ☐

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	53,195,916	33,397,625	26,332,447	69,750,106	40,699,543	223,375,637
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	62,189,455	71,818,329	89,317,662	97,787,525	88,837,159	409,950,130
3 Gross receipts from activities that are not an unrelated trade or business under section 513					0	0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf					0	0
5 The value of services or facilities furnished by a governmental unit to the organization without charge					0	0
6 **Total.** Add lines 1 through 5	115,385,371	105,215,954	115,650,109	167,537,631	129,536,702	633,325,767
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	124,266	23,450	42,750	56,550	69,700	316,716
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	124,266	23,450	42,750	56,550	69,700	316,716
8 **Public support.** (Subtract line 7c from line 6.)						633,009,051

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
9 Amounts from line 6	115,385,371	105,215,954	115,650,109	167,537,631	129,536,702	633,325,767
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	25,696,362	11,136,281	24,122,249	25,959,723	24,545,722	111,460,337
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	12,182	51,471	114,414	178,067
c Add lines 10a and 10b	25,696,362	11,136,281	24,134,431	26,011,194	24,660,136	111,638,404
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on				0	0	0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	490,906	556,111	3,686,474	4,307,239	5,829,828	14,870,558
13 **Total support.** (Add lines 9, 10c, 11, and 12.)	141,572,639	116,908,346	143,471,014	197,856,064	160,026,666	759,834,729

14 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2025 (line 8, column (f), divided by line 13, column (f))	15	83.31 %
16	Public support percentage from 2024 Schedule A, Part III, line 15	16	85.53 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2025** (line 10c, column (f), divided by line 13, column (f))	17	15 %
18	Investment income percentage from **2024** Schedule A, Part III, line 17	18	13 %

19a **33 1/3% support tests—2025.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☑

b **33 1/3% support tests—2024.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in* ***Part VI****, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI****.*	6		
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? *If "Yes," complete Part I of Schedule L (Form 990).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI****.*	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI****.*	9b		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI****.*	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

Part IV Supporting Organizations *(continued)*

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
c	A 35% controlled entity of a person described on line 11a or 11b above? *If "Yes" to line 11a, 11b, or 11c, provide detail in* ***Part VI****.*	11c		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*	2		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	1		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

a ☐ The organization satisfied the Activities Test. *Complete* ***line 2*** *below.*

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

c ☐ The organization supported a governmental supported organization. *Describe in* ***Part VI*** *how you supported a governmental supported organization (see instructions).*

			Yes	No
2	Activities Test. ***Answer lines 2a and 2b below.***			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of its supported organization(s)? *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 each of its supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations. ***Answer lines 3a, 3b, and 3c below.***			
a	Are the organization and its supported organization(s) part of an integrated system (for example, a hospital system)? *If "Yes," provide details in* ***Part VI****.*	3a		
b	Did the organization direct the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI*** *the role played by the organization in this regard.*	3b		
c	Did the organization have the power to regularly appoint or elect (and remove) a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in* ***Part VI****.*	3c		

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 0.015 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 0.035.	**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 0.85 of line 1.	**2**	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	**3**	
4	Enter greater of line 2 or line 3.	**4**	
5	Income tax imposed in prior year	**5**	
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	**6**	

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

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

Section D—Distributions			**Current Year**
1	Amounts paid to supported organizations to accomplish exempt purposes	**1**	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	**2**	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	**3**	
4	Amounts paid to acquire exempt-use assets	**4**	
5	Qualified set-aside amounts (prior IRS approval required—*provide details in* ***Part VI***)	**5**	
6	**Total annual distributions.** Add lines 1 through 5.	**6**	
7	Distributions to attentive supported organizations to which the organization is responsive (*provide details in* ***Part VI***). See instructions.	**7**	
8	Distributable amount for 2025 from Section C, line 6	**8**	
9	Line 7 amount divided by line 8 amount	**9**	

Section E—Distribution Allocations (see instructions)		**(i) Excess Distributions**	**(ii) Underdistributions Pre-2025**	**(iii) Distributable Amount for 2025**
1	Distributable amount for 2025 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2025 (reasonable cause required—*explain in* ***Part VI***). See instructions.			
3	Excess distributions carryover, if any, to 2025			
a	From 2020			
b	From 2021			
c	From 2022			
d	From 2023			
e	From 2024			
f	**Total** of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2025 distributable amount			
i	Carryover from 2020 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2025 from Section D, line 6: $			
a	Applied to underdistributions of prior years			
b	Applied to 2025 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2025, 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 2025. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* ***Part VI***. See instructions.			
7	**Excess distributions carryover to 2026.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2021 . . .			
b	Excess from 2022 . . .			
c	Excess from 2023 . . .			
d	Excess from 2024 . . .			
e	Excess from 2025 . . .			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, 3b, and 3c; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5 and 7; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

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, 3b, and 3c; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5 and 7; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Return Reference - Identifier: SCHEDULE A, PART III, LINE 12 - OTHER INCOME

Explanation

Other Income Type	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
(1) YESS REVENUE	0	0	0	3,764,642	4,965,022	8,729,664
(2) REIMBURSEMENT FROM OTHER YMCA ORGS.	306,372	294,361	1,858,199	267,763	262,310	2,989,005
(3) VENDOR BOOTH REVENUE	0	25,000	1,242,160	41,980	46,256	1,355,396
(4) REBATES	0	85,000	418,365	105,114	87,279	695,758
(5) TRG SUPPORT FEES	94,700	151,750	167,750	100,542	13,060	527,802
(6) FOREIGN TAX REFUND	89,834	0	0	0	0	89,834
(7) UNCLAIMED PROPERTY	0	0	0	27,198	0	27,198
(8) REIMBURSEMENT OF PRIOR YEAR ITEMS	0	0	0	0	0	0
(9) YESS THIRD PARTY PAY	0	0	0	0	454,598	454,598
(10) HONORARIUM	0	0	0	0	1,303	1,303

Schedule B (Form 990)
(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

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 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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), 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).

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		$ 19,587,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
2		$ 15,000,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
3		$ 8,100,193	Person ☑ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)
4		$ 5,000,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
5		$ 3,235,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
6		$ 2,961,914	Person ☑ Payroll ☐ Noncash ☐ (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		$ 1,000,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
8		$ 1,000,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
9		$ 660,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
10		$ 550,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
11		$ 450,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
12		$ 400,000	Person ☑ Payroll ☐ Noncash ☐ (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
13		$ 400,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
14		$ 275,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
15		$ 272,568	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
16		$ 197,300	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
17		$ 160,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
18		$ 109,534	Person ☑ Payroll ☐ Noncash ☐ (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		$ 100,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
20		$ 100,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
21		$ 99,499	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
22		$ 92,023	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
23		$ 90,500	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
24		$ 75,000	Person ☑ Payroll ☐ Noncash ☐ (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
25		$ 65,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
26		$ 60,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
27		$ 52,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
28		$ 50,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
29		$ 50,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
30		$ 39,916	Person ☑ Payroll ☐ Noncash ☐ (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		$ 36,533	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
32		$ 35,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
33		$ 35,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
34		$ 33,262	Person ☑ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)
35		$ 30,625	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
36		$ 30,000	Person ☑ Payroll ☐ Noncash ☐ (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		$ 30,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
38		$ 26,537	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
39		$ 26,182	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
40		$ 25,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
41		$ 25,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
42		$ 24,750	Person ☑ Payroll ☐ Noncash ☐ (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
43		$ 24,460	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
44		$ 23,404	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
45		$ 22,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
46		$ 21,004	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
47		$ 20,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
48		$ 20,000	Person ☑ Payroll ☐ Noncash ☐ (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
49		$ 20,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
50		$ 19,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
51		$ 19,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
52		$ 18,791	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
53		$ 15,150	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
54		$ 15,020	Person ☑ Payroll ☐ Noncash ☐ (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
55		$ 15,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
56		$ 14,681	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
57		$ 13,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
58		$ 12,750	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
59		$ 10,100	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
60		$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (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
61		$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
62		$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
63		$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
64		$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
65		$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
66		$ 9,381	Person ☑ Payroll ☐ Noncash ☐ (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
67		$ 9,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
68		$ 8,900	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
69		$ 8,500	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
70		$ 7,342	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
71		$ 7,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
72		$ 7,000	Person ☑ Payroll ☐ Noncash ☐ (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
73		$ 6,500	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
74		$ 6,500	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
75		$ 6,178	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
76		$ 6,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
77		$ 6,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
78		$ 6,000	Person ☑ Payroll ☐ Noncash ☐ (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
79		$ 6,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
80		$ 6,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
81		$ 5,918	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
82		$ 5,772	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
83		$ 5,501	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
84		$ 5,200	Person ☑ Payroll ☐ Noncash ☐ (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
85		$ 5,027	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
86		$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
87		$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
88		$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
89		$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
90		$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (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
91		$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
92		$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
93		$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
94		$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
95		$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
96		$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (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
97		$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
98		$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
99		$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
100		$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
101		$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
102		$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (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
103		$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
104		$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
105		$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		$	Person ☐ Payroll ☐ Noncash ☐ (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
3	STOCK	$ 2,486,280	09/12/2025
34	STOCK	$ 33,262	07/31/2025
		$	
		$	
		$	
		$	

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

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)

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

2025

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 I-B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and I-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	Employer identification number (EIN)
NATIONAL COUNCIL OF YMCAS OF THE USA	36-3258696

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 EINs 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 (grassroots lobbying)	0	0
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	440,000	0
c	Total lobbying expenditures (add lines 1a and 1b)	440,000	0
d	Other exempt purpose expenditures	156,030,620	0
e	Total exempt purpose expenditures (add lines 1c and 1d)	156,470,620	0
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns	1,000,000	0
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000	0
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0	0
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0	0

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

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

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)		(a) 2022	(b) 2023	(c) 2024	(d) 2025	(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	440,000	440,000	440,000	440,000	1,760,000
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) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?			
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 not be 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 carry over to the reasonable estimate of nondeductible lobbying and political expenditures 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)
(Rev. January 2025)

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

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? ☐ Yes ☐ No

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

Part II Conservation Easements

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
- ☐ Preservation of land for public use (for example, recreation or education)
- ☐ Preservation of a historically important land area
- ☐ Protection of natural habitat
- ☐ Preservation of a certified historic structure
- ☐ Preservation of open space

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

			Held at the End of the 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 on line 2a	2c	
d	Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d	

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

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

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

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

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

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

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

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

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

1a If the organization elected, as permitted under FASB 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 FASB 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 FASB ASC 958 relating to these items.

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

b Assets included in Form 990, Part X $

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

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

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

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

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

Part IV Escrow and Custodial Arrangements

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

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

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

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

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

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

Part V Endowment Funds

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	106,216,952	96,840,092	81,310,882	100,904,412	78,045,911
b Contributions	0	315,314	3,790,700	40,000	12,130,000
c Net investment earnings, gains, and losses	16,223,684	12,862,076	15,376,011	(16,148,439)	14,135,835
d Grants or scholarships	3,720,000	3,540,000	3,410,000	3,250,000	3,100,000
e Other expenditures for facilities and programs	0	0	0	0	0
f Administrative expenses	300,060	260,530	227,501	235,091	307,334
g End of year balance	118,420,576	106,216,952	96,840,092	81,310,882	100,904,412

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

- a Board designated or quasi-endowment 42.44 %
- b Permanent endowment 13.26 %
- c Term endowment 44.30 %

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

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

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

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

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	346,123			346,123
b Buildings	1,419,424		1,419,424	0
c Leasehold improvements	11,640,341		8,850,904	2,789,437
d Equipment	36,036,626		30,921,472	5,115,154
e Other	669,479		0	669,479
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				8,920,193

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		
(A) LIMITED PARTNERSHIPS	18,140,001	END OF YEAR MARKET VALUE
(B) BOND FUNDS	26,714,959	END OF YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, line 12, col. (B))*	44,854,960	

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, line 13, col. (B))*		

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

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) LEASE LIABILITY	21,111,165
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 25, col. (B))*	21,111,165

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 FASB 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	235,827,259
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	13,264,670		
b	Donated services and use of facilities	2b	59,008,763		
c	Recoveries of prior year grants	2c	0		
d	Other (Describe in Part XIII.)	2d	1,751,324		
e	Add lines **2a** through **2d**			2e	74,024,757
3	Subtract line **2e** from line **1**			3	161,802,502
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	300,060		
b	Other (Describe in Part XIII.)	4b	0		
c	Add lines **4a** and **4b**			4c	300,060
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	162,102,562

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	223,937,233
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	59,008,763		
b	Prior year adjustments	2b	0		
c	Other losses	2c	0		
d	Other (Describe in Part XIII.)	2d	8,757,910		
e	Add lines **2a** through **2d**			2e	67,766,673
3	Subtract line **2e** from line **1**			3	156,170,560
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	300,060		
b	Other (Describe in Part XIII.)	4b	0		
c	Add lines **4a** and **4b**			4c	300,060
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	156,470,620

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

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 XI, LINE 2(D) - OTHER REVENUES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	**(a)** Description: RENT COSTS CLASSIFIED AS EXPENSE ON FINANCIAL STATEMENTS — **(b)** Amount: 1,751,324
SCHEDULE D, PART XII, LINE 2(D) - OTHER EXPENSES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	**(a)** Description: RENT COSTS CLASSIFIED AS EXPENSE ON FINANCIAL STATEMENTS — **(b)** Amount: 1,751,324 **(a)** Description: LOSS ON SUBLEASE — **(b)** Amount: 4,502,113 **(a)** Description: IMPAIRMENT ON FIXED ASSETS — **(b)** Amount: 2,504,473

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 IT IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(A) OF THE INTERNAL REVENUE CODE OF 1986, 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)
(Rev. January 2025)

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

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		427,266
(2)	EAST ASIA AND THE PACIFIC	0	0	GRANTMAKING		215,911
(3)	EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	GRANTMAKING		882,299
(4)	MIDDLE EAST AND NORTH AFRICA	0	0	GRANTMAKING		433,264
(5)	NORTH AMERICA (CANADA & MEXICO ONLY)	0	0	GRANTMAKING		81,516
(6)	RUSSIA AND NEIGHBORING STATES	0	0	GRANTMAKING		162,975
(7)	SOUTH AMERICA	0	0	GRANTMAKING		195,275
(8)	SUB-SAHARAN AFRICA	0	0	GRANTMAKING		32,521
(9)	SOUTH ASIA	0	0	GRANTMAKING		306,753
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
3a	Subtotal	0	0			2,737,780
b	Total from continuation sheets to Part I	0	0			0
c	**Totals** (add lines 3a and 3b)	0	0			2,737,780

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)
(1)			EUROPE (INCLUDING ICELAND AND GREENLAND)	PROGRAM SUPPORT	540,850	WIRE TRANSFER			
(2)			MIDDLE EAST AND NORTH AFRICA	PROGRAM SUPPORT	275,085	WIRE TRANSFER			
(3)			EUROPE (INCLUDING ICELAND AND GREENLAND)	PROGRAM SUPPORT	207,155	WIRE TRANSFER			
(4)			CENTRAL AMERICA AND THE CARIBBEAN	PROGRAM SUPPORT	149,578	WIRE TRANSFER			
(5)			CENTRAL AMERICA AND THE CARIBBEAN	PROGRAM SUPPORT	132,180	WIRE TRANSFER			
(6)			MIDDLE EAST AND NORTH AFRICA	PROGRAM SUPPORT	126,625	WIRE TRANSFER			
(7)			EAST ASIA AND THE PACIFIC	PROGRAM SUPPORT	104,350	WIRE TRANSFER			
(8)			SUB-SAHARAN AFRICA	PROGRAM SUPPORT	100,150	WIRE TRANSFER			
(9)			RUSSIA AND NEIGHBORING STATES	PROGRAM SUPPORT	92,000	WIRE TRANSFER			
(10)			CENTRAL AMERICA AND THE CARIBBEAN	PROGRAM SUPPORT	74,182	WIRE TRANSFER			
(11)			SUB-SAHARAN AFRICA	PROGRAM SUPPORT	70,103	WIRE TRANSFER			
(12)			SOUTH AMERICA	PROGRAM SUPPORT	62,000	WIRE TRANSFER			
(13)			NORTH AMERICA (CANADA & MEXICO ONLY)	PROGRAM SUPPORT	61,953	WIRE TRANSFER			
(14)			RUSSIA AND NEIGHBORING STATES	PROGRAM SUPPORT	56,405	WIRE TRANSFER			
(15)			EUROPE (INCLUDING ICELAND AND GREENLAND)	PROGRAM SUPPORT	42,500	WIRE TRANSFER			
(16)			(SEE STATEMENT)						

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 48

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 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.

Return Reference - Identifier	Explanation
SCHEDULE F, PART I - METHOD USED 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 SUB-SAHARAN AFRICA - ACCRUAL SOUTH ASIA - ACCRUAL

Return Reference - Identifier	Explanation
SCHEDULE F, PART II, LINE 1 - METHOD USED 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

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)		CENTRAL AMERICA AND THE CARIBBEAN	PROGRAM SUPPORT	42,017	WIRE TRANSFER			
(17)		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	39,500	WIRE TRANSFER			
(18)		SOUTH AMERICA	PROGRAM SUPPORT	35,525	WIRE TRANSFER			
(19)		SOUTH AMERICA	PROGRAM SUPPORT	34,000	WIRE TRANSFER			
(20)		EAST ASIA AND THE PACIFIC	PROGRAM SUPPORT	33,100	WIRE TRANSFER			
(21)		EAST ASIA AND THE PACIFIC	PROGRAM SUPPORT	32,000	WIRE TRANSFER			
(22)		EAST ASIA AND THE PACIFIC	PROGRAM SUPPORT	30,052	WIRE TRANSFER			
(23)		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	28,000	WIRE TRANSFER			
(24)		SOUTH AMERICA	PROGRAM SUPPORT	27,000	WIRE TRANSFER			
(25)		EUROPE (INCLUDING ICELAND AND GREENLAND)	PROGRAM SUPPORT	27,000	WIRE TRANSFER			
(26)		MIDDLE EAST AND NORTH AFRICA	PROGRAM SUPPORT	25,554	WIRE TRANSFER			
(27)		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	25,000	WIRE TRANSFER			
(28)		SOUTH ASIA	PROGRAM SUPPORT	24,521	WIRE TRANSFER			
(29)		EUROPE (INCLUDING ICELAND AND GREENLAND)	PROGRAM SUPPORT	23,000	WIRE TRANSFER			
(30)		CENTRAL AMERICA AND THE CARIBBEAN	PROGRAM SUPPORT	21,000	WIRE TRANSFER			
(31)		SOUTH AMERICA	PROGRAM SUPPORT	20,000	WIRE TRANSFER			
(32)		NORTH AMERICA (CANADA & MEXICO ONLY)	PROGRAM SUPPORT	19,562	WIRE TRANSFER			
(33)		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	18,000	WIRE TRANSFER			
(34)		EUROPE (INCLUDING ICELAND AND GREENLAND)	PROGRAM SUPPORT	16,794	WIRE TRANSFER			
(35)		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	15,000	WIRE TRANSFER			
(36)		EUROPE (INCLUDING ICELAND AND GREENLAND)	PROGRAM SUPPORT	13,000	WIRE TRANSFER			
(37)		SOUTH AMERICA	PROGRAM SUPPORT	11,500	WIRE TRANSFER			
(38)		EAST ASIA AND THE PACIFIC	PROGRAM SUPPORT	11,409	WIRE TRANSFER			
(39)		EUROPE (INCLUDING ICELAND AND GREENLAND)	PROGRAM SUPPORT	10,000	WIRE TRANSFER			
(40)		CENTRAL AMERICA AND THE CARIBBEAN	PROGRAM SUPPORT	8,309	WIRE TRANSFER			
(41)		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	6,000	WIRE TRANSFER			
(42)		MIDDLE EAST AND NORTH AFRICA	PROGRAM SUPPORT	6,000	WIRE TRANSFER			
(43)		SOUTH AMERICA	PROGRAM SUPPORT	5,250	WIRE TRANSFER			
(44)		RUSSIA AND NEIGHBORING STATES	PROGRAM SUPPORT	5,000	WIRE TRANSFER			
(45)		SUB-SAHARAN	PROGRAM	5,000	WIRE			

(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)
		AFRICA	SUPPORT		TRANSFER			
(46)		SOUTH ASIA	PROGRAM SUPPORT	5,000	WIRE TRANSFER			
(47)		RUSSIA AND NEIGHBORING STATES	PROGRAM SUPPORT	5,000	WIRE TRANSFER			
(48)		EAST ASIA AND THE PACIFIC	PROGRAM SUPPORT	5,000	WIRE TRANSFER			

SCHEDULE I (Form 990)

(Rev. December 2024)

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 instructions and the latest information.

OMB No. 1545-0047

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 noncash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of noncash assistance	**(h)** Purpose of grant or assistance
(1) GREATER AUSTIN YMCA 3208 RED RIVER, SUITE 200, AUSTIN, TX 78705	74-1193464	501 (C)(3)	677,300				PROGRAM SUPPORT
(2) (SEE STATEMENT)	61-0444841	501 (C)(3)	576,060				PROGRAM SUPPORT
(3) (SEE STATEMENT)	91-0482710	501 (C)(3)	482,140				PROGRAM SUPPORT
(4) (SEE STATEMENT)	45-3806647	501 (C)(3)	450,186				PROGRAM SUPPORT
(5) VALLEY OF THE SUN YMCA 350 N 1ST AVE, PHOENIX, AZ 85003-1513	86-0096799	501 (C)(3)	436,066				PROGRAM SUPPORT
(6) (SEE STATEMENT)	39-0806436	501 (C)(3)	417,828				PROGRAM SUPPORT
(7) YMCA OF SAN DIEGO COUNTY 3708 RUFFIN RD, SAN DIEGO, CA 92123-1641	95-2039198	501 (C)(3)	296,580				PROGRAM SUPPORT
(8) YMCA OF THE GREATER HOUSTON AREA PO BOX 3007, HOUSTON, TX 77253	74-1109737	501 (C)(3)	294,170				PROGRAM SUPPORT
(9) (SEE STATEMENT)	58-0566253	501 (C)(3)	252,550				PROGRAM SUPPORT
(10) (SEE STATEMENT)	45-2563299	501 (C)(3)	249,645				PROGRAM SUPPORT
(11) (SEE STATEMENT)	54-0505986	501 (C)(3)	246,250				PROGRAM SUPPORT
(12) (SEE STATEMENT)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 465

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

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

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1	SCHOLARSHIPS	30	43,389			
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 THE PIKES PEAK REGION 316 N. TEJON STREET, COLORADO SPRINGS, CO 80903	84-0404266	501 (C)(3)	245,794				PROGRAM SUPPORT
(13) FLORIDA'S FIRST COAST YMCA 40 EAST ADAMS STREET, SUITE 210, JACKSONVILLE, FL 32202	59-0638514	501 (C)(3)	240,000				PROGRAM SUPPORT
(14) YMCA OF THE TRIANGLE AREA 801 CORPORATE CENTER DR, SUITE 200, RALEIGH, NC 27607-5073	56-0591307	501 (C)(3)	230,120				PROGRAM SUPPORT
(15) YMCA OF GREATER CHARLOTTE 5900 QUAIL HOLLOW ROAD, CHARLOTTE, NC 28210	56-1045299	501 (C)(3)	228,375				PROGRAM SUPPORT
(16) YMCA OF GREATER INDIANAPOLIS 6610 N SHADELAND AVE, INDIANAPOLIS, IN 46220	35-0868211	501 (C)(3)	215,386				PROGRAM SUPPORT
(17) CENTRAL CONNECTICUT COAST YMCA 1240 CHAPEL ST, NEW HAVEN, CT 06511-4506	06-0662195	501 (C)(3)	198,500				PROGRAM SUPPORT
(18) YMCA OF GREATER LONG BEACH 820 LONG BEACH BLVD, LONG BEACH, CA 90813	95-1643396	501 (C)(3)	192,000				PROGRAM SUPPORT
(19) YMCA OF THE SEVEN COUNCIL FIRES PO BOX 218, 1 B STREET, DUPREE, SD 57623-0218	46-0336514	501 (C)(3)	190,338				PROGRAM SUPPORT
(20) YMCA OF GREATER LOUISVILLE 545 SOUTH 2ND STREET, LOUISVILLE, KY 40202	61-0444843	501 (C)(3)	188,025				PROGRAM SUPPORT
(21) THE GRANITE YMCA EXECUTIVE DIRECTOR / PRESIDENT, 30 MECHANIC ST, MANCHESTER, NH 03101-1972	02-0222248	501 (C)(3)	187,000				PROGRAM SUPPORT
(22) CROSSROADS YMCA, INC 201 N. GRIFFITH BOULEVARD, GRIFFITH, IN 46319	35-1369437	501 (C)(3)	184,925				PROGRAM SUPPORT
(23) YMCA OF METROPOLITAN MILWAUKEE INC. P.O. BOX 2174, MILWAUKEE, WI 53201-2174	39-0806314	501 (C)(3)	184,723				PROGRAM SUPPORT
(24) GATEWAY REGION YMCA 2815 SCOTT AVE SUITE D, ST LOUIS, MO 63103	43-0653616	501 (C)(3)	180,391				PROGRAM SUPPORT
(25) YMCA OF METROPOLITAN LOS ANGELES 625 SOUTH NEW HAMPSHIRE AVE, LOS ANGELES, CA 90005	95-1644052	501 (C)(3)	175,965				PROGRAM SUPPORT
(26) YMCA OF MEMPHIS & THE MID-SOUTH PO BOX 111313, MEMPHIS, TN 38111	62-0476304	501 (C)(3)	172,225				PROGRAM SUPPORT
(27) YMCA OF METROPOLITAN DALLAS 601 N. AKARD ST, DALLAS, TX 75201	75-0800696	501 (C)(3)	168,955				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
(28) STEM NEXT 2305 HISTORC DECATUR RD, SUITE 100, SAN DIEGO, CA 92106	81-2834326	501 (C)(3)	162,241				PROGRAM SUPPORT
(29) YMCA OF CENTRAL STARK COUNTY ATTN CRAIG GREENLEE, 1201 30TH STREET NW, SUITE 200, CANTON, OH 44709-1705	34-0714392	501 (C)(3)	161,000				PROGRAM SUPPORT
(30) YMCA OF GREATER DAYTON ATTN: DEBBIE NERDERMAN, 118 W FIRST ST, DAYTON, OH 45402	31-0537517	501 (C)(3)	158,000				PROGRAM SUPPORT
(31) YMCA OF METROPOLITAN HARTFORD 50 STATE HOUSE SQUARE, SECOND FLOOR, HARTFORD, CT 06103	06-0881325	501 (C)(3)	156,500				PROGRAM SUPPORT
(32) YMCA OF METROPOLITAN CHICAGO 1030 W. VAN BUREN ST., CHICAGO, IL 60607	36-2179782	501 (C)(3)	153,960				PROGRAM SUPPORT
(33) SOUTH SHORE YMCA 79 CODDINGTON STREET, QUINCY, MA 02169	04-2105881	501 (C)(3)	153,500				PROGRAM SUPPORT
(34) YMCA OF GREATER MICHIANA 905 NORTH FRONT STREET, NILES, MI 49120	38-1358236	501 (C)(3)	151,690				PROGRAM SUPPORT
(35) YMCA OF MIDDLE TENNESSEE 1000 CHURCH STREET, NASHVILLE, TN 37203	62-0476243	501 (C)(3)	144,100				PROGRAM SUPPORT
(36) YMCA OF SAN FRANCISCO 169 STEUART STREET, SAN FRANCISCO, CA 94105	94-0997140	501 (C)(3)	142,277				PROGRAM SUPPORT
(37) YMCA OF CASS AND CLAY COUNTIES 400 1ST AVE S, FARGO, ND 58103	45-0232096	501 (C)(3)	141,625				PROGRAM SUPPORT
(38) BANGOR YMCA 17 SECOND STREET, BANGOR, ME 04401-4799	01-0211485	501 (C)(3)	136,209				PROGRAM SUPPORT
(39) SUPERIOR-DOUGLAS COUNTY FAMILY YMCA EXECUTIVE DIRECTOR / PRESIDENT, 9 N 21ST ST, SUPERIOR, WI 54880-5299	39-0813468	501 (C)(3)	136,000				PROGRAM SUPPORT
(40) OLYMPIC PENINSULA YMCA OLYMPIC PENNISULA YMCA, 302 S FRANCIS ST, PORT ANGELES, WA 98362	91-0652924	501 (C)(3)	135,000				PROGRAM SUPPORT
(41) YMCA CAMP CONISTON EXECUTIVE DIRECTOR / PRESIDENT, PO BOX 185, GRANTHAM, NH 03753-0185	04-3357821	501 (C)(3)	131,000				PROGRAM SUPPORT
(42) YMCA OF NORTHERN UTAH 3216 HIGHLAND DR 200, SALT LAKE CITY, UT 84106	87-0212472	501 (C)(3)	131,000				PROGRAM SUPPORT
(43) YMCA OF METROPOLITAN WASHINGTON 1112 16TH ST NW, SUITTE 720, WASHINGTON, DC 20036-4824	53-0207403	501 (C)(3)	128,720				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
(44) YMCA OF METROPOLITAN CHATTANOOGA 301 W 6TH ST, CHATTANOOGA, TN 37402-1110	62-0475699	501 (C)(3)	128,500				PROGRAM SUPPORT
(45) MCGAW YMCA CEO / PRESIDENT, 1000 GROVE ST, EVANSTON, IL 60201-4294	36-2169194	501 (C)(3)	128,000				PROGRAM SUPPORT
(46) YMCA OF GREATER CINCINNATI 1105 ELM ST, CINCINNATI, OH 45202-7513	31-0537178	501 (C)(3)	127,500				PROGRAM SUPPORT
(47) YMCA CAMP OLSON 4160 LITTLE BOY RD NE, LONGVILLE, MN 56655	41-0967781	501 (C)(3)	123,500				PROGRAM SUPPORT
(48) GREATER GREEN BAY YMCA INC. EXECUTIVE DIRECTOR / PRESIDENT, 235 N JEFFERSON ST, GREEN BAY, WI 54301-5126	39-0813466	501 (C)(3)	123,000				PROGRAM SUPPORT
(49) YMCA OF GREATER NEW YORK ATTN: ROSALIE WHITE, 5 W 63RD STREET, 6TH FLOOR, NEW YORK, NY 10023	13-1624228	501 (C)(3)	122,807				PROGRAM SUPPORT
(50) CAMP SLOANE YMCA INC. 124 INDIAN MOUNTAIN ROAD, LAKEVILLE, CT 06039	13-1739939	501 (C)(3)	121,000				PROGRAM SUPPORT
(51) GALLATIN VALLEY YMCA, INC PO BOX 10158, 514 S. 23RD, BOZEMAN, MT 59719	81-0542574	501 (C)(3)	120,800				PROGRAM SUPPORT
(52) YMCA BUFFALO NIAGARA 150 TECH DRIVE, AMHERST, NY 14221	16-0743231	501 (C)(3)	120,700				PROGRAM SUPPORT
(53) RIVER CROSSING YMCA 2500 LOWER STATE RD, DOYLESTOWN, PA 18901-2634	23-1903158	501 (C)(3)	120,500				PROGRAM SUPPORT
(54) YMCA OF METROPOLITAN DENVER 2625 S COLORADO BLVD, ATTN: GENE DEMANINCOR, DENVER, CO 80222-5108	84-0402696	501 (C)(3)	117,300				PROGRAM SUPPORT
(55) STATE YMCA OF MICHIGAN 919 N EAST TORCH LAKE DR, CENTRAL LAKE, MI 49622-9628	38-1358418	501 (C)(3)	116,000				PROGRAM SUPPORT
(56) YMCA OF THE JERSEY SHORE 170 PATTERSON AVENUE, SHREWSBURY, NJ 07702	21-0635051	501 (C)(3)	113,000				PROGRAM SUPPORT
(57) LAKE SUPERIOR YMCA 302 W 1ST ST, DULUTH, MN 55802-1694	41-0693931	501 (C)(3)	113,000				PROGRAM SUPPORT
(58) CAMP MOHAWK YMCA INC. EXECUTIVE DIRECTOR / PRESIDENT, 246 GREAT HILL RD, LITCHFIELD, CT 06759-1209	06-0646565	501 (C)(3)	111,000				PROGRAM SUPPORT
(59) YMCA OF CENTRAL MARYLAND 303 W. CHESAPEAKE AVE., BALTIMORE, MD 21204	52-0591699	501 (C)(3)	106,564				PROGRAM SUPPORT
(60) YMCA OF DELAWARE 100 W. 10TH STREET, SUITE 1100, WILMINGTON, DE 19801-6605	51-0065748	501 (C)(3)	106,305				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
(61) YMCA OF GREATER NEW ORLEANS 320 METAIRIE HAMMOND HWY, SUITE 321, METAIRIE, LA 70005	72-0423890	501 (C)(3)	106,000				PROGRAM SUPPORT
(62) YMCA OF GREATER OKLAHOMA CITY 500 N BROADWAY AVENUE, SUITE 500, OKLAHOMA CITY, OK 73102	73-0579270	501 (C)(3)	105,685				PROGRAM SUPPORT
(63) METROPOLITAN YMCA OF THE ORANGES 139 E MCCLELLAN AVE, LIVINGSTON, NJ 07039	22-1487387	501 (C)(3)	102,000				PROGRAM SUPPORT
(64) YMCA OF SILICON VALLEY 80 SARATOGA AVE., SANTA CLARA, CA 95051	94-1156318	501 (C)(3)	101,625				PROGRAM SUPPORT
(65) GREATER PHILADELPHIA YMCA 400 FAYETTE STREET SUITE 250, CONSHOHOCKEN, PA 19428	23-1243965	501 (C)(3)	100,504				PROGRAM SUPPORT
(66) YMCA OF GREATER BOSTON 316 HUNTINGTON AVE, BOSTON, MA 02115-5019	04-2103551	501 (C)(3)	100,425				PROGRAM SUPPORT
(67) YMCA OF NORTHWEST NORTH CAROLINA 301 N MAIN ST., STE. 1900, WINSTON SALEM, NC 27101-2402	56-0530015	501 (C)(3)	99,000				PROGRAM SUPPORT
(68) YMCA OF GREENVILLE 723 CLEVELAND ST, GREENVILLE, SC 29601	57-0314424	501 (C)(3)	97,825				PROGRAM SUPPORT
(69) MUSKEGON YMCA 1115 THIRD STREET, MUSKEGON, MI 49441	38-2000172	501 (C)(3)	97,300				PROGRAM SUPPORT
(70) YMCA OF CENTRAL NEW YORK 340 MONTGOMERY STREET, SYRACUSE, NY 13202-2015	15-0532278	501 (C)(3)	95,328				PROGRAM SUPPORT
(71) YMCA OF GREATER ROCHESTER 444 EAST MAIN ST, ROCHESTER, NY 14604	16-0743242	501 (C)(3)	94,500				PROGRAM SUPPORT
(72) YMCA OF SOUTHEASTERN NORTH CARLOLINA P.O.BOX 3467, WILMINGTON, NC 28406	56-0532317	501 (C)(3)	89,221				PROGRAM SUPPORT
(73) TEXAS A&M AGRILIFE EXTENSION SERVICE 400 HARVEY MITCHELL PARKWAY SOUTH,, COLLEGE STATION, TX 77845	74-6000537	501 (C)(3)	89,155				PROGRAM SUPPORT
(74) YMCA OF THE CAPITAL AREA 8704 JEFFERSON HWY. STE. B, BATON ROUGE, LA 70809	72-0408994	501 (C)(3)	89,000				PROGRAM SUPPORT
(75) THE YMCA OF CENTRAL NEW MEXICO 4901 INDIAN SCHOOL, RD. NE, ALBUQUERQUE, NM 87110	85-0105592	501 (C)(3)	87,900				PROGRAM SUPPORT
(76) OLD COLONY YMCA 320 MAIN STREET, BROCKTON, MA 02301-5323	04-2125014	501 (C)(3)	86,423				PROGRAM SUPPORT
(77) YMCA OF NORTHERN COLORADO 2800 DAGNY WAY, LAFAYETTE, CO 80026	84-0459944	501 (C)(3)	86,000				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
(78) YMCA OF RIDGEWOOD 112 OAK STREET, RIDGEWOOD, NJ 07450	22-1508752	501 (C)(3)	85,750				PROGRAM SUPPORT
(79) YMCA OF GREATER TOLEDO 1500 N SUPERIOR ST, 2ND FLOOR, TOLEDO, OH 43604	34-4428262	501 (C)(3)	85,300				PROGRAM SUPPORT
(80) SOUTH SOUND YMCA 2102 CARRIAGE DR SW, SUITE K, OLYMPIA, WA 98502	91-0586473	501 (C)(3)	84,315				PROGRAM SUPPORT
(81) YMCA OF RAPID CITY SOUTH DAKOTA 815 KANSAS CITY ST, RAPID CITY, SD 57701-2605	46-0227218	501 (C)(3)	84,000				PROGRAM SUPPORT
(82) YMCA OF SOUTHWEST FLORIDA EXECUTIVE DIRECTOR / PRESIDENT, 701 CENTER RD, VENICE, FL 34285-4813	59-1629660	501 (C)(3)	83,125				PROGRAM SUPPORT
(83) TAMPA METROPOLITAN AREA YMCA EXECUTIVE DIRECTOR / PRESIDENT, 110 E OAK AVE, TAMPA, FL 33602	59-1742909	501 (C)(3)	81,425				PROGRAM SUPPORT
(84) YMCA OF GREATER CLEVELAND 1801 SUPERIOR AVE SUITE 130, CLEVELAND, OH 44114	34-0714728	501 (C)(3)	81,300				PROGRAM SUPPORT
(85) YMCA OF MONTCLAIR 25 PARK STREET, MONTCLAIR, NJ 07042-3499	22-1487617	501 (C)(3)	81,254				PROGRAM SUPPORT
(86) CAMP RALPH S. MASON YMCA EXECUTIVE DIRECTOR / PRESIDENT, 23 BIRCH RIDGE RD, HARDWICK, NJ 07825-9502	22-1625643	501 (C)(3)	80,000				PROGRAM SUPPORT
(87) MONROE FAMILY YMCA EXECUTIVE DIRECTOR / PRESIDENT, 1111 W ELM AVE, MONROE, MI 48162-2801	38-1508585	501 (C)(3)	79,500				PROGRAM SUPPORT
(88) YMCA OF CENTRAL MASSACHUSETTS 766 MAIN STREET, WORCESTER, MA 01610	04-2105885	501 (C)(3)	77,625				PROGRAM SUPPORT
(89) YMCA OF GREATER EL PASO TX & RIO GRANDE VALLEY 810 WYOMING, EL PASO, TX 79902	74-1109880	501 (C)(3)	76,000				PROGRAM SUPPORT
(90) YMCA OF SOUTHERN MAINE 70 FOREST AVE, PORTLAND, ME 04104-1078	01-0211568	501 (C)(3)	75,000				PROGRAM SUPPORT
(91) YMCA OF METROPOLITAN DETROIT 1401 BROADWAY ST, SUITE 3A, DETROIT, MI 48226	38-1358055	501 (C)(3)	74,800				PROGRAM SUPPORT
(92) CENTRAL FLORIDA METRO YMCA 433 N MILLS AVE, ORLANDO, FL 32803-5798	59-0624430	501 (C)(3)	74,000				PROGRAM SUPPORT
(93) ARMED SERVICES YMCA OF THE USA-NATIONAL HDQTRS 14040 CENTRAL LOOP, SUITE B, WOODBRIDGE, VA 22193	91-1883466	501 (C)(3)	72,500				PROGRAM SUPPORT
(94) YMCA OF SNOHOMISH COUNTY EXECUTIVE DIRECTOR / PRESIDENT, 2720 ROCKEFELLER AVE, EVERETT, WA 98201-3523	91-0565561	501 (C)(3)	72,000				PROGRAM SUPPORT

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(95) WATERTOWN FAMILY YMCA 585 RAND DRIVE, WATERTOWN, NY 13601	15-0559207	501 (C)(3)	71,814				PROGRAM SUPPORT
(96) YMCA OF THE SUNCOAST 2469 ENTERPRISE ROAD, CLEARWATER, FL 33763-1607	59-0810731	501 (C)(3)	71,564				PROGRAM SUPPORT
(97) YMCA OF GREATER PITTSBURGH ATTN: UNIVERSITY YMCA-LILA DE KLAVE, 420 FT. DUQUESNE BLVD. STE 625, PITTSBURGH, PA 15222	25-0969497	501 (C)(3)	70,500				PROGRAM SUPPORT
(98) REGIONAL YMCA OF WESTERN CONNECTICUT INC 214 FEDERAL RD UNIT B21, BROOKFIELD, CT 06804	06-6051610	501 (C)(3)	69,400				PROGRAM SUPPORT
(99) YMCA OF GREATER MONTGOMERY EXECUTIVE DIRECTOR / PRESIDENT, PO BOX 629, FORT CAMPBELL, KY 42223	63-0288885	501 (C)(3)	69,165				PROGRAM SUPPORT
(100) YMCA OF WESTERN NORTH CAROLINA INC. 40 NORTH MERRIMON AVE STE 309, ASHEVILLE, NC 28804	56-0530013	501 (C)(3)	67,630				PROGRAM SUPPORT
(101) SHERMAN LAKE YMCA OUTDOOR CENTER EXECUTIVE DIRECTOR / PRESIDENT, 6225 N 39TH ST, AUGUSTA, MI 49012-9722	38-3167869	501 (C)(3)	67,000				PROGRAM SUPPORT
(102) GASTON COUNTY FAMILY YMCA 2221 ROBINWOOD RD, GASTONIA, NC 28054	56-0655420	501 (C)(3)	66,180				PROGRAM SUPPORT
(103) YMCA OF METROPOLITAN FORT WORTH 540 LAMAR STREET, FORT WORTH, TX 76102-3717	75-0827471	501 (C)(3)	64,605				PROGRAM SUPPORT
(104) YMCA OF GREATER SAN ANTONIO 16103 HENDERSON PASS, SAN ANTONIO, TX 78232	74-1109634	501 (C)(3)	64,400				PROGRAM SUPPORT
(105) YMCA OF ARLINGTON 78 REGENCY PKWY, MANSFIELD, TX 76063	75-1000839	501 (C)(3)	63,000				PROGRAM SUPPORT
(106) YMCA OF PORTAGE TOWNSHIP INC. EXECUTIVE DIRECTOR / PRESIDENT, 3100 WILLOWCREEK RD, PORTAGE, IN 46368-4424	35-1404478	501 (C)(3)	62,625				PROGRAM SUPPORT
(107) YMCA OF NORTHERN ROCK COUNTY EXECUTIVE DIRECTOR / PRESIDENT, 221 DODGE ST, JANESVILLE, WI 53548	39-0806368	501 (C)(3)	62,500				PROGRAM SUPPORT
(108) YMCA OF ROSS COUNTY EXECUTIVE DIRECTOR / PRESIDENT, 100 MILL STREET, CHILLICOTHE, OH 45601-1694	31-4379806	501 (C)(3)	60,000				PROGRAM SUPPORT
(109) YMCA OF GREATER NASHUA 10 COTTON ROAD STE1, NASHUA, NH 03063	02-0222250	501 (C)(3)	59,150				PROGRAM SUPPORT
(110) GREATER HOLYOKE YMCA 171 PINE STREET, HOLYOKE, MA 01040-4065	04-2192693	501 (C)(3)	58,454				PROGRAM SUPPORT

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(111) YMCA OF SOUTHWESTERN INDIANA 222 NW 6TH STREET, EVANSVILLE, IN 47708-1308	35-0869074	501 (C)(3)	57,525				PROGRAM SUPPORT
(112) YMCA OF SOUTH HAMPTON ROADS 633 BATTLE BLVD, CHESAPEAKE, VA 23322	54-0445205	501 (C)(3)	57,250				PROGRAM SUPPORT
(113) YMCA OF GREATER GRAND RAPIDS 475 LAKE MICHIGAN DR NW, GRAND RAPIDS, MI 49504-5600	38-1358058	501 (C)(3)	57,000				PROGRAM SUPPORT
(114) YMCA OF CENTRAL OHIO 1907 LEONARD AVE STE 150, COLUMBUS, OH 43219	31-4379594	501 (C)(3)	56,500				PROGRAM SUPPORT
(115) YMCA OF HONOLULU 1335 KALIHI STREET, HONOLULU, HI 96819	99-0073533	501 (C)(3)	56,000				PROGRAM SUPPORT
(116) YMCA OF ANCHORAGE ALASKA 5353 LAKE OTIS PKWY, ANCHORAGE, AK 99507-1709	92-0034878	501 (C)(3)	55,800				PROGRAM SUPPORT
(117) STATE ALLIANCE OF MICHIGAN YMCAS 400 W. WASHINGTON ST., ANN ARBOR, MI 48103	81-2010263	501 (C)(3)	54,350				PROGRAM SUPPORT
(118) YMCA OF COLLIER COUNTY EXECUTIVE DIRECTOR / PRESIDENT, 5450 YMCA RD, NAPLES, FL 34109-5944	23-7039993	501 (C)(3)	54,000				PROGRAM SUPPORT
(119) YMCA OF GREATER BRANDYWINE ONE EAST CHESTNUT ST, WEST CHESTER, PA 19380	23-1365994	501 (C)(3)	53,700				PROGRAM SUPPORT
(120) YMCA OF THE CHESAPEAKE, INC. 202 PEACH BLOSSOM ROAD, EASTON, MD 21601	52-0646895	501 (C)(3)	53,500				PROGRAM SUPPORT
(121) MERRIMACK VALLEY YMCA INC. 280 MERRIMACK STREET,, ENTRANCE M SUITE 500,, LAWRENCE, MA 01843	04-2104378	501 (C)(3)	53,202				PROGRAM SUPPORT
(122) GREATER WYOMING VALLEY AREA YMCA 382 CAMP KRESGE LANE, WHITE HAVEN, PA 18661	24-0795638	501 (C)(3)	53,050				PROGRAM SUPPORT
(123) BEAUFORT COUNTY YMCA EXECUTIVE DIRECTOR / PRESIDENT, 1801 RICHMOND AVE, PORT ROYAL, SC 29935-2014	57-0910326	501 (C)(3)	53,000				PROGRAM SUPPORT
(124) ROME-FLOYD COUNTY YMCA 810 E 2ND AVE, ROME, GA 30161	58-0814549	501 (C)(3)	52,000				PROGRAM SUPPORT
(125) YMCA CAMP TECUMSEH INC. 12635 W TECUMSEH BEND RD, BROOKSTON, IN 47923-7012	23-7331099	501 (C)(3)	51,525				PROGRAM SUPPORT
(126) YMCA OF THE NORTH SHORE 245 CABOT ST, BEVERLY, MA 01915	04-2104913	501 (C)(3)	50,750				PROGRAM SUPPORT
(127) NORTHERN MIDDLESEX COUNTY YMCA 99 UNION ST, MIDDLETOWN, CT 06457-3430	06-0646981	501 (C)(3)	50,000				PROGRAM SUPPORT

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(128) YMCA OF TOPEKA KANSAS 3635 SW CHELSEA DRIVE, TOPEKA, KS 66603-3377	48-0543757	501 (C)(3)	50,000				PROGRAM SUPPORT
(129) KOSCIUSKO COMMUNITY YMCA INC. 1305 MARINERS DRIVE, WARSAW, IN 46582	35-1068182	501 (C)(3)	49,825				PROGRAM SUPPORT
(130) JAMESTOWN YMCA 101 E 4TH ST, JAMESTOWN, NY 14701-5301	16-0743238	501 (C)(3)	49,038				PROGRAM SUPPORT
(131) YMCA OF CENTRAL KENTUCKY 381 WEST LOUDON AVENUE, LEXINGTON, KY 40508-1409	61-0444842	501 (C)(3)	47,000				PROGRAM SUPPORT
(132) YMCA OF CAPITAL DISTRICT 465 NEW KARNER ROAD, 2ND FLOOR, ALBANY, NY 12205	14-1726531	501 (C)(3)	46,000				PROGRAM SUPPORT
(133) YMCA OF EAU CLAIRE WISCONSIN EXECUTIVE DIRECTOR / PRESIDENT, 700 GRAHAM AVE, EAU CLAIRE, WI 54701-3896	39-0806351	501 (C)(3)	46,000				PROGRAM SUPPORT
(134) YMCA OF SOUTHERN ARIZONA 60 W ALAMEDA ST, PO BOX 1111, TUCSON, AZ 85702	86-0101237	501 (C)(3)	46,000				PROGRAM SUPPORT
(135) YMCA OF PIERCE AND KITSAP COUNTIES 4717 S 19TH ST STE 201, ATTN: ACCOUNTS RECIEVABLE, TACOMA, WA 98405	91-0565562	501 (C)(3)	45,606				PROGRAM SUPPORT
(136) LA CROSSE AREA FAMILY YMCA 1140 MAIN ST, LA CROSSE, WI 54601-4124	39-0806172	501 (C)(3)	45,600				PROGRAM SUPPORT
(137) PROVIDENCE METROPOLITAN YMCA ATTN: DIANE GEBHART, 371 PINE STREET, PROVIDENCE, RI 02903	05-0258878	501 (C)(3)	45,500				PROGRAM SUPPORT
(138) YMCA OF THE INLAND NORTHWEST 1126 N MONROE, SPOKANE, WA 99201	91-0827958	501 (C)(3)	45,125				PROGRAM SUPPORT
(139) RATHBUN LAKE AREA YMCA 708 S. MAIN ST., CENTERVILLE, IA 52544	26-2927214	501 (C)(3)	45,000				PROGRAM SUPPORT
(140) YMCA OF MUNCIE INDIANA INC. EXECUTIVE DIRECTOR / PRESIDENT, 500 S MULBERRY ST, MUNCIE, IN 47305-2446	35-0868215	501 (C)(3)	44,535				PROGRAM SUPPORT
(141) YMCA OF SOUTHERN NEVADA EXECUTIVE DIRECTOR / PRESIDENT, 4141 MEADOWS LN, LAS VEGAS, NV 89107-3105	88-0059266	501 (C)(3)	44,300				PROGRAM SUPPORT
(142) GREATER SOMERSET COUNTY YMCA 140 MOUNT AIRY ROAD, BASKING RIDGE, NJ 07920	22-1559439	501 (C)(3)	44,200				PROGRAM SUPPORT
(143) YMCA OF BOISE INC. 805 W. FRANKLIN ST., BOISE, ID 83702	82-0200908	501 (C)(3)	43,450				PROGRAM SUPPORT
(144) YMCA OF SUPERIOR CALIFORNIA 2021 W STREET, SACRAMENTO, CA 95818	94-1156634	501 (C)(3)	41,620				PROGRAM SUPPORT
(145) JUNIUS WARD JOHNSON YMCA EXECUTIVE DIRECTOR / PRESIDENT, 267 YMCA PLACE, VICKSBURG, MS 39180-2935	64-0303115	501 (C)(3)	41,587				PROGRAM SUPPORT
(146) GREATER BURLINGTON YMCA 266 COLLEGE ST, BURLINGTON, VT 05401-8318	03-0185810	501 (C)(3)	41,500				PROGRAM SUPPORT

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(147) YMCA OF THE ROCKIES PO BOX 20800, ESTES PARK, CO 80538	84-0404913	501 (C)(3)	41,300				PROGRAM SUPPORT
(148) UPPER PALMETTO YMCA 151 S OAKLAND AVE, ROCK HILL, SC 29730	57-0335422	501 (C)(3)	41,200				PROGRAM SUPPORT
(149) YMCA OF MANSFIELD OHIO EXECUTIVE DIRECTOR / PRESIDENT, 750 SCHOLL RD, MANSFIELD, OH 44907-1570	34-0714795	501 (C)(3)	41,000				PROGRAM SUPPORT
(150) YMCA OF GREATER FLINT 411 E 3RD ST, FLINT, MI 48503	38-1358056	501 (C)(3)	41,000				PROGRAM SUPPORT
(151) YMCA OF PUEBLO 3200 E. SPAULDING AVENUE, PUEBLO, CO 81008-2279	84-0404925	501 (C)(3)	41,000				PROGRAM SUPPORT
(152) YMCA OF COLUMBIA-WILLAMETTE ASSOCIATION SERVICES 9500 SW BARBUR BLVD STE 200, PORTLAND, OR 97219-5426	93-0386981	501 (C)(3)	40,700				PROGRAM SUPPORT
(153) YMCA OF GREENSBORO 620 GREEN VALLEY ROAD, SUITE 210, GREENSBORO, NC 27408-1331	56-0543243	501 (C)(3)	39,750				PROGRAM SUPPORT
(154) OZARKS REGIONAL YMCA 417 S JEFFERSON AVE, SPRINGFIELD, MO 65806-2387	44-0545283	501 (C)(3)	38,000				PROGRAM SUPPORT
(155) SUMMERVILLE FAMILY YMCA 140 S CEDAR ST, SUMMERVILLE, SC 29483-6014	57-0643100	501 (C)(3)	38,000				PROGRAM SUPPORT
(156) DUNELAND FAMILY YMCA EXECUTIVE DIRECTOR / PRESIDENT, 215 ROOSEVELT ST, CHESTERTON, IN 46304-2599	35-1404559	501 (C)(3)	37,825				PROGRAM SUPPORT
(157) YMCA OF CATAWBA VALLEY 315 1ST AVE NW SUITE 104, HICKORY, NC 28601	56-0928743	501 (C)(3)	37,000				PROGRAM SUPPORT
(158) YMCA OF GREATER WATERVILLE EXECUTIVE DIRECTOR / PRESIDENT, 126 NORTH ST, WATERVILLE, ME 04901-4954	01-0283465	501 (C)(3)	36,682				PROGRAM SUPPORT
(159) METROPOLITAN AUGUSTA YMCA 1058 CLAUSEN RD SUITE 100, AUGUSTA, GA 30907	58-0566254	501 (C)(3)	36,625				PROGRAM SUPPORT
(160) YMCA OF THE FOX CITIES INC 218 E LAWRENCE ST, APPLETON, WI 54911-5724	39-0806191	501 (C)(3)	36,500				PROGRAM SUPPORT
(161) METROWEST YMCA INC. EXECUTIVE DIRECTOR / PRESIDENT, 280 OLD CONNECTICUT PATH, FRAMINGHAM, MA 01701-4539	04-2281530	501 (C)(3)	36,300				PROGRAM SUPPORT
(162) YMCA OF LINCOLN NEBRASKA 570 FALLBROOK BLVD, SUITE 210, LINCOLN, NE 68521	47-0376578	501 (C)(3)	36,000				PROGRAM SUPPORT
(163) SOUTH WOOD COUNTY YMCA 211 WISCONSIN RIVER DR, PORT EDWARDS, WI 54469	39-0929462	501 (C)(3)	35,750				PROGRAM SUPPORT

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(164) YMCA OF GRANT COUNTY 123 SUTTER WAY, MARION, IN 46952	35-0886981	501 (C)(3)	35,525				PROGRAM SUPPORT
(165) DECATUR COUNTY FAMILY YMCA INC. 1301 W KATHY'S WAY, GREENSBURG, IN 47240-3408	35-0919345	501 (C)(3)	35,240				PROGRAM SUPPORT
(166) YMCA OF BROOME COUNTY 61 SUSQUEHANNA ST, BINGHAMTON, NY 13901-3705	15-0532282	501 (C)(3)	35,000				PROGRAM SUPPORT
(167) TOM A. FINCH COMMUNITY YMCA EXECUTIVE DIRECTOR / PRESIDENT, 1010 MENDENHALL ST, THOMASVILLE, NC 27360-2597	56-1004370	501 (C)(3)	35,000				PROGRAM SUPPORT
(168) WEST END YMCA 1150 E FOOTHILL BLVD, UPLAND, CA 91786	95-1727678	501 (C)(3)	35,000				PROGRAM SUPPORT
(169) YMCA OF SOUTH PALM BEACH COUNTY 6631 PALMETTO CIR S, BOCA RATON, FL 33433-3549	59-1416281	501 (C)(3)	34,150				PROGRAM SUPPORT
(170) RALPH J. STOLLE COUNTRYSIDE YMCA OF WARREN CO. 1699 DEERFIELD RD, LEBANON, OH 45036-9215	51-0181689	501 (C)(3)	34,000				PROGRAM SUPPORT
(171) FAMILY YMCA OF BLACK HAWK COUNTY EXECUTIVE DIRECTOR / PRESIDENT, 669 S HACKETT RD, WATERLOO, IA 50701-5632	42-0681109	501 (C)(3)	33,900				PROGRAM SUPPORT
(172) ITHACA & TOMPKINS COUNTY YMCA EXECUTIVE DIRECTOR / PRESIDENT, 50 GRAHAM ROAD WEST, ITHACA, NY 14850-1085	15-0545415	501 (C)(3)	33,107				PROGRAM SUPPORT
(173) PIEDMONT FAMILY YMCA INC. 151 MCINTIRE PARK DR, CHAROLLESVILLE, VA 22903	54-1717336	501 (C)(3)	32,500				PROGRAM SUPPORT
(174) JACKSON METROPOLITAN YMCA 690 LIBERTY ROAD, FLOWOOD, MS 39232	64-0303099	501 (C)(3)	32,300				PROGRAM SUPPORT
(175) YMCA OF GREATER WAUKESHA COUNTY 3610 MICHELLE WITMER DRIVE STE 100, NEW BERLIN, WI 53151	39-0847658	501 (C)(3)	31,800				PROGRAM SUPPORT
(176) YMCA OF LA PORTE INDIANA EXECUTIVE DIRECTOR / PRESIDENT, 901 MICHIGAN AVE, LA PORTE, IN 46350-3504	35-0886851	501 (C)(3)	31,525				PROGRAM SUPPORT
(177) YMCA OF GREATER KANSAS CITY KELLI MCCLURE,, CHIEF FINANCIAL OFFICER, KANSAS CITY, MO 64111-2413	44-0546002	501 (C)(3)	31,500				PROGRAM SUPPORT
(178) YMCA OF GREATER DES MOINES IOWA 501 GRAND AVE., DES MOINES, IA 50309	42-0680438	501 (C)(3)	31,500				PROGRAM SUPPORT
(179) FROST VALLEY YMCA 2000 FROST VALLEY RD, CLARYVILLE, NY 12725	22-1625176	501 (C)(3)	31,000				PROGRAM SUPPORT

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(180) YMCA OF AKRON OHIO INC. 50 S. MAIN ST., LL100, AKRON, OH 44308-1037	34-0714727	501 (C)(3)	31,000				PROGRAM SUPPORT
(181) PALESTINE YMCA 5500 N LOOP 256, PALESTINE, TX 75801-4832	75-0975622	501 (C)(3)	31,000				PROGRAM SUPPORT
(182) YMCA OF FREDERICK COUNTY MD INC. 1000 N. MARKET STREET, FREDERICK, MD 21701-4628	52-0607953	501 (C)(3)	30,400				PROGRAM SUPPORT
(183) OCEAN COMMUNITY YMCA EXECUTIVE DIRECTOR / PRESIDENT, 95 HIGH ST, WESTERLY, RI 02891-1812	05-0268126	501 (C)(3)	30,000				PROGRAM SUPPORT
(184) YMCA OF BELVIDERE EXECUTIVE DIRECTOR / PRESIDENT, 220 W LOCUST ST, BELVIDERE, IL 61008-3677	36-2287520	501 (C)(3)	30,000				PROGRAM SUPPORT
(185) BOB FREESEN YMCA EXECUTIVE DIRECTOR / PRESIDENT, 1000 SHERWOOD LN, JACKSONVILLE, IL 62650-2795	37-0661261	501 (C)(3)	30,000				PROGRAM SUPPORT
(186) YMCA OF MARQUETTE COUNTY EXECUTIVE DIRECTOR / PRESIDENT, 1420 PINE ST, MARQUETTE, MI 49855-0441	38-3211419	501 (C)(3)	30,000				PROGRAM SUPPORT
(187) SOUTHWEST YMCA OF GREATER OMAHA 430 S 20TH ST, OMAHA, NE 68102	47-0376586	501 (C)(3)	30,000				PROGRAM SUPPORT
(188) YMCA OF CORSICANA EXECUTIVE DIRECTOR / PRESIDENT, 400 OAKLAWN AVE, CORSICANA, TX 75110-2937	75-0808817	501 (C)(3)	30,000				PROGRAM SUPPORT
(189) YMCA OF GREATER FORT WAYNE 347 W. BERRY ST., SUITE 500, FORT WAYNE, IN 46802	35-0886850	501 (C)(3)	29,509				PROGRAM SUPPORT
(190) FAMILY YMCA OF MARION AND POLK COUNTIES 685 COURT ST NE, SALEM, OR 97301-3844	93-0386982	501 (C)(3)	29,300				PROGRAM SUPPORT
(191) MISSISSIPPI GULF COAST YMCA EXECUTIVE DIRECTOR / PRESIDENT, 1810 GOVERNMENT ST, OCEAN SPRINGS, MS 39564-3931	64-0584648	501 (C)(3)	29,250				PROGRAM SUPPORT
(192) YMCA OF THE PINES EXECUTIVE DIRECTOR / PRESIDENT, 1303 STOKES RD, MEDFORD, NJ 08055-8632	21-0635054	501 (C)(3)	29,000				PROGRAM SUPPORT
(193) ANN ARBOR YMCA 400 W. WASHINGTON ST., ANN ARBOR, MI 48103	38-1525162	501 (C)(3)	29,000				PROGRAM SUPPORT
(194) CENTRAL COAST YMCA 600 CAMINO EL ESTERO, MONTEREY, CA 93940	77-0202335	501 (C)(3)	28,609				PROGRAM SUPPORT
(195) WABASH COUNTY YMCA 500 S. CASS ST., WABASH, IN 46992	35-0733765	501 (C)(3)	28,525				PROGRAM SUPPORT

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(196) YMCA OF GREATER ERIE ACCOUNTS RECEIVABLE, 31 W 10TH ST, ERIE, PA 16501-1488	25-0965621	501 (C)(3)	28,300				PROGRAM SUPPORT
(197) BOYS & GIRLS CLUB OF GREATER KINGSPORT, INC. 1 POSITIVE PLACE, KINGSPORT, TN 37660	62-0481370	501 (C)(3)	28,000				PROGRAM SUPPORT
(198) YMCA OF CORRY EXECUTIVE DIRECTOR / PRESIDENT, 906 N CENTER ST, CORRY, PA 16407-1293	25-1032621	501 (C)(3)	28,000				PROGRAM SUPPORT
(199) YMCA OF YOUNGSTOWN OHIO EXECUTIVE DIRECTOR / PRESIDENT, 17 N CHAMPION ST, YOUNGSTOWN, OH 44503-1602	34-0714730	501 (C)(3)	28,000				PROGRAM SUPPORT
(200) INDIANA COUNTY YMCA 60 N BEN FRANKLIN RD, INDIANA, PA 15701	25-1191545	501 (C)(3)	27,700				PROGRAM SUPPORT
(201) SOUTHEASTERN INDIANA YMCA EXECUTIVE DIRECTOR / PRESIDENT, 30 STATE RD 129 S, BATESVILLE, IN 47006-9227	35-1855594	501 (C)(3)	27,525				PROGRAM SUPPORT
(202) OWEN COUNTY FAMILY YMCA EXECUTIVE DIRECTOR / PRESIDENT, 1111 W STATE HWY 46, SPENCER, IN 47460-6610	35-2017600	501 (C)(3)	27,525				PROGRAM SUPPORT
(203) CAPE COD YMCA 2245 IYANNOUGH, WEST BARNSTABLE, MA 02668	04-2394925	501 (C)(3)	27,500				PROGRAM SUPPORT
(204) YMCA OF DANE COUNTY INC. 711 COTTAGE GROVE RD, MADISON, WI 53716	39-0806253	501 (C)(3)	27,500				PROGRAM SUPPORT
(205) PONCE YMCA 7843 NAZARETH STREET ST., SANTA MARIA, PONCE, PR 00717-1005	66-0204831	501 (C)(3)	27,206				PROGRAM SUPPORT
(206) YMCA OF SOUTH FLORIDA INC 900 SE 3RD AVE, FORT LAUDERDALE, FL 33316	59-0624464	501 (C)(3)	26,300				PROGRAM SUPPORT
(207) YMCA OF METROPOLITAN LANSING ATTN: ROSEMARIE HARMON, 900 LONG BLVD, LANSING, MI 48911	38-1359576	501 (C)(3)	26,000				PROGRAM SUPPORT
(208) YMCA OF EASTERN UNION COUNTY (THE GATEWAY FAMILY YMCA) ATTN: DENNIS J. MCNANY, 144 MADISON AVENUE, ELIZABETH, NJ 07201-2420	22-1487381	501 (C)(3)	25,650				PROGRAM SUPPORT
(209) BATH AREA FAMILY YMCA EXECUTIVE DIRECTOR / PRESIDENT, 303 CENTRE ST, BATH, ME 04530-2089	01-0211812	501 (C)(3)	25,530				PROGRAM SUPPORT
(210) YMCA OF THE WABASH VALLEY EXECUTIVE DIRECTOR / PRESIDENT, 225 E KRUZAN ST, BRAZIL, IN 47834-2238	35-0868207	501 (C)(3)	25,525				PROGRAM SUPPORT
(211) YMCA OF KOKOMO INDIANA EXECUTIVE DIRECTOR / PRESIDENT, 114 N UNION STREET, KOKOMO, IN 46901-4697	35-0893511	501 (C)(3)	25,525				PROGRAM SUPPORT

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(212) HOCKOMOCK AREA YMCA EXECUTIVE DIRECTOR / PRESIDENT, 300 ELMWOOD ST, NORTH ATTLEBORO, MA 02760-1304	04-2131749	501 (C)(3)	25,400				PROGRAM SUPPORT
(213) CT-RI ALLIANCE PARTNER 132 OAKLAND DRIVE, TRUMBULL, CT 06611	88-2789422	501 (C)(3)	25,112				PROGRAM SUPPORT
(214) STATE YMCA OF PENNSYLVANIA, INC. 112 MARKET STREET SUITE 415, HARRISBURG, PA 17101	23-1365990	501 (C)(3)	25,000				PROGRAM SUPPORT
(215) SEWICKLEY VALLEY YMCA EXECUTIVE DIRECTOR / PRESIDENT, 625 BLACKBURN RD, SEWICKLEY, PA 15143-1470	25-0979384	501 (C)(3)	25,000				PROGRAM SUPPORT
(216) YMCA OF LONG ISLAND 121 DOSORIS LANE, GLEN COVE, NY 11542-1216	11-1649914	501 (C)(3)	24,500				PROGRAM SUPPORT
(217) AUBURN-LEWISTON YMCA 62 TURNER ST, AUBURN, ME 04210-5953	01-0211567	501 (C)(3)	24,000				PROGRAM SUPPORT
(218) WEST SUBURBAN YMCA EXECUTIVE DIRECTOR / PRESIDENT, 276 CHURCH ST, NEWTON, MA 02458-1992	04-2104783	501 (C)(3)	24,000				PROGRAM SUPPORT
(219) YMCA OF GREATER SPARTANBURG 151 RIBAULT STREET, SPARTENBURG, SC 29302	57-0314425	501 (C)(3)	24,000				PROGRAM SUPPORT
(220) READING & BERKS METRO YMCA EXECUTIVE DIRECTOR / PRESIDENT, 631 WASHINGTON ST, READING, PA 19603-1622	23-1244009	501 (C)(3)	23,655				PROGRAM SUPPORT
(221) OSAGE PRAIRIE YMCA INC. EXECUTIVE DIRECTOR / PRESIDENT, 500 W HIGHLAND AVE, NEVADA, MO 64772-1067	43-1706486	501 (C)(3)	23,625				PROGRAM SUPPORT
(222) FRANKLIN'S COUNTY YMCA 451 MAIN ST, GREENFIELD, MA 01301-3304	04-2149363	501 (C)(3)	23,278				PROGRAM SUPPORT
(223) YMCA OF VALPARAISO INDIANA INC. 1201 CUMBERLAND CROSSING DR, VALPARAISO, IN 46383	35-0876401	501 (C)(3)	23,000				PROGRAM SUPPORT
(224) YMCA OF THE NORTHWOODS EXECUTIVE DIRECTOR / PRESIDENT, 2003 E. WINNEBAGO ST, RHINELANDER, WI 54501-0471	39-1942168	501 (C)(3)	23,000				PROGRAM SUPPORT
(225) WENATCHEE VALLEY YMCA 217 ORONDO AVE, WENATCHEE, WA 98801	91-0578224	501 (C)(3)	23,000				PROGRAM SUPPORT
(226) BLUE RIDGE ASSEMBLY YMCA 84 BLUE RIDGE CIR, BLACK MOUNTAIN, NC 28711-9722	56-0532130	501 (C)(3)	22,500				PROGRAM SUPPORT
(227) OHIO STATE ALLIANCE OF YMCAS 40 WEST LONG ST., COLUMBUS, OH 43215	26-3456264	501 (C)(3)	22,400				PROGRAM SUPPORT
(228) YMCA OF COLUMBIA 1612 MARION STREET, COLUMBIA, SC 29201	57-0314423	501 (C)(3)	22,000				PROGRAM SUPPORT

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(229) EUGENE FAMILY YMCA 2055 PATTERSON ST, EUGENE, OR 97405-2958	93-0500679	501 (C)(3)	22,000				PROGRAM SUPPORT
(230) YMCA OF GRAYS HARBOR 2500 SIMPSON AVE, HOQUIAM, WA 98550	91-1984900	501 (C)(3)	21,900				PROGRAM SUPPORT
(231) STEVENS POINT AREA YMCA EXECUTIVE DIRECTOR / PRESIDENT, 1000 DIVISION ST, STEVENS POINT, WI 54481-2700	39-1102612	501 (C)(3)	21,800				PROGRAM SUPPORT
(232) CHESHIRE YMCA 32 LAKE ST., SWANZEY, NH 03431	02-0222246	501 (C)(3)	21,000				PROGRAM SUPPORT
(233) CAMP HAZEN YMCA 204 W MAIN ST, CHESTER, CT 06412-1013	06-0860014	501 (C)(3)	21,000				PROGRAM SUPPORT
(234) YMCA OF GEORGIA'S PIEDMONT, INC EXECUTIVE DIRECTOR / PRESIDENT, 50 BRAD AKINS DR, WINDER, GA 30680-8347	20-1759275	501 (C)(3)	21,000				PROGRAM SUPPORT
(235) YMCA OF HIGH POINT INC. EXECUTIVE DIRECTOR / PRESIDENT, PO BOX 6258, HIGH POINT, NC 27262-6258	56-0530014	501 (C)(3)	21,000				PROGRAM SUPPORT
(236) YMCA OF ORANGE COUNTY 2300 UNIVERSITY DR., NEWPORT BEACH, CA 92660	95-1644055	501 (C)(3)	21,000				PROGRAM SUPPORT
(237) ANAHEIM FAMILY YMCA EXECUTIVE DIRECTOR / PRESIDENT, 240 S EUCLID ST, ANAHEIM, CA 92802-1047	95-1709299	501 (C)(3)	20,625				PROGRAM SUPPORT
(238) COLE CENTER FAMILY YMCA 700 GARDEN ST, PO BOX233, KENDALLVILLE, IN 46755-0233	23-7077600	501 (C)(3)	20,525				PROGRAM SUPPORT
(239) YMCA OF LAFAYETTE INDIANA EXECUTIVE DIRECTOR / PRESIDENT, 1950 S 18TH ST, LAFAYETTE, IN 47905-2099	35-0868213	501 (C)(3)	20,525				PROGRAM SUPPORT
(240) YMCA OF NORTH CENTRAL OHIO 2010 COLLEGE AVE, VINCENNES, IN 47591-5631	35-0868218	501 (C)(3)	20,525				PROGRAM SUPPORT
(241) YMCA OF DEKALB COUNTY INC. 533 NORTH STREET, AUBURN, IN 46706-1828	35-0868958	501 (C)(3)	20,525				PROGRAM SUPPORT
(242) HENRY COUNTY YMCA EXECUTIVE DIRECTOR / PRESIDENT, 300 WITTENBRAKER AVENUE, NEW CASTLE, IN 47362-4637	35-0873347	501 (C)(3)	20,525				PROGRAM SUPPORT
(243) CASS COUNTY FAMILY YMCA INC. EXECUTIVE DIRECTOR / PRESIDENT, 905 E BROADWAY, LOGANSPORT, IN 46947-3184	35-0874281	501 (C)(3)	20,525				PROGRAM SUPPORT
(244) MIAMI COUNTY YMCA EXECUTIVE DIRECTOR / PRESIDENT, 34 E 6TH ST, PERU, IN 46970-2350	35-0893512	501 (C)(3)	20,525				PROGRAM SUPPORT
(245) PARKVIEW HUNTINGTON FAMILY YMCA 1160 W 500 N, HUNTINGTON, IN 46750	35-0905959	501 (C)(3)	20,525				PROGRAM SUPPORT

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(246) YMCA OF STEUBEN COUNTY, INC EXECUTIVE DIRECTOR / PRESIDENT, 500 E HARCOURT RD, ANGOLA, IN 46703-7590	35-1999599	501 (C)(3)	20,525				PROGRAM SUPPORT
(247) BARBARA B. JORDAN YMCA INC. EXECUTIVE DIRECTOR / PRESIDENT, 2039 E MORGAN ST, MARTINSVILLE, IN 46151-1372	35-2019312	501 (C)(3)	20,525				PROGRAM SUPPORT
(248) SWITZERLAND COUNTY YMCA 1114 WEST MAIN STREET, VEVAY, IN 47043	35-2090419	501 (C)(3)	20,525				PROGRAM SUPPORT
(249) WASHINGTON COUNTY FAMILY YMCA 1709 NORTH SHELBY ST., SALEM, IN 47167	35-2097432	501 (C)(3)	20,525				PROGRAM SUPPORT
(250) SARATOGA REGIONAL YMCA 290 WEST AVENUE, PO BOX 4610, SARATOGA SPRINGS, NY 12866-4205	14-1427442	501 (C)(3)	20,450				PROGRAM SUPPORT
(251) YMCA OF ATTLEBORO 63 N MAIN ST, ATTLEBORO, MA 02703-2219	04-2255819	501 (C)(3)	20,264				PROGRAM SUPPORT
(252) NORM WAITT SR. YMCA 601 RIVERVIEW DR, SOUTH SIOUX CITY, NE 68776	42-0738980	501 (C)(3)	20,000				PROGRAM SUPPORT
(253) YMCA OF HASTINGS NEBRASKA 1220 W. 18TH ST, HASTINGS, NE 68901	47-0376607	501 (C)(3)	20,000				PROGRAM SUPPORT
(254) YMCA OF THE TREASURE COAST EXECUTIVE DIRECTOR / PRESIDENT, 1700 SE MONTEREY ROAD, STUART, FL 34996-4109	59-1911653	501 (C)(3)	20,000				PROGRAM SUPPORT
(255) YMCA OF OWENSBORO/DAVIESS COUNTY EXECUTIVE DIRECTOR / PRESIDENT, 900 KENTUCKY PKWY, OWENSBORO, KY 42301-5423	61-0561344	501 (C)(3)	20,000				PROGRAM SUPPORT
(256) YMCA OF BRISTOL EXECUTIVE DIRECTOR / PRESIDENT, 400 M.L. KING JR BLVD, BRISTOL, TN 37620-2360	62-0521204	501 (C)(3)	20,000				PROGRAM SUPPORT
(257) NOBLE COUNTY FAMILY YMCA EXECUTIVE DIRECTOR / PRESIDENT, 107 N 7TH ST, PERRY, OK 73077-6401	73-1099310	501 (C)(3)	20,000				PROGRAM SUPPORT
(258) THE FAMILY YMCA 1450 IRIS ST, LOS ALAMOS, NM 87544-3114	85-0130054	501 (C)(3)	20,000				PROGRAM SUPPORT
(259) YMCA OF GREATER TULSA 420 S MAIN ST., STE 200, TULSA, OK 74103	73-0579269	501 (C)(3)	19,900				PROGRAM SUPPORT
(260) YMCA OF THE UNIVERSITY OF ILLINOIS EXECUTIVE DIRECTOR / PRESIDENT, 1001 S WRIGHT ST, CHAMPAIGN, IL 61820-6225	37-0661257	501 (C)(3)	19,846				PROGRAM SUPPORT
(261) BEDFORD AREA FAMILY YMCA EXECUTIVE DIRECTOR / PRESIDENT, PO BOX 1026, BEDFORD, VA 24523-1026	54-1140513	501 (C)(3)	19,080				PROGRAM SUPPORT
(262) STATE YMCA OF MAINE 305 WINTHROP CENTER RD, WINTHROP, ME 04364-9761	01-0186800	501 (C)(3)	18,500				PROGRAM SUPPORT

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(263) YMCA OF ROCK RIVER VALLEY 220 EAST STATE STREET, ROCKFORD, IL 61104	36-2174838	501 (C)(3)	18,190				PROGRAM SUPPORT
(264) RARITAN VALLEY YMCA EXECUTIVE DIRECTOR / PRESIDENT, 144 TICES LANE, EAST BRUNSWICK, NJ 08816-3524	22-1494457	501 (C)(3)	18,000				PROGRAM SUPPORT
(265) YMCA OF GREATER WHITTIER EXECUTIVE DIRECTOR / PRESIDENT, 12510 E HADLEY ST 2ND FL, WHITTIER, CA 90601-3942	95-1684795	501 (C)(3)	18,000				PROGRAM SUPPORT
(266) PENOBSCOT BAY YMCA EXECUTIVE DIRECTOR / PRESIDENT, 116 UNION ST, ROCKPORT, ME 04856-0840	01-0211813	501 (C)(3)	17,500				PROGRAM SUPPORT
(267) YMCA OF METRO NORTH, INC. EXECUTIVE DIRECTOR / PRESIDENT, 20 NEPTUNE BLVD, LYNN, MA 01902-4421	04-2105883	501 (C)(3)	17,500				PROGRAM SUPPORT
(268) YMCA OF THE EAST VALLEY 500 E. CITRUS AVENUE, REDLANDS, CA 92373-5248	95-1684787	501 (C)(3)	17,500				PROGRAM SUPPORT
(269) PIKE COUNTY YMCA ATTN: JOHN PENNINGTON, 400 PRIDE DR, WAVERLY, OH 45690-8979	31-1665134	501 (C)(3)	17,000				PROGRAM SUPPORT
(270) YMCA OF WESTERN STARK COUNTY 131 TREMONT AVE SE, MASSILLON, OH 44646-6698	34-0719180	501 (C)(3)	17,000				PROGRAM SUPPORT
(271) WALLINGFORD FAMILY YMCA EXECUTIVE DIRECTOR / PRESIDENT, 81 S ELM ST, WALLINGFORD, CT 06492-4794	06-0646987	501 (C)(3)	16,500				PROGRAM SUPPORT
(272) CARROLL COUNTY YMCA/CAMP HUCKINS EXECUTIVE DIRECTOR / PRESIDENT, 17 CAMP HUCKINS RD, FREEDOM, NH 03836-4403	02-6001065	501 (C)(3)	16,000				PROGRAM SUPPORT
(273) ONEONTA FAMILY YMCA EXECUTIVE DIRECTOR / PRESIDENT, 20-26 FORD AVE, ONEONTA, NY 13820-1891	15-0532270	501 (C)(3)	16,000				PROGRAM SUPPORT
(274) YMCA OF BARRY COUNTY EXECUTIVE DIRECTOR / PRESIDENT, PO BOX 252, HASTINGS, MI 49058-0252	38-1358059	501 (C)(3)	16,000				PROGRAM SUPPORT
(275) YMCA OF SAGINAW 1915 FORDNEY ST, SAGINAW, MI 48601-2809	38-1360594	501 (C)(3)	16,000				PROGRAM SUPPORT
(276) YMCA OF RED WING MINNESOTA EXECUTIVE DIRECTOR / PRESIDENT, 434 MAIN ST, RED WING, MN 55066-2354	41-0695614	501 (C)(3)	16,000				PROGRAM SUPPORT
(277) YMCA OF THE CEDAR RAPIDS METROPOLITAN AREA 207 7TH AVE SE, CEDAR RAPIDS, IA 52401	42-0680306	501 (C)(3)	16,000				PROGRAM SUPPORT
(278) CAMP FOSTER YMCA EXECUTIVE DIRECTOR / PRESIDENT, PO BOX 296, SPIRIT LAKE, IA 51360-0296	42-0958909	501 (C)(3)	16,000				PROGRAM SUPPORT

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(279) CAMP WOOD YMCA 1101 CAMP WOOD ROAD, ELMDALE, KS 66850-9801	48-0908238	501 (C)(3)	16,000				PROGRAM SUPPORT
(280) YMCA OF CENTRAL TEXAS 1812 N. MAYS, PO BOX 819, ROUND ROCK, TX 78680-0819	74-2206558	501 (C)(3)	16,000				PROGRAM SUPPORT
(281) MEADVILLE YMCA 356 CHESTNUT ST, MEADVILLE, PA 16335-3285	25-0969495	501 (C)(3)	15,625				PROGRAM SUPPORT
(282) BOONSLICK HEARTLAND YMCA EXECUTIVE DIRECTOR / PRESIDENT, 757 3RD ST, BOONVILLE, MO 65233-0104	43-1798929	501 (C)(3)	15,625				PROGRAM SUPPORT
(283) THE WEST COOK YMCAS EXECUTIVE DIRECTOR / PRESIDENT, 255 S MARION ST, OAK PARK, IL 60302-3103	36-2179780	501 (C)(3)	15,423				PROGRAM SUPPORT
(284) YMCA OF SOUTHEAST TEXAS 6760 9TH AVE, PORT ARTHUR, TX 77642-6413	74-1143027	501 (C)(3)	15,300				PROGRAM SUPPORT
(285) CORONA-NORCO FAMILY YMCA EXECUTIVE DIRECTOR / PRESIDENT, 1331 RIVER RD, CORONA, CA 92880-1213	95-2879893	501 (C)(3)	15,200				PROGRAM SUPPORT
(286) ILLINOIS YMCA YOUTH AND GOVERNMENT 1315 BUTTERFIELD ROAD SUITE 218, DOWNERS GROVE, IL 60515	20-0270050	501 (C)(3)	15,000				PROGRAM SUPPORT
(287) TRENTON AREA FAMILY YMCA EXECUTIVE DIRECTOR / PRESIDENT, 431 PENNINGTON AVE, TRENTON, NJ 08618-3104	21-0635052	501 (C)(3)	15,000				PROGRAM SUPPORT
(288) LAKELAND HILLS FAMILY YMCA EXECUTIVE DIRECTOR / PRESIDENT, 100 FANNY RD, MOUNTAIN LAKES, NJ 07046-1021	22-1559438	501 (C)(3)	15,000				PROGRAM SUPPORT
(289) YMCA OF WEST CENTRAL ILLINOIS EXECUTIVE DIRECTOR / PRESIDENT, 3101 MAINE ST, QUINCY, IL 62301-4495	37-0661262	501 (C)(3)	15,000				PROGRAM SUPPORT
(290) YMCA OF MINOT NORTH DAKOTA PO BOX 69, 3515 16TH ST SW, MINOT, ND 58702-0069	45-0237612	501 (C)(3)	15,000				PROGRAM SUPPORT
(291) STAUNTON-AUGUSTA YMCA EXECUTIVE DIRECTOR / PRESIDENT, 708 N COALTER ST, STAUNTON, VA 24402-2746	54-0506438	501 (C)(3)	15,000				PROGRAM SUPPORT
(292) WILSON FAMILY YMCA EXECUTIVE DIRECTOR / PRESIDENT, 3436 AIRPORT BLVD, WILSON, NC 27896	56-2220375	501 (C)(3)	15,000				PROGRAM SUPPORT
(293) GREATER KINGSPORT FAMILY YMCA 1840 MEADOWVIEW PKWY, KINGSPORT, TN 37660	58-1564232	501 (C)(3)	15,000				PROGRAM SUPPORT
(294) YMCA OF EAST TENNESSEE 12133 S. NORTHSHORE DRIVE, KNOXVILLE, TN 37922	62-0475700	501 (C)(3)	15,000				PROGRAM SUPPORT

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(295) FAMILY YMCA OF SOUTHEAST MISSISSIPPI INC. ACCOUNTS PAYABLE, 3719 VETERANS MEMORIAL DR, HATTIESBURG, MS 39401-8882	64-0340760	501 (C)(3)	15,000				PROGRAM SUPPORT
(296) BOYS & GIRLS CLUB OF GREATER SHASTA 803 CEDAR STREET, MOUNT SHASTA, CA 96067	84-2095651	501 (C)(3)	15,000				PROGRAM SUPPORT
(297) NORTH CAROLINA ALLIANCE OF YMCAS 801 CORPORATE CENTER DRIVE, SUITE 200, RALEIGH, NC 27607	87-4278459	501 (C)(3)	15,000				PROGRAM SUPPORT
(298) STATELINE FAMILY YMCA OF BELOIT, INC. 1865 RIVERSIDE DR, BELOIT, WI 53511	39-0806449	501 (C)(3)	14,750				PROGRAM SUPPORT
(299) SANFORD-SPRINGVALE YMCA EXECUTIVE DIRECTOR / PRESIDENT, 1 EMILE LEVASSEUR DR, SANFORD, ME 04073-0249	01-0211814	501 (C)(3)	14,500				PROGRAM SUPPORT
(300) CENTRAL LINCOLN COUNTY YMCA EXECUTIVE DIRECTOR / PRESIDENT, 525 MAIN STREET, DAMARISCOTTA, ME 04543-9801	22-2978129	501 (C)(3)	14,500				PROGRAM SUPPORT
(301) SHEBOYGAN COUNTY YMCA 812 BROUGHTON DRIVE, SHEBOYGAN, WI 53081	39-0830271	501 (C)(3)	14,500				PROGRAM SUPPORT
(302) MERCER COUNTY FAMILY YMCA EXECUTIVE DIRECTOR / PRESIDENT, 401 SW 2ND AVE, ALEDO, IL 61231-1904	36-3832360	501 (C)(3)	14,300				PROGRAM SUPPORT
(303) AUBURN YMCA-WEIU 27 WILLIAM ST, AUBURN, NY 13021-3786	16-0978301	501 (C)(3)	14,000				PROGRAM SUPPORT
(304) SAN JUAN PUERTO RICO YMCA EXECUTIVE DIRECTOR / PRESIDENT, MABEL ROMÁN PADRÓ, DIRECTORA EJECTI, SAN JUAN, PR 00936-0590	66-0190784	501 (C)(3)	13,900				PROGRAM SUPPORT
(305) OCEAN COUNTY YMCA EXECUTIVE DIRECTOR / PRESIDENT, 1088 WEST WHITTY RD, TOMS RIVER, NJ 08755-3278	22-1901046	501 (C)(3)	13,250				PROGRAM SUPPORT
(306) MALDEN YMCA 99 DARTMOUTH ST, MALDEN, MA 02148-4906	04-2105874	501 (C)(3)	13,128				PROGRAM SUPPORT
(307) YMCA OF HARRISON COUNTY 198 JENKINS COURT NE, CORYDON, IN 47112-0156	35-2122124	501 (C)(3)	13,000				PROGRAM SUPPORT
(308) MCPHERSON FAMILY YMCA EXECUTIVE DIRECTOR / PRESIDENT, 220 N WALNUT ST, MCPHERSON, KS 67460-1066	48-0650061	501 (C)(3)	13,000				PROGRAM SUPPORT
(309) FOOTHILLS AREA FAMILY YMCA 10121 CLEMSON BLVD., SUITE F, SENECA, SC 29678	57-0934024	501 (C)(3)	13,000				PROGRAM SUPPORT

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(310) HARRISBURG AREA METROPOLITAN YMCA 112 MARKET STREET, STE 422, HARRISBURG, PA 17101	23-1665437	501 (C)(3)	12,500				PROGRAM SUPPORT
(311) MOUNT DESERT ISLAND YMCA EXECUTIVE DIRECTOR / PRESIDENT, 21 PARK ST, BAR HARBOR, ME 04609-0051	01-0211486	501 (C)(3)	12,500				PROGRAM SUPPORT
(312) BOOTHBAY REGION YMCA 261 TOWNSEND AVE, PO BOX 500, BOOTHBAY HARBOR, ME 04538-0500	01-0237912	501 (C)(3)	12,500				PROGRAM SUPPORT
(313) YMCA OF KINGSTON AND ULSTER COUNTY EXECUTIVE DIRECTOR / PRESIDENT, 507 BROADWAY, KINGSTON, NY 12401-3919	14-1338342	501 (C)(3)	12,500				PROGRAM SUPPORT
(314) YMCA OF GREATER KALAMAZOO 2900 W CENTRE AVE, PORTAGE, MI 49024	38-1360592	501 (C)(3)	12,500				PROGRAM SUPPORT
(315) YMCA OF DARIEN COMMUNITY INC EXECUTIVE DIRECTOR / PRESIDENT, 2420 POST RD, DARIEN, CT 06820-5624	06-0859795	501 (C)(3)	12,000				PROGRAM SUPPORT
(316) ROCKLAND COUNTY YMCA 35 S BROADWAY, NYACK, NY 10960-3189	13-1740513	501 (C)(3)	12,000				PROGRAM SUPPORT
(317) CLIFTON SPRINGS AREA YMCA EXECUTIVE DIRECTOR / PRESIDENT, 5 CRANE ST, CLIFTON SPRINGS, NY 14432-1003	16-6000962	501 (C)(3)	12,000				PROGRAM SUPPORT
(318) CUMBERLAND CAPE ATLANTIC YMCA EXECUTIVE DIRECTOR / PRESIDENT, 1159 E LANDIS AVE, VINELAND, NJ 08360-4220	21-0635053	501 (C)(3)	12,000				PROGRAM SUPPORT
(319) NEW CASTLE COMMUNITY YMCA EXECUTIVE DIRECTOR / PRESIDENT, 20 W WASHINGTON ST, NEW CASTLE, PA 16101-3991	25-0969496	501 (C)(3)	12,000				PROGRAM SUPPORT
(320) GOLDEN CORRIDOR FAMILY YMCA 300 W. WISE RD., SCHAUMBURG, IL 60193	36-2169193	501 (C)(3)	12,000				PROGRAM SUPPORT
(321) NORTH SUBURBAN YMCA EXECUTIVE DIRECTOR / PRESIDENT, 2705 TECHNY RD, NORTHBROOK, IL 60062-5963	36-2546842	501 (C)(3)	12,000				PROGRAM SUPPORT
(322) UNION COUNTY YMCA EXECUTIVE DIRECTOR / PRESIDENT, 106 LAKESIDE DR, UNION, SC 29379-1939	57-0832992	501 (C)(3)	12,000				PROGRAM SUPPORT
(323) VOLUSIA/FLAGLER FAMILY YMCA ASSOCIATION OFFICE, 761 E. INTERNATIONAL SPEEDWAY BLVD, DELAND, FL 32721-1940	59-3284968	501 (C)(3)	12,000				PROGRAM SUPPORT
(324) MISSOURI STATE ALLIANCE OF YMCA'S PO BOX 104176, JEFFERSON CITY, MO 65110-4176	46-2527769	501 (C)(3)	11,300				PROGRAM SUPPORT
(325) BECKET-CHIMNEY CORNERS YMCA CAMPS & OUTDOOR CTR. EXECUTIVE DIRECTOR / PRESIDENT, 748 HAMILTON RD, BECKET, MA 01223-9686	04-2105946	501 (C)(3)	11,000				PROGRAM SUPPORT

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(326) YMCA CAMP BELKNAP INC. EXECUTIVE DIRECTOR / PRESIDENT, RR 109 BOX 1546, WOLFEBORO, NH 03894-1546	04-3356887	501 (C)(3)	11,000				PROGRAM SUPPORT
(327) NEW CANAAN COMMUNITY YMCA SHANNON DURAND, 564 SOUTH AVE, NEW CANAAN, CT 06840-6322	06-0763077	501 (C)(3)	11,000				PROGRAM SUPPORT
(328) YMCA NEWARK AND VICINITY 600 BROAD ST, NEWARK, NJ 07102-4504	22-1552820	501 (C)(3)	11,000				PROGRAM SUPPORT
(329) BLOOMSBURG AREA YMCA EXECUTIVE DIRECTOR / PRESIDENT, 30 E 7TH ST, BLOOMSBURG, PA 17815-2728	23-2085257	501 (C)(3)	11,000				PROGRAM SUPPORT
(330) SOUTH MOUNTAIN YMCA 201 CUSHION PEAK RD, REINHOLDS, PA 17569	23-2239399	501 (C)(3)	11,000				PROGRAM SUPPORT
(331) UNIONTOWN AREA YMCA EXECUTIVE DIRECTOR / PRESIDENT, ONE YMCA DR, UNIONTOWN, PA 15401-4174	25-0965631	501 (C)(3)	11,000				PROGRAM SUPPORT
(332) GREAT MIAMI VALLEY YMCA 105 N 2ND ST, HAMILTON, OH 45011	31-0536719	501 (C)(3)	11,000				PROGRAM SUPPORT
(333) STERLING-ROCK FALLS FAMILY YMCA EXECUTIVE DIRECTOR / PRESIDENT, 2505 YMCA WAY, STERLING, IL 61081-9063	36-2225496	501 (C)(3)	11,000				PROGRAM SUPPORT
(334) CAMP MANITO-WISH YMCA INC. EXECUTIVE DIRECTOR / PRESIDENT, PO BOX 246, BOULDER JUNCTION, WI 54512-0246	39-1136315	501 (C)(3)	11,000				PROGRAM SUPPORT
(335) PHANTOM LAKE YMCA CAMP INC. EXECUTIVE DIRECTOR / PRESIDENT, S110W30240 YMCA CAMP RD, MUKWONAGO, WI 53149-9535	39-1501649	501 (C)(3)	11,000				PROGRAM SUPPORT
(336) TWIN RIVERS YMCA 100 YMCA LANE, NEW BERN, NC 28560-5400	58-1402035	501 (C)(3)	11,000				PROGRAM SUPPORT
(337) YMCA OF ASHLAND 540 YMCA WAY, ASHLAND, OR 97520-3772	93-0386976	501 (C)(3)	11,000				PROGRAM SUPPORT
(338) YMCA OF THE EAST BAY 2111 MARTIN LUTHER KING WAY, BERKLEY, CA 94704	94-1156635	501 (C)(3)	11,000				PROGRAM SUPPORT
(339) CHANNEL ISLANDS YMCA 105 EAST CARRILLO STREET, SANTA BARBARA, CA 93101	95-1643379	501 (C)(3)	11,000				PROGRAM SUPPORT
(340) PAWTUCKET & CENTRAL FALLS METRO BD. YMCA EXECUTIVE DIRECTOR / PRESIDENT, 660 ROOSEVELT AVE, PAWTUCKET, RI 02860	05-0259114	501 (C)(3)	10,000				PROGRAM SUPPORT
(341) YMCA OF MIDDLETOWN NY 81 HIGHLAND AVE, MIDDLETOWN, NY 10940-5413	14-1340134	501 (C)(3)	10,000				PROGRAM SUPPORT
(342) GLOW YMCA, INC 209 E MAIN ST, BATAVIA, NY 14020-2288	16-0743230	501 (C)(3)	10,000				PROGRAM SUPPORT

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(343) OLEAN-BRADFORD AREA YMCA 1020 REED STREET, OLEAN, NY 14760	16-0743241	501 (C)(3)	10,000				PROGRAM SUPPORT
(344) VALLEY POINTS YMCA 800 CONSTITUTION BLVD, NEW KENSINGTON, PA 15068	25-0965625	501 (C)(3)	10,000				PROGRAM SUPPORT
(345) RACINE FAMILY YMCA 245 MAIN STREET, RACINE, WI 53403	39-0807254	501 (C)(3)	10,000				PROGRAM SUPPORT
(346) YMCA OF MANKATO 1401 S RIVERFRONT DR, MANKATO, MN 56001	41-0739108	501 (C)(3)	10,000				PROGRAM SUPPORT
(347) MAHASKA COUNTY YMCA EXECUTIVE DIRECTOR / PRESIDENT, 414 N THIRD STREET, OSKALOOSA, IA 52577-2216	42-0741010	501 (C)(3)	10,000				PROGRAM SUPPORT
(348) YMCA OF VIRGINIA'S BLUE RIDGE PO BOX 2130, ROANOKE, VA 24009	54-0515736	501 (C)(3)	10,000				PROGRAM SUPPORT
(349) RAPPAHANNOCK AREA YMCA EXECUTIVE DIRECTOR / PRESIDENT, 212 BUTLER RD, FALMOUTH, VA 22405-2441	54-0965826	501 (C)(3)	10,000				PROGRAM SUPPORT
(350) YMCA OF EASLEY, PICKENS AND POWDERSVILLE 201 BURNS RD, EASLEY, SC 29640-3713	57-0405623	501 (C)(3)	10,000				PROGRAM SUPPORT
(351) YMCA OF COASTAL CAROLINA 5000 CLAIRE CHAPIN EPPS DR, MYRTLE BEACH, SC 29577	57-0747196	501 (C)(3)	10,000				PROGRAM SUPPORT
(352) YMCA OF WEST CENTRAL FLORIDA EXECUTIVE DIRECTOR / PRESIDENT, 3620 CLEVELAND HEIGHTS BLVD, LAKELAND, FL 33803-4963	59-1158144	501 (C)(3)	10,000				PROGRAM SUPPORT
(353) YMCA OF SOUTH ALABAMA, INC 6001 GRELOT ROAD, STE I, MOBILE, AL 36691	63-0302187	501 (C)(3)	10,000				PROGRAM SUPPORT
(354) YMCA ALLIANCE OF NORTHERN NEW ENGLAND P.O.BOX 282,, BOOTHBAY HARBOR, ME 04544	81-3187488	501 (C)(3)	10,000				PROGRAM SUPPORT
(355) WHATCOM FAMILY YMCA EXECUTIVE DIRECTOR / PRESIDENT, 1256 N STATE ST, BELLINGHAM, WA 98225-5016	91-0482690	501 (C)(3)	10,000				PROGRAM SUPPORT
(356) GOLDEN STATE YMCA 320 N. AKERS STREET, VISALIA, CA 93291-5119	94-1459198	501 (C)(3)	10,000				PROGRAM SUPPORT
(357) CARLISLE FAMILY YMCA EXECUTIVE DIRECTOR / PRESIDENT, 311 S WEST ST, CARLISLE, PA 17013-3898	23-1386198	501 (C)(3)	8,700				PROGRAM SUPPORT
(358) GREATER SCRANTON YMCA 706 N BLAKELY ST, DUNMORE, PA 18512	24-0795516	501 (C)(3)	8,014				PROGRAM SUPPORT
(359) COMMUNITY YMCA OF EASTERN DELAWARE COUNTY 2104 GARRETT ROAD, LANSDOWNE, PA 19050	23-1614045	501 (C)(3)	8,000				PROGRAM SUPPORT

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(360) OAHE YMCA INC. 900 E CHURCH ST, PIERRE, SD 57501-2219	23-7169291	501 (C)(3)	8,000				PROGRAM SUPPORT
(361) BEAVER COUNTY YMCA EXECUTIVE DIRECTOR / PRESIDENT, 2236 THIRD AVE, NEW BRIGHTON, PA 15066-3205	25-0993391	501 (C)(3)	8,000				PROGRAM SUPPORT
(362) WAUSAU - WOODSON YMCA 707 3RD ST, WAUSAU, WI 54403-4703	39-0808463	501 (C)(3)	8,000				PROGRAM SUPPORT
(363) DOOR COUNTY YMCA EXECUTIVE DIRECTOR / PRESIDENT, 1900 MICHIGAN ST, STURGEON BAY, WI 54235-3706	39-1738982	501 (C)(3)	8,000				PROGRAM SUPPORT
(364) GRAND RIVER AREA FAMILY YMCA INC. EXECUTIVE DIRECTOR / PRESIDENT, 1725 LOCUST ST, CHILLICOTHE, MO 64601-1405	43-1493664	501 (C)(3)	8,000				PROGRAM SUPPORT
(365) SCOTTSBLUFF FAMILY YMCA EXECUTIVE DIRECTOR / PRESIDENT, 22 S BELTLINE HWY W, SCOTTSBLUFF, NE 69363-2423	47-0439999	501 (C)(3)	8,000				PROGRAM SUPPORT
(366) BARREN COUNTY FAMILY YMCA 1 YMCA WAY, GLASGOW, KY 42141-1180	62-1364505	501 (C)(3)	8,000				PROGRAM SUPPORT
(367) TEXAS 4-H YOUTH DEVELOPMENT FOUNDATION 1470 WILLIAM FITCH PARKWAY, COLLEGE STATION, TX 77845	74-1699816	501 (C)(3)	8,000				PROGRAM SUPPORT
(368) DODGE CITY FAMILY YMCA 240 SAN JOSE DR, DODGE CITY, KS 67801	84-4575948	501 (C)(3)	8,000				PROGRAM SUPPORT
(369) YMCA OF EAST LIVERPOOL OHIO 15655 STATE ROUTE 170, 500 E. 4TH ST., EAST LIVERPOOL, OH 43920-3044	34-0714794	501 (C)(3)	7,900				PROGRAM SUPPORT
(370) YMCA OF CUMBERLAND MD EXECUTIVE DIRECTOR / PRESIDENT, 601 KELLY RD, CUMBERLAND, MD 21502-2878	52-0591700	501 (C)(3)	7,700				PROGRAM SUPPORT
(371) KENNEBEC VALLEY YMCA EXECUTIVE DIRECTOR / PRESIDENT, 31 UNION STREET, AUGUSTA, ME 04330-5617	01-0211811	501 (C)(3)	7,500				PROGRAM SUPPORT
(372) DOWN EAST FAMILY YMCA EXECUTIVE DIRECTOR / PRESIDENT, PO BOX 25, ELLSWORTH, ME 04605-0025	01-0412269	501 (C)(3)	7,500				PROGRAM SUPPORT
(373) WALDO COUNTY YMCA EXECUTIVE DIRECTOR / PRESIDENT, 157 LINCOLNVILLE AVE, BELFAST, ME 04915-7401	01-0493123	501 (C)(3)	7,500				PROGRAM SUPPORT
(374) HAMPSHIRE REGIONAL YMCA EXECUTIVE DIRECTOR / PRESIDENT, 286 PROSPECT ST, NORTHAMPTON, MA 01060-2098	04-2105887	501 (C)(3)	7,500				PROGRAM SUPPORT
(375) YMCA OF YONKERS INC. 17 RIVERDALE AVE, YONKERS, NY 10701-3646	13-1740520	501 (C)(3)	7,500				PROGRAM SUPPORT
(376) SUMMITT AREA YMCA 490 MORRIS AVE, SUMMIT, NJ 07901-2595	22-1487392	501 (C)(3)	7,500				PROGRAM SUPPORT

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(377) LEBANON VALLEY FAMILY YMCA MR. TOM BUZY, CVO, 201 N 7TH ST, LEBANON, PA 17046-5007	23-1243980	501 (C)(3)	7,500				PROGRAM SUPPORT
(378) OLD TOWN-ORONO YMCA EXECUTIVE DIRECTOR / PRESIDENT, 472 STILLWATER AVE, OLD TOWN, ME 04468-2133	51-0201156	501 (C)(3)	7,500				PROGRAM SUPPORT
(379) J. SMITH YOUNG FAMILY YMCA EXECUTIVE DIRECTOR / PRESIDENT, 119 W THIRD AVE, LEXINGTON, NC 27293-0210	56-0576153	501 (C)(3)	7,500				PROGRAM SUPPORT
(380) YMCA OF LAWTON OKLAHOMA 5 SW FIFTH ST, LAWTON, OK 73501-3900	73-0642616	501 (C)(3)	7,500				PROGRAM SUPPORT
(381) ILLINOIS STATE ALLIANCE OF YMCAS 1030 W. VAN BUREN STREET, CHICAGO, IL 60607	47-1468519	501 (C)(3)	7,275				
(382) CORTLAND COUNTY FAMILY YMCA 22 TOMPKINS ST, CORTLAND, NY 13045-2541	15-0533570	501 (C)(3)	7,250				PROGRAM SUPPORT
(383) LE MARS AREA FAMILY YMCA 241 12TH ST SE, LE MARS, IA 51031-0041	42-1413807	501 (C)(3)	7,250				PROGRAM SUPPORT
(384) KEENE FAMILY YMCA 200 SUMMIT ROAD, KEENE, NH 03431	02-0222247	501 (C)(3)	7,000				PROGRAM SUPPORT
(385) HANOVER AREA YMCA EXECUTIVE DIRECTOR / PRESIDENT, 500 GEORGE ST, HANOVER, PA 17331-1452	23-7172265	501 (C)(3)	7,000				PROGRAM SUPPORT
(386) GREATER JOHNSTOWN COMMUNITY YMCA EXECUTIVE DIRECTOR / PRESIDENT, 100 HAYNES ST, JOHNSTOWN, PA 15901-2595	25-0965623	501 (C)(3)	7,000				PROGRAM SUPPORT
(387) LAKE COUNTY YMCA 933 MENTOR AVE, PAINESVILLE, OH 44077	34-0714796	501 (C)(3)	7,000				PROGRAM SUPPORT
(388) TWO RIVERS YMCA 2040 53RD ST, MOLINE, IL 61265-3698	36-2169199	501 (C)(3)	7,000				PROGRAM SUPPORT
(389) YMCA OF NORTHWESTERN DUPAGE COUNTY EXECUTIVE DIRECTOR / PRESIDENT, 49 DEICKE DR, GLEN ELLYN, IL 60137-5665	36-2470895	501 (C)(3)	7,000				PROGRAM SUPPORT
(390) BLOOMINGTON YMCA EXECUTIVE DIRECTOR / PRESIDENT, 602 S MAIN ST, BLOOMINGTON, IL 61701-5199	37-0662603	501 (C)(3)	7,000				PROGRAM SUPPORT
(391) YMCA OF CANTON EXECUTIVE DIRECTOR / PRESIDENT, 1325 E ASH ST, CANTON, IL 61520-1504	37-0748000	501 (C)(3)	7,000				PROGRAM SUPPORT
(392) KETTLE MORAINE YMCA INC. EXECUTIVE DIRECTOR / PRESIDENT, 1111 W. WASHINGTON ST, WEST BEND, WI 53095-2433	39-1175559	501 (C)(3)	7,000				PROGRAM SUPPORT
(393) JOPLIN FAMILY YMCA 510 WALL ST, P.O. BOX 227, JOPLIN, MO 64802-0227	44-0552026	501 (C)(3)	7,000				PROGRAM SUPPORT

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(394) YMCA OF PARKERSBURG WEST VIRGINIA 1800 30TH ST, PARKERSBURG, WV 26101	55-0357059	501 (C)(3)	7,000				PROGRAM SUPPORT
(395) ROCKY MOUNT FAMILY YMCA INC. 1000 INDEPENDENCE DRIVE, ROCKY MOUNT, NC 27803	56-0543251	501 (C)(3)	7,000				PROGRAM SUPPORT
(396) ANDERSON AREA YMCA EXECUTIVE DIRECTOR / PRESIDENT, 201 E REED RD, ANDERSON, SC 29621	57-0314465	501 (C)(3)	7,000				PROGRAM SUPPORT
(397) YMCA OF METROPOLITAN HUNTSVILLE AL 120 HOLMES AVENUE, SUITE 405, HUNTSVILLE, AL 35801	58-2058795	501 (C)(3)	7,000				PROGRAM SUPPORT
(398) SAN ANGELO YMCA EXECUTIVE DIRECTOR / PRESIDENT, 353 S RANDOLPH ST, SAN ANGELO, TX 76903-6427	75-0800698	501 (C)(3)	7,000				PROGRAM SUPPORT
(399) GREATER MISSOULA FAMILY YMCA 3000 S RUSSELL ST, MISSOULA, MT 59801-8547	81-0300829	501 (C)(3)	7,000				PROGRAM SUPPORT
(400) SKAGIT VALLEY FAMILY YMCA EXECUTIVE DIRECTOR / PRESIDENT, 215 E FULTON ST, MOUNT VERNON, WA 98273-3309	91-0565022	501 (C)(3)	7,000				PROGRAM SUPPORT
(401) YMCA OF MEDFORD 522 W 6TH ST, MEDFORD, OR 97501-2735	93-0391645	501 (C)(3)	7,000				PROGRAM SUPPORT
(402) YMCA ALUMNI YMCA ALUMNI TREASURER,, DIANE CLARK,, CINCINNATI, OH 45238	91-1704431	501 (C)(3)	6,000				PROGRAM SUPPORT
(403) WILLIAMS YMCA OF AVERY COUNTY PO BOX 707, LINVILLE, NC 28646	20-4910495	501 (C)(3)	5,500				PROGRAM SUPPORT
(404) YMCA OF GREATER WESTFIELD INC. EXECUTIVE DIRECTOR / PRESIDENT, 67 COURT ST, WESTFIELD, MA 01085-3530	04-2126585	501 (C)(3)	5,000				PROGRAM SUPPORT
(405) COMMUNITY YMCA OF DANVERS MA INC. EXECUTIVE DIRECTOR / PRESIDENT, 34 PICKERING ST, DANVERS, MA 01923-2019	04-2308404	501 (C)(3)	5,000				PROGRAM SUPPORT
(406) ATHOL YMCA EXECUTIVE DIRECTOR / PRESIDENT, 545 MAIN ST, ATHOL, MA 01331-1886	04-2103727	501 (C)(3)	5,000				PROGRAM SUPPORT
(407) BERKSHIRE FAMILY YMCA EXECUTIVE DIRECTOR / PRESIDENT, 292 NORTH ST, PITTSFIELD, MA 01201-4604	04-2104837	501 (C)(3)	5,000				PROGRAM SUPPORT
(408) YMCA OF MARTHA'S VINEYARD 111R EDGARTOWN, VINEYARD HAVEN ROAD, VINEYARD HAVEN, MA 02568	04-3293959	501 (C)(3)	5,000				PROGRAM SUPPORT
(409) NEWPORT COUNTY YMCA 792 VALLEY RD, MIDDLETOWN, RI 02842-7095	05-0258916	501 (C)(3)	5,000				PROGRAM SUPPORT
(410) YMCA OF GREENWICH INC. EXECUTIVE DIRECTOR / PRESIDENT, 50 E PUTNAM AVE, GREENWICH, CT 06830-5696	06-0646976	501 (C)(3)	5,000				PROGRAM SUPPORT

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(411) YMCA OF CENTRAL & NORTHERN WESTCHESTER INC. 250 MAMARONECK AVE, WHITE PLAINS, NY 10605-1302	13-1740518	501 (C)(3)	5,000				PROGRAM SUPPORT
(412) SILVER BAY YMCA OF THE ADIRONDACKS EXECUTIVE DIRECTOR / PRESIDENT, 87 SILVER BAY RD, SILVER BAY, NY 12874-1908	13-5604788	501 (C)(3)	5,000				PROGRAM SUPPORT
(413) PLATTSBURGH YMCA EXECUTIVE DIRECTOR / PRESIDENT, 17 OAK ST, PLATTSBURGH, NY 12901-2810	14-1340011	501 (C)(3)	5,000				PROGRAM SUPPORT
(414) FULTON YMCA EXECUTIVE DIRECTOR / PRESIDENT, 715 W BROADWAY, FULTON, NY 13069-2107	15-0619561	501 (C)(3)	5,000				PROGRAM SUPPORT
(415) GENEVA FAMILY YMCA EXECUTIVE DIRECTOR / PRESIDENT, 399 WILLIAM ST, GENEVA, NY 14456-2115	16-0743236	501 (C)(3)	5,000				PROGRAM SUPPORT
(416) HAMILTON AREA YMCA 1315 WHITEHORSE-MERCERVILLE ROAD, HAMILTON, NJ 08619-3815	21-0702879	501 (C)(3)	5,000				PROGRAM SUPPORT
(417) YMCA OF MADISON NJ INC. EXECUTIVE DIRECTOR / PRESIDENT, 111 KINGS ROAD, MADISON, NJ 07940-2654	22-1487385	501 (C)(3)	5,000				PROGRAM SUPPORT
(418) YMCA OF GARFIELD EXECUTIVE DIRECTOR / PRESIDENT, 33 OUTWATER LN, GARFIELD, NJ 07026-3813	22-2324697	501 (C)(3)	5,000				PROGRAM SUPPORT
(419) JUNIATA VALLEY YMCA EXECUTIVE DIRECTOR / PRESIDENT, 105 1ST AVE, BURNHAM, PA 17009-1621	23-1879734	501 (C)(3)	5,000				PROGRAM SUPPORT
(420) CADILLAC AREA YMCA 9845 CAMPUS DRIVE, CADILLAC, MI 49601	30-0013507	501 (C)(3)	5,000				PROGRAM SUPPORT
(421) THE LICKING COUNTY FAMILY YMCA 470 W CHURCH ST, NEWARK, OH 43055-4293	31-6053101	501 (C)(3)	5,000				PROGRAM SUPPORT
(422) GEARY FAMILY YMCA OF FOSTORIA OHIO INC. EXECUTIVE DIRECTOR / PRESIDENT, 154 W CENTER ST, FOSTORIA, OH 44830-2201	34-4439890	501 (C)(3)	5,000				PROGRAM SUPPORT
(423) GREATER PEORIA FAMILY YMCA 7000 N FLEMING LN, PEORIA, IL 61614-1236	37-0662605	501 (C)(3)	5,000				PROGRAM SUPPORT
(424) KENOSHA YMCA 7101 53RD ST, KENOSHA, WI 53144	39-0826296	501 (C)(3)	5,000				PROGRAM SUPPORT
(425) YMCA OF AUSTIN MINNESOTA EXECUTIVE DIRECTOR / PRESIDENT, 704 1ST DR NW, AUSTIN, MN 55912-3099	41-0718359	501 (C)(3)	5,000				PROGRAM SUPPORT
(426) KANDIYOHI COUNTY AREA FAMILY YMCA KARLA NELSON, P.O. BOX 757, WILLMAR, MN 56201	41-1908049	501 (C)(3)	5,000				PROGRAM SUPPORT
(427) MARSHALL AREA YMCA EXECUTIVE DIRECTOR / PRESIDENT, 200 S A ST, MARSHALL, MN 56258-1700	41-1984589	501 (C)(3)	5,000				PROGRAM SUPPORT

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(428) SCOTT COUNTY FAMILY YMCA EXECUTIVE DIRECTOR / PRESIDENT, 606 W 2ND ST, DAVENPORT, IA 52801-1095	42-0703278	501 (C)(3)	5,000				PROGRAM SUPPORT
(429) YMCA OF OTTUMWA IOWA EXECUTIVE DIRECTOR / PRESIDENT, 611 N HANCOCK ST, OTTUMWA, IA 52501-4278	42-0725202	501 (C)(3)	5,000				PROGRAM SUPPORT
(430) YMCA OF DUBUQUE IOWA EXECUTIVE DIRECTOR / PRESIDENT, 35 N BOOTH ST, DUBUQUE, IA 52001-7397	42-0934471	501 (C)(3)	5,000				PROGRAM SUPPORT
(431) ALGONA FAMILY YMCA EXECUTIVE DIRECTOR / PRESIDENT, 2101 E MCGREGOR ST, ALGONA, IA 50511-3000	42-1225829	501 (C)(3)	5,000				PROGRAM SUPPORT
(432) YMCA OF MARSHALLTOWN IOWA 108 WASHINGTON STREET, MARSHALLTOWN, IA 50158	42-1478611	501 (C)(3)	5,000				PROGRAM SUPPORT
(433) SALT FORK YMCA EXECUTIVE DIRECTOR / PRESIDENT, 740 E YERBY ST, MARSHALL, MO 65340-2352	43-1710180	501 (C)(3)	5,000				PROGRAM SUPPORT
(434) YMCA OF FREMONT NEBRASKA EXECUTIVE DIRECTOR / PRESIDENT, 810 N LINCOLN AVE, FREMONT, NE 68025-4488	47-0376600	501 (C)(3)	5,000				PROGRAM SUPPORT
(435) YMCA OF GRAND ISLAND NEBRASKA 221 E SOUTH FRONT ST, GRAND ISLAND, NE 68801-5952	47-0425015	501 (C)(3)	5,000				PROGRAM SUPPORT
(436) KEARNEY FAMILY YMCA EXECUTIVE DIRECTOR / PRESIDENT, 4500 6TH AVE, KEARNEY, NE 68845-3396	47-0720055	501 (C)(3)	5,000				PROGRAM SUPPORT
(437) YMCA OF SALINA KANSAS EXECUTIVE DIRECTOR / PRESIDENT, 570 YMCA DR, SALINA, KS 67401-7433	48-0544573	501 (C)(3)	5,000				PROGRAM SUPPORT
(438) MARTINSVILLE & HENRY COUNTY FAMILY YMCA EXECUTIVE DIRECTOR / PRESIDENT, 3 STARLING AVE, MARTINSVILLE, VA 24112-2921	54-0839746	501 (C)(3)	5,000				PROGRAM SUPPORT
(439) FAMILY YMCA OF EMPORIA/GREENSVILLE, INC 212 WEAVER AVE, EMPORIA, VA 23847	54-2005981	501 (C)(3)	5,000				PROGRAM SUPPORT
(440) CAMP JORN YMCA INC. 13591 ZENNER LANE, MANITOWISH WATERS, WI 54545	54-2184387	501 (C)(3)	5,000				PROGRAM SUPPORT
(441) YMCA OF SOUTHERN WEST VIRGINIA, INC EXECUTIVE DIRECTOR / PRESIDENT, 121 EAST MAIN STREET, BECKLEY, WV 25801-4705	55-0464596	501 (C)(3)	5,000				PROGRAM SUPPORT
(442) RANDOLPH-ASHEBORO YMCA P.O. BOX 1152, ASHEBORO, NC 27204-1152	56-0991786	501 (C)(3)	5,000				PROGRAM SUPPORT
(443) YMCAS OF WAYCROSS GA INC. EXECUTIVE DIRECTOR / PRESIDENT, 1634 PLANT AVE, WAYCROSS, GA 31501-5247	58-0566129	501 (C)(3)	5,000				PROGRAM SUPPORT

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(444) WEST BROAD STREET YMCA EXECUTIVE DIRECTOR / PRESIDENT, 1110 MAY ST, SAVANNAH, GA 31415-5470	58-0616558	501 (C)(3)	5,000				PROGRAM SUPPORT
(445) HENDERSON FAMILY YMCA EXECUTIVE DIRECTOR / PRESIDENT, 380 RUIN CREEK RD, HENDERSON, NC 27536-6698	58-1406066	501 (C)(3)	5,000				PROGRAM SUPPORT
(446) STANLY COUNTY FAMILY YMCA EXECUTIVE DIRECTOR / PRESIDENT, 427 N 1ST ST, ALBEMARLE, NC 28001-3906	58-1582063	501 (C)(3)	5,000				PROGRAM SUPPORT
(447) CLEVELAND COUNTY FAMILY YMCA P.O. BOX 2272, SHELBY, NC 28151	58-2016066	501 (C)(3)	5,000				PROGRAM SUPPORT
(448) GEORGIA MOUNTAINS YMCA 2455 HOWARD RD, STE. 201, GAINESVILLE, GA 30501	58-2203268	501 (C)(3)	5,000				PROGRAM SUPPORT
(449) YMCA OF NORTHWEST FLORIDA P.O. BOX 13170, PENSACOLA, FL 32591	59-0624465	501 (C)(3)	5,000				PROGRAM SUPPORT
(450) PARIS-BOURBON COUNTY YMCA 917 MAIN STREET, PARIS, KY 40361-0290	61-0676727	501 (C)(3)	5,000				PROGRAM SUPPORT
(451) HOPKINS COUNTY FAMILY YMCA 150 YMCA DRIVE, MADISONVILLE, KY 42431-9019	61-0904719	501 (C)(3)	5,000				PROGRAM SUPPORT
(452) HOPKINSVILLE/CHRISTIAN COUNTY FAMILY YMCA EXECUTIVE DIRECTOR / PRESIDENT, 7805 EAGLE WAY BYPASS, HOPKINSVILLE, KY 42240-0549	61-1297293	501 (C)(3)	5,000				PROGRAM SUPPORT
(453) FAYETTE COUNTY FAMILY YMCA 100 CIVIC DRIVE, PO BOX 1021, WASHINGTON CH, OH 43160	61-1416843	501 (C)(3)	5,000				PROGRAM SUPPORT
(454) SOUTHSIDE VIRGINIA FAMILY YMCA 580 COMMERCE ROAD, FARNVILLE, VA 23901	62-1487256	501 (C)(3)	5,000				PROGRAM SUPPORT
(455) SPARTA/WHITE COUNTY FAMILY YMCA EXECUTIVE DIRECTOR / PRESIDENT, 123 MOORE ST, SPARTA, TN 38583-1531	62-1501707	501 (C)(3)	5,000				PROGRAM SUPPORT
(456) LEGACY YMCA 1501 4TH AVE SW, BESSEMER, AL 35022	63-0288881	501 (C)(3)	5,000				PROGRAM SUPPORT
(457) YMCA OF THE SHOALS 2121 HELTON DR, FLORENCE, AL 35630-1448	63-0545200	501 (C)(3)	5,000				PROGRAM SUPPORT
(458) BOGALUSA YMCA EXECUTIVE DIRECTOR / PRESIDENT, 411 AVE B, BOGALUSA, LA 70427	72-0441354	501 (C)(3)	5,000				PROGRAM SUPPORT
(459) BAYOULAND YMCA EXECUTIVE DIRECTOR / PRESIDENT, 103 VALHI BLVD, HOUMA, LA 70360-6280	72-0880478	501 (C)(3)	5,000				PROGRAM SUPPORT
(460) CASPER FAMILY YMCA 315 E 15TH ST, CASPER, WY 82601-4325	83-0197773	501 (C)(3)	5,000				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
(461) JOHNSON COUNTY FAMILY YMCA EXECUTIVE DIRECTOR / PRESIDENT, 101 KLONDIKE DRIVE, BUFFALO, WY 82834-2599	83-0237890	501 (C)(3)	5,000				PROGRAM SUPPORT
(462) YMCA OF WALLA WALLA 340 S PARK ST, PO BOX 1637, WALLA WALLA, WA 99362	91-0580856	501 (C)(3)	5,000				PROGRAM SUPPORT
(463) BAKER COUNTY YMCA 3715 POCAHONTAS RD, BAKER CITY, OR 97814	93-0621433	501 (C)(3)	5,000				PROGRAM SUPPORT
(464) SHASTA COUNTY YMCA 1155 N COURT ST, REDDING, CA 96001-0437	94-1212141	501 (C)(3)	5,000				PROGRAM SUPPORT
(465) MAUI FAMILY YMCA EXECUTIVE DIRECTOR / PRESIDENT, 250 KANALOA AVE, KAHULUI, HI 96732-1100	99-0105206	501 (C)(3)	5,000				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	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). 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).
(2) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	KENTUCKY YMCA YOUTH ASSOCIATION INC. 91 C MICHAEL DAVENPORT BLVD, FRANKFORT, KY 40601
(3) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	YMCA OF GREATER SEATTLE ATTN: CEO/EXECUTIVE DIRECTOR, 909 4TH AVE, SEATTLE, WA 98104-1108
(4) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	FLORIDA STATE ALLIANCE OF YMCAS INC 600 1ST AVE. N, SUITE 201, ST. PETERSBURG, FL 33701
(6) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	FOND DU LAC FAMILY YMCA EXECUTIVE DIRECTOR / PRESIDENT, 90 W 2ND ST, FOND DU LAC, WI 54935-4199
(9) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	YMCA OF METROPOLITAN ATLANTA INC. 569 MARTIN LUTHER KING JR. DRIVE NW, ATLANTA, GA 30314
(10) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	YMCA OF THE NORTH 651 NICOLLETT MALL SUITE 500, MINNEAPOLIS, MN 55402
(11) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	YMCA OF GREATER RICHMOND 201 WEST 7TH STREET, SUITE 110, RICHMOND, VA 23224

SCHEDULE J (Form 990)
(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
NATIONAL COUNCIL OF YMCAS OF THE USA

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. ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☑ Travel for companions ☐ Payments for business use of personal residence ☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ 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 organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. ☑ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☑ Compensation survey or study ☑ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	4a	✔	
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		✔
c	Participate in or receive payment from an equity-based compensation arrangement?	4c		✔
	If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.			
	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?	5a		✔
b	Any related organization?	5b		✔
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	6a		✔
b	Any related organization?	6b		✔
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described 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 and/or 1099-NEC 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	SUZANNE MCCORMICK PRESIDENT AND CHIEF EXECUTIVE OFFICER	(i)	640,707	174,027	81,129	205,744	25,052	1,126,659	0
		(ii)	0	0	0	0	0	0	0
2	EMMANUEL CESAR SILVA EXECUTIVE VICE PRESIDENT, CHIEF ADMINISTRATIVE OFFICER (THROUGH 06/2025)	(i)	252,414	105,906	274,617	42,000	14,867	689,804	0
		(ii)	0	0	0	0	0	0	0
3	CHRISTINA MACVEIGH EXECUTIVE VICE PRESIDENT, STRATEGIC INITIATIVES	(i)	451,136	98,897	34,598	133,864	20,919	739,414	0
		(ii)	0	0	0	0	0	0	0
4	ABIGAIL ROGERS EXECUTIVE VICE PRESIDENT, CHIEF DEVELOPMENT OFFICER	(i)	437,046	95,702	32,617	130,896	20,678	716,939	0
		(ii)	0	0	0	0	0	0	0
5	KARYN KIRK EXECUTIVE VICE PRESIDENT, CHIEF LEGAL OFFICER	(i)	434,560	96,582	31,792	131,714	20,724	715,372	0
		(ii)	0	0	0	0	0	0	0
6	SHAWN BORZELLERI EXECUTIVE VICE PRESIDENT, CHIEF NETWORK EXPERIENCE OFFICER	(i)	425,104	93,368	30,035	128,729	20,502	697,738	0
		(ii)	0	0	0	0	0	0	0
7	LYNDA GONZALES SENIOR VICE PRESIDENT, CHIEF GLOBAL RELATIONS AND COMMUNITY ENGAGEMENT OFFICER	(i)	363,789	63,702	14,257	97,474	19,069	558,291	0
		(ii)	0	0	0	0	0	0	0
8	THOMAS GARDNER SENIOR VICE PRESIDENT, CHIEF INFORMATION OFFICER	(i)	347,265	0	1,152	42,000	17,890	408,307	0
		(ii)	0	0	0	0	0	0	0
9	GREGORY WAIBEL CHIEF OPERATING OFFICER (EFFECTIVE 08/2025)	(i)	169,167	0	105,130	45,921	8,019	328,237	0
		(ii)	0	0	0	0	0	0	0
10		(i)							
		(ii)							
11		(i)							
		(ii)							
12		(i)							
		(ii)							
13		(i)							
		(ii)							
14		(i)							
		(ii)							
15		(i)							
		(ii)							
16		(i)							
		(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 - TRAVEL FOR COMPANIONS	Y-USA PROVIDED TRAVEL FOR SUZANNE MCCORMICK'S SPOUSE TO ATTEND KEY EVENTS AND MEETINGS IN 2025. THIS BENEFIT WAS INCLUDED IN COLUMN B(III)- OTHER REPORTABLE COMPENSATION. THE AMOUNT REPORTED IS $5,223 AND WAS TREATED AS TAXABLE COMPENSATION REPORTED ON HER W-2.
SCHEDULE J, PART I, LINE 4A - SEVERANCE OR CHANGE-OF-CONTROL PAYMENT	SEVERANCE AMOUNTS FOR ALL STAFF ARE DERIVED BASED ON AN ORGANIZATIONAL SCHEDULE DICTATED BY THE EMPLOYEE'S GRADE SCALE. ONE EMPLOYEE LISTED ON FORM 990, PART VII, SECTION A, LINE 1A RECIEVED SEVERANCE. HE IS: EMMANUEL CESAR SILVA $274,517
SCHEDULE J, PART I, LINE 7 - NON-FIXED PAYMENTS	Y-USA HAS AN INCENTIVE COMPENSATION PROGRAM FOR KEY POSITIONS WHERE INCENTIVE MEASURES ARE CALCULATED FROM APPROVED GOALS, WEIGHTS AND MEASURES BY THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS. ALL AWARDS HAVE BEEN INCLUDED IN EMPLOYEES W-2 AND REFLECTED IN COLUMN B(II)- BONUS/INCENTIVE COMPENSATION

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

2025

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	✔	3	2,519,350	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 (_____)				
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 V, Donee Acknowledgement	29	0

			Yes	No
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 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	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.

SCHEDULE O (Form 990)

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

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 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 COMPLIANCE RISK COMMITTEE AS AUTHORIZED BY THE BOARD OF DIRECTORS. AFTER THE AUDIT COMMITTEE REVIEWED THE FORM 990 ON 4/15/2026, A COPY WAS PROVIDED TO EACH MEMBER OF THE BOARD OF DIRECTORS WHERE IT WAS APPROVED ON 4/30/2026 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 AND FORM DISCLOSURE. 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 RECRUITED AND HIRED THE CURRENT PRESIDENT AND CHIEF EXECUTIVE OFFICER IN 2021 WHOSE TOTAL COMPENSATION OFFER INCLUDED A REVIEW AND APPROVAL BY INDEPENDENT PERSONS, COMPARABILITY DATA, AND CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION AND DECISION. AN INDEPENDENT CONSULTANT REVIEWED THE COMPENSATION BENCHMARKS IN APRIL 2024. 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 OFFICERS OR KEY 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.
FORM 990, PART IX, LINE 11G - OTHER FEES FOR SERVICES	

(a) Description	(b) Total Expenses	(c) Program Service Expenses	(d) Management and General Expenses	(e) Fundraising Expenses
SERVICE DELIVERY AND TRAINING PARTNER YMCAS	11,786,725	11,786,725		
TECHNICAL ASSISTANCE RELATED TO OTHER SOC. RESPONSIBILITY PROGRAMS	7,207,670	7,207,670		
MARKETING & COMMUNICATIONS	2,663,025	2,663,025		
NATIONAL EVENT SUPPORT & LOGISTICS	2,191,804	2,191,804		
CHILD SAFETY INITIATIVE	2,130,834	2,130,834		
TECHNICAL ASSISTANCE RELATED TO OTHER HEALTHY LIVING PROGRAMS	1,653,199	1,653,199		
SHARED SERVICES	1,007,424	1,007,424		
ALL OTHER	3,701,950	216,769	3,485,181	
Total	**32,342,631**	**28,857,450**	**3,485,181**	**0**

SCHEDULE O (Form 990)

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

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 XI, LINE 9 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES	**(a)** Description / **(b)** Amount LOSS ON SUBLEASE - 4,501,113 IMPAIRMENT ON FIXED ASSET - 2,504,473 **TOTAL** **- 7,005,586**
SCHEDULE F, PART IV, LINE 4 - FOREIGN INVESTMENT FORM 8621	THE ORGANIZATION, THROUGH ITS INVESTMENT IN A PARTNERSHIP, WAS A SHAREHOLDER OF A PASSIVE FOREIGN INVESTMENT COMPANY. THE ORGANIZATION HAS REVIEWED, AND THE PARTNERSHIP IS FILING THE FORM 8621. THE ORGANIZATION DOES NOT HAVE A FORM 8621 FILING REQUIREMENT.

SCHEDULE R (Form 990)

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
NATIONAL COUNCIL OF YMCAS OF THE USA

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	1,940,680	1,310,182	YMCA OF THE USA
(2) YMCA ENTERPRISE SHARED SERVICES, LLC (92-0991620) 101 N WACKER DR, STE 1600, CHICAGO, IL 60606	PROFESSIONAL SERVICES	IL	5,850,957	12,279,473	YMCA OF THE USA
(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? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(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	(i) No
(1)									
(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)													