

**NATIONAL COUNCIL OF YMCAs  
OF THE USA**

Form 990 for the  
Year Ended December 31, 2017

**Public Disclosure Copy**

## PUBLIC DISCLOSURE COPY

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

OMB No. 1545-0047

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](http://www.irs.gov/Form990) for instructions and the latest information.**2017****Open to Public Inspection**Department of the Treasury  
Internal Revenue Service

<b>A</b> For the 2017 calendar year, or tax year beginning , 2017, and ending , 20																																
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>C</b> Name of organization <b>NATIONAL COUNCIL OF YMCAS OF THE USA</b></td> <td rowspan="2"><b>D</b> Employer identification number <b>36-3258696</b></td> </tr> <tr> <td colspan="2">Doing business as <b>YMCA OF THE USA</b></td> </tr> <tr> <td colspan="2">Number and street (or P.O. box if mail is not delivered to street address) Room/suite</td> <td rowspan="2"><b>E</b> Telephone number <b>(312) 977-0031</b></td> </tr> <tr> <td colspan="2"><b>101 N WACKER DRIVE</b></td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code</td> <td rowspan="2"><b>G</b> Gross receipts \$ <b>216,395,541</b></td> </tr> <tr> <td colspan="2"><b>CHICAGO, IL 60606</b></td> </tr> <tr> <td colspan="2"><b>F</b> Name and address of principal officer: <b>KEVIN WASHINGTON</b></td> <td rowspan="2"> <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No          If "No," attach a list. (see instructions)       </td> </tr> <tr> <td colspan="2"><b>SAME AS C ABOVE</b></td> </tr> <tr> <td colspan="2"> <b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527       </td> <td rowspan="2"><b>H(c)</b> Group exemption number ▶</td> </tr> <tr> <td colspan="2"><b>J</b> Website: ▶ <b>WWW.YMCA.NET</b></td> </tr> <tr> <td colspan="2"> <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶       </td> <td> <b>L</b> Year of formation: <b>1982</b> </td> </tr> <tr> <td colspan="2"></td> <td><b>M</b> State of legal domicile: <b>IL</b></td> </tr> </table>	<b>C</b> Name of organization <b>NATIONAL COUNCIL OF YMCAS OF THE USA</b>		<b>D</b> Employer identification number <b>36-3258696</b>	Doing business as <b>YMCA OF THE USA</b>		Number and street (or P.O. box if mail is not delivered to street address) Room/suite		<b>E</b> Telephone number <b>(312) 977-0031</b>	<b>101 N WACKER DRIVE</b>		City or town, state or province, country, and ZIP or foreign postal code		<b>G</b> Gross receipts \$ <b>216,395,541</b>	<b>CHICAGO, IL 60606</b>		<b>F</b> Name and address of principal officer: <b>KEVIN WASHINGTON</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	<b>SAME AS C ABOVE</b>		<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c)</b> Group exemption number ▶	<b>J</b> Website: ▶ <b>WWW.YMCA.NET</b>		<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>1982</b>			<b>M</b> State of legal domicile: <b>IL</b>
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<b>Part I Summary</b>			
<b>Activities &amp; Governance</b>	<b>1</b>	Briefly describe the organization's mission or most significant activities: <u>YMCA OF THE USA (Y-USA) IS THE NATIONAL RESOURCE OFFICE FOR THE NATION'S 2,700 YS, WHICH STRENGTHEN COMMUNITY BY NURTURING THE POTENTIAL OF KIDS, PROMOTING HEALTHY LIVING FOR ALL, AND FOSTERING SOCIAL RESPONSIBILITY.</u>	
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a) . . . . .	<b>3</b> 27
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	<b>4</b> 27
	<b>5</b>	Total number of individuals employed in calendar year 2017 (Part V, line 2a) . . . . .	<b>5</b> 501
	<b>6</b>	Total number of volunteers (estimate if necessary) . . . . .	<b>6</b> 3,400
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .	<b>7a</b> 0
<b>b</b>	Net unrelated business taxable income from Form 990-T, line 34 . . . . .	<b>7b</b> 0	
<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h) . . . . .	Prior Year: 58,594,936 Current Year: 44,118,077
	<b>9</b>	Program service revenue (Part VIII, line 2g) . . . . .	79,701,816 79,417,908
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .	1,700,766 4,408,282
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . .	2,617,462 3,188,460
	<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	142,614,980 131,132,727
	<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . . .
<b>14</b>		Benefits paid to or for members (Part IX, column (A), line 4) . . . . .	
<b>15</b>		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) . . . . .	56,954,604 59,600,152
<b>16a</b>		Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	0 0
<b>b</b>		Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>2,377,474</b>	
<b>17</b>		Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . .	53,959,877 48,984,173
<b>18</b>		Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) . . . . .	142,057,709 136,856,789
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12 . . . . .	557,271 (5,724,062)	
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16) . . . . .	Beginning of Current Year: 165,971,221 End of Year: 175,679,060
	<b>21</b>	Total liabilities (Part X, line 26) . . . . .	21,993,364 23,036,699
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20 . . . . .	143,977,857 152,642,361

<b>Part II Signature Block</b>	
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.	

<b>Sign Here</b>		<b>4-25-2018</b>	Date		
	Type or print name and title <b>NANCY L. OWENS, SR. VP &amp; CHIEF FINANCIAL OFFICER</b>				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	<b>BRIDGET T. ROCHE</b>		<b>04/25/2018</b>		<b>P00666837</b>
	Firm's name ▶ <b>GRANT THORNTON LLP</b>	Firm's EIN ▶ <b>36-6055558</b>	Phone no. <b>(312) 856-0200</b>		
Firm's address ▶ <b>171 N. CLARK STREET, SUITE 200, CHICAGO, IL 60601</b>					

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

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III ☐

- 1** Briefly describe the organization's mission:  
YMCA OF THE USA (Y-USA) IS THE NATIONAL RESOURCE OFFICE FOR THE NATION'S 2,700 YS, WHICH STRENGTHEN  
COMMUNITY BY NURTURING THE POTENTIAL OF KIDS, PROMOTING HEALTHY LIVING FOR ALL AND FOSTERING SOCIAL  
RESPONSIBILITY.
- 2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No  
 If "Yes," describe these new services on Schedule O.
- 3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No  
 If "Yes," describe these changes on Schedule O.
- 4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ 52,657,784 including grants of \$ 17,789,857 ) (Revenue \$ 23,097,455 )  
YOUTH DEVELOPMENT: NURTURING THE POTENTIAL OF CHILDREN AND TEENS. CHILDREN FROM LOW-INCOME FAMILIES  
OFTEN START SCHOOL UNPREPARED. DESPITE PROGRESSING AT THE SAME RATES AS THEIR PEERS DURING THE  
SCHOOL YEAR, GAPS WIDEN EACH SUMMER AND THESE CHILDREN FALL FURTHER BEHIND. THIS IS KNOWN AS THE  
"ACHIEVEMENT GAP." THE Y'S ACHIEVEMENT GAP PROGRAMS ARE DESIGNED TO SUPPORT THE COGNITIVE, PHYSICAL,  
AND SOCIAL-EMOTIONAL DEVELOPMENT OF YOUTH WHILE IMPROVING THEIR ACADEMIC OUTCOMES VIA EARLY LEARNING  
READINESS, SUMMER LEARNING, AND AFTERSCHOOL LEARNING. THROUGH FUNDRAISING AND DEDICATED STAFF  
SUPPORT, Y-USA HAS HELPED 349 Y SITES IN 42 STATES OFFER THE PROGRAMS, ENABLING 21,000 KIDS TO  
REALIZE WHO THEY ARE AND ALL THEY CAN ACHIEVE. THE TRANSFORMATION IS EXCITING: STUDENTS IN THE POWER  
SCHOLARS ACADEMY (TM) SUMMER PROGRAM, FOR EXAMPLE, GAIN AN AVERAGE OF ONE-AND-A-HALF MONTHS OF MATH  
SKILLS AND TWO MONTHS OF READING SKILLS AT A TIME WHEN THEY OTHERWISE WOULD LOSE SKILLS.

**4b** (Code: ) (Expenses \$ 42,066,525 including grants of \$ 5,845,278 ) (Revenue \$ 36,073,111 )  
SOCIAL RESPONSIBILITY: GIVING BACK AND PROVIDING SUPPORT TO NEIGHBORS. THE Y RESPONDS TO PRESSING  
SOCIAL ISSUES NATIONWIDE-AND WORLDWIDE-BY ACTIVATING RESOURCES AND UNITING PEOPLE FROM DIVERSE  
BACKGROUNDS FOR INDIVIDUAL AND COLLECTIVE ACTION. THROUGH THE Y'S MEMBER-LED TOGETHERHOOD® PROGRAM,  
THOUSANDS OF VOLUNTEERS AT MORE THAN 515 YS IN 43 STATES COMPLETED SERVICE PROJECTS TO BENEFIT THEIR  
COMMUNITIES. TO STRENGTHEN THE CAPACITY OF YS TO ENGAGE, ADVOCATE FOR, AND SERVE ALL MEMBERS OF OUR  
CHANGING COMMUNITIES, PARTICULARLY THOSE WHO ARE MOST MARGINALIZED, Y-USA EXPANDED ITS DIVERSITY,  
INNOVATION, AND GLOBAL NETWORK TO 76 Y ASSOCIATIONS (SERVING HUNDREDS OF COMMUNITIES INCLUDING 20 OF  
THE 25 MOST POPULOUS U.S. CITIES). GLOBALLY, Y-USA'S WORLD SERVICE CAMPAIGN RAISED MORE THAN \$1.6  
MILLION AND LEVERAGED AN ADDITIONAL \$1.7 MILLION IN TECHNICAL AND FINANCIAL ASSISTANCE TO STRENGTHEN  
YMCAS, WITH A FOCUS ON DEVELOPING NATIONS. THIS SUPPORT ENABLED YS IN 52 COUNTRIES TO REACH HUNDREDS  
OF THOUSANDS OF MORE PEOPLE WITH LIFE-CHANGING SERVICES AND HELP BREAK THE CYCLE OF POVERTY.

**4c** (Code: ) (Expenses \$ 27,577,380 including grants of \$ 4,637,329 ) (Revenue \$ 20,247,342 )  
HEALTHY LIVING: IMPROVING THE NATION'S HEALTH AND WELL-BEING. MORE THAN 30 MILLION AMERICANS HAVE  
DIABETES-THE SEVENTH-LEADING CAUSE OF DEATH IN THE U.S.-AND ANOTHER 84 MILLION HAVE PREDIABETES. THE  
YMCA'S DIABETES PREVENTION PROGRAM IS BASED ON A NATIONAL INSTITUTES OF HEALTH STUDY THAT SHOWED  
WEIGHT LOSS OF 5% TO 7% AND 150 MINUTES OF PHYSICAL ACTIVITY PER WEEK CAN REDUCE THE NUMBER OF NEW  
CASES OF TYPE 2 DIABETES IN ADULTS BY 58%, AND 71% IN ADULTS OVER AGE 60. MORE THAN 250 Y  
ASSOCIATIONS IN 47 STATES OFFER THE PROGRAM AT 1,600 LOCATIONS, AND Y-USA HAS SECURED FUNDING FROM  
PUBLIC SOURCES AND PRIVATE DONORS TO HELP EXPAND IT TO 300 ASSOCIATIONS BY 2018. THE PROGRAM HAS  
HELPED 58,000 PEOPLE TO DATE. BY EXTENDING HEALTH CARE TO COMMUNITY SETTINGS, THE Y IMPROVES THE  
HEALTH OF COMMUNITIES AND HELPS REDUCE HEALTH CARE COSTS FOR INDIVIDUALS, EMPLOYERS, AND INSURERS.

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

**4e** Total program service expenses **122,301,689**

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A . . . . .</i>	<b>1</b> ✓	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? . . . . .	<b>2</b> ✓	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I . . . . .</i>	<b>3</b>	✓
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II . . . . .</i>	<b>4</b> ✓	
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III . . . . .</i>	<b>5</b>	✓
<b>6</b> 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? <i>If "Yes," complete Schedule D, Part I . . . . .</i>	<b>6</b>	✓
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II . . . . .</i>	<b>7</b>	✓
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III . . . . .</i>	<b>8</b>	✓
<b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV . . . . .</i>	<b>9</b>	✓
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V . . . . .</i>	<b>10</b> ✓	
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI . . . . .</i>	<b>11a</b> ✓	
<b>b</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? <i>If "Yes," complete Schedule D, Part VII . . . . .</i>	<b>11b</b> ✓	
<b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII . . . . .</i>	<b>11c</b>	✓
<b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX . . . . .</i>	<b>11d</b>	✓
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X . . . . .</i>	<b>11e</b> ✓	
<b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X . . . . .</i>	<b>11f</b> ✓	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII . . . . .</i>	<b>12a</b> ✓	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . .</i>	<b>12b</b>	✓
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E . . . . .</i>	<b>13</b>	✓
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	<b>14a</b>	✓
<b>b</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? <i>If "Yes," complete Schedule F, Parts I and IV. . . . .</i>	<b>14b</b> ✓	
<b>15</b> 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? <i>If "Yes," complete Schedule F, Parts II and IV . . . . .</i>	<b>15</b> ✓	
<b>16</b> 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? <i>If "Yes," complete Schedule F, Parts III and IV. . . . .</i>	<b>16</b>	✓
<b>17</b> 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? <i>If "Yes," complete Schedule G, Part I (see instructions) . . . . .</i>	<b>17</b>	✓
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II . . . . .</i>	<b>18</b>	✓
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III . . . . .</i>	<b>19</b>	✓

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

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</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? <i>If "Yes," complete Schedule L, Part I . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</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)? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>



**Part V** Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .	<b>1a</b>	49
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	<b>1b</b>	0
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<b>1c</b>	✓
<b>2a</b>	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	<b>2a</b>	501
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . .	<b>2b</b>	✓
<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) . . . . .			
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>3a</b>	✓
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . . .	<b>3b</b>	
<b>4a</b>	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)? . . . . .	<b>4a</b>	✓
<b>b</b>	If "Yes," enter the name of the foreign country: <u>IS</u> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	<b>5a</b>	✓
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .	<b>5b</b>	✓
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . .	<b>5c</b>	
<b>6a</b>	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? . . . . .	<b>6a</b>	✓
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	<b>6b</b>	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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? . . . . .	<b>7a</b>	✓
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	<b>7b</b>	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	<b>7c</b>	✓
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	<b>7d</b>	
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	<b>7e</b>	✓
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	<b>7f</b>	✓
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	<b>7g</b>	
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .	<b>7h</b>	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .	<b>8</b>	
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966? . . . . .	<b>9a</b>	
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .	<b>9b</b>	
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders . . . . .	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? . . . . .	<b>13a</b>	
<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			
<b>b</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 . . . . .	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand . . . . .	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	<b>14a</b>	✓
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	<b>14b</b>	

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

Check if Schedule O contains a response or note to any line in this Part VI ☒

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year . . .	<b>1a</b> 27		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent . . .	<b>1b</b> 27		
<b>2</b> 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? . . .	<b>2</b>		✓
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? . . .	<b>3</b>		✓
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>		✓
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? . . .	<b>5</b>		✓
<b>6</b> Did the organization have members or stockholders? . . .	<b>6</b>		✓
<b>7a</b> 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? . . .	<b>7a</b>		✓
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . .	<b>7b</b>		✓
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
<b>a</b> The governing body? . . .	<b>8a</b>	✓	
<b>b</b> Each committee with authority to act on behalf of the governing body? . . .	<b>8b</b>	✓	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . .	<b>9</b>		✓

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

		Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates? . . .	<b>10a</b>		✓
<b>b</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?	<b>10b</b>		
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>11a</b>	✓	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13 . . .	<b>12a</b>	✓	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12b</b>	✓	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . .	<b>12c</b>	✓	
<b>13</b> Did the organization have a written whistleblower policy? . . .	<b>13</b>	✓	
<b>14</b> Did the organization have a written document retention and destruction policy? . . .	<b>14</b>	✓	
<b>15</b> 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?			
<b>a</b> The organization's CEO, Executive Director, or top management official . . .	<b>15a</b>	✓	
<b>b</b> Other officers or key employees of the organization . . .	<b>15b</b>	✓	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . .	<b>16a</b>		✓
<b>b</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? . . .	<b>16b</b>		

**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 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

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

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

**20** State the name, address, and telephone number of the person who possesses the organization's books and records: ►

NANCY L OWENS, 101 N WACKER DRIVE, CHICAGO, IL 60606, (312) 977-0031

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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

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

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

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



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) MICHAEL C EICHER BOARD MEMBER	2.0	✓						0	0	0
(16) TRENT HAYWOOD, MD BOARD MEMBER	2.0	✓						0	0	0
(17) CURT HAZELBAKER BOARD MEMBER THROUGH 02/2017	2.0	✓						0	0	0
(18) ALAN HOSTRUP BOARD MEMBER THROUGH 02/2017	2.0	✓						0	0	0
(19) JAMES JR. JOHNSON, PH.D. BOARD MEMBER	2.0	✓						0	0	0
(20) HON. RICHARD A JONES BOARD MEMBER	2.0	✓						0	0	0
(21) TIMOTHY KELLY BOARD MEMBER THROUGH 02/2017	2.0	✓						0	0	0
(22) WRIGHT L LASSITER, III BOARD MEMBER	2.0	✓						0	0	0
(23) CHRISTINE MARCKS BOARD MEMBER	2.0	✓						0	0	0
(24) PAUL MCENTIRE BOARD MEMBER	2.0	✓						0	0	0
(25) (SEE STATEMENT)										
<b>1b Sub-total</b>								0	0	0
<b>c Total from continuation sheets to Part VII, Section A</b>								3,275,824	0	378,630
<b>d Total (add lines 1b and 1c)</b>								3,275,824	0	378,630

**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 **▶** 175

**3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual **▶** **3** ✓

**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
DROGA5, LLC, 120 WALL ST., 11TH FLOOR, NEW YORK, NY 10005	CREATIVE DEVELOPMENT AND PRODUCTION	2,687,403
PRAESIDIUM, INC., 624 SIX FLAGS DRIVE, SUITE 110, ARLINGTON, TX 76011	CHILD SAFETY INITIATIVE	885,976
CATALYST PUBLIC RELATIONS, LLC, 1360 EAST 9TH STREET, SUITE 100, CLEVELAND, OH 44114-1782	PUBLIC RELATIONS STRATEGY AND ACTIVATION	871,401
THE BELL FOUNDATION, INC, 60 CLAYTON ST, DORCHESTER, MA 02122	TECHNICAL ASSIST. FOR THE POWER SCHOLARS ACADE	757,613
KELLY SCOTT AND MADISON, 23983 NETWORK PLACE, CHICAGO, IL 60673-1239	MEDIA PLANNING AND BUYING	531,347

**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 **▶** 42

**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
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b>	0			
	<b>b</b>	Membership dues . . . . .	<b>1b</b>	0			
	<b>c</b>	Fundraising events . . . . .	<b>1c</b>	0			
	<b>d</b>	Related organizations . . . . .	<b>1d</b>	0			
	<b>e</b>	Government grants (contributions)	<b>1e</b>	5,890,133			
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	38,227,944			
	<b>g</b>	Noncash contributions included in lines 1a-1f: \$		79,763			
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .		44,118,077			
<b>Program Service Revenue</b>				<b>Business Code</b>			
	<b>2a</b>	SOCIAL RESPONSIBILITY	813410	36,073,111	36,073,111		
	<b>b</b>	YOUTH DEVELOPMENT	813410	23,097,455	23,097,455		
	<b>c</b>	HEALTHY LIVING	813410	20,247,342	20,247,342		
	<b>d</b>						
	<b>e</b>						
	<b>f</b>	All other program service revenue . . . . .		0	0	0	0
	<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . .		79,417,908			
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . .		1,049,090	0	0	1,049,090
	<b>4</b>	Income from investment of tax-exempt bond proceeds					
	<b>5</b>	Royalties . . . . .		297,246	0	0	297,246
	<b>6a</b>	Gross rents . . . . .	(i) Real				
			(ii) Personal				
	<b>b</b>	Less: rental expenses					
	<b>c</b>	Rental income or (loss)		0	0		
	<b>d</b>	Net rental income or (loss) . . . . .					
	<b>7a</b>	Gross amount from sales of assets other than inventory	(i) Securities	88,622,006			
			(ii) Other				
	<b>b</b>	Less: cost or other basis and sales expenses . . . . .		85,262,814			
	<b>c</b>	Gain or (loss) . . . . .		3,359,192	0		
	<b>d</b>	Net gain or (loss) . . . . .		3,359,192	0	0	3,359,192
	<b>8a</b>	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b>				
	<b>b</b>	Less: direct expenses . . . . .	<b>b</b>				
	<b>c</b>	Net income or (loss) from fundraising events . . . . .					
	<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>a</b>				
	<b>b</b>	Less: direct expenses . . . . .	<b>b</b>				
	<b>c</b>	Net income or (loss) from gaming activities . . . . .					
	<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>				
	<b>b</b>	Less: cost of goods sold . . . . .	<b>b</b>				
	<b>c</b>	Net income or (loss) from sales of inventory . . . . .					
Miscellaneous Revenue			<b>Business Code</b>				
<b>11a</b>	REIMB. OF FROM VARIOUS Y ORGS.	900099	1,260,533	0	0	1,260,533	
<b>b</b>	ARBITRATION AWARD	900099	1,000,000	0	0	1,000,000	
<b>c</b>	VENDOR BOOTH REVENUE	900004	413,291	0	0	413,291	
<b>d</b>	All other revenue . . . . .	900099	217,390	0	0	217,390	
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .		2,891,214				
<b>12</b>	<b>Total revenue.</b> See instructions. . . . .		131,132,727	79,417,908	0	7,596,742	

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	26,620,186	26,620,186		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	56,148	56,148		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	1,596,130	1,596,130		
<b>4</b> Benefits paid to or for members . . . . .				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	1,578,118	534,632	736,868	306,618
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	62,080	62,080	0	0
<b>7</b> Other salaries and wages . . . . .	43,832,617	38,045,366	4,468,308	1,318,943
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	4,737,797	4,040,377	550,460	146,960
<b>9</b> Other employee benefits . . . . .	6,158,892	5,465,151	557,521	136,220
<b>10</b> Payroll taxes . . . . .	3,230,648	2,718,739	422,993	88,916
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .	0	0	0	0
<b>b</b> Legal . . . . .	646,035	421,315	224,720	0
<b>c</b> Accounting . . . . .	390,232	0	390,232	0
<b>d</b> Lobbying . . . . .	390,000	390,000	0	0
<b>e</b> Professional fundraising services. See Part IV, line 17 . . . . .	0			0
<b>f</b> Investment management fees . . . . .	568,786	0	568,786	0
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	12,960,409	12,270,630	689,779	0
<b>12</b> Advertising and promotion . . . . .	11,230,042	11,230,042	0	0
<b>13</b> Office expenses . . . . .	2,559,001	1,918,546	548,781	91,674
<b>14</b> Information technology . . . . .	2,646,786	2,401,177	245,609	0
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	2,680,158	1,755,776	807,463	116,919
<b>17</b> Travel . . . . .	6,415,091	5,539,925	703,942	171,224
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .	4,722,086	4,567,880	154,206	0
<b>20</b> Interest . . . . .	161,027	148,118	12,909	0
<b>21</b> Payments to affiliates . . . . .	0	0	0	0
<b>22</b> Depreciation, depletion, and amortization . . . . .	1,470,016	1,231,459	238,557	0
<b>23</b> Insurance . . . . .	816,589	684,071	132,518	0
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> ORGANIZATIONAL DUES . . . . .	743,088	106,333	636,755	0
<b>b</b> PROV. FOR UNCOLLECTIBLES . . . . .	584,827	497,608	87,219	0
<b>c</b> . . . . .				
<b>d</b> . . . . .				
<b>e</b> All other expenses . . . . .	0	0	0	0
<b>25</b> Total functional expenses. Add lines 1 through 24e	136,856,789	122,301,689	12,177,626	2,377,474
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .				

**Part X Balance 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
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	500	<b>1</b>	500
	<b>2</b> Savings and temporary cash investments . . . . .	9,773,941	<b>2</b>	17,357,146
	<b>3</b> Pledges and grants receivable, net . . . . .	42,413,598	<b>3</b>	30,026,628
	<b>4</b> Accounts receivable, net . . . . .	13,422,962	<b>4</b>	11,710,902
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .	0	<b>5</b>	0
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . .		<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .	0	<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .	0	<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	776,454	<b>9</b>	1,379,442
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 31,340,362		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 23,318,520	<b>10c</b>	8,021,842
	<b>11</b> Investments—publicly traded securities . . . . .	57,758,175	<b>11</b>	74,688,066
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	27,469,016	<b>12</b>	23,870,058
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	1,000	<b>13</b>	1,000
	<b>14</b> Intangible assets . . . . .	0	<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	7,848,142	<b>15</b>	8,623,476
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	165,971,221	<b>16</b>	175,679,060	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	7,131,624	<b>17</b>	9,273,130
	<b>18</b> Grants payable . . . . .	0	<b>18</b>	0
	<b>19</b> Deferred revenue . . . . .	1,129,317	<b>19</b>	1,243,496
	<b>20</b> Tax-exempt bond liabilities . . . . .	0	<b>20</b>	0
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	0	<b>21</b>	0
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	0	<b>23</b>	0
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	7,000,000	<b>24</b>	6,500,000
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .	6,732,423	<b>25</b>	6,020,073
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	21,993,364	<b>26</b>	23,036,699
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	44,201,842	<b>27</b>	50,858,500
	<b>28</b> Temporarily restricted net assets . . . . .	80,557,828	<b>28</b>	81,736,451
	<b>29</b> Permanently restricted net assets . . . . .	19,218,187	<b>29</b>	20,047,410
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
	<b>33</b> Total net assets or fund balances . . . . .	143,977,857	<b>33</b>	152,642,361
	<b>34</b> Total liabilities and net assets/fund balances . . . . .	165,971,221	<b>34</b>	175,679,060

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☐

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	131,132,727
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	136,856,789
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	(5,724,062)
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	143,977,857
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	14,463,306
<b>6</b>	Donated services and use of facilities	<b>6</b>	(74,740)
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	152,642,361

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

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



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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (Check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(25) CARLA MORADI ----- BOARD MEMBER	2.0 -----	✓						0	0	0
(26) CHRISTOPHER PADILLA ----- BOARD MEMBER	2.0 -----	✓						0	0	0
(27) JANICE REALS ELLIG ----- BOARD MEMBER	2.0 -----	✓						0	0	0
(28) CICI ROJAS ----- BOARD MEMBER	2.0 -----	✓						0	0	0
(29) SHANNON SEIFERT ----- BOARD MEMBER THROUGH 02/2017	2.0 -----	✓						0	0	0
(30) LILIANA GIL VALLETTA ----- BOARD MEMBER	2.0 -----	✓						0	0	0
(31) CARRIE WALL ----- BOARD MEMBER	2.0 -----	✓						0	0	0
(32) KEVIN WASHINGTON ----- PRESIDENT AND CEO	50.0 -----			✓				777,294	0	51,961
(33) NANCY L OWENS ----- SR. VP & CHIEF FINANCIAL OFFICER	50.0 -----			✓				294,910	0	45,979
(34) ANGELA F WILLIAMS ----- EXECUTIVE VICE PRESIDENT, GENERAL COUNSEL AND CHIEF ADMINISTRATION OFFICER	50.0 -----			✓				361,174	0	46,801
(35) KENT D JOHNSON ----- EXECUTIVE VICE PRESIDENT, CHIEF OPERATIONS OFFICER	50.0 -----					✓		468,391	0	48,130
(36) REBECCA BOWEN ----- EXECUTIVE VICE PRESIDENT, CHIEF DEVELOPMENT OFFICER	50.0 -----					✓		336,649	0	46,497
(37) ANDREW CALHOUN ----- SR. VP, LARGE YMCA RESOURCES	50.0 -----					✓		383,220	0	47,074
(38) JONATHAN A LEVER ----- EXECUTIVE VICE PRESIDENT/CHIEF MEMBERSHIP AND PROGRAMS OFFICER	50.0 -----					✓		337,074	0	45,934
(39) ROBERT N DENTON ----- SENIOR VICE PRESIDENT, CHIEF GOVERNMENT AFFAIRS OFFICER	50.0 -----					✓		317,112	0	46,254

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

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

► **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Name of the organization

NATIONAL COUNCIL OF YMCAS OF THE USA

Employer identification number

36-3258696

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

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 ☒ An organization that normally receives: (1) more than 33 $\frac{1}{3}$ % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 $\frac{1}{3}$ % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations . . . . .
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

**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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4 Total.</b> Add lines 1 through 3 . . . . .						
<b>5</b> 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) . . . . .						
<b>6 Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>7</b> Amounts from line 4 . . . . .						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13 First five years.</b> 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 <b>stop here</b> . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	%
<b>15</b> Public support percentage from 2016 Schedule A, Part II, line 14 . . . . .	<b>15</b>	%
<b>16a 33⅓% support test—2017.</b> If the organization did not check the box on line 13, and line 14 is 33⅓% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>b 33⅓% support test—2016.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33⅓% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2017.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test—2016.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . <input type="checkbox"/>		

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	42,191,618	31,862,881	51,659,936	46,110,629	29,285,867	201,110,931
<b>2</b> 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 . . . .	60,738,229	62,503,576	69,629,903	79,701,816	79,417,908	351,991,432
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						0
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . .						0
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . .						0
<b>6 Total.</b> Add lines 1 through 5 . . . .	102,929,847	94,366,457	121,289,839	125,812,445	108,703,775	553,102,363
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . .	111,947	102,421	78,308	93,394	126,284	512,354
<b>b</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 . . . .	1,639	0	0	0	0	1,639
<b>c</b> Add lines 7a and 7b . . . .	113,586	102,421	78,308	93,394	126,284	513,993
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . .						552,588,370

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>9</b> Amounts from line 6 . . . .	102,929,847	94,366,457	121,289,839	125,812,445	108,703,775	553,102,363
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . .	9,217,470	11,574,329	16,195,623	13,639,805	16,130,232	66,757,459
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . .	0	0	0	0	0	0
<b>c</b> Add lines 10a and 10b . . . .	9,217,470	11,574,329	16,195,623	13,639,805	16,130,232	66,757,459
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . .						0
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . .	1,958,173	1,182,540	1,359,941	2,316,963	2,891,214	9,708,831
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . .	114,105,490	107,123,326	138,845,403	141,769,213	127,725,221	629,568,653
<b>14 First five years.</b> 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 <b>stop here</b> . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) . . . .	<b>15</b>	87.77 %
<b>16</b> Public support percentage from 2016 Schedule A, Part III, line 15 . . . .	<b>16</b>	88.64 %

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

<b>17</b> Investment income percentage for <b>2017</b> (line 10c, column (f) divided by line 13, column (f)) . . . .	<b>17</b>	10.60 %
<b>18</b> Investment income percentage from <b>2016</b> Schedule A, Part III, line 17 . . . .	<b>18</b>	9.98 %
<b>19a 33 1/3% support tests—2017.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . <input checked="" type="checkbox"/>		
<b>b 33 1/3% support tests—2016.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . <input type="checkbox"/>		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . <input type="checkbox"/>		

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b>, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		



**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>1</b>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
<b>2</b>		

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>1</b>		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>2</b>		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b> Activities Test. <b>Answer (a) and (b) below.</b>		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
<b>2a</b>		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>2b</b>		
<b>3</b> Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in <b>Part VI</b> .		
<b>3a</b>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.		
<b>3b</b>		

**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.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3.	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> 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)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4).	<b>8</b>		
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
<b>a</b> Average monthly value of securities	<b>1a</b>		
<b>b</b> Average monthly cash balances	<b>1b</b>		
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>		
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
<b>2</b> Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d.	<b>3</b>		
<b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>		
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>		
<b>6</b> Multiply line 5 by .035.	<b>6</b>		
<b>7</b> Recoveries of prior-year distributions	<b>7</b>		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>		
<b>2</b> Enter 85% of line 1.	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3.	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>		
<b>7</b> <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

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

<b>Section D - Distributions</b>		<b>Current Year</b>	
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes		
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations		
<b>4</b>	Amounts paid to acquire exempt-use assets		
<b>5</b>	Qualified set-aside amounts (prior IRS approval required)		
<b>6</b>	Other distributions (describe in <b>Part VI</b> ). See instructions.		
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.		
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.		
<b>9</b>	Distributable amount for 2017 from Section C, line 6		
<b>10</b>	Line 8 amount divided by line 9 amount		

  

<b>Section E - Distribution Allocations (see instructions)</b>		<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2017</b>	<b>(iii) Distributable Amount for 2017</b>
<b>1</b>	Distributable amount for 2017 from Section C, line 6			
<b>2</b>	Underdistributions, if any, for years prior to 2017 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.			
<b>3</b>	Excess distributions carryover, if any, to 2017			
<b>a</b>				
<b>b</b>	From 2013 . . . . .			
<b>c</b>	From 2014 . . . . .			
<b>d</b>	From 2015 . . . . .			
<b>e</b>	From 2016 . . . . .			
<b>f</b>	<b>Total</b> of lines 3a through e			
<b>g</b>	Applied to underdistributions of prior years			
<b>h</b>	Applied to 2017 distributable amount			
<b>i</b>	Carryover from 2012 not applied (see instructions)			
<b>j</b>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b>	Distributions for 2017 from Section D, line 7: \$			
<b>a</b>	Applied to underdistributions of prior years			
<b>b</b>	Applied to 2017 distributable amount			
<b>c</b>	Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b>	Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b>	Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7</b>	<b>Excess distributions carryover to 2018.</b> Add lines 3j and 4c.			
<b>8</b>	Breakdown of line 7:			
<b>a</b>	Excess from 2013 . . .			
<b>b</b>	Excess from 2014 . . .			
<b>c</b>	Excess from 2015 . . .			
<b>d</b>	Excess from 2016 . . .			
<b>e</b>	Excess from 2017 . . .			

# Part VI

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Return Reference - Identifier	Explanation						
SCHEDULE A, PART III, LINE 12 - OTHER INCOME	Other Income Type	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	(1) REIMBURSEMENT FROM OTHER YMCA ORGS.	379,605	368,804	656,552	645,155	1,260,533	3,310,649
	(2) VENDOR BOOTH REVENUE	1,049,461	288,930	347,150	1,153,100	413,291	3,251,932
	(3) REBATES	466,742	218,078	232,879	518,708	207,259	1,643,666
	(4) REIMBURSEMENT OF PRIOR YEAR ITEMS	0	306,728	123,360	0	10,131	440,219
	(5) ARBITRATION AWARD	0	0	0	0	1,000,000	1,000,000
	(6) ALL OTHER	62,365	0	0	0	0	62,365

**Schedule of Contributors**

OMB No. 1545-0047

**2017**

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

**Name of the organization**

NATIONAL COUNCIL OF YMCAS OF THE USA

**Employer identification number**

36-3258696

**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

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

☐ 501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

- ☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 $\frac{1}{3}$ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

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



**Name of organization**

NATIONAL COUNCIL OF YMCAS OF THE USA

**Employer identification number**

36-3258696

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 23,099,838	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 5,193,964	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 3,773,301	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 1,507,461	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 1,000,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 1,000,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)

**Name of organization**

NATIONAL COUNCIL OF YMCAS OF THE USA

**Employer identification number**

36-3258696

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 975,548	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
			<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
			<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
			<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
			<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
			<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
			<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b> NATIONAL COUNCIL OF YMCAS OF THE USA	<b>Employer identification number</b> 36-3258696
---	---

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

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

<b>Name of organization</b> NATIONAL COUNCIL OF YMCAS OF THE USA	<b>Employer identification number</b> 36-3258696
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**Part III** **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ► \$ \_\_\_\_\_

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

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

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**

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

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

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

**If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

**If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

**If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization <b>NATIONAL COUNCIL OF YMCAS OF THE USA</b>	Employer identification number <b>36-3258696</b>
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1** Provide a description of the organization's direct and indirect political campaign activities in Part IV. (see instructions for definition of "political campaign activities")
- 2** Political campaign activity expenditures (see instructions) . . . . . ▶ \$
- 3** Volunteer hours for political campaign activities (see instructions) . . . . .

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

- 1** Enter the amount of any excise tax incurred by the organization under section 4955 . . . . . ▶ \$
- 2** Enter the amount of any excise tax incurred by organization managers under section 4955 . . . . . ▶ \$
- 3** If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . . . . . ☐ **Yes** ☐ **No**
- 4a** Was a correction made? . . . . . ☐ **Yes** ☐ **No**
- b** If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1** Enter the amount directly expended by the filing organization for section 527 exempt function activities . . . . . ▶ \$
- 2** Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities . . . . . ▶ \$
- 3** Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b . . . . . ▶ \$
- 4** Did the filing organization file **Form 1120-POL** for this year? . . . . . ☐ **Yes** ☐ **No**
- 5** Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				



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

- A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying) . . . . .	0													
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .	390,000													
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) . . . . .	390,000													
<b>d</b>	Other exempt purpose expenditures . . . . .	121,911,322													
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) . . . . .	122,301,322													
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) . . . . .	250,000													
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .	0													
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .	0													
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No													

**4-Year Averaging Period Under section 501(h)**

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
<b>2a</b> Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					6,000,000
<b>c</b> Total lobbying expenditures	360,000	390,000	390,000	390,000	1,530,000
<b>d</b> Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
<b>f</b> Grassroots lobbying expenditures	0	0	0	0	0

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

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
<b>1</b> 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:			
<b>a</b> Volunteers?			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
<b>c</b> Media advertisements?			
<b>d</b> Mailings to members, legislators, or the public?			
<b>e</b> Publications, or published or broadcast statements?			
<b>f</b> Grants to other organizations for lobbying purposes?			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
<b>i</b> Other activities?			
<b>j</b> Total. Add lines 1c through 1i			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> 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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	<b>3</b>	

**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."

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

**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.

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**SCHEDULE D  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Name of the organization

NATIONAL COUNCIL OF YMCAS OF THE USA

Employer identification number

36-3258696

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year . . . . .		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year) . . . . .		
4 Aggregate value at end of year . . . . .		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.**

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

1 Purpose(s) of conservation easements held by the organization (check all that apply). <input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) <input type="checkbox"/> Preservation of a historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	<b>Held at the End of the Tax Year</b>
a Total number of conservation easements . . . . .	2a
b Total acreage restricted by conservation easements . . . . .	2b
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . . .	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶	
4 Number of states where property subject to conservation easement is located ▶	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 . . . . . ▶ \$ (ii) Assets included in Form 990, Part X . . . . . ▶ \$	
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 . . . . . ▶ \$ b Assets included in Form 990, Part X . . . . . ▶ \$	

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

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

- a** ☐ Public exhibition  
**b** ☐ Scholarly research  
**c** ☐ Preservation for future generations

- d** ☐ Loan or exchange programs  
**e** ☐ Other .....

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

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

**Part IV Escrow and Custodial Arrangements.**

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

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

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

	Amount
<b>c</b> Beginning balance	<b>1c</b>
<b>d</b> Additions during the year	<b>1d</b>
<b>e</b> Distributions during the year	<b>1e</b>
<b>f</b> Ending balance	<b>1f</b>

**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 on 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
<b>1a</b> Beginning of year balance	85,226,226	83,381,593	84,200,182	88,416,922	76,670,754
<b>b</b> Contributions	0	0	2,547,903	365,309	203,050
<b>c</b> Net investment earnings, gains, and losses	17,701,977	6,005,806	1,081,588	5,415,829	16,269,267
<b>d</b> Grants or scholarships	3,800,000	3,630,000	3,900,000	3,902,323	4,100,000
<b>e</b> Other expenditures for facilities and programs	0	0	0	5,440,295	0
<b>f</b> Administrative expenses	568,786	531,173	548,080	655,260	626,149
<b>g</b> End of year balance	98,559,417	85,226,226	83,381,593	84,200,182	88,416,922

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

- a** Board designated or quasi-endowment ▶ 75.00 %  
**b** Permanent endowment ▶ 11.00 %  
**c** Temporarily restricted endowment ▶ 14.00 %

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:

- (i)** unrelated organizations  
**(ii)** related organizations

	Yes	No
<b>3a(i)</b>		✓
<b>3a(ii)</b>		✓
<b>3b</b>		

**b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

**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
<b>1a</b> Land		346,123		346,123
<b>b</b> Buildings		1,419,424	1,419,424	0
<b>c</b> Leasehold improvements		7,310,842	3,582,253	3,728,589
<b>d</b> Equipment		22,263,973	18,316,843	3,947,130
<b>e</b> Other				

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶ 8,021,842

**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) COMMINGLED FUNDS	8,312,798	END OF YEAR MARKET VALUE
(B) LIMITED PARTNERSHIPS	15,557,260	END OF YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ►	23,870,058	

**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)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) ►		

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) DEFERRED RENT	6,020,073	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	6,020,073	

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	177,925,645
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	14,463,306
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	32,898,398
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	0
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	47,361,704
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	130,563,941
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	568,786
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	0
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	568,786
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .	<b>5</b>	131,132,727

**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.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	169,261,141
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	32,973,138
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	0
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	32,973,138
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	136,288,003
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	568,786
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	0
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	568,786
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .	<b>5</b>	136,856,789

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE STATEMENT



**Part XIII**

**Supplemental Information.** Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

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

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

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

OMB No. 1545-0047

**2017**

**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		408,052
(2) EAST ASIA AND THE PACIFIC	0	0	GRANTMAKING		128,188
(3) EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	GRANTMAKING		196,054
(4) MIDDLE EAST AND NORTH AFRICA	0	0	GRANTMAKING		160,998
(5) NORTH AMERICA (CANADA & MEXICO ONLY)	0	0	GRANTMAKING		24,977
(6) RUSSIA AND NEIGHBORING STATES	0	0	GRANTMAKING		62,950
(7) SOUTH AMERICA	0	0	GRANTMAKING		139,795
(8) SOUTH ASIA	0	0	GRANTMAKING		32,500
(9) SUB-SAHARAN AFRICA	0	0	GRANTMAKING		442,616
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
<b>3a</b> Sub-total . . . . .	0	0			1,596,130
<b>b</b> Total from continuation sheets to Part I . . . . .	0	0			0
<b>c Totals</b> (add lines 3a and 3b)	0	0			1,596,130

**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.

<b>1</b>	<b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	<b>(h)</b> Description of noncash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
<b>(1)</b>			CENTRAL AMERICA AND THE CARIBBEAN	PROGRAM SUPPORT	161,339	WIRE TRANSFER			
<b>(2)</b>			EUROPE (INCLUDING ICELAND AND GREENLAND)	PROGRAM SUPPORT	156,589	WIRE TRANSFER			
<b>(3)</b>			CENTRAL AMERICA AND THE CARIBBEAN	PROGRAM SUPPORT	118,075	WIRE TRANSFER			
<b>(4)</b>			MIDDLE EAST AND NORTH AFRICA	PROGRAM SUPPORT	115,548	WIRE TRANSFER			
<b>(5)</b>			SUB-SAHARAN AFRICA	PROGRAM SUPPORT	114,500	WIRE TRANSFER			
<b>(6)</b>			SUB-SAHARAN AFRICA	PROGRAM SUPPORT	103,945	WIRE TRANSFER			
<b>(7)</b>			SUB-SAHARAN AFRICA	PROGRAM SUPPORT	98,175	WIRE TRANSFER			
<b>(8)</b>			SOUTH AMERICA	PROGRAM SUPPORT	63,000	WIRE TRANSFER			
<b>(9)</b>			RUSSIA AND NEIGHBORING STATES	PROGRAM SUPPORT	47,950	WIRE TRANSFER			
<b>(10)</b>			SOUTH AMERICA	PROGRAM SUPPORT	46,295	WIRE TRANSFER			
<b>(11)</b>			SUB-SAHARAN AFRICA	PROGRAM SUPPORT	45,000	WIRE TRANSFER			
<b>(12)</b>			CENTRAL AMERICA AND THE CARIBBEAN	PROGRAM SUPPORT	44,000	WIRE TRANSFER			
<b>(13)</b>			CENTRAL AMERICA AND THE CARIBBEAN	PROGRAM SUPPORT	37,450	WIRE TRANSFER			
<b>(14)</b>			EAST ASIA AND THE PACIFIC	PROGRAM SUPPORT	36,650	WIRE TRANSFER			
<b>(15)</b>			MIDDLE EAST AND NORTH AFRICA	PROGRAM SUPPORT	30,631	WIRE TRANSFER			
<b>(16)</b>			(SEE STATEMENT)						

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

35

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

0

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

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

**Part IV Foreign Forms**

- 1** Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* . . . . . ☐ Yes ☒ No
- 2** Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* . . . . . ☐ Yes ☒ No
- 3** Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* . . . . . ☐ Yes ☒ No
- 4** Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* . . . . . ☐ Yes ☒ No
- 5** Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* . . . . . ☐ Yes ☒ No
- 6** Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* . . . . . ☐ Yes ☒ No

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

(a) Name of Organization	(b) IRS code section and EIN	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(16)		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	28,320	WIRE TRANSFER			
(17)		NORTH AMERICA (CANADA & MEXICO ONLY)	PROGRAM SUPPORT	24,977	WIRE TRANSFER			
(18)		EAST ASIA AND THE PACIFIC	PROGRAM SUPPORT	22,706	WIRE TRANSFER			
(19)		CENTRAL AMERICA AND THE CARIBBEAN	PROGRAM SUPPORT	21,000	WIRE TRANSFER			
(20)		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	20,400	WIRE TRANSFER			
(21)		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	20,000	WIRE TRANSFER			
(22)		EAST ASIA AND THE PACIFIC	PROGRAM SUPPORT	20,000	WIRE TRANSFER			
(23)		EUROPE (INCLUDING ICELAND AND GREENLAND)	PROGRAM SUPPORT	20,000	WIRE TRANSFER			
(24)		EAST ASIA AND THE PACIFIC	PROGRAM SUPPORT	18,532	WIRE TRANSFER			
(25)		EAST ASIA AND THE PACIFIC	PROGRAM SUPPORT	16,000	WIRE TRANSFER			
(26)		SOUTH AMERICA	PROGRAM SUPPORT	16,000	WIRE TRANSFER			
(27)		SOUTH ASIA	PROGRAM SUPPORT	15,500	WIRE TRANSFER			
(28)		RUSSIA AND NEIGHBORING STATES	PROGRAM SUPPORT	15,000	WIRE TRANSFER			
(29)		MIDDLE EAST AND NORTH AFRICA	PROGRAM SUPPORT	13,484	WIRE TRANSFER			
(30)		SOUTH ASIA	PROGRAM SUPPORT	13,000	WIRE TRANSFER			
(31)		EAST ASIA AND THE PACIFIC	PROGRAM SUPPORT	12,000	WIRE TRANSFER			
(32)		CENTRAL AMERICA AND THE CARIBBEAN	PROGRAM SUPPORT	11,098	WIRE TRANSFER			
(33)		CENTRAL AMERICA AND THE CARIBBEAN	PROGRAM SUPPORT	10,090	WIRE TRANSFER			
(34)		SOUTH AMERICA	PROGRAM SUPPORT	10,000	WIRE TRANSFER			
(35)		EUROPE (INCLUDING ICELAND AND GREENLAND)	PROGRAM SUPPORT	9,595	WIRE TRANSFER			



## Part V

**Supplemental Information.** Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

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

**SCHEDULE I**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Employer identification number

36-3258696

NATIONAL COUNCIL OF YMCAS OF THE USA

**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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
<b>(1)</b> ARMED SERVICES YMCA OF THE USA-NATIONAL HDOTRS 7405 ALBAN STATION CT., STE B215, SPRINGFIELD, VA 22150	91-1883466	501 (C)(3)	1,905,141		ACCRUAL		ARMED SERVICES WORK
<b>(2)</b> GENERAL CONVENTION OF SIOUX YMCAS PO BOX 218, 224 6TH STREET, DUPREE, SD 57623-0218	46-0336514	501 (C)(3)	741,950		ACCRUAL		PROGRAM SUPPORT
<b>(3)</b> YMCA CAMPING SERVICES PO BOX 2440, JULIAN, CA 92036-2440	95-2039198	501 (C)(3)	499,500		ACCRUAL		PROGRAM SUPPORT
<b>(4)</b> YMCA OF GREATER SEATTLE 909 4TH AVE, SEATTLE, WA 98104-1108	91-0482710	501 (C)(3)	398,344		ACCRUAL		PROGRAM SUPPORT
<b>(5)</b> YMCA OF SAN FRANCISCO 50 CALIFORNIA ST., STE. 650, SAN FRANCISCO, CA 94111-3937	94-0997140	501 (C)(3)	352,342		ACCRUAL		PROGRAM SUPPORT
<b>(6)</b> YMCA OF GREATER ROCHESTER 444 EAST MAIN ST, ROCHESTER, NY 14604	16-0743242	501 (C)(3)	324,989		ACCRUAL		PROGRAM SUPPORT
<b>(7)</b> YMCA OF GREATER LOUISVILL 545 SOUTH 2ND STREET, LOUISVILLE, KY 40202-1801	61-0444843	501 (C)(3)	286,483		ACCRUAL		PROGRAM SUPPORT
<b>(8)</b> YMCA OF MIDDLE TENNESSEE 1000 CHURCH ST, NASHVILLE, TN 37203-3418	62-0476243	501 (C)(3)	273,266		ACCRUAL		PROGRAM SUPPORT
<b>(9)</b> YMCA OF THE GREATER HOUSTON AREA 2600 NORTH LOOP WEST, SUITE 300, HOUSTON, TX 77092	74-1109737	501 (C)(3)	267,357		ACCRUAL		PROGRAM SUPPORT
<b>(10)</b> MCGAW YMCA 1000 GROVE ST, EVANSTON, IL 60201-4294	36-2169194	501 (C)(3)	264,657		ACCRUAL		PROGRAM SUPPORT
<b>(11)</b> YMCA OF GREATER GRAND RAPIDS 475 LAKE MICHIGAN DR NW, GRAND RAPIDS, MI 49504-2909	38-1358058	501 (C)(3)	245,824		ACCRUAL		PROGRAM SUPPORT
<b>(12)</b> (SEE STATEMENT)							

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 537

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

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

Cat. No. 50055P

Schedule I (Form 990) (2017)

**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	54	56,148			
2					
3					
4					
5					
6					
7					

<b>Part IV</b>	<b>Supplemental Information.</b> 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 GREATER BOSTON 316 HUNTINGTON AVE, BOSTON, MA 02115	04-2103551	501 (C)(3)	226,384		ACCRUAL		PROGRAM SUPPORT
(13) YMCA OF METROPOLITAN LANSING 119 N WASHINGTON SQUARE, LANSING, MI 48933	38-1359576	501 (C)(3)	223,089		ACCRUAL		PROGRAM SUPPORT
(14) YMCA OF METROPOLITAN FORT WORTH 512 LAMAR ST, SUITE 400, FORT WORTH, TX 76102-3717	75-0827471	501 (C)(3)	217,186		ACCRUAL		PROGRAM SUPPORT
(15) YMCA OF METROPOLITAN ATLANTA INC. 101 MARIETTA STREET NW, SUITE 1100, ATLANTA, GA 30303	58-0566253	501 (C)(3)	215,758		ACCRUAL		PROGRAM SUPPORT
(16) YMCA OF METROPOLITAN LOS ANGELES 625 SOUTH NEW HAMPSHIRE AVE, LOS ANGELES, CA 90005-1300	95-1644052	501 (C)(3)	210,866		ACCRUAL		PROGRAM SUPPORT
(17) MCS FOUNDATION PO BOX 9023547, SAN JUAN, PR 00902-3547	66-0870996	501 (C)(3)	200,000		ACCRUAL		PROGRAM SUPPORT
(18) YMCA OF GREATER DES MOINES IOWA 501 GRAND AVE., DES MOINES, IA 50309	42-0680438	501 (C)(3)	191,500		ACCRUAL		PROGRAM SUPPORT
(19) YMCA OF RAPID CITY SOUTH DAKOTA 815 KANSAS CITY ST, RAPID CITY, SD 57701-2605	46-0227218	501 (C)(3)	188,000		ACCRUAL		PROGRAM SUPPORT
(20) YMCA OF BOISE INC. 1177 W. STATE ST., BOISE, ID 83702-8364	82-0200908	501 (C)(3)	179,077		ACCRUAL		PROGRAM SUPPORT
(21) YMCA OF GREATER WATERVILLE 126 NORTH ST, WATERVILLE, ME 04901-4954	01-0283465	501 (C)(3)	174,971		ACCRUAL		PROGRAM SUPPORT
(22) YMCA OF GREATER RICHMOND 2 W FRANKLIN ST, RICHMOND, VA 23220-5006	54-0505986	501 (C)(3)	169,207		ACCRUAL		PROGRAM SUPPORT
(23) MASSACHUSETTS ALLIANCE OF YMCAS 3 POST OFFICE SQUARE, BOSTON, MA 02110	04-3176393	501 (C)(4)	166,500		ACCRUAL		PROGRAM SUPPORT
(24) YMCA OF CENTRAL OHIO 40 W LONG ST, COLUMBUS, OH 43215-2891	31-4379594	501 (C)(3)	164,674		ACCRUAL		PROGRAM SUPPORT
(25) YMCA OF GREATER CHARLOTTE 400 E MOREHEAD ST, CHARLOTTE, NC 28202-2606	56-1045299	501 (C)(3)	160,466		ACCRUAL		PROGRAM SUPPORT
(26) YMCA OF METROPOLITAN DALLAS 601 N AKARD ST, DALLAS, TX 75201-3303	75-0800696	501 (C)(3)	160,091		ACCRUAL		PROGRAM SUPPORT
(27) YMCA OF CASS AND CLAY COUNTIES 400 1ST AVE S, FARGO, ND 58103-1998	45-0232096	501 (C)(3)	156,234		ACCRUAL		PROGRAM SUPPORT
(28) YMCA SOUTHCOAST 128 UNION STREET, SUITE 304, NEW BEDFORD, MA 02740-7236	04-2104749	501 (C)(3)	155,903		ACCRUAL		PROGRAM SUPPORT

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(29) YMCA OF NORTHWEST NORTH CAROLINA 301 N MAIN ST SUITE 1900, WINSTON SALEM, NC 27101-2402	56-0530015	501 (C)(3)	153,938		ACCRUAL		PROGRAM SUPPORT
(30) VALLEY OF THE SUN YMCA 350 N 1ST AVE, PHOENIX, AZ 85003-1513	86-0096799	501 (C)(3)	153,789		ACCRUAL		PROGRAM SUPPORT
(31) YMCA OF DELAWARE 100 W 10TH ST STE 1100, WILMINGTON, DE 19801-6605	51-0065748	501 (C)(3)	153,249		ACCRUAL		PROGRAM SUPPORT
(32) YMCA OF HONOLULU 1441 PALI HWY, HONOLULU, HI 96813-2050	99-0073533	501 (C)(3)	142,868		ACCRUAL		PROGRAM SUPPORT
(33) THE GRANITE YMCA 117 MARKET STREET, MANCHESTER, NH 03101-1972	02-0222248	501 (C)(3)	142,534		ACCRUAL		PROGRAM SUPPORT
(34) YMCA OF SAN DIEGO COUNTY 3708 RUFFIN ROAD, SAN DIEGO, CA 92123-1641	95-2039198	501 (C)(3)	141,498		ACCRUAL		PROGRAM SUPPORT
(35) GATEWAY REGION YMCA 326 SOUTH 21ST STREET, 4TH FLOOR, ST. LOUIS, MO 63103	43-0653616	501 (C)(3)	137,428		ACCRUAL		PROGRAM SUPPORT
(36) YMCA OF METROPOLITAN WASHINGTON 1112 16TH ST NW, SUITE 720, WASHINGTON, DC 20036-4824	53-0207403	501 (C)(3)	136,295		ACCRUAL		PROGRAM SUPPORT
(37) YMCA OF THE GREATER TWIN CITIES 2125 E HENNEPIN AVE, MINNEAPOLIS, MN 55413-1766	45-2563299	501 (C)(3)	136,212		ACCRUAL		PROGRAM SUPPORT
(38) YMCA OF SOUTHERN ARIZONA 60 W ALAMEDA ST, PO BOX 1111, TUCSON, AZ 85702-1111	86-0101237	501 (C)(3)	135,199		ACCRUAL		PROGRAM SUPPORT
(39) YMCA OF GREATER NEW YORK 5 W 63RD ST, 6TH FL, NEW YORK, NY 10023	13-1624228	501 (C)(3)	134,160		ACCRUAL		PROGRAM SUPPORT
(40) YMCA OF METROPOLITAN DENVER 2625 S COLORADO BLVD, DENVER, CO 80222-5108	84-0402696	501 (C)(3)	132,993		ACCRUAL		PROGRAM SUPPORT
(41) YMCA OF GREATER SAN ANTONIO 231 E. RHAPSODY, SAN ANTONIO, TX 78216	74-1109634	501 (C)(3)	131,516		ACCRUAL		PROGRAM SUPPORT
(42) YMCA OF CENTRAL KENTUCKY 381 WEST LOUDON AVENUE, LEXINGTON, KY 40508-1409	61-0444842	501 (C)(3)	129,373		ACCRUAL		PROGRAM SUPPORT
(43) WILKES-BARRE FAMILY YMCA 40 WEST NORTHAMPTON STREET, WILKES-BARRE, PA 18701-1774	24-0795638	501 (C)(3)	128,530		ACCRUAL		PROGRAM SUPPORT
(44) YMCA OF HOT SPRINGS ARKANSAS INC. 130 WERNER ST, HOT SPRINGS, AR 71913-6443	71-0236925	501 (C)(3)	128,086		ACCRUAL		PROGRAM SUPPORT
(45) YMCA OF EAU CLAIRE WISCONSIN 700 GRAHAM AVE, EAU CLAIRE, WI 54701	39-0806351	501 (C)(3)	127,275		ACCRUAL		PROGRAM SUPPORT
(46) YMCA OF GREATER CINCINNATI 1105 ELM STREET, CINCINNATI, OH 45202	31-0537178	501 (C)(3)	126,348		ACCRUAL		PROGRAM SUPPORT

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(47) YMCA OF GREATER KANSAS CITY 3100 BROADWAY ST STE 1020, KANSAS CITY, MO 64111-2413	44-0546002	501 (C)(3)	125,555		ACCRUAL		PROGRAM SUPPORT
(48) BIRMINGHAM METROPOLITAN YMCA 2101 4TH AVE N, BIRMINGHAM, AL 35203-3303	63-0299894	501 (C)(3)	123,908		ACCRUAL		PROGRAM SUPPORT
(49) FLORIDA'S FIRST COAST YMCA - METROPOLITAN 40 EAST ADAMS STREET, SUITE 210, JACKSONVILLE, FL 32202	59-0638514	501 (C)(3)	123,580		ACCRUAL		PROGRAM SUPPORT
(50) YMCA OF THE PIKES PEAK REGION 316 N TEJON STREET, COLORADO SPRINGS, CO 80903	84-0404266	501 (C)(3)	122,617		ACCRUAL		PROGRAM SUPPORT
(51) PHILADELPHIA FREEDOM VALLEY YMCA 400 FAYETTE STREET, SUITE 250, CONSHOHOCKEN, PA 19428	23-1243965	501 (C)(3)	121,316		ACCRUAL		PROGRAM SUPPORT
(52) YMCA OF THE TRIANGLE AREA 801 CORPORATE CENTER DRIVE, SUITE 200, RALEIGH, NC 27607-5073	56-0591307	501 (C)(3)	119,642		ACCRUAL		PROGRAM SUPPORT
(53) YMCA OF GREATER MONTGOMERY 880 S LAWRENCE, PO BOX 2336, MONTGOMERY, AL 36104-2336	63-0288885	501 (C)(3)	115,451		ACCRUAL		PROGRAM SUPPORT
(54) CAMP HAZEN YMCA 204 W MAIN ST, CHESTER, CT 06412-1013	06-0860014	501 (C)(3)	112,000		ACCRUAL		PROGRAM SUPPORT
(55) CAMP RALPH S. MASON YMCA 23 BIRCH RIDGE RD, HARDWICK, NJ 07825-9502	22-1625643	501 (C)(3)	112,000		ACCRUAL		PROGRAM SUPPORT
(56) STATE YMCA OF MICHIGAN 919 N EAST TORCH LAKE DRIVE, CENTRAL LAKE, MI 49622-9628	38-1358418	501 (C)(3)	112,000		ACCRUAL		PROGRAM SUPPORT
(57) YMCA OF GREATER INDIANAPOLIS 615 N ALABAMA ST, SUITE 200, INDIANAPOLIS, IN 46204-1359	35-0868211	501 (C)(3)	111,672		ACCRUAL		PROGRAM SUPPORT
(58) YMCA OF SILICON VALLEY 80 SARATOGA AVE., SANTA CLARA, CA 95051	94-1156318	501 (C)(3)	110,138		ACCRUAL		PROGRAM SUPPORT
(59) YMCA OF GREATER NEW ORLEANS 320 METAIRIE HAMMOND HWY, SUITE 321, METAIRIE, LA 70005	72-0423890	501 (C)(3)	109,667		ACCRUAL		PROGRAM SUPPORT
(60) YMCA OF GREATER OMAHA 430 S 20TH ST, OMAHA, NE 68102-2506	47-0376586	501 (C)(3)	109,167		ACCRUAL		PROGRAM SUPPORT
(61) YMCA CAMP CONISTON PO BOX 185, GRANTHAM, NH 03753-0185	04-3357821	501 (C)(3)	106,999		ACCRUAL		PROGRAM SUPPORT
(62) YMCA NEWARK AND VICINITY 600 BROAD STREET, NEWARK, NJ 07102-4504	22-1552820	501 (C)(3)	104,319		ACCRUAL		PROGRAM SUPPORT
(63) YMCA OF METROPOLITAN HARTFORD 50 STATE HOUSE SQUARE, 2ND FL, HARTFORD, CT 06103-2006	06-0881325	501 (C)(3)	103,020		ACCRUAL		PROGRAM SUPPORT



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(64) PONCE YMCA 7843 NAZARET ST, SANTA MARIA, PONCE, PR 00717-1005	66-0204831	501 (C)(3)	101,542		ACCRUAL		PROGRAM SUPPORT
(65) YMCA OF BURBANK CALIFORNIA 321 E MAGNOLIA BLVD, BURBANK, CA 91502-1132	95-1664139	501 (C)(3)	101,279		ACCRUAL		PROGRAM SUPPORT
(66) YMCA OF YOUNGSTOWN OHIO 17 N CHAMPION ST, PO BOX 1287, YOUNGSTOWN, OH 44503-1602	34-0714730	501 (C)(3)	100,895		ACCRUAL		PROGRAM SUPPORT
(67) SILVER BAY YMCA OF THE ADIRONDACKS 87 SILVER BAY RD, SILVER BAY, NY 12874-1908	13-5604788	501 (C)(3)	100,540		ACCRUAL		PROGRAM SUPPORT
(68) SAN JUAN - PUERTO RICO YMCA PO BOX 360590, SAN JUAN, PR 00936-0590	66-0190784	501 (C)(3)	100,275		ACCRUAL		PROGRAM SUPPORT
(69) CAMP JEWELL BRANCH YMCA 6 PROCK HILL RD, COLEBROOK, CT 06021-1100	06-0881325	501 (C)(3)	100,000		ACCRUAL		PROGRAM SUPPORT
(70) YMCA CAMP BELKNAP INC. 11 CHASE POINT RD, MIRROR LAKE, NH 03853	04-3356887	501 (C)(3)	100,000		ACCRUAL		PROGRAM SUPPORT
(71) SOUTH SHORE YMCA 91 LONGWATER CIRCLE, NORWELL, MA 02061	04-2105881	501 (C)(3)	98,251		ACCRUAL		PROGRAM SUPPORT
(72) YMCA OF PIERCE AND KITSAP COUNTIES 4717 S 19TH ST STE 201, TACOMA, WA 98405	91-0565562	501 (C)(3)	97,013		ACCRUAL		PROGRAM SUPPORT
(73) YMCA OF GREATER FLINT 411 E 3RD ST, FLINT, MI 48503-2098	38-1358056	501 (C)(3)	96,762		ACCRUAL		PROGRAM SUPPORT
(74) LANCASTER FAMILY YMCA 252 HARRISBURG AVE, SUITE 300, LANCASTER, PA 17603-2937	23-1243970	501 (C)(3)	96,500		ACCRUAL		PROGRAM SUPPORT
(75) CAPE COD YOUNG MEN'S CHRISTIAN ASSOCIATION 2245 RTE 132, WEST BARNSTABLE, MA 02668-0188	04-2394925	501 (C)(3)	95,046		ACCRUAL		PROGRAM SUPPORT
(76) YMCA OF GREATER BRANDYWINE ONE EAST CHESTNUT ST, WEST CHESTER, PA 19380-3418	23-1365994	501 (C)(3)	90,411		ACCRUAL		PROGRAM SUPPORT
(77) LA CROSSE AREA FAMILY YMCA 1140 MAIN ST, LA CROSSE, WI 54601-4124	39-0806172	501 (C)(3)	90,089		ACCRUAL		PROGRAM SUPPORT
(78) YMCA OF SOUTHEAST TEXAS 6760 9TH AVE, PORT ARTHUR, TX 77642-6413	74-1143027	501 (C)(3)	89,911		ACCRUAL		PROGRAM SUPPORT
(79) YMCA OF GREATER DAYTON 118 W. FIRST STREET, SUITE 300, DAYTON, OH 45402-1107	31-0537517	501 (C)(3)	88,902		ACCRUAL		PROGRAM SUPPORT
(80) CADILLAC AREA YMCA 9845 CAMPUS DRIVE, CADILLAC, MI 49601	30-0013507	501 (C)(3)	88,350		ACCRUAL		PROGRAM SUPPORT

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(81) DRYADES YMCA 2220 ORETHA CASTLE HALEY BLVD, NEW ORLEANS, LA 70113-1508	72-0428019	501 (C)(3)	88,294		ACCRUAL		PROGRAM SUPPORT
(82) YMCA OF METROPOLITAN CHATTANOOGA 301 W. SIXTH STREET, CHATTANOOGA, TN 37402-3112	62-0475699	501 (C)(3)	88,000		ACCRUAL		PROGRAM SUPPORT
(83) YMCA OF THE INLAND NORTHWEST 1126 N MONROE, SPOKANE, WA 99201	91-0827958	501 (C)(3)	87,751		ACCRUAL		PROGRAM SUPPORT
(84) YMCA OF COLUMBIA-WILLAMETTE ASSOCIATION SERVICES 9500 SW BARBUR BLVD STE 200, PORTLAND, OR 97219-5426	93-0386981	501 (C)(3)	87,698		ACCRUAL		PROGRAM SUPPORT
(85) OLD COLONY YMCA 320 MAIN ST, BROCKTON, MA 02301-5323	04-2125014	501 (C)(3)	86,968		ACCRUAL		PROGRAM SUPPORT
(86) YMCA OF METROPOLITAN DETROIT 1401 BROADWAY ST., SUITE 3A, DETROIT, MI 48226-3364	38-1358055	501 (C)(3)	86,799		ACCRUAL		PROGRAM SUPPORT
(87) YMCA OF NORTHERN UTAH 3216 HIGHLAND DR, SUITE 200, SALT LAKE CITY, UT 84106-4097	87-0212472	501 (C)(3)	86,328		ACCRUAL		PROGRAM SUPPORT
(88) YMCA OF CENTRAL MARYLAND 303 W. CHESAPEAKE AVENUE, BALTIMORE, MD 21204	52-0591699	501 (C)(3)	84,034		ACCRUAL		PROGRAM SUPPORT
(89) YMCA OF PUEBLO 3200 E. SPAULDING AVENUE, N/A, PUEBLO, CO 81008-2279	84-0404925	501 (C)(3)	83,500		ACCRUAL		PROGRAM SUPPORT
(90) YMCA OF EAST TENNESSEE ASSOCIATION OFFICE, 616 JESSAMINE STREET, KNOXVILLE, TN 37917-7726	62-0475700	501 (C)(3)	83,250		ACCRUAL		PROGRAM SUPPORT
(91) YMCA OF GREATER ERIE 31 W 10TH ST, ERIE, PA 16501-1488	25-0965621	501 (C)(3)	82,851		ACCRUAL		PROGRAM SUPPORT
(92) YMCA OF GREATER LONG BEACH 3605 LONG BEACH BLVD, STE 210, LONG BEACH, CA 90807	95-1643396	501 (C)(3)	82,153		ACCRUAL		PROGRAM SUPPORT
(93) YMCA OF GREATER TULSA 420 S MAIN ST., STE 200, TULSA, OK 74103-3689	73-0579269	501 (C)(3)	81,598		ACCRUAL		PROGRAM SUPPORT
(94) YMCA OF GREATER TOLEDO 1500 N SUPERIOR ST, 2ND FLOOR, TOLEDO, OH 43604	34-4428262	501 (C)(3)	80,673		ACCRUAL		PROGRAM SUPPORT
(95) YMCA OF COASTAL GEORGIA INC. 6400 HABERSHAM STREET, SUITE A, SAVANNAH, GA 31405	58-0603160	501 (C)(3)	80,527		ACCRUAL		PROGRAM SUPPORT
(96) THE YMCA OF THE GOLDEN CRESCENT INC. 1806 N NIMITZ ST, VICTORIA, TX 77901-5534	74-1368574	501 (C)(3)	79,510		ACCRUAL		PROGRAM SUPPORT
(97) YMCA OF THE COASTAL BEND 417 S UPPER BROADWAY ST, CORPUS CHRISTI, TX 78401-3431	74-1211670	501 (C)(3)	79,502		ACCRUAL		PROGRAM SUPPORT

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(98) YMCA OF GREATER OKLAHOMA CITY 500 N BROADWAY, STE. 500, OKLAHOMA CITY, OK 73102-6210	73-0579270	501 (C)(3)	78,233		ACCRUAL		PROGRAM SUPPORT
(99) AUSTIN METROPOLITAN YMCA 3208 RED RIVER, SUITE 200, AUSTIN, TX 78705	74-1193464	501 (C)(3)	76,569		ACCRUAL		PROGRAM SUPPORT
(100) YMCA OF DANE COUNTY INC. 711 COTTAGE GROVE ROAD, MADISON, WI 53716	39-0806253	501 (C)(3)	74,531		ACCRUAL		PROGRAM SUPPORT
(101) YMCA OF WESTERN NORTH CAROLINA INC. 40 N. MERRIMON AVE, SUITE 309, ASHEVILLE, NC 28804	56-0530013	501 (C)(3)	73,700		ACCRUAL		PROGRAM SUPPORT
(102) YMCA OF SNOHOMISH COUNTY 2720 ROCKEFELLER AVE, EVERETT, WA 98201-3523	91-0565561	501 (C)(3)	72,760		ACCRUAL		PROGRAM SUPPORT
(103) YMCA OF SOUTH FLORIDA, INC 900 SE 3RD AVENUE, 3RD FLOOR, FORT LAUDERDALE, FL 33316	59-0624464	501 (C)(3)	70,162		ACCRUAL		PROGRAM SUPPORT
(104) GREATER BURLINGTON YMCA 266 COLLEGE ST, BURLINGTON, VT 05401-8318	03-0185810	501 (C)(3)	68,369		ACCRUAL		PROGRAM SUPPORT
(105) YMCA OF WICHITA KANSAS 402 N MARKET, WICHITA, KS 67202-2012	48-0554440	501 (C)(3)	66,325		ACCRUAL		PROGRAM SUPPORT
(106) YMCA OF BOULDER VALLEY ADMINISTRATIVE OFFICES, 2800 DAGNY WAY, LAFAYETTE, CO 80026	84-0459944	501 (C)(3)	66,081		ACCRUAL		PROGRAM SUPPORT
(107) WABASH COUNTY YMCA 500 S. CASS ST., WABASH, IN 46992	35-0733765	501 (C)(3)	65,500		ACCRUAL		PROGRAM SUPPORT
(108) YMCA OF GREATER SPRINGFIELD INC. 275 CHESTNUT STREET, STE. 1, SPRINGFIELD, MA 01104-3474	04-1859893	501 (C)(3)	64,218		ACCRUAL		PROGRAM SUPPORT
(109) CAMP KITAKI BRANCH YMCA 570 FALLBROOK BLVD., SUITE 210, LINCOLN, NE 68521-9026	47-0376578	501 (C)(3)	64,000		ACCRUAL		PROGRAM SUPPORT
(110) PROVIDENCE METROPOLITAN YMCA 371 PINE STREET, PROVIDENCE, RI 02903-4220	05-0258878	501 (C)(3)	62,985		ACCRUAL		PROGRAM SUPPORT
(111) YMCA OF SOUTH HAMPTON ROADS 920 CORPORATE LANE, CHESAPEAKE, VA 23320-1302	54-0445205	501 (C)(3)	62,913		ACCRUAL		PROGRAM SUPPORT
(112) YMCA OF SOUTHERN MAINE 70 FOREST AVE, PORTLAND, ME 04104	01-0211568	501 (C)(3)	61,652		ACCRUAL		PROGRAM SUPPORT
(113) HOCKOMOCK AREA YMCA 300 ELMWOOD ST, NORTH ATTLEBORO, MA 02760-1304	04-2131749	501 (C)(3)	60,285		ACCRUAL		PROGRAM SUPPORT
(114) YMCA OF SUPERIOR CALIFORNIA ADMINISTRATION OFFICES, 1926 V STREET, SACRAMENTO, CA 95818-1624	94-1156634	501 (C)(3)	60,213		ACCRUAL		PROGRAM SUPPORT
(115) JAMESTOWN YMCA 101 E 4TH ST, JAMESTOWN, NY 14701-5301	16-0743238	501 (C)(3)	59,500		ACCRUAL		PROGRAM SUPPORT

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(116) MESABI FAMILY YMCA INC. 8367 UNITY DRIVE, VIRGINIA, MN 55792-4005	41-1460551	501 (C)(3)	59,500		ACCRUAL		PROGRAM SUPPORT
(117) GREATER HOLYOKE YMCA 171 PINE STREET, HOLYOKE, MA 01040-4065	04-2192693	501 (C)(3)	59,485		ACCRUAL		PROGRAM SUPPORT
(118) YMCA OF GRAYS HARBOR 2500 SIMPSON AVE, HOQUIAM, WA 98550-3937	91-1984900	501 (C)(3)	58,039		ACCRUAL		PROGRAM SUPPORT
(119) YMCA CAMP PENDALOUAN 1243 EAST FRUITVALE RD, MONTAGUE, MI 49437-9540	38-2000172	501 (C)(3)	58,000		ACCRUAL		PROGRAM SUPPORT
(120) MONROE FAMILY YMCA 1111 W ELM AVE, MONROE, MI 48162-2885	38-1508585	501 (C)(3)	57,800		ACCRUAL		PROGRAM SUPPORT
(121) YMCA OF SAGINAW 1915 FORDNEY ST, SAGINAW, MI 48601-2809	38-1360594	501 (C)(3)	57,292		ACCRUAL		PROGRAM SUPPORT
(122) GOLDEN STATE YMCA 320 N. AKERS STREET, VISALIA, CA 93291	94-1459198	501 (C)(3)	56,643		ACCRUAL		PROGRAM SUPPORT
(123) NEW YORK YMCA CAMP 160 BIG POND ROAD, PO BOX 622, HUGUENOT, NY 12746-0622	13-1624228	501 (C)(3)	56,000		ACCRUAL		PROGRAM SUPPORT
(124) TRENTON AREA FAMILY YMCA 431 PENNINGTON AVENUE, TRENTON, NJ 08618-3104	21-0635052	501 (C)(3)	55,000		ACCRUAL		PROGRAM SUPPORT
(125) YMCA BUFFALO NIAGARA 301 CAYUGA RD SUITE 100, BUFFALO, NY 14225-1912	16-0743231	501 (C)(3)	54,848		ACCRUAL		PROGRAM SUPPORT
(126) YMCA OF METROPOLITAN MILWAUKEE INC. 161 W WISCONSIN AVE STE 4000, MILWAUKEE, WI 53203-2607	39-0806314	501 (C)(3)	54,705		ACCRUAL		PROGRAM SUPPORT
(127) WATERTOWN FAMILY YMCA 119 WASHINGTON ST, WATERTOWN, NY 13601-3323	15-0559207	501 (C)(3)	53,500		ACCRUAL		PROGRAM SUPPORT
(128) YMCA OF COLUMBIA ADMINISTRATIVE OFFICE, 1612 MARION STREET, COLUMBIA, SC 29201-2828	57-0314423	501 (C)(3)	53,387		ACCRUAL		PROGRAM SUPPORT
(129) ALLIANCE OF NEW YORK STATE YMCAS 465 NEW KARNER ROAD, 2ND FLOOR, ALBANY, NY 12205	14-1726531	501 (C)(3)	53,266		ACCRUAL		PROGRAM SUPPORT
(130) YMCA CAMP GREENVILLE 4399 YMCA CAMP ROAD, UNIT 12, CLEVELAND, SC 29635	57-0314424	501 (C)(3)	52,000		ACCRUAL		PROGRAM SUPPORT
(131) TWIN PIKE FAMILY YMCA INC. 614 KELLY LANE, LOUISIANA, MO 63353-2409	43-1675923	501 (C)(3)	51,930		ACCRUAL		PROGRAM SUPPORT
(132) YMCA OF THE EAST BAY ASSOCIATION OFFICE, 2330 BROADWAY, OAKLAND, CA 94612	94-1156317	501 (C)(3)	51,761		ACCRUAL		PROGRAM SUPPORT

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(133) YMCA OF GREATER PITTSBURGH 420 FT DUQUESNE BLVD, SUITE 625, PITTSBURGH, PA 15222-1908	25-0969497	501 (C)(3)	51,644		ACCRUAL		PROGRAM SUPPORT
(134) JEFFERSON CITY AREA YMCA PO BOX 104176, JEFFERSON CITY, MO 65110-4176	43-0953286	501 (C)(3)	51,500		ACCRUAL		PROGRAM SUPPORT
(135) METROPOLITAN AUGUSTA YMCA 1058 CLAUSSEN RD, SUITE 100, AUGUSTA, GA 30907-1289	58-0566254	501 (C)(3)	51,088		ACCRUAL		PROGRAM SUPPORT
(136) OZARKS REGIONAL YMCA 417 S JEFFERSON AVE, SPRINGFIELD, MO 65806-2387	44-0545283	501 (C)(3)	51,039		ACCRUAL		PROGRAM SUPPORT
(137) YMCA OF CENTRAL MASSACHUSETTS 766 MAIN ST, WORCESTER, MA 01610-3161	04-2105885	501 (C)(3)	51,012		ACCRUAL		PROGRAM SUPPORT
(138) YMCA OF THE UNIVERSITY OF ILLINOIS 1001 S WRIGHT STREET, CHAMPAIGN, IL 61820-6225	37-0661257	501 (C)(3)	50,880		ACCRUAL		PROGRAM SUPPORT
(139) MALDEN YMCA 99 DARTMOUTH STREET, MALDEN, MA 02148-4906	04-2105874	501 (C)(3)	50,775		ACCRUAL		PROGRAM SUPPORT
(140) ANN ARBOR YMCA 400 WEST WASHINGTON STREET, ANN ARBOR, MI 48103	38-1525162	501 (C)(3)	50,411		ACCRUAL		PROGRAM SUPPORT
(141) YMCA OF OTTUMWA IOWA 611 N HANCOCK ST, OTTUMWA, IA 52501- 4278	42-0725202	501 (C)(3)	50,000		ACCRUAL		PROGRAM SUPPORT
(142) BEAUFORT-JASPER YMCA OF THE LOWCOUNTRY 1801 RICHMOND AVE, PORT ROYAL, SC 29935	57-0910326	501 (C)(3)	49,500		ACCRUAL		PROGRAM SUPPORT
(143) YMCA OF BROOME COUNTY 61 SUSQUEHANNA ST, BINGHAMTON, NY 13901-3705	15-0532282	501 (C)(3)	49,500		ACCRUAL		PROGRAM SUPPORT
(144) YMCA OF MARQUETTE COUNTY 1420 PINE ST, MARQUETTE, MI 49855-0441	38-3211419	501 (C)(3)	48,829		ACCRUAL		PROGRAM SUPPORT
(145) YMCA OF CENTRAL VIRGINIA 801 WYNDHURST DRIVE, LYNCHBURG, VA 24502-4603	54-0505924	501 (C)(3)	47,500		ACCRUAL		PROGRAM SUPPORT
(146) BERWICK AREA YMCA 231 W 3RD ST, BERWICK, PA 18603-3629	24-0813665	501 (C)(3)	47,159		ACCRUAL		PROGRAM SUPPORT
(147) CAMP CARSON YMCA 2034 E LAKE ROAD, PRINCETON, IN 47670- 9641	35-0869074	501 (C)(3)	46,000		ACCRUAL		PROGRAM SUPPORT
(148) CAMP MINIKANI BRANCH YMCA 875 AMY BELLE RD, HUBERTUS, WI 53033- 9657	39-0806314	501 (C)(3)	46,000		ACCRUAL		PROGRAM SUPPORT
(149) CAMP OHIYESA 7300 HICKORY RIDGE RD, HOLLY, MI 48442-9172	38-1358055	501 (C)(3)	46,000		ACCRUAL		PROGRAM SUPPORT
(150) GREAT MIAMI VALLEY YMCA 105 N 2ND ST, HAMILTON, OH 45011-2701	31-0536719	501 (C)(3)	46,000		ACCRUAL		PROGRAM SUPPORT

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(151) TIFTAREA YMCA INC. 1657 S CARPENTER ROAD, TIFTON, GA 31793	58-2383631	501 (C)(3)	46,000		ACCRUAL		PROGRAM SUPPORT
(152) YMCA OF METROPOLITAN HUNTSVILLE AL 120 HOLMES AVENUE, SUITE 300, HUNTSVILLE, AL 35801	58-2058795	501 (C)(3)	46,000		ACCRUAL		PROGRAM SUPPORT
(153) YMCA OF THE CAPITAL AREA 350 SOUTH FOSTER DRIVE, BATON ROUGE, LA 70806-4105	72-0408994	501 (C)(3)	45,811		ACCRUAL		PROGRAM SUPPORT
(154) MERRIMACK VALLEY YMCA INC. 101 AMESBURY ST, 4TH FLOOR, LAWRENCE, MA 01840	04-2104378	501 (C)(3)	45,647		ACCRUAL		PROGRAM SUPPORT
(155) DOOR COUNTY YMCA 1900 MICHIGAN STREET, STURGEON BAY, WI 54235-3706	39-1738982	501 (C)(3)	45,300		ACCRUAL		PROGRAM SUPPORT
(156) GASTON COUNTY FAMILY YMCA 2221 ROBINWOOD RD, GASTONIA, NC 28054	56-0655420	501 (C)(3)	45,200		ACCRUAL		PROGRAM SUPPORT
(157) WILLIAMS YMCA OF AVERY COUNTY PO BOX 707, 436 HOSPITAL DRIVE, LINVILLE, NC 28646	20-4910495	501 (C)(3)	45,000		ACCRUAL		PROGRAM SUPPORT
(158) YMCAS OF WAYCROSS GA INC. 1634 PLANT AVENUE, WAYCROSS, GA 31501-5247	58-0566129	501 (C)(3)	45,000		ACCRUAL		PROGRAM SUPPORT
(159) YMCA OF GREATER CLEVELAND 1801 SUPERIOR AVE, SUITE #130, CLEVELAND, OH 44114	34-0714728	501 (C)(3)	44,981		ACCRUAL		PROGRAM SUPPORT
(160) THE WEST COOK YMCAS 255 S. MARION ST., OAK PARK, IL 60302-3103	36-2179780	501 (C)(3)	44,160		ACCRUAL		PROGRAM SUPPORT
(161) YMCA OF BELVIDERE 220 W LOCUST ST, BELVIDERE, IL 61008-3677	36-2287520	501 (C)(3)	43,000		ACCRUAL		PROGRAM SUPPORT
(162) YMCA OF SELMA-DALLAS COUNTY 1 YMCA DRIVE, N/A, SELMA, AL 36701-7770	63-0414814	501 (C)(3)	43,000		ACCRUAL		PROGRAM SUPPORT
(163) YMCA OF GREATER NASHUA 10 COTTON ROAD, STE. 1, NASHUA, NH 03063	02-0222250	501 (C)(3)	41,863		ACCRUAL		PROGRAM SUPPORT
(164) SOUTH SOUND YMCA 1530 YELM HWY SE, OLYMPIA, WA 98501-4680	91-0586473	501 (C)(3)	41,733		ACCRUAL		PROGRAM SUPPORT
(165) DOW BAY AREA FAMILY YMCA 225 WASHINGTON AVENUE, BAY CITY, MI 48708-6432	38-1358415	501 (C)(3)	41,575		ACCRUAL		PROGRAM SUPPORT
(166) KENOSHA YMCA 7101- 53RD ST, KENOSHA, WI 53144	39-0826296	501 (C)(3)	41,500		ACCRUAL		PROGRAM SUPPORT
(167) BATH AREA FAMILY YMCA 303 CENTRE ST, BATH, ME 04530-2089	01-0211812	501 (C)(3)	41,395		ACCRUAL		PROGRAM SUPPORT



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(168) COMMUNITY YMCA OF EASTERN DELAWARE COUNTY ASSOCIATION OFFICE, 2104 GARRETT ROAD, LANSDOWNE, PA 19050	23-1614045	501 (C)(3)	41,132		ACCRUAL		PROGRAM SUPPORT
(169) CENTRAL FLORIDA METRO YMCA 433 N MILLS AVE, ORLANDO, FL 32803-5798	59-0624430	501 (C)(3)	40,623		ACCRUAL		PROGRAM SUPPORT
(170) STERLING-ROCK FALLS FAMILY YMCA 2505 YMCA WAY, STERLING, IL 61081-9063	36-2225496	501 (C)(3)	40,500		ACCRUAL		PROGRAM SUPPORT
(171) MEADVILLE YMCA 356 CHESTNUT ST, MEADVILLE, PA 16335-3285	25-0969495	501 (C)(3)	40,300		ACCRUAL		PROGRAM SUPPORT
(172) STATELINE FAMILY YMCA OF BELOIT, INC. 501 THIRD STREET, BELOIT, WI 53511	39-0806449	501 (C)(3)	40,160		ACCRUAL		PROGRAM SUPPORT
(173) CAMP WOODSTOCK BRANCH YMCA 42 CAMP RD, WOODSTOCK VALLEY, CT 06282	06-0881325	501 (C)(3)	40,000		ACCRUAL		PROGRAM SUPPORT
(174) WOOD RIVER COMMUNITY YMCA 101 SADDLE ROAD, PO BOX 6801, KETCHUM, ID 83340	82-0481436	501 (C)(3)	40,000		ACCRUAL		PROGRAM SUPPORT
(175) YMCA CAMP ST. CROIX 532 COUNTY ROAD F, HUDSON, WI 54016	45-2563299	501 (C)(3)	40,000		ACCRUAL		PROGRAM SUPPORT
(176) YMCA CAMP TECUMSEH INC. 12635 W TECUMSEH BEND RD, BROOKSTON, IN 47923-7012	23-7331099	501 (C)(3)	40,000		ACCRUAL		PROGRAM SUPPORT
(177) YMCA OF ROCK RIVER VALLEY 220 EAST STATE STREET, ROCKFORD, IL 61104	36-2174838	501 (C)(3)	39,088		ACCRUAL		PROGRAM SUPPORT
(178) YMCA OF ANCHORAGE ALASKA 5353 LAKE OTIS PKWY, ANCHORAGE, AK 99507	92-0034878	501 (C)(3)	38,370		ACCRUAL		PROGRAM SUPPORT
(179) TAKODAH YMCA 32 LAKE ST., NORTH SWANZEY, NH 03431-2418	02-0222246	501 (C)(3)	38,000		ACCRUAL		PROGRAM SUPPORT
(180) TAMPA METROPOLITAN AREA YMCA 110 E OAK AVE, TAMPA, FL 33602	59-1742909	501 (C)(3)	37,727		ACCRUAL		PROGRAM SUPPORT
(181) FROST VALLEY YMCA 2000 FROST VALLEY RD, CLARYVILLE, NY 12725	22-1625176	501 (C)(3)	37,500		ACCRUAL		PROGRAM SUPPORT
(182) EUGENE FAMILY YMCA 2055 PATTERSON STREET, EUGENE, OR 97405-2958	93-0500679	501 (C)(3)	37,369		ACCRUAL		PROGRAM SUPPORT
(183) BEAVER COUNTY YMCA 2236 THIRD AVE, NEW BRIGHTON, PA 15066-3205	25-0993391	501 (C)(3)	37,205		ACCRUAL		PROGRAM SUPPORT
(184) THE SKY FAMILY YMCA, INC. 701 CENTER RD., VENICE, FL 34285-4813	59-1629660	501 (C)(3)	36,235		ACCRUAL		PROGRAM SUPPORT
(185) STEVENS POINT AREA YMCA 1000 DIVISION ST, STEVENS POINT, WI 54481-2700	39-1102612	501 (C)(3)	36,000		ACCRUAL		PROGRAM SUPPORT

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(186) YMCA OF MEMPHIS & THE MID-SOUTH 6373 QUAIL HOLLOW ROAD, SUITE 201, MEMPHIS, TN 38120	62-0476304	501 (C)(3)	35,949		ACCRUAL		PROGRAM SUPPORT
(187) GREATER PEORIA FAMILY YMCA 7000 N FLEMING LANE, PEORIA, IL 61614-1236	37-0662605	501 (C)(3)	35,750		ACCRUAL		PROGRAM SUPPORT
(188) YMCA OF CUMBERLAND MD 601 KELLY RD, CUMBERLAND, MD 21502-2878	52-0591700	501 (C)(3)	35,612		ACCRUAL		PROGRAM SUPPORT
(189) SHIAWASSEE FAMILY YMCA 515 W MAIN ST, OWOSSO, MI 48867-2608	38-1359577	501 (C)(3)	35,370		ACCRUAL		PROGRAM SUPPORT
(190) ROME-FLOYD COUNTY YMCA 810 EAST 2ND AVENUE, ROME, GA 30161	58-0814549	501 (C)(3)	35,000		ACCRUAL		PROGRAM SUPPORT
(191) GRAND FORKS YMCA FAMILY CENTER 215 N 7TH ST, PO BOX 13177, GRAND FORKS, ND 58208-3177	45-0226434	501 (C)(3)	34,850		ACCRUAL		PROGRAM SUPPORT
(192) FLORIDA STATE ALLIANCE OF YMCAS 600 1ST AVE N, SUITE 201, ST. PETERSBURG, FL 33701	59-1158144	501 (C)(3)	34,621		ACCRUAL		PROGRAM SUPPORT
(193) KANDIYOHI COUNTY AREA FAMILY YMCA PO BOX 757, 1000 LAKELAND DR. SE, WILLMAR, MN 56201	41-1908049	501 (C)(3)	34,370		ACCRUAL		PROGRAM SUPPORT
(194) YMCA OF THE BLUE WATER AREA 1525 THIRD STREET, PORT HURON, MI 48060	38-1358417	501 (C)(3)	33,920		ACCRUAL		PROGRAM SUPPORT
(195) YMCA OF SOUTHERN NEVADA 4141 MEADOWS LN, LAS VEGAS, NV 89107-3105	88-0059266	501 (C)(3)	33,762		ACCRUAL		PROGRAM SUPPORT
(196) THE YMCA OF KLAMATH FALLS 1221 S ALAMEDA AVE, KLAMATH FALLS, OR 97603-3696	93-0386978	501 (C)(3)	33,500		ACCRUAL		PROGRAM SUPPORT
(197) MERCER COUNTY FAMILY YMCA 401 SW 2ND AVE, ALEDO, IL 61231-1904	36-3832360	501 (C)(3)	33,400		ACCRUAL		PROGRAM SUPPORT
(198) YMCA OF THE ROCKIES 2515 TUNNEL RD, ESTES PARK, CO 80511	84-0404913	501 (C)(3)	33,170		ACCRUAL		PROGRAM SUPPORT
(199) VOLUSIA/FLAGLER FAMILY YMCA ASSOCIATION OFFICE, 761 E. INT'L SPEEDWAY BLVD, DELAND, FL 32724	59-3284968	501 (C)(3)	32,945		ACCRUAL		PROGRAM SUPPORT
(200) YORK & YORK COUNTY YMCA 90 N NEWBERRY ST, YORK, PA 17401-1012	23-1352600	501 (C)(3)	32,435		ACCRUAL		PROGRAM SUPPORT
(201) YMCA OF YONKERS INC. 17 RIVERDALE AVE, YONKERS, NY 10701-3646	13-1740520	501 (C)(3)	32,070		ACCRUAL		PROGRAM SUPPORT
(202) CAMP ICAGHOWAN BRANCH YMCA 889A 115TH STREET, AMERY, WI 54001-5146	45-2563299	501 (C)(3)	32,000		ACCRUAL		PROGRAM SUPPORT
(203) YMCA OF LONG ISLAND 121 DOSORIS LANE, GLEN COVE, NY 11542-1216	11-1649914	501 (C)(3)	31,741		ACCRUAL		PROGRAM SUPPORT
(204) YMCA OF DUBUQUE IOWA 35 N BOOTH ST, DUBUQUE, IA 52001-7397	42-0934471	501 (C)(3)	31,547		ACCRUAL		PROGRAM SUPPORT

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(205) MUSKEGON YMCA 1115 THIRD ST, MUSKEGON, MI 49441	38-2000172	501 (C)(3)	31,449		ACCRUAL		PROGRAM SUPPORT
(206) DULUTH AREA FAMILY YMCA 302 W 1ST ST, DULUTH, MN 55802-1694	41-0693931	501 (C)(3)	31,000		ACCRUAL		PROGRAM SUPPORT
(207) THE LICKING COUNTY FAMILY YMCA 470 W CHURCH ST, NEWARK, OH 43055-4293	31-6053101	501 (C)(3)	31,000		ACCRUAL		PROGRAM SUPPORT
(208) JOPLIN FAMILY YMCA 3404 W MCINTOSH CIRCLE DR, JOPLIN, MO 64804	44-0552026	501 (C)(3)	30,174		ACCRUAL		PROGRAM SUPPORT
(209) MARTINSVILLE & HENRY COUNTY FAMILY YMCA 3 STARLING AVE, MARTINSVILLE, VA 24112-2921	54-0839746	501 (C)(3)	30,138		ACCRUAL		PROGRAM SUPPORT
(210) YMCA OF ATTLEBORO 63 N MAIN ST, ATTLEBORO, MA 02703-2219	04-2255819	501 (C)(3)	30,010		ACCRUAL		PROGRAM SUPPORT
(211) DECATUR COUNTY FAMILY YMCA INC. 1 YMCA WAY, GREENSBURG, IN 47240-3408	35-0919345	501 (C)(3)	30,000		ACCRUAL		PROGRAM SUPPORT
(212) PIKEVILLE AREA FAMILY YMCA 424 BOB AMOS DR, PIKEVILLE, KY 41501-2035	61-1177162	501 (C)(3)	30,000		ACCRUAL		PROGRAM SUPPORT
(213) WILLIAM A. HUNTON FAMILY YMCA 1139 EAST CHARLOTTE ST, NORFOLK, VA 23504-4299	54-0663046	501 (C)(3)	30,000		ACCRUAL		PROGRAM SUPPORT
(214) YMCA OF NORTHWEST ILLINOIS 2998 W PEARL CITY RD, FREEPORT, IL 61032-9338	36-2169195	501 (C)(3)	30,000		ACCRUAL		PROGRAM SUPPORT
(215) BILLINGS FAMILY YMCA 402 N 32ND ST, BILLINGS, MT 59101-1273	81-0229386	501 (C)(3)	29,870		ACCRUAL		PROGRAM SUPPORT
(216) YMCA OF DOUGLAS COUNTY 1151 NW STEWART PARKWAY, ROSEBURG, OR 97471-1902	93-0395593	501 (C)(3)	29,500		ACCRUAL		PROGRAM SUPPORT
(217) YMCA OF CENTRAL TEXAS 6800 HARVEY DRIVE, WACO, TX 76710	74-2668685	501 (C)(3)	29,105		ACCRUAL		PROGRAM SUPPORT
(218) SHERMAN LAKE YMCA OUTDOOR CENTER 6225 N 39TH ST, AUGUSTA, MI 49012-9722	38-3167869	501 (C)(3)	29,000		ACCRUAL		PROGRAM SUPPORT
(219) NORTHERN MIDDLESEX COUNTY YMCA 99 UNION STREET, MIDDLETOWN, CT 06457-3430	06-0646981	501 (C)(3)	28,500		ACCRUAL		PROGRAM SUPPORT
(220) STORER CAMPS 6941 STONEY LAKE ROAD, JACKSON, MI 49201-9211	34-4428262	501 (C)(3)	28,000		ACCRUAL		PROGRAM SUPPORT
(221) YMCA OF CAPITAL DISTRICT 465 NEW KARNER ROAD, 2ND FLOOR, ALBANY, NY 12205	14-1726531	501 (C)(3)	27,523		ACCRUAL		PROGRAM SUPPORT
(222) BEDFORD AREA FAMILY YMCA PO BOX 1026, 1111 TURNPIKE RD., BEDFORD, VA 24523-1026	54-1140513	501 (C)(3)	27,500		ACCRUAL		PROGRAM SUPPORT

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(223) YMCA OF GREENWICH INC. 50 E PUTNAM AVE, GREENWICH, CT 06830-5696	06-0646976	501 (C)(3)	27,395		ACCRUAL		PROGRAM SUPPORT
(224) ATHENS-MCMINN FAMILY YMCA 205 KNOXVILLE AVENUE, ATHENS, TN 37303-0376	62-0586361	501 (C)(3)	27,370		ACCRUAL		PROGRAM SUPPORT
(225) YMCA OF KOKOMO INDIANA 114 N UNION ST, KOKOMO, IN 46901-4697	35-0893511	501 (C)(3)	26,677		ACCRUAL		PROGRAM SUPPORT
(226) YMCA OF HELENA INC. 1200 N LAST CHANCE GULCH, HELENA, MT 59601-2995	81-0231815	501 (C)(3)	26,555		ACCRUAL		PROGRAM SUPPORT
(227) YMCA OF LINCOLN NEBRASKA 570 FALLBROOK BLVD, SUITE 210, LINCOLN, NE 68521-9026	47-0376578	501 (C)(3)	26,500		ACCRUAL		PROGRAM SUPPORT
(228) SPRINGFIELD COLLEGE 263 ALDEN STREET, SPRINGFIELD, MA 01109-3797	04-2104329	501 (C)(3)	26,320		ACCRUAL		PROGRAM SUPPORT
(229) GLOW YMCA, INC. 209 E MAIN ST, BATAVIA, NY 14020-2288	16-0743230	501 (C)(3)	26,170		ACCRUAL		PROGRAM SUPPORT
(230) YMCA OF AKRON OHIO INC. 50 S. MAIN ST., LL100, AKRON, OH 44308	34-0714727	501 (C)(3)	26,067		ACCRUAL		PROGRAM SUPPORT
(231) YMCA OF THE NORTH SHORE 245 CABOT ST, BEVERLY, MA 01915-4598	04-2104913	501 (C)(3)	26,065		ACCRUAL		PROGRAM SUPPORT
(232) CAMP IMMOKALEE BRANCH YMCA 6765 IMMOKALEE RD, KEYSTONE HEIGHTS, FL 32656-8992	59-0638514	501 (C)(3)	26,000		ACCRUAL		PROGRAM SUPPORT
(233) CAMP JORN YMCA INC. 13591 ZENNER LANE, MANITOWISH WATERS, WI 54545-0430	54-2184387	501 (C)(3)	26,000		ACCRUAL		PROGRAM SUPPORT
(234) CAMP KERN BRANCH YMCA 5291 STATE ROUTE 350, OREGONIA, OH 45054-9746	31-0537517	501 (C)(3)	26,000		ACCRUAL		PROGRAM SUPPORT
(235) CAMP NISSOKONE 6836 F 41, OSCODA, MI 48750-9608	38-1358055	501 (C)(3)	26,000		ACCRUAL		PROGRAM SUPPORT
(236) YMCA CAMP WAPSIE 2174 WAPSIE Y RD, COGGON, IA 52218-9710	42-0680306	501 (C)(3)	26,000		ACCRUAL		PROGRAM SUPPORT
(237) YMCA OF THE SUNCOAST 2469 ENTERPRISE ROAD, CLEARWATER, FL 33763-1607	59-0810731	501 (C)(3)	25,981		ACCRUAL		PROGRAM SUPPORT
(238) YMCA OF STAMFORD 10 BELL ST, STAMFORD, CT 06901-2916	06-0646985	501 (C)(3)	25,802		ACCRUAL		PROGRAM SUPPORT
(239) YMCA OF NORTHWEST FLORIDA PO BOX 17130, PENSACOLA, FL 32591	59-0624465	501 (C)(3)	25,360		ACCRUAL		PROGRAM SUPPORT
(240) FAMILY YMCA OF GLENS FALLS AREA 600 GLEN ST, GLENS FALLS, NY 12801-2020	14-1340008	501 (C)(3)	25,167		ACCRUAL		PROGRAM SUPPORT
(241) ALAMANCE COUNTY COMMUNITY YMCA 1346 S MAIN ST, BURLINGTON, NC 27215-5604	56-0611575	501 (C)(3)	25,000		ACCRUAL		PROGRAM SUPPORT

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(242) ASSOCIATION OF YMCA PROFESSIONALS (AYP) 263 ALDEN STREET, SPRINGFIELD, MA 01109-3707	13-5616526	501 (C)(3)	25,000		ACCRUAL		PROGRAM SUPPORT
(243) ITHACA & TOMPKINS COUNTY YMCA 50 GRAHAM ROAD WEST, ITHACA, NY 14850-1085	15-0545415	501 (C)(3)	25,000		ACCRUAL		PROGRAM SUPPORT
(244) KANKAKEE AREA YMCA 1075 N KENNEDY DR, KANKAKEE, IL 60901-2032	36-2169198	501 (C)(3)	25,000		ACCRUAL		PROGRAM SUPPORT
(245) YMCA OF PATERSON NJ 128 WARD ST, PATERSON, NJ 07505-1997	22-1487389	501 (C)(3)	25,000		ACCRUAL		PROGRAM SUPPORT
(246) HOBART FAMILY YMCA INC. 601 W 40TH PL, HOBART, IN 46342-2223	35-1382817	501 (C)(3)	24,921		ACCRUAL		PROGRAM SUPPORT
(247) UPPER PALMETTO YMCA 151 S OAKLAND AVE, ROCK HILL, SC 29730	57-0335422	501 (C)(3)	24,374		ACCRUAL		PROGRAM SUPPORT
(248) YMCA OF SAN JOAQUIN COUNTY 2105 W MARCH LANE, #1, STOCKTON, CA 95207	94-1156319	501 (C)(3)	24,185		ACCRUAL		PROGRAM SUPPORT
(249) DOWNTOWN SPOKANE YMCA 930 N MONROE ST, SPOKANE, WA 99201	91-0827958	501 (C)(3)	24,000		ACCRUAL		PROGRAM SUPPORT
(250) BANGOR YMCA 17 SECOND STREET, BANGOR, ME 04401-4799	01-0211485	501 (C)(3)	23,667		ACCRUAL		PROGRAM SUPPORT
(251) UNIVERSITY YMCA 1801 UNIVERSITY AVE SE, MINNEAPOLIS, MN 55414-2024	45-2563299	501 (C)(3)	23,440		ACCRUAL		PROGRAM SUPPORT
(252) UNIONTOWN AREA YMCA 1 YMCA DRIVE, UNIONTOWN, PA 15401-4174	25-0965631	501 (C)(3)	23,400		ACCRUAL		PROGRAM SUPPORT
(253) GREATER SYRACUSE YMCA 340 MONTGOMERY ST, SYRACUSE, NY 13202-2015	15-0532278	501 (C)(3)	23,285		ACCRUAL		PROGRAM SUPPORT
(254) YMCA OF THE CEDAR RAPIDS METROPOLITAN AREA 207 7TH AVE SE, CEDAR RAPIDS, IA 52401	42-0680306	501 (C)(3)	23,105		ACCRUAL		PROGRAM SUPPORT
(255) COMMUNITY SERVICES YMCA HARBOR HIGHLANDS, 28 W VILLAGE VIEW DRIVE, DULUTH, MN 55802	41-0693931	501 (C)(3)	23,000		ACCRUAL		PROGRAM SUPPORT
(256) GREATER GREEN BAY YMCA INC. 235 N JEFFERSON ST, GREEN BAY, WI 54301-5126	39-0813466	501 (C)(3)	23,000		ACCRUAL		PROGRAM SUPPORT
(257) YMCA OF DANVILLE 1111 N VERMILION ST, DANVILLE, IL 61832-3049	37-0662604	501 (C)(3)	23,000		ACCRUAL		PROGRAM SUPPORT
(258) THE COMMUNITY YMCA 170 PATTERSON AVENUE, SHREWSBURY, NJ 07702	21-0635051	501 (C)(3)	22,262		ACCRUAL		PROGRAM SUPPORT
(259) JUNIUS WARD JOHNSON YMCA 267 YMCA PLACE, VICKSBURG, MS 39183	64-0303115	501 (C)(3)	22,000		ACCRUAL		PROGRAM SUPPORT

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(260) YMCA CAMP HI-ROCK 162 EAST STREET, MOUNT WASHINGTON, MA 01258	06-0662195	501 (C)(3)	22,000		ACCRUAL		PROGRAM SUPPORT
(261) YMCA OF RED WING MINNESOTA 434 MAIN ST, RED WING, MN 55066-2354	41-0695614	501 (C)(3)	22,000		ACCRUAL		PROGRAM SUPPORT
(262) MAUI FAMILY YMCA 250 KANALOA AVE, KAHULUI, HI 96732-1100	99-0105206	501 (C)(3)	21,900		ACCRUAL		PROGRAM SUPPORT
(263) YMCA OF GREATER ST. PETERSBURG 600 1ST AVENUE NORTH, SUITE 201, ST. PETERSBURG, FL 33701	59-0624468	501 (C)(3)	21,769		ACCRUAL		PROGRAM SUPPORT
(264) WENATCHEE VALLEY YMCA 217 ORONDO AVE, WENATCHEE, WA 98801	91-0578224	501 (C)(3)	21,689		ACCRUAL		PROGRAM SUPPORT
(265) GREATER MISSOULA FAMILY YMCA 3000 S RUSSELL ST, MISSOULA, MT 59801-8547	81-0300829	501 (C)(3)	21,500		ACCRUAL		PROGRAM SUPPORT
(266) MISSOURI VALLEY FAMILY YMCA 1608 N WASHINGTON ST, PO BOX 549, BISMARCK, ND 58502-0549	45-0305520	501 (C)(3)	21,325		ACCRUAL		PROGRAM SUPPORT
(267) YMCA OF CANTON 1325 E ASH ST, CANTON, IL 61520-1504	37-0748000	501 (C)(3)	21,000		ACCRUAL		PROGRAM SUPPORT
(268) YMCA OF SOUTHEASTERN NORTH CAROLINA PO BOX 3467, WILMINGTON, NC 28406	56-0532317	501 (C)(3)	21,000		ACCRUAL		PROGRAM SUPPORT
(269) OCEAN COMMUNITY YMCA 95 HIGH ST, WESTERLY, RI 02891-1812	05-0268126	501 (C)(3)	20,659		ACCRUAL		PROGRAM SUPPORT
(270) YMCA OF IDAHO FALLS INC. 155 N. CORNER ST, 155 N. CORNER ST, IDAHO FALLS, ID 83402-4031	82-0222174	501 (C)(3)	20,611		ACCRUAL		PROGRAM SUPPORT
(271) ARLINGTON-MANSFIELD AREA YMCA 1148 W PIONEER PARKWAY, SUITE H, ARLINGTON, TX 76013-6243	75-1000839	501 (C)(3)	20,575		ACCRUAL		PROGRAM SUPPORT
(272) ALBANY YMCA 1701 GILLIONVILLE RD, ALBANY, GA 31707-3797	58-0610051	501 (C)(3)	20,500		ACCRUAL		PROGRAM SUPPORT
(273) SHERIDAN COUNTY YMCA 417 N JEFFERSON ST, SHERIDAN, WY 82801-3827	83-0186708	501 (C)(3)	20,500		ACCRUAL		PROGRAM SUPPORT
(274) YMCA OF ST. JOSEPH MISSOURI 315 S SIXTH ST, ST. JOSEPH, MO 64501-2291	44-0552491	501 (C)(3)	20,500		ACCRUAL		PROGRAM SUPPORT
(275) YMCA OF THE CHESAPEAKE, INC. 111-1 E. DOVER STREET, EASTON, MD 21601	52-0646895	501 (C)(3)	20,237		ACCRUAL		PROGRAM SUPPORT
(276) HOPKINS COUNTY FAMILY YMCA 150 YMCA DR, MADISONVILLE, KY 42431-9019	61-0904719	501 (C)(3)	20,200		ACCRUAL		PROGRAM SUPPORT
(277) CONNECTICUT STATE ALLIANCE 50 STATE HOUSE SQUARE, 2ND FL, HARTFORD, CT 06103-2006	06-0646905	501 (C)(3)	20,088		ACCRUAL		PROGRAM SUPPORT
(278) SUMMERVILLE FAMILY YMCA 140 S CEDAR ST, SUMMERVILLE, SC 29483-6014	57-0643100	501 (C)(3)	20,075		ACCRUAL		PROGRAM SUPPORT



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(279) ESTES PARK CENTER YMCA 2515 TUNNEL RD, ESTES PARK, CO 80511-9500	84-0404913	501 (C)(3)	20,000		ACCRUAL		PROGRAM SUPPORT
(280) SAN ANGELO YMCA 353 S RANDOLPH ST, SAN ANGELO, TX 76903-6427	75-0800698	501 (C)(3)	20,000		ACCRUAL		PROGRAM SUPPORT
(281) YMCA CAMP BERNIE 327 TURKEY TOP RD, PORT MURRAY, NJ 07865-9601	22-1508752	501 (C)(3)	20,000		ACCRUAL		PROGRAM SUPPORT
(282) YMCA OF EASTERN UNION COUNTY 144 MADISON AVENUE, ELIZABETH, NJ 07201-2420	22-1487381	501 (C)(3)	20,000		ACCRUAL		PROGRAM SUPPORT
(283) GREATER SUSQUEHANNA VALLEY YMCA 1150 N 4TH ST, PO BOX 390, SUNBURY, PA 17801-0390	24-0795634	501 (C)(3)	19,443		ACCRUAL		PROGRAM SUPPORT
(284) YMCA OF THE UPPER PEE DEE 111 E CAROLINA AVE, HARTSVILLE, SC 29550-4213	57-0794011	501 (C)(3)	19,398		ACCRUAL		PROGRAM SUPPORT
(285) CENTRAL COAST YMCA 500 LINCOLN AVE, SALINAS, CA 93901-2705	77-0202335	501 (C)(3)	19,268		ACCRUAL		PROGRAM SUPPORT
(286) LAWRENCE BRANCH YMCA 40 LAWRENCE STREET, LAWRENCE, MA 01840-1425	04-2104378	501 (C)(3)	19,188		ACCRUAL		PROGRAM SUPPORT
(287) METROWEST YMCA INC. 280 OLD CONNECTICUT PATH, FRAMINGHAM, MA 01701-4539	04-2281530	501 (C)(3)	19,179		ACCRUAL		PROGRAM SUPPORT
(288) GREATER SCRANTON YMCA 706 N BLAKELY ST, DUNMORE, PA 18512-1937	24-0795516	501 (C)(3)	19,091		ACCRUAL		PROGRAM SUPPORT
(289) YMCA OF METROPOLITAN CHICAGO 1030 W VAN BUREN ST., CHICAGO, IL 60607-2916	36-2179782	501 (C)(3)	18,893		ACCRUAL		PROGRAM SUPPORT
(290) YMCA OF MICHIANA INC. 1201 NORTHSIDE BLVD, SOUTH BEND, IN 46615-3921	35-0868216	501 (C)(3)	18,890		ACCRUAL		PROGRAM SUPPORT
(291) ABERDEEN FAMILY YMCA 5 SOUTH STATE STREET, ABERDEEN, SD 57401-4524	46-0255779	501 (C)(3)	18,846		ACCRUAL		PROGRAM SUPPORT
(292) THE RIVERBROOK REGIONAL YMCA 404 DANBURY RD, WILTON, CT 06897-2095	06-0853258	501 (C)(3)	18,700		ACCRUAL		PROGRAM SUPPORT
(293) YMCA OF AUSTIN MINNESOTA 704 1ST DR NW, AUSTIN, MN 55912-3099	41-0718359	501 (C)(3)	18,500		ACCRUAL		PROGRAM SUPPORT
(294) YMCA OF RYE NY 21 LOCUST AVE, RYE, NY 10580-2959	13-1740515	501 (C)(3)	18,275		ACCRUAL		PROGRAM SUPPORT
(295) MISSISSIPPI GULF COAST YMCA 1810 GOVERNMENT ST, OCEAN SPRINGS, MS 39564-3931	64-0584648	501 (C)(3)	18,244		ACCRUAL		PROGRAM SUPPORT
(296) YMCA OF SOUTH PALM BEACH COUNTY 6631 PALMETTO CIR S, BOCA RATON, FL 33433-3549	59-1416281	501 (C)(3)	18,228		ACCRUAL		PROGRAM SUPPORT



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(297) YMCA OF GREATER KALAMAZOO 1001 W MAPLE ST, KALAMAZOO, MI 49008-1885	38-1360592	501 (C)(3)	18,174		ACCRUAL		PROGRAM SUPPORT
(298) CAMP ABE LINCOLN 1624 W. FRONT ST, BLUE GRASS, IA 52726-9658	42-0703278	501 (C)(3)	18,000		ACCRUAL		PROGRAM SUPPORT
(299) CAMP POTAWOTAMI BRANCH YMCA PO BOX 38, SOUTH MILFORD, IN 46786-0038	35-0886850	501 (C)(3)	18,000		ACCRUAL		PROGRAM SUPPORT
(300) FLINT YMCA-CAMP COPNECONIC 10407 N FENTON RD, FENTON, MI 48430	38-1358056	501 (C)(3)	18,000		ACCRUAL		PROGRAM SUPPORT
(301) MARION FAMILY YMCA 645 BARKS RD E, MARION, OH 43302-3892	31-4380058	501 (C)(3)	18,000		ACCRUAL		PROGRAM SUPPORT
(302) MYSTIC LAKE CAMP BRANCH YMCA 9505 W LUDINGTON DR, LAKE, MI 48632	38-1359576	501 (C)(3)	18,000		ACCRUAL		PROGRAM SUPPORT
(303) SHEBOYGAN COUNTY YMCA 812 BROUGHTON DRIVE, SHEBOYGAN, WI 53081	39-0830271	501 (C)(3)	18,000		ACCRUAL		PROGRAM SUPPORT
(304) YMCA OF GREATER SPARTANBURG 151 RIBAUT, SPARTANBURG, SC 29302	57-0314425	501 (C)(3)	18,000		ACCRUAL		PROGRAM SUPPORT
(305) HARRISBURG AREA METROPOLITAN YMCA 123 FORSTER ST, HARRISBURG, PA 17102-3407	23-1665437	501 (C)(3)	17,268		ACCRUAL		PROGRAM SUPPORT
(306) GOLDEN CORRIDOR FAMILY YMCA 300 W. WISE RD., SCHAUMBURG, IL 60193	36-2169193	501 (C)(3)	16,959		ACCRUAL		PROGRAM SUPPORT
(307) NEWPORT COUNTY YMCA 792 VALLEY RD, MIDDLETOWN, RI 02842-7095	05-0258916	501 (C)(3)	16,783		ACCRUAL		PROGRAM SUPPORT
(308) YMCA OF GREATER FORT WAYNE 347 W BERRY ST SUITE 500, FORT WAYNE, IN 46802-3106	35-0886850	501 (C)(3)	16,675		ACCRUAL		PROGRAM SUPPORT
(309) RIVER VALLEY REGIONAL YMCA 641 WALNUT STREET, WILLIAMSPORT, PA 17701	24-0795698	501 (C)(3)	16,605		ACCRUAL		PROGRAM SUPPORT
(310) YMCA OF DARIEN COMMUNITY INC 2420 POST RD, DARIEN, CT 06820-5624	06-0859795	501 (C)(3)	15,600		ACCRUAL		PROGRAM SUPPORT
(311) PUBLIC ALLIES, INC. 735 N. WATER ST, MILWAUKEE, WI 53202	52-1759564	501 (C)(3)	15,500		ACCRUAL		PROGRAM SUPPORT
(312) SARASOTA FAMILY YMCA, INC ONE SOUTH SCHOOL AVE STE 301, SARASOTA, FL 34237-8133	59-1618413	501 (C)(3)	15,050		ACCRUAL		PROGRAM SUPPORT
(313) TELFORD COMMUNITY CENTER YMCA 1100 E MAIN ST, RICHMOND, KY 40475-2028	61-6000619	501 (C)(3)	15,000		ACCRUAL		PROGRAM SUPPORT
(314) YMCA OF THE REDWOODS 16275 HIGHWAY 9, BOULDER CREEK, CA 95006-9652	94-1156318	501 (C)(3)	15,000		ACCRUAL		PROGRAM SUPPORT
(315) YMCA OF ORANGE COUNTY 13821 NEWPORT AVE STE 200, TUSTIN, CA 92780-7803	95-1644055	501 (C)(3)	14,978		ACCRUAL		PROGRAM SUPPORT

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(316) WATSONVILLE FAMILY YMCA 27 SUDDEN STREET, WATSONVILLE, CA 95076-4322	77-0202335	501 (C)(3)	14,886		ACCRUAL		PROGRAM SUPPORT
(317) THE FAMILY YMCA 1450 IRIS ST, LOS ALAMOS, NM 87544-3114	85-0130054	501 (C)(3)	14,618		ACCRUAL		PROGRAM SUPPORT
(318) YMCA OF GREATER EL PASO TX & RIO GRANDE VALLEY 810 WYOMING, EL PASO, TX 79902-5339	74-1109880	501 (C)(3)	14,604		ACCRUAL		PROGRAM SUPPORT
(319) NORM WAITT SR. YMCA 601 RIVERVIEW DR, SOUTH SIOUX CITY, NE 68776-1198	42-0738980	501 (C)(3)	14,500		ACCRUAL		PROGRAM SUPPORT
(320) VALLEY POINTS FAMILY YMCA 800 CONSTITUTION BLVD, NEW KENSINGTON, PA 15068	25-0965625	501 (C)(3)	14,108		ACCRUAL		PROGRAM SUPPORT
(321) SONOMA COUNTY FAMILY YMCA 1111 COLLEGE AVE, SANTA ROSA, CA 95404-3905	94-1265049	501 (C)(3)	13,673		ACCRUAL		PROGRAM SUPPORT
(322) KETTLE MORaine YMCA INC. 1111 W WASHINGTON ST, WEST BEND, WI 53095-2433	39-1175559	501 (C)(3)	13,123		ACCRUAL		PROGRAM SUPPORT
(323) YMCA OF THE EAST VALLEY 500 E CITRUS AVE, REDLANDS, CA 92373-5248	95-1684787	501 (C)(3)	13,039		ACCRUAL		PROGRAM SUPPORT
(324) CLALLAM COUNTY YMCA INC. 675 N 5TH AVE, SEQUIM, WA 98362	91-0652924	501 (C)(3)	13,000		ACCRUAL		PROGRAM SUPPORT
(325) EASTERN CAROLINA YOUNG MEN'S CHRISTIAN ASSOCIATION, INC. 100 YMCA LANE, NEW BERN, NC 28560-5400	58-1402035	501 (C)(3)	13,000		ACCRUAL		PROGRAM SUPPORT
(326) OLEAN-BRADFORD AREA YMCA 1020 REED STREET, OLEAN, NY 14760-3696	16-0743241	501 (C)(3)	13,000		ACCRUAL		PROGRAM SUPPORT
(327) PALESTINE YMCA 5500 N LOOP 256, PALESTINE, TX 75801-4832	75-0975622	501 (C)(3)	13,000		ACCRUAL		PROGRAM SUPPORT
(328) YMCA OF DYER COUNTY 120 MCGAUGHEY E, PO BOX 1502, DYERSBURG, TN 38025-1502	62-1616170	501 (C)(3)	13,000		ACCRUAL		PROGRAM SUPPORT
(329) RAPPAHANNOCK AREA YMCA 212 BUTLER RD, FALMOUTH., VA 22405-2441	54-0965826	501 (C)(3)	12,865		ACCRUAL		PROGRAM SUPPORT
(330) METROPOLITAN YMCA OF THE ORANGES 139 E MCCLELLAN AVE, LIVINGSTON, NJ 07039	22-1487387	501 (C)(3)	12,776		ACCRUAL		PROGRAM SUPPORT
(331) YMCA OF WALLA WALLA 340 S PARK ST, PO BOX 1637, WALLA WALLA, WA 99362-0359	91-0580856	501 (C)(3)	12,599		ACCRUAL		PROGRAM SUPPORT
(332) YMCA OF LA PORTE INDIANA 901 MICHIGAN AVE, LA PORTE, IN 46350-3504	35-0886851	501 (C)(3)	12,593		ACCRUAL		PROGRAM SUPPORT

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(333) REGIONAL YMCA OF WESTERN CONNECTICUT INC 246 FEDERAL RD, UNIT B 21, BROOKFIELD, CT 06804	06-6051610	501 (C)(3)	12,543		ACCRUAL		PROGRAM SUPPORT
(334) GREENWOOD YMCA 1760 CALHOUN RD, GREENWOOD, SC 29649-8909	57-0365088	501 (C)(3)	12,500		ACCRUAL		PROGRAM SUPPORT
(335) CHANNEL ISLANDS YMCA 105 EAST CARRILLO STREET, SANTA BARBARA, CA 93101	95-1643379	501 (C)(3)	12,313		ACCRUAL		PROGRAM SUPPORT
(336) GREATER KINGSPORT FAMILY YMCA 1840 MEADOWVIEW PKWY, KINGSPORT, TN 37660	58-1564232	501 (C)(3)	12,075		ACCRUAL		PROGRAM SUPPORT
(337) YMCA OF FANWOOD - SCOTCH PLAINS 1340 MARTINE AVENUE, SCOTCH PLAINS, NJ 07076-2524	22-1589199	501 (C)(3)	12,065		ACCRUAL		PROGRAM SUPPORT
(338) CAMP CROSLEY YMCA 165 EMS T2 LANE, NORTH WEBSTER, IN 46555-9378	35-0868215	501 (C)(3)	12,000		ACCRUAL		PROGRAM SUPPORT
(339) CAMP ONYAHSA 5411 EAST LAKE RD, DEWITTVILLE, NY 14728	16-0743238	501 (C)(3)	12,000		ACCRUAL		PROGRAM SUPPORT
(340) CAMP SLOANE YMCA INC. 124 INDIAN MOUNTAIN ROAD, LAKEVILLE, CT 06039	13-1739939	501 (C)(3)	12,000		ACCRUAL		PROGRAM SUPPORT
(341) CAMP WOOD YMCA 1101 CAMP WOOD ROAD, ELMDALE, KS 66850-9801	48-0908238	501 (C)(3)	12,000		ACCRUAL		PROGRAM SUPPORT
(342) FITCH BRANCH YMCA 12600 ABLES RD, NORTH SPRINGFIELD, PA 16430	34-0714730	501 (C)(3)	12,000		ACCRUAL		PROGRAM SUPPORT
(343) YMCA CAMP LETTS PO BOX 208, 4003 CAMP LETTS ROAD, EDGEWATER, MD 21037-0208	53-0207403	501 (C)(3)	12,000		ACCRUAL		PROGRAM SUPPORT
(344) YMCA CAMP NAN A BO SHO 18369 OCONTO LN, LAKEWOOD, WI 54138-9662	39-0806191	501 (C)(3)	12,000		ACCRUAL		PROGRAM SUPPORT
(345) YMCA CAMP OLSON 4160 LITTLE BOY RD NE, LONGVILLE, MN 56655-3354	41-0967781	501 (C)(3)	12,000		ACCRUAL		PROGRAM SUPPORT
(346) YMCA OF MINOT NORTH DAKOTA PO BOX 69, 3515 16TH ST SW, MINOT, ND 58702-0069	45-0237612	501 (C)(3)	11,875		ACCRUAL		PROGRAM SUPPORT
(347) YMCA OF MEDFORD 522 WEST SIXTH STREET, MEDFORD, OR 97501-2735	93-0391645	501 (C)(3)	11,728		ACCRUAL		PROGRAM SUPPORT
(348) OAHE YMCA INC. 900 E CHURCH ST, PIERRE, SD 57501-2219	23-7169291	501 (C)(3)	11,500		ACCRUAL		PROGRAM SUPPORT
(349) OHIO STATE ALLIANCE OF YMCAS 40 WEST LONG ST., COLUMBUS, OH 43215	31-4379594	501 (C)(3)	11,500		ACCRUAL		PROGRAM SUPPORT

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(350) SOUTH CAROLINA ALLIANCE OF YMCAS 1420 SUMTER ST, SUMTER, SC 29201	47-3049199	501 (C)(3)	11,500		ACCRUAL		PROGRAM SUPPORT
(351) TRI-COUNTY YMCA INC. 200 CARLS LN, PO BOX 737, SCOTT DEPOT, WV 25560-0737	55-0702900	501 (C)(3)	11,500		ACCRUAL		PROGRAM SUPPORT
(352) YMCA OF THE SHOALS 2121 HELTON DRIVE, FLORENCE, AL 35630-1448	63-0545200	501 (C)(3)	11,500		ACCRUAL		PROGRAM SUPPORT
(353) TUSCARAWAS COUNTY YMCA INC. 600 MONROE ST, DOVER, OH 44622-2047	34-0714797	501 (C)(3)	11,402		ACCRUAL		PROGRAM SUPPORT
(354) CORONA-NORCO FAMILY YMCA 1331 RIVER RD, CORONA, CA 92880-1213	95-2879893	501 (C)(3)	11,361		ACCRUAL		PROGRAM SUPPORT
(355) SHASTA COUNTY YMCA 1155 N COURT ST, REDDING, CA 96001-0437	94-1212141	501 (C)(3)	11,088		ACCRUAL		PROGRAM SUPPORT
(356) FAMILY YMCA OF GREATER LAURENS 410 ANDERSON DR, LAURENS, SC 29360-0426	57-0517776	501 (C)(3)	11,000		ACCRUAL		PROGRAM SUPPORT
(357) KISHWAUKEE FAMILY YMCA INC. 2500 W BETHANY RD., SYCAMORE, IL 60178-0466	36-2379643	501 (C)(3)	11,000		ACCRUAL		PROGRAM SUPPORT
(358) YMCA OF BERWYN-CICERO 2947 OAK PARK AVE, BERWYN, IL 60402-3048	36-2702522	501 (C)(3)	10,874		ACCRUAL		PROGRAM SUPPORT
(359) YMCA OF VIRGINIA'S BLUE RIDGE PO BOX 2130, ROANOKE, VA 24009	54-0515736	501 (C)(3)	10,802		ACCRUAL		PROGRAM SUPPORT
(360) CUMBERLAND CAPE ATLANTIC YMCA 1159 E LANDIS AVE, VINELAND, NJ 08360-4220	21-0635053	501 (C)(3)	10,489		ACCRUAL		PROGRAM SUPPORT
(361) MEXICO AREA FAMILY YMCA 1127 ADAMS ST., MEXICO, MO 65265-2288	43-1147430	501 (C)(3)	10,375		ACCRUAL		PROGRAM SUPPORT
(362) YMCA OF CENTRAL STARK COUNTY 1201 30TH ST NW STE 200, CANTON, OH 44709-1705	34-0714392	501 (C)(3)	10,365		ACCRUAL		PROGRAM SUPPORT
(363) YMCA OF WEST CENTRAL ILLINOIS 3101 MAINE ST, QUINCY, IL 62301-4495	37-0661262	501 (C)(3)	10,300		ACCRUAL		PROGRAM SUPPORT
(364) MILAN FAMILY YMCA 5207 INDUSTRIAL DRIVE, MILAN, TN 38358-3116	62-1547529	501 (C)(3)	10,233		ACCRUAL		PROGRAM SUPPORT
(365) GALLATIN VALLEY YMCA, INC 3673 LOVE LANE, BOZEMAN, MT 59718	81-0542574	501 (C)(3)	10,146		ACCRUAL		PROGRAM SUPPORT
(366) OSWEGO YMCA 265 W 1ST ST, OSWEGO, NY 13126-3003	15-0532272	501 (C)(3)	10,085		ACCRUAL		PROGRAM SUPPORT
(367) FOX VALLEY FAMILY YMCA INC. 3875 ELDAMAIN RD, PLANO, IL 60545-9583	36-3028169	501 (C)(3)	10,000		ACCRUAL		PROGRAM SUPPORT
(368) JACKSON METROPOLITAN YMCA 690 LIBERTY ROAD, FLOWOOD, MS 39232	64-0303099	501 (C)(3)	10,000		ACCRUAL		PROGRAM SUPPORT
(369) MOULTRIE YMCA 601 26TH AVE SE, MOULTRIE, GA 31768-6758	58-0593424	501 (C)(3)	10,000		ACCRUAL		PROGRAM SUPPORT

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(370) NEW CASTLE COMMUNITY YMCA 20 W WASHINGTON ST, NEW CASTLE, PA 16101-3991	25-0969496	501 (C)(3)	10,000		ACCRUAL		PROGRAM SUPPORT
(371) NEW JERSEY STATE ALLIANCE OF YMCAS 425 GREENWOOD AVE, TRENTON, NJ 08609	22-1487392	501 (C)(3)	10,000		ACCRUAL		PROGRAM SUPPORT
(372) PICKENS COUNTY YMCA 101 BURNS RD, EASLEY, SC 29640-3713	57-0405623	501 (C)(3)	10,000		ACCRUAL		PROGRAM SUPPORT
(373) THE GREATER MARCO FAMILY YMCA, INC. 101 SAND HILL STREET, P.O. BOX 2529, MARCO ISLAND, FL 34145	59-2498619	501 (C)(3)	10,000		ACCRUAL		PROGRAM SUPPORT
(374) TITUSVILLE YMCA 505 W. WALNUT ST., TITUSVILLE, PA 16354-1654	25-0969498	501 (C)(3)	10,000		ACCRUAL		PROGRAM SUPPORT
(375) TRI-TOWN YMCA 1464 S MAIN ST, ENTRANCE #7, LOMBARD, IL 60148-4554	36-2643097	501 (C)(3)	10,000		ACCRUAL		PROGRAM SUPPORT
(376) WEST SIDE FAMILY CENTER 400 WINSTON RD, KNOXVILLE, TN 37909-2139	62-0475700	501 (C)(3)	10,000		ACCRUAL		PROGRAM SUPPORT
(377) YMCA OF GRANT COUNTY 123 SUTTER WAY, MARION, IN 46952-3796	35-0886981	501 (C)(3)	10,000		ACCRUAL		PROGRAM SUPPORT
(378) YMCA OF GRANTS PASS OREGON 1000 REDWOOD AVE, PO BOX 5439, GRANTS PASS, OR 97527-0439	93-0848122	501 (C)(3)	10,000		ACCRUAL		PROGRAM SUPPORT
(379) YMCA OF SOUTHWESTERN INDIANA 222 NW 6TH STREET, EVANSVILLE, IN 47708-1308	35-0869074	501 (C)(3)	10,000		ACCRUAL		PROGRAM SUPPORT
(380) SCOTT COUNTY FAMILY YMCA 805 W COMMUNITY WAY, SCOTTSBURG, IN 47170	35-1876673	501 (C)(3)	9,870		ACCRUAL		PROGRAM SUPPORT
(381) STAUNTON-AUGUSTA YMCA 708 N. COALTER ST., STAUNTON, VA 24401	54-0506438	501 (C)(3)	9,557		ACCRUAL		PROGRAM SUPPORT
(382) RACINE FAMILY YMCA 725 LAKE AVE, RACINE, WI 53403-1254	39-0807254	501 (C)(3)	9,500		ACCRUAL		PROGRAM SUPPORT
(383) YMCA OF GREATER BERGEN COUNTY 360 MAIN ST, HACKENSACK, NJ 07601-5877	22-1739117	501 (C)(3)	9,410		ACCRUAL		PROGRAM SUPPORT
(384) NORTHWESTERN CONNECTICUT YMCA 259 PROSPECT STREET, TORRINGTON, CT 06790-5315	22-2878484	501 (C)(3)	9,173		ACCRUAL		PROGRAM SUPPORT
(385) CARBONDALE YMCA 82 N MAIN ST, CARBONDALE, PA 18407-1914	24-0795515	501 (C)(3)	9,150		ACCRUAL		PROGRAM SUPPORT
(386) MANATEE COUNTY FAMILY YMCA 1023 MANATEE AVENUE W, 6TH FLOOR, BRADENTON, FL 34205	59-1626905	501 (C)(3)	9,102		ACCRUAL		PROGRAM SUPPORT
(387) AUBURN YMCA-WEIU 27 WILLIAM ST, AUBURN, NY 13021-3707	16-0978301	501 (C)(3)	9,000		ACCRUAL		PROGRAM SUPPORT

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(388) CAMP THUNDERBIRD BRANCH YMCA 1 THUNDERBIRD LN, LAKE WYLIE, SC 29710-8811	56-1045299	501 (C)(3)	9,000		ACCRUAL		PROGRAM SUPPORT
(389) YMCA OF HASTINGS NEBRASKA 1430 W 16TH ST., HASTINGS, NE 68901	47-0376607	501 (C)(3)	9,000		ACCRUAL		PROGRAM SUPPORT
(390) CENTRAL BUCKS FAMILY YMCA 2500 LOWER STATE RD, DOYLESTOWN, PA 18901-2634	23-1903158	501 (C)(3)	8,856		ACCRUAL		PROGRAM SUPPORT
(391) SOUTHEAST VENTURA COUNTY YMCA 100 E. THOUSAND OAKS BLVD., SUITE 187, THOUSAND OAKS, CA 91360	95-2305501	501 (C)(3)	8,602		ACCRUAL		PROGRAM SUPPORT
(392) YMCA OF WOOSTER OHIO 680 WOODLAND AVE, WOOSTER, OH 44691-2799	34-0766172	501 (C)(3)	8,402		ACCRUAL		PROGRAM SUPPORT
(393) CHRISTIAN COUNTY YMCA 900 MCADAM DR, TAYLORVILLE, IL 62568- 9635	37-1071231	501 (C)(3)	8,400		ACCRUAL		PROGRAM SUPPORT
(394) YMCA OF NORTHWESTERN DUPAGE COUNTY 49 DEICKE DR, GLEN ELLYN, IL 60137-5665	36-2470895	501 (C)(3)	8,400		ACCRUAL		PROGRAM SUPPORT
(395) YMCA OF MADISON NJ INC. 111 KINGS ROAD, MADISON, NJ 07940	22-1487385	501 (C)(3)	8,356		ACCRUAL		PROGRAM SUPPORT
(396) TWO RIVERS YMCA 2040 - 53RD ST, MOLINE, IL 61265-3698	36-2169199	501 (C)(3)	8,205		ACCRUAL		PROGRAM SUPPORT
(397) YMCA OF MONTCLAIR 25 PARK STREET, MONTCLAIR, NJ 07042- 3499	22-1487617	501 (C)(3)	8,105		ACCRUAL		PROGRAM SUPPORT
(398) CHEYENNE FAMILY YMCA 1426 E LINCOLNWAY, CHEYENNE, WY 82001-4800	83-0179528	501 (C)(3)	8,093		ACCRUAL		PROGRAM SUPPORT
(399) GOLDSBORO FAMILY YMCA 1105 PARKWAY DRIVE, PO BOX 10355, GOLDSBORO, NC 27532-0355	56-1285595	501 (C)(3)	8,093		ACCRUAL		PROGRAM SUPPORT
(400) YMCA OF GREATER WHITTIER 12510 HADLEY ST., 2ND FL, WHITTIER, CA 90601-3942	95-1684795	501 (C)(3)	8,037		ACCRUAL		PROGRAM SUPPORT
(401) CAMP OCKANICKON YMCA 1303 STOKES RD, MEDFORD, NJ 08055- 8632	21-0635054	501 (C)(3)	8,000		ACCRUAL		PROGRAM SUPPORT
(402) CLEVELAND COUNTY FAMILY YMCA 411 CHERRYVILLE RD, PO BOX 2272, SHELBY, NC 28151-2272	58-2016066	501 (C)(3)	8,000		ACCRUAL		PROGRAM SUPPORT
(403) J.A. HENRY BRANCH YMCA 301 W. 6TH ST, CHATTANOOGA, TN 37402- 5347	62-0475699	501 (C)(3)	8,000		ACCRUAL		PROGRAM SUPPORT
(404) YMCA OF SUMTER 510 MILLER ROAD, SUMTER, SC 29150-4168	57-0314417	501 (C)(3)	8,000		ACCRUAL		PROGRAM SUPPORT
(405) YMCA OF MIDLAND TEXAS PO BOX 954, MIDLAND, TX 79702-0954	75-0871732	501 (C)(3)	7,874		ACCRUAL		PROGRAM SUPPORT
(406) WHATCOM FAMILY YMCA 1256 N STATE ST, BELLINGHAM, WA 98225	91-0482690	501 (C)(3)	7,757		ACCRUAL		PROGRAM SUPPORT



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(407) INTERNATIONAL BRANCH YMCA 5 WEST 63RD STREET, SECOND FLOOR, NEW YORK, NY 10023	13-1624228	501 (C)(3)	7,680		ACCRUAL		PROGRAM SUPPORT
(408) GREATER JOLIET AREA YMCA 749 HOUBOLT RD, JOLIET, IL 60431-9319	36-2169197	501 (C)(3)	7,469		ACCRUAL		PROGRAM SUPPORT
(409) GREATER WATERBURY YMCA 136 W MAIN STREET, WATERBURY, CT 06702-2005	06-0646988	501 (C)(3)	7,416		ACCRUAL		PROGRAM SUPPORT
(410) PARIS-BOURBON COUNTY YMCA 917 MAIN STREET, PARIS, KY 40361-0290	61-0676727	501 (C)(3)	7,356		ACCRUAL		PROGRAM SUPPORT
(411) DR. PHILLIPS YMCA FAMILY CENTER 7000 DR PHILLIPS BLVD, ORLANDO, FL 32819-5102	59-0624430	501 (C)(3)	7,250		ACCRUAL		PROGRAM SUPPORT
(412) WEST SUBURBAN YMCA 276 CHURCH ST, NEWTON, MA 02458-1992	04-2104783	501 (C)(3)	7,150		ACCRUAL		PROGRAM SUPPORT
(413) YMCA OF METUCHEN 483 MIDDLESEX AVE., METUCHEN, NJ 08840-2399	22-1487616	501 (C)(3)	7,058		ACCRUAL		PROGRAM SUPPORT
(414) JERRY LONG FAMILY YMCA 1150 SOUTH PEACE HAVEN RD, CLEMMONS, NC 27012-8909	56-0530015	501 (C)(3)	7,018		ACCRUAL		PROGRAM SUPPORT
(415) YMCA OF ROWAN COUNTY PO BOX 1575, 215 GUFFY ST., SALISBURY, NC 28145-1575	56-0606313	501 (C)(3)	7,000		ACCRUAL		PROGRAM SUPPORT
(416) YMCA OF THE FOX CITIES INC 218 E LAWRENCE ST, APPLETON, WI 54911-5724	39-0806191	501 (C)(3)	6,804		ACCRUAL		PROGRAM SUPPORT
(417) DECATUR FAMILY YMCA 220 W MCKINLEY AVE, DECATUR, IL 62526- 5858	37-0661258	501 (C)(3)	6,800		ACCRUAL		PROGRAM SUPPORT
(418) YMCA OF LAFAYETTE INDIANA 1950 S 18TH ST, LAFAYETTE, IN 47905-2099	35-0868213	501 (C)(3)	6,718		ACCRUAL		PROGRAM SUPPORT
(419) YMCA OF YAKIMA 5 N NACHES AVE, YAKIMA, WA 98901-2796	91-0568717	501 (C)(3)	6,699		ACCRUAL		PROGRAM SUPPORT
(420) TAUNTON DIVISION 71 COHANNET ST, TAUNTON, MA 02780- 3905	04-2125014	501 (C)(3)	6,656		ACCRUAL		PROGRAM SUPPORT
(421) BOOTHBAY REGION YMCA PO BOX 500, 261 TOWNSEND AVENUE, BOOTHBAY HARBOR, ME 04538-0500	01-0237912	501 (C)(3)	6,575		ACCRUAL		PROGRAM SUPPORT
(422) FOND DU LAC FAMILY YMCA 90 W 2ND ST, FOND DU LAC, WI 54935-4199	39-0806436	501 (C)(3)	6,575		ACCRUAL		PROGRAM SUPPORT
(423) CRANSTON BRANCH YMCA 1225 PARK AVE, CRANSTON, RI 02910-3017	05-0258878	501 (C)(3)	6,382		ACCRUAL		PROGRAM SUPPORT
(424) SOUTHWEST VALLEY REGIONAL YMCA 2919 N LITCHFIELD RD, GOODYEAR, AZ 85395	86-0096799	501 (C)(3)	6,375		ACCRUAL		PROGRAM SUPPORT
(425) SUNBURY BRANCH YMCA 1150 N FOURTH ST, SUNBURY, PA 17801	24-0795634	501 (C)(3)	6,350		ACCRUAL		PROGRAM SUPPORT



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(426) YMCA OF SOUTHWEST KANSAS, INC. 1224 CENTER ST, GARDEN CITY, KS 67846-4653	48-0693241	501 (C)(3)	6,280		ACCRUAL		PROGRAM SUPPORT
(427) MARSHALL AREA YMCA 200 SOUTH A ST, MARSHALL, MN 56258-1700	41-1984589	501 (C)(3)	6,250		ACCRUAL		PROGRAM SUPPORT
(428) PENINSULA METROPOLITAN YMCA 41 OLD OYSTER POINT RD. SUITE C, NEWPORT NEWS, VA 23602	54-0524905	501 (C)(3)	6,008		ACCRUAL		PROGRAM SUPPORT
(429) AHWATUKEE FOOTHILLS YMCA 1030 E LIBERTY LANE, PHOENIX, AZ 85048-8461	86-0096799	501 (C)(3)	6,000		ACCRUAL		PROGRAM SUPPORT
(430) ALLEGHANY HIGHLANDS YMCA 101 YMCA WAY, COVINGTON, VA 24426	54-1637131	501 (C)(3)	6,000		ACCRUAL		PROGRAM SUPPORT
(431) ANDERSON AREA YMCA 201 E. REED RD, ANDERSON, SC 29621	57-0314465	501 (C)(3)	6,000		ACCRUAL		PROGRAM SUPPORT
(432) ARTHUR CULLEN LEWIS BRANCH YMCA 350 S FOSTER DR, BATON ROUGE, LA 70806-4105	72-0408994	501 (C)(3)	6,000		ACCRUAL		PROGRAM SUPPORT
(433) ARTHUR JORDAN BRANCH YMCA 8400 WESTFIELD BLVD, INDIANAPOLIS, IN 46240-2368	35-0868211	501 (C)(3)	6,000		ACCRUAL		PROGRAM SUPPORT
(434) BEAR GLASGOW BRANCH YMCA 351 GEORGE WILLIAMS WAY, NEWARK, DE 19702	51-0065748	501 (C)(3)	6,000		ACCRUAL		PROGRAM SUPPORT
(435) BLUE SPRINGS FAMILY YMCA 1300 ADAMS DAIRY PARKWAY, BLUE SPRINGS, MO 64014-3451	44-0546002	501 (C)(3)	6,000		ACCRUAL		PROGRAM SUPPORT
(436) BRENDA & JOHN DUNCAN YMCA 10655 CLAY RD, HOUSTON, TX 77041	74-1109737	501 (C)(3)	6,000		ACCRUAL		PROGRAM SUPPORT
(437) CAMP CHANDLER BRANCH YMCA PO BOX 2336, MONTGOMERY, AL 36102-2336	63-0288885	501 (C)(3)	6,000		ACCRUAL		PROGRAM SUPPORT
(438) CAMP KEKOKA YMCA PO BOX 580, 1083 BOYS CAMP RD, KILMARNOCK, VA 22482	54-0524905	501 (C)(3)	6,000		ACCRUAL		PROGRAM SUPPORT
(439) CAMP MACLEAN YMCA 31401 DURAND AVENUE, BURLINGTON, WI 53105-9401	36-2179782	501 (C)(3)	6,000		ACCRUAL		PROGRAM SUPPORT
(440) CAMP MANITO-WISH YMCA INC. PO BOX 246, BOULDER JUNCTION, WI 54512-0246	39-1136315	501 (C)(3)	6,000		ACCRUAL		PROGRAM SUPPORT
(441) CAMP MOHAWK YMCA INC. 246 GREAT HILL RD, PO BOX 1209, LITCHFIELD, CT 06759-1209	06-0646565	501 (C)(3)	6,000		ACCRUAL		PROGRAM SUPPORT
(442) CAMP U-NAH-LI-YA YMCA CENTER 12101 Y CAMP RD, SURING, WI 54174-9331	39-0813466	501 (C)(3)	6,000		ACCRUAL		PROGRAM SUPPORT
(443) CAMP W HERMAN WEAVER YMCA 4924 TAPAWINGO TRL, GREENSBORO, NC 27406-9072	56-0543243	501 (C)(3)	6,000		ACCRUAL		PROGRAM SUPPORT

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(444) CAMP WAKONDA 22237 LAWRENCE 2080, ASH GROVE, MO 65604-7147	44-0545283	501 (C)(3)	6,000		ACCRUAL		PROGRAM SUPPORT
(445) CAMP WINONA BRANCH YMCA 898 CAMP WINONA RD, DELEON SPRINGS, FL 32130-3923	59-3284968	501 (C)(3)	6,000		ACCRUAL		PROGRAM SUPPORT
(446) CATONSVILLE FAMILY CENTER YMCA 850 S ROLLINGS RD, CATONSVILLE, MD 21228	52-0591699	501 (C)(3)	6,000		ACCRUAL		PROGRAM SUPPORT
(447) CHILDRESS KLEIN YMCA 301 S. COLLEGE STREET, ONE WELLS FARGO CENTER, SUITE 200, CHARLOTTE, NC 28202-6000	56-1045299	501 (C)(3)	6,000		ACCRUAL		PROGRAM SUPPORT
(448) D. BRADLEY MCWILLIAMS YMCA AT CYPRESS CREEK 19915 STATE HWY 249, HOUSTON, TX 77070-3105	74-1109737	501 (C)(3)	6,000		ACCRUAL		PROGRAM SUPPORT
(449) DAVENPORT FAMILY YMCA 606 W 2ND ST, DAVENPORT, IA 52801-1095	42-0703278	501 (C)(3)	6,000		ACCRUAL		PROGRAM SUPPORT
(450) DAVIE FAMILY YMCA 215 CEMETERY ST, MOCKSVILLE, NC 27028-2103	56-0530015	501 (C)(3)	6,000		ACCRUAL		PROGRAM SUPPORT
(451) DAVIS FAMILY YMCA AT JEFFERSON PARK 12133 S NORTHSORE DR, KNOXVILLE, TN 37922	62-0475700	501 (C)(3)	6,000		ACCRUAL		PROGRAM SUPPORT
(452) DES MOINES YMCA CAMP 1192 166TH DR, BOONE, IA 50036-7222	42-0680438	501 (C)(3)	6,000		ACCRUAL		PROGRAM SUPPORT
(453) DESERT FOOTHILLS FAMILY YMCA 34250 N. 60TH ST, BLDG C, SCOTTSDALE, AZ 85266	86-0096799	501 (C)(3)	6,000		ACCRUAL		PROGRAM SUPPORT
(454) DOWNRIVER FAMILY YMCA 16777 NORTHLINE RD, SOUTHGATE, MI 48195-2789	38-1358055	501 (C)(3)	6,000		ACCRUAL		PROGRAM SUPPORT
(455) DOWNTOWN BRANCH YMCA 31 W 10TH ST, ERIE, PA 16501-1488	25-0965621	501 (C)(3)	6,000		ACCRUAL		PROGRAM SUPPORT
(456) DOWNTOWN BRANCH YMCA 161 W WISCONSIN AVE STE 4000, MILWAUKEE, WI 53203-2607	39-0806314	501 (C)(3)	6,000		ACCRUAL		PROGRAM SUPPORT
(457) DOWNTOWN YMCA 1315 CHURCH ST, LYNCHBURG, VA 24504	54-0505924	501 (C)(3)	6,000		ACCRUAL		PROGRAM SUPPORT
(458) DRUID HILL FAMILY CENTER YMCA 1609 DRUID HILL AVE, BALTIMORE, MD 21217	52-0591699	501 (C)(3)	6,000		ACCRUAL		PROGRAM SUPPORT
(459) EAST COMMUNITIES BRANCH YMCA 5315 ED BLUESTEIN BLVD, AUSTIN, TX 78723-5609	74-1193464	501 (C)(3)	6,000		ACCRUAL		PROGRAM SUPPORT
(460) EASTERN LYCOMING BRANCH YMCA 50 FITNESS DRIVE, MUNCY, PA 17756	24-0795698	501 (C)(3)	6,000		ACCRUAL		PROGRAM SUPPORT
(461) ENGLEWOOD FAMILY YMCA 701 MEDICAL BOULEVARD, ENGLEWOOD, FL 34223	59-1629660	501 (C)(3)	6,000		ACCRUAL		PROGRAM SUPPORT

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(462) EXXONMOBIL YMCA 7717 HOWELL BLVD, BATON ROUGE, LA 70807	72-0408994	501 (C)(3)	6,000		ACCRUAL		PROGRAM SUPPORT
(463) FAIRFIELD FAMILY BRANCH YMCA 4949 ATLANTIC AVE, LONG BEACH, CA 90805-6505	95-1643396	501 (C)(3)	6,000		ACCRUAL		PROGRAM SUPPORT
(464) FAIRVIEW LAKE YMCA CAMPS & CONFERENCE CENTER 1035 FAIRVIEW LAKE RD, NEWTON, NJ 07860-4008	22-1487387	501 (C)(3)	6,000		ACCRUAL		PROGRAM SUPPORT
(465) FEITH FAMILY OZAUKEE BRANCH YMCA 465 NORTHWOODS RD, PORT WASHINGTON, WI 53074-2617	39-0806314	501 (C)(3)	6,000		ACCRUAL		PROGRAM SUPPORT
(466) FRANK DELUCA YMCA FAMILY CENTER 3200 SE 17TH ST, OCALA, FL 34471-5509	59-0624430	501 (C)(3)	6,000		ACCRUAL		PROGRAM SUPPORT
(467) GLENDALE/PEORIA YMCA 14711 N 59TH AVE, GLENDALE, AZ 85306-3800	86-0096799	501 (C)(3)	6,000		ACCRUAL		PROGRAM SUPPORT
(468) GREATER LOCKPORT FAMILY YMCA CAMP KENAN, 19 EAST AVENUE, LOCKPORT, NY 14094-3795	16-0743239	501 (C)(3)	6,000		ACCRUAL		PROGRAM SUPPORT
(469) HAYS COMMUNITIES FAMILY BRANCH YMCA 465 BUDA SPORTSPLEX DR, BUDA, TX 78610	74-1193464	501 (C)(3)	6,000		ACCRUAL		PROGRAM SUPPORT
(470) HENDERSONVILLE FAMILY YMCA 810 6TH AVE W, HENDERSONVILLE, NC 28739-4138	56-0530013	501 (C)(3)	6,000		ACCRUAL		PROGRAM SUPPORT
(471) HIGH POINT FAMILY BRANCH YMCA 5345 LAUREL PL, CLEARWATER, FL 33760-2426	59-0810731	501 (C)(3)	6,000		ACCRUAL		PROGRAM SUPPORT
(472) JAMES J. HARRIS FAMILY BRANCH YMCA 5900 QUAIL HOLLOW RD, CHARLOTTE, NC 28210-5005	56-1045299	501 (C)(3)	6,000		ACCRUAL		PROGRAM SUPPORT
(473) JOHN M. ALEXANDER FAMILY YMCA 1603 HILLSBOROUGH STREET, RALEIGH, NC 27605-1638	56-0591307	501 (C)(3)	6,000		ACCRUAL		PROGRAM SUPPORT
(474) KENNETT AREA YMCA 101 RACE ST, KENNETT SQUARE, PA 19348-3165	23-1365994	501 (C)(3)	6,000		ACCRUAL		PROGRAM SUPPORT
(475) LAKEWOOD RANCH BRANCH YMCA 5100 LAKEWOOD RANCH BLVD, BRADENTON, FL 34211-2104	59-1626905	501 (C)(3)	6,000		ACCRUAL		PROGRAM SUPPORT
(476) LEXINGTON FAMILY YMCA 401 YMCA ROAD, LEXINGTON, SC 29073-7603	57-0314423	501 (C)(3)	6,000		ACCRUAL		PROGRAM SUPPORT
(477) LINCOLN FAMILY YMCA 350 N 1ST AVE, PHOENIX, AZ 85003-1513	86-0096799	501 (C)(3)	6,000		ACCRUAL		PROGRAM SUPPORT

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(478) LOS ALTOS FAMILY BRANCH YMCA 1720 N BELLFLOWER BLVD, LONG BEACH, CA 90815-4011	95-1643396	501 (C)(3)	6,000		ACCRUAL		PROGRAM SUPPORT
(479) LOS CERRITOS BRANCH YMCA 15530 WOODRUFF AVE, BELLFLOWER, CA 90706-4096	95-1643396	501 (C)(3)	6,000		ACCRUAL		PROGRAM SUPPORT
(480) MARY FREE BED BRANCH YMCA 5500 BURTON STREET, SE, GRAND RAPIDS, MI 49546	38-1358058	501 (C)(3)	6,000		ACCRUAL		PROGRAM SUPPORT
(481) MARYVALE FAMILY YMCA 3825 N 67TH AVE, PHOENIX, AZ 85033	86-0096799	501 (C)(3)	6,000		ACCRUAL		PROGRAM SUPPORT
(482) MONROE/SKY VALLEY FAMILY BRANCH 14033 FRYELANDS BOULEVARD, MONROE, WA 98272	91-0565561	501 (C)(3)	6,000		ACCRUAL		PROGRAM SUPPORT
(483) MUKILTEO FAMILY BRANCH YMCA 10601 47TH PL W, MUKILTEO, WA 98275-4709	91-0565561	501 (C)(3)	6,000		ACCRUAL		PROGRAM SUPPORT
(484) NORTH FAMILY BRANCH YMCA 624 W 53RD ST, DAVENPORT, IA 52806-2239	42-0703278	501 (C)(3)	6,000		ACCRUAL		PROGRAM SUPPORT
(485) OSAGE PRAIRIE YMCA INC. 500 W HIGHLAND AVE, NEVADA, MO 64772	43-1706486	501 (C)(3)	6,000		ACCRUAL		PROGRAM SUPPORT
(486) OSCEOLA COUNTY YMCA FAMILY CENTER 2117 MABBETTE ST, KISSIMMEE, FL 34741-5969	59-0624430	501 (C)(3)	6,000		ACCRUAL		PROGRAM SUPPORT
(487) PARKLAWN BRANCH YMCA 4340 N 46TH ST, MILWAUKEE, WI 53216-1476	39-0806314	501 (C)(3)	6,000		ACCRUAL		PROGRAM SUPPORT
(488) RC DURR FAMILY YMCA 5874 VETERANS WY, BURLINGTON, KY 41005	31-0537178	501 (C)(3)	6,000		ACCRUAL		PROGRAM SUPPORT
(489) REUTER FAMILY BRANCH YMCA 3 TOWN SQUARE BOULEVARD, ASHEVILLE, NC 28803	56-0530013	501 (C)(3)	6,000		ACCRUAL		PROGRAM SUPPORT
(490) SALEM FAMILY YMCA 1126 KIME LN, SALEM, VA 24153-5301	54-0515736	501 (C)(3)	6,000		ACCRUAL		PROGRAM SUPPORT
(491) SNOW MOUNTAIN RANCH YMCA PO BOX 169, WINTER PARK, CO 80482-0169	84-0404913	501 (C)(3)	6,000		ACCRUAL		PROGRAM SUPPORT
(492) SOUTH MOUNTAIN YMCA CAMPS 201 CUSHION PEAK RD, REINHOLDS, PA 17569	23-2239399	501 (C)(3)	6,000		ACCRUAL		PROGRAM SUPPORT
(493) SOUTH ORLANDO YMCA FAMILY CENTER 814 W OAK RIDGE RD, ORLANDO, FL 32809-4805	59-0624430	501 (C)(3)	6,000		ACCRUAL		PROGRAM SUPPORT
(494) SOUTHWEST FAMILY BRANCH YMCA 6219 OAKCLAIRE DR, HWY 290 W, AUSTIN, TX 78735-8600	74-1193464	501 (C)(3)	6,000		ACCRUAL		PROGRAM SUPPORT

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(495) SPRINGFIELD FAMILY YMCA-G. PEARSON WARD BRANCH 417 S JEFFERSON, SPRINGFIELD, MO 65807	44-0545283	501 (C)(3)	6,000		ACCRUAL		PROGRAM SUPPORT
(496) SPRINGFIELD FAMILY Y-PAT JONES BRANCH 1901 E REPUBLIC RD, SPRINGFIELD, MO 65804-6523	44-0545283	501 (C)(3)	6,000		ACCRUAL		PROGRAM SUPPORT
(497) STATESVILLE FAMILY YMCA 828 WESLEY DR, STATESVILLE, NC 28677-3355	56-0530015	501 (C)(3)	6,000		ACCRUAL		PROGRAM SUPPORT
(498) STUART M. KETCHUM-DOWNTOWN YMCA 401 S HOPE ST, LOS ANGELES, CA 90071-1900	95-1644052	501 (C)(3)	6,000		ACCRUAL		PROGRAM SUPPORT
(499) SUSSEX FAMILY BRANCH YMCA 20080 CHURCH ST, REHOBOTH BEACH, DE 19971-1111	51-0065748	501 (C)(3)	6,000		ACCRUAL		PROGRAM SUPPORT
(500) TELLEPSEN FAMILY DOWNTOWN YMCA 808 PEASE, HOUSTON, TX 77002	74-1109737	501 (C)(3)	6,000		ACCRUAL		PROGRAM SUPPORT
(501) THE DENNY PRICE FAMILY YMCA OF ENID, OKLAHOMA 415 W CHEROKEE AVE, ENID, OK 73701-5502	73-0599309	501 (C)(3)	6,000		ACCRUAL		PROGRAM SUPPORT
(502) TRI-COUNTY YMCA N84W17501 MENOMONEE AVE, MENOMONEE FALLS, WI 53051	39-0806314	501 (C)(3)	6,000		ACCRUAL		PROGRAM SUPPORT
(503) WEINGART-LAKEWOOD FAMILY BRANCH YMCA 5835 CARSON ST, LAKEWOOD, CA 90713-3056	95-1643396	501 (C)(3)	6,000		ACCRUAL		PROGRAM SUPPORT
(504) WILLIAM & MARIE CARLS FAMILY YMCA 300 FAMILY DR, MILFORD, MI 48381-0145	38-1358055	501 (C)(3)	6,000		ACCRUAL		PROGRAM SUPPORT
(505) WOLVERINE WORLD WIDE FAMILY YMCA 6555 JUPITER AVE, BELMONT, MI 49306	38-1358058	501 (C)(3)	6,000		ACCRUAL		PROGRAM SUPPORT
(506) Y AQUATIC CENTER AT DUNDALK 120 TRADING PLACE, DUNDALK, MD 21222	52-0591699	501 (C)(3)	6,000		ACCRUAL		PROGRAM SUPPORT
(507) Y AQUATIC CENTER AT RANDALLSTOWN 3505 RESOURCE DRIVE, RANDALLSTOWN, MD 21133	52-0591699	501 (C)(3)	6,000		ACCRUAL		PROGRAM SUPPORT
(508) YMCA CAMP COLLINS 3001 SE OXBOW PKWY, GRESHAM, OR 97080-8916	93-0386981	501 (C)(3)	6,000		ACCRUAL		PROGRAM SUPPORT
(509) YMCA CAMP FULLER 619 CAMP FULLER RD, WAKEFIELD, RI 02879-4517	05-0258878	501 (C)(3)	6,000		ACCRUAL		PROGRAM SUPPORT
(510) YMCA CAMP GRADY SPRUCE 146 TOWN CTR BLVD, COPPELL, TX 75019	75-0800696	501 (C)(3)	6,000		ACCRUAL		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
(511) YMCA CAMP HIGH HARBOUR AT LAKE BURTON 200 MAIN ST STE 108, GAINESVILLE, GA 30501	58-0566253	501 (C)(3)	6,000		ACCRUAL		PROGRAM SUPPORT
(512) YMCA CAMP KANATA 13524 CAMP KANATA ROAD, WAKE FOREST, NC 27587-8078	56-0591307	501 (C)(3)	6,000		ACCRUAL		PROGRAM SUPPORT
(513) YMCA CAMP WEONA 4025 POPLAR TREE ROAD, GAINESVILLE, NY 14066	16-0743231	501 (C)(3)	6,000		ACCRUAL		PROGRAM SUPPORT
(514) YMCA CAMP WILLSON 2732 COUNTY RD 11, BELLEFONTAINE, OH 43311-9306	31-4379594	501 (C)(3)	6,000		ACCRUAL		PROGRAM SUPPORT
(515) YMCA HEALTHY LIVING CENTER AT NORTH RIVER 4138 HIXSON PIKE, CHATTANOOGA, TN 37415-3112	62-0475699	501 (C)(3)	6,000		ACCRUAL		PROGRAM SUPPORT
(516) YMCA OF BARRY COUNTY PO BOX 252, 2055 IROQUOIS TRAIL, HASTINGS, MI 49058-0252	38-1358059	501 (C)(3)	6,000		ACCRUAL		PROGRAM SUPPORT
(517) YMCA OF NORTH AUSTIN COMMUNITY REC CENTER 1000 W RUNDBERG LN., AUSTIN, TX 78758	74-1193464	501 (C)(3)	6,000		ACCRUAL		PROGRAM SUPPORT
(518) YMCA OF THE FOOTHILLS 1930 FOOTHILL BLVD, LA CANADA FLINTRIDGE, CA 91011-1933	95-1976183	501 (C)(3)	6,000		ACCRUAL		PROGRAM SUPPORT
(519) YMCA OF THE OZARKS 13528 STATE HWY AA, POTOSI, MO 63664-9802	43-0653616	501 (C)(3)	6,000		ACCRUAL		PROGRAM SUPPORT
(520) YMCA VILLAGE OF ALLAPATTAH FAMILY BRANCH 2370 NW 17 AVENUE, MIAMI, FL 33142	59-0624464	501 (C)(3)	6,000		ACCRUAL		PROGRAM SUPPORT
(521) YMCA OF GREENVILLE 723 CLEVELAND ST, GREENVILLE, SC 29601-2945	57-0314424	501 (C)(3)	5,857		ACCRUAL		PROGRAM SUPPORT
(522) YMCA OF GREATER WAUKESHA COUNTY 320 E BROADWAY, WAUKESHA, WI 53186-5060	39-0847658	501 (C)(3)	5,780		ACCRUAL		PROGRAM SUPPORT
(523) MERIDEN-NEW BRITAIN-BERLIN YMCA 110 W MAIN ST, MERIDEN, CT 06451-4142	06-0646977	501 (C)(3)	5,676		ACCRUAL		PROGRAM SUPPORT
(524) ASSOCIATION OF YMCA RETIREES PO BOX 120989, STATEN ISLAND, NY 10312-0989	91-1704431	501 (C)(3)	5,670		ACCRUAL		PROGRAM SUPPORT
(525) CENTRAL CONNECTICUT COAST YMCA 1240 CHAPEL ST, NEW HAVEN, CT 06511-4506	06-0662195	501 (C)(3)	5,644		ACCRUAL		PROGRAM SUPPORT
(526) FAMILY YMCA OF MARION AND POLK COUNTIES 685 COURT ST NE, SALEM, OR 97301-3844	93-0386982	501 (C)(3)	5,579		ACCRUAL		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
(527) YMCA OF KINGSTON AND ULSTER COUNTY 507 BROADWAY, KINGSTON, NY 12401-3919	14-1338342	501 (C)(3)	5,569		ACCRUAL		PROGRAM SUPPORT
(528) BARBARA B. JORDAN YMCA INC. 2039 E MORGAN ST, MARTINSVILLE, IN 46151-1372	35-2019312	501 (C)(3)	5,500		ACCRUAL		PROGRAM SUPPORT
(529) TUSCALOOSA METROPOLITAN YMCA 2300 13TH STREET, TUSCALOOSA, AL 35401-2224	63-0302189	501 (C)(3)	5,500		ACCRUAL		PROGRAM SUPPORT
(530) VISSER FAMILY YMCA 3540 FAIRLANES AVE SW, GRANDVILLE, MI 49418-1242	38-1358058	501 (C)(3)	5,500		ACCRUAL		PROGRAM SUPPORT
(531) WASHINGTON COUNTY FAMILY YMCA 1709 N SHELBY STREET, SALEM, IN 47167	35-2097432	501 (C)(3)	5,500		ACCRUAL		PROGRAM SUPPORT
(532) YMCA OF MARSHALLTOWN IOWA 108 WASHINGTON ST, MARSHALLTOWN, IA 50158-2833	42-1478611	501 (C)(3)	5,500		ACCRUAL		PROGRAM SUPPORT
(533) YMCA OF THE EAST BAY ASSOCIATION OFFICE, 2330 BROADWAY, OAKLAND, CA 94612	94-1156635	501 (C)(3)	5,447		ACCRUAL		PROGRAM SUPPORT
(534) GREENFIELD YMCA 451 MAIN ST, GREENFIELD, MA 01301-3304	04-2149363	501 (C)(3)	5,445		ACCRUAL		PROGRAM SUPPORT
(535) YMCA OF GLENDALE 140 N LOUISE ST, GLENDALE, CA 91206-4226	95-1661118	501 (C)(3)	5,413		ACCRUAL		PROGRAM SUPPORT
(536) YMCA OF THE TREASURE COAST 1700 SE MONTEREY RD, STUART, FL 34996-4109	59-1911653	501 (C)(3)	5,281		ACCRUAL		PROGRAM SUPPORT
(537) CONCORD FAMILY YMCA 15 N. STATE STREET, 44 WARREN STREET, CONCORD, NH 03301-4040	02-0223358	501 (C)(3)	5,252		ACCRUAL		PROGRAM SUPPORT
(538) BUTLER INTERCOLLEGIATE BRANCH YMCA 615 N ALABAMA ST, SUITE 200, INDIANAPOLIS, IN 46204	35-0868211	501 (C)(3)	5,220		ACCRUAL		PROGRAM SUPPORT



## Part IV

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

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

**SCHEDULE J**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

NATIONAL COUNCIL OF YMCAS OF THE USA

**Compensation Information**

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

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017**

**Open to Public Inspection**

Employer identification number

36-3258696

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> First-class or charter travel  | <input type="checkbox"/> Housing allowance or residence for personal use    |
| <input checked="" type="checkbox"/> Travel for companions          | <input type="checkbox"/> Payments for business use of personal residence    |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees      |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.

	Yes	No
1a		
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	✓	
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**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee   | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- |  |    |   |
|--|----|---|
| <b>a</b> Receive a severance payment or change-of-control payment?                             | 4a | ✓ |
| <b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4b | ✓ |
| <b>c</b> 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:

- |                                    |    |   |
|------------------------------------|----|---|
| <b>a</b> The organization?         | 5a | ✓ |
| <b>b</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:

- |                                    |    |   |
|------------------------------------|----|---|
| <b>a</b> The organization?         | 6a | ✓ |
| <b>b</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		✓
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**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

9		
---	--	--

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
<b>1</b> KEVIN WASHINGTON PRESIDENT AND CEO	(i)	773,994	0	3,300	31,200	20,761	829,255	0
	(ii)	0	0	0	0	0	0	0
<b>2</b> NANCY L OWENS SR. VP & CHIEF FINANCIAL OFFICER	(i)	294,910	0	0	31,200	14,779	340,889	0
	(ii)	0	0	0	0	0	0	0
<b>3</b> ANGELA F WILLIAMS EXECUTIVE VICE PRESIDENT, GENERAL COUNSEL AND CHIEF ADMINISTRATION OFFICER	(i)	361,174	0	0	31,200	15,601	407,975	0
	(ii)	0	0	0	0	0	0	0
<b>4</b> KENT D JOHNSON EXECUTIVE VICE PRESIDENT, CHIEF OPERATIONS OFFICER	(i)	468,391	0	0	31,200	16,930	516,521	0
	(ii)	0	0	0	0	0	0	0
<b>5</b> REBECCA BOWEN EXECUTIVE VICE PRESIDENT, CHIEF DEVELOPMENT OFFICER	(i)	336,649	0	0	31,200	15,297	383,146	0
	(ii)	0	0	0	0	0	0	0
<b>6</b> ANDREW CALHOUN SR. VP, LARGE YMCA RESOURCES	(i)	383,220	0	0	31,200	15,874	430,294	0
	(ii)	0	0	0	0	0	0	0
<b>7</b> JONATHAN A LEVER EXECUTIVE VICE PRESIDENT/CHIEF MEMBERSHIP AND PROGRAMS OFFICER	(i)	337,074	0	0	31,200	14,734	383,008	0
	(ii)	0	0	0	0	0	0	0
<b>8</b> ROBERT N DENTON SENIOR VICE PRESIDENT, CHIEF GOVERNMENT AFFAIRS OFFICER	(i)	317,112	0	0	31,200	15,054	363,366	0
	(ii)	0	0	0	0	0	0	0
<b>9</b>	(i)							
	(ii)							
<b>10</b>	(i)							
	(ii)							
<b>11</b>	(i)							
	(ii)							
<b>12</b>	(i)							
	(ii)							
<b>13</b>	(i)							
	(ii)							
<b>14</b>	(i)							
	(ii)							
<b>15</b>	(i)							
	(ii)							
<b>16</b>	(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 - FIRST-CLASS OR CHARTER TRAVEL	FIRST CLASS TRAVEL IS NOT TYPICALLY OFFERED TO ANY Y-USA EMPLOYEES EXCEPT IN EXTREME CIRCUMSTANCES AND WHEN APPROVED BY A MEMBER OF THE LEADERSHIP TEAM.
SCHEDULE J, PART I, LINE 1A - TRAVEL FOR COMPANIONS	Y-USA PROVIDED TRAVEL FOR KEVIN WASHINGTON'S SPOUSE TO ATTEND KEY EVENTS AND MEETINGS IN 2017. THIS BENEFIT WAS INCLUDED IN COLUMN B(III)- OTHER REPORTABLE COMPENSATION. THE AMOUNT REPORTED IS \$3,300 AND WAS TREATED AS TAXABLE COMPENSATION REPORTED ON HIS W-2.

**SCHEDULE 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](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2017**

**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	31,449	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 ▶ ( <u>SOFTWARE</u> ) . . . . .	✓	6	48,314	MARKET VALUE
26 Other ▶ ( ) . . . . .				
27 Other ▶ ( ) . . . . .				
28 Other ▶ ( ) . . . . .				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . . **29** 0

	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 three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? . . . . .		✓
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? . . . . .		
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .		✓
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

**Part II**

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

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

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

- ▶ Attach to Form 990 or 990-EZ.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

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 & FINANCE COMMITTEE AS AUTHORIZED BY THE BOARD OF DIRECTORS. AFTER THE AUDIT COMMITTEE REVIEWED THE FORM 990 ON 04/04/2018, A COPY WAS PROVIDED TO EACH MEMBER OF THE BOARD OF DIRECTORS WHERE IT WAS APPROVED ON 04/05/2018 PRIOR TO FILING.
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	ANNUALLY, Y-USA PROVIDES ITS DIRECTORS, OFFICERS, NATIONAL BOARD COMMITTEE MEMBERS AND SELECT STAFF WITH THE CONFLICT OF INTEREST POLICY. EACH PERSON IS REQUIRED TO COMPLETE THE STATEMENT OF DISCLOSURE AND RETURN IT TO THE OFFICE OF THE GENERAL COUNSEL. THE RESULTS ARE THEN SHARED WITH Y-USA'S AUDIT COMMITTEE, AND FOLLOW UP IS CONDUCTED AS NECESSARY. POTENTIAL CONFLICTS THAT ARISE BETWEEN DISCLOSURE STATEMENTS ARE TO BE DISCLOSED TO THE OFFICE OF THE GENERAL COUNSEL OR THE CHIEF COMPLIANCE OFFICER IMMEDIATELY. EACH OCCURRENCE IS SEPARATELY REVIEWED AND MANAGED, SUCH AS HAVING BOARD MEMBERS RECUSE THEMSELVES OR HAVING EMPLOYEES LIMIT THE NATURE OF THEIR OUTSIDE WORK TO AVOID ANY YMCA-RELATED WORK.
FORM 990, PART VI, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	Y-USA'S HUMAN RESOURCES STAFF PERFORMED A MARKET DATA STUDY IN DECEMBER 2017 TO DETERMINE IF OUR PAY WAS EQUITABLE FOR THE CEO, OFFICERS, AS WELL AS STAFF THAT REPORTED DIRECTLY TO THE CEO. WE USED AT LEAST FOUR DATA SOURCES. ALONG WITH THE PERFORMANCE RATING OF THE STAFF, WE CALCULATED THE MERIT INCREASE USING THE SAME CRITERIA USED FOR ALL Y-USA STAFF. THE EXECUTIVE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS OF Y-USA MET WITH THE CEO AND THE EXECUTIVE V.P. OF HUMAN RESOURCES. UNANIMOUS APPROVAL WAS GIVEN. ALL COMPENSATION DECISIONS AND REPORTS ARE CONTEMPORANEOUSLY DOCUMENTED IN THE MINUTES OF THE MEETING WHEN THE EXECUTIVE COMPENSATION COMMITTEE OF THE NATIONAL BOARD OF DIRECTORS MAKES THOSE DECISIONS.
FORM 990, PART VI, LINE 15B - PROCESS TO ESTABLISH COMPENSATION OF OTHER EMPLOYEES	THE AFOREMENTIONED PROCESS TO ESTABLISH COMPENSATION WAS USED FOR Y-USA'S OFFICERS AS WELL AS ALL OTHER MEMBERS OF Y-USA'S LEADERSHIP GROUP.
FORM 990, PART VI, LINE 17 - STATES WITH WHICH A COPY OF THIS FORM 990 IS REQUIRED TO BE FILED	CA, CO, CT, DC, FL, GA, HI, IL, IN, KS, KY, MA, MD, ME, MI, MN, MS, MT, ND, NH, NJ, NM, NV, NY, OH, OK, OR, PA, RI, SC, TN, TX, UT, VA, WA, WI, WV
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	OUR AUDITED FINANCIAL STATEMENTS AND FORM 1023 ARE LOCATED ON OUR WEB SITE. OUR CONSTITUTION, BY-LAWS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST.



**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

NATIONAL COUNCIL OF YMCAS OF THE USA

**Related Organizations and Unrelated Partnerships**

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

► Attach to Form 990.

► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Employer identification number

36-3258696

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) NORTH AMERICAN YMCA DEVELOPMENT ORGANIZATION (20-0568333) 101 N WACKER DRIVE, CHICAGO, IL 60606	PHILANTHROPY	IL	1,496,107	1,048,771	YMCA OF THE USA
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) NATIONAL YMCA EMPLOYEE BENEFITS TRUST (36-6736628) 101 N WACKER DR, CHICAGO, IL 60606	PROVIDE HEALTH AND WELFARE BENEFITS TO EMPLOYEES	IL	501(C)(9)		YMCA OF THE USA	✓	
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512—514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) .....												
(2) .....												
(3) .....												
(4) .....												
(5) .....												
(6) .....												
(7) .....												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) (SEE STATEMENT) .....									
(2) .....									
(3) .....									
(4) .....									
(5) .....									
(6) .....									
(7) .....									

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

	Yes	No
<b>1</b> 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?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .	<b>1a</b>	✓
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b</b>	✓
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b>	✓
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d</b>	✓
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b>	✓
<b>f</b> Dividends from related organization(s) . . . . .	<b>1f</b>	✓
<b>g</b> Sale of assets to related organization(s) . . . . .	<b>1g</b>	✓
<b>h</b> Purchase of assets from related organization(s) . . . . .	<b>1h</b>	✓
<b>i</b> Exchange of assets with related organization(s) . . . . .	<b>1i</b>	✓
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b>	✓
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b>	✓
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b>	✓
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b>	✓
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b>	✓
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>1o</b>	✓
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b>	✓
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b>	✓
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b>	✓
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<b>1s</b>	✓

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

(a) Name of related organization	(b) Transaction type (a–s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

**Part VI** **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512–514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) .....													
(2) .....													
(3) .....													
(4) .....													
(5) .....													
(6) .....													
(7) .....													
(8) .....													
(9) .....													
(10) .....													
(11) .....													
(12) .....													
(13) .....													
(14) .....													
(15) .....													
(16) .....													

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

(a) Name, address and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C-corp, S-corp or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) YMCA SERVICES CORP. (75-2179517) 101 N WACKER DRIVE, CHICAGO, IL 60606	RISK MANAGEMENT	IL	YMCA OF THE USA	C CORPORATION	0	0	100.00	<input checked="" type="checkbox"/>	